

Living Well Alaska: Better Choices, Better Health
Workshop Participant Post Form

Please fill out this form, front and back, **AFTER** you have completed the Workshop.

Please put your participant # on this form.

1. Where was this Workshop being held? (e.g., Senior Center, 1 Main St, Knik, AK 99712)

Location: _____

Address: _____ City: _____ Zip: _____

2. When was this Workshop held?

Workshop dates (mm/dd/yyyy): **from** ____/____/____ **through** ____/____/____

3. Which workshop sessions did you attend?

Session 1__ Session 2__ Session 3__ Session 4__ Session 5__ Session 6__

4. Have you ever been told by a doctor that you have? (*Please circle ALL that apply*):

- a) **Arthritis** f) **Hypertension** l) **None**
- b) **Cancer** g) **Lung Disease** (asthma, bronchitis, emphysema)
- c) **Depression/Anxiety** h) **Stroke** m) **Heart Disease**
- d) **Diabetes** j) **Osteoporosis**
- k) **Another condition (please specify):** _____

5. Why are you taking this Workshop? (*Please circle ALL that apply*):

- a) **I want to learn to take care of myself better.**
- b) **I live with or care for someone with a chronic disease.**
- c) **My health care provider recommended it.**
- d) **I was referred by** _____
- a) **Another reason:** _____

6. Are you (*please circle one*): **Female** **Male** 7. How old are you? _____ *Age in years*

8. What is your home zip code? _____ 9. How many persons live in your home? _____

10. Race/Ethnicity: Please check all that apply.

- White/Caucasian** **Asian** **Other:** _____
- Black/African American** **Pacific Islander**
- Alaska Native/American Indian** **Hispanic/Latino**

11. Education: Please check the highest level of education you have completed.

- Less than high school** **Some college or vocational school**
- Some high school** **College graduate**
- High school graduate** **Graduate school**

12. What type of health insurance do you have? (*Please check All that apply*)

- None** **Private Insurance** **I.H.S.**
- Medicare** **V.A. Benefits Insurance**
- Medicaid** **Other (specify):** _____

Complete both pages

