

**Living Well Alaska: Better Choices, Better Health**  
**Workshop Participant Pre-Form**

Please fill out this form, **both pages, BEFORE** you complete the Workshop.  
**Please put your participant # (from Attendance Record) on this form.**

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

Site/Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. When is this Workshop being held?

Class dates (mm/dd/yyyy): **from** \_\_\_\_/\_\_\_\_/\_\_\_\_ **through** \_\_\_\_/\_\_\_\_/\_\_\_\_

3. 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):** \_\_\_\_\_

4. 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** \_\_\_\_\_
- e) **Another reason:** \_\_\_\_\_

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

7. What is your home zip code? \_\_\_\_\_                      8. How many persons live in your home? \_\_\_\_\_

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

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

10. 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**

11. 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**

