

# Your Program Name

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## *Participant Information Survey*

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**Instructions:** Please use a pen to answer the questions on both sides of this form. Please print clearly. Mark your choice within the box, like this:

Your Name: \_\_\_\_\_

1. What is your date of birth?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

2. What are the last four digits of your social security number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. What is your Zip Code?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. What is your sex?

- Female  
 Male

5. Are you of Hispanic, Latino, or Spanish origin?

- Yes  
 No  
 Unknown

6. What is your race? (Mark all that apply.)

- American Indian or Alaska Native  
 Asian  
 Black or African-American  
 Native Hawaiian or Other Pacific Islander  
 White

Please turn over 

## ***Participant Information Survey—continued***

Your Name: \_\_\_\_\_

**7. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)**

- Alzheimer's or Related Dementia**
- Arthritis/ Rheumatic Disease**
- Breathing/ Lung Disease (e.g., Asthma, Emphysema, Bronchitis)**
- Cancer**
- Depression or Anxiety Disorders**
- Diabetes**
- Heart Disease**
- Hypertension (High Blood Pressure)**
- Osteoporosis (Low Bone Density)**
- Stroke**
- Other Chronic Condition: \_\_\_\_\_**
- None (No Chronic Conditions)**

**8. Are you currently or have you been in the last year a caregiver for a family member or friend?**

- Yes**
- No**

**9. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

- Yes**
- No**

**10. Today, how many people live in your household (including yourself)?**

(Number of people)

**11. Please circle the highest year of school you have completed:**

1 2 3 4 5 6      7 8 9 10 11 12      13 14 15 16      17 18 19 20 21 22 23+  
(primary)      (middle/high school)      (tech/ college)      (graduate school)