

**SPECIAL NEEDS PLANS (SNP) FOCUS GROUP  
PARTICIPANT INFORMATION FORM**

Please do not include your name or address on this form. The information will be used only to summarize participant information for this meeting.

**LOCATION:**           [Preprinted]          

**DATE/TIME:**           [Preprinted]          

**1. Please indicate your gender:**

**MARK ONE**

- Female
- Male

**2. Please indicate your age:**

**MARK ONE**

- Under 65 years old
- 65-74 years
- 75-84 years
- 85 years or older

**3. I am:**

**MARK ONE**

- Hispanic or Latino/Latina
- Not Hispanic or Latino/Latina

**4. I consider myself:**

**MARK ONE OR MORE**

- African-American (non-Hispanic)
- Asian
- Hispanic
- Native American
- Pacific Islander
- White (non-Hispanic)

**5. My marital status is:**

**MARK ONE**

- Never married
- Married
- Living with partner
- Separated
- Divorced
- Widowed

**6. My current health condition is:**

- Excellent
- Good
- Fair
- Poor

**7. A doctor has told me that I have:**

- Heart failure
- Diabetes
- High blood pressure
- Emphysema or chronic obstruction  
pulmonary disease
- Arthritis

**8. I have been hospitalized within the past five years for:**

- Heart attack
- Stroke
- Heart failure
- Pneumonia
- Cancer

**9. I last saw a doctor:**

- within the past week
- within the past two weeks
- within the past month
- more than a month ago

**10. I now live:**

- in my own house/apartment
- in my son's or daughter's house/apartment
- in an assisted living apartment
- in a nursing facility
- somewhere else (*Please Specify*)

**THANK YOU FOR YOUR HELP!**

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