

**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)
- ~ Other (*Please Specify*) \_\_\_\_\_

**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!**