

**ATTACHMENT 2**

**PATIENT PARTICIPANT SURVEYS**

**HEALTH EMPOWERMENT LIFESTYLE PROGRAM (HELP)  
FOR  
DIABETES, HYPERTENSION, OBESITY  
CHICAGO**

**HEALTH EMPOWERMENT  
LIFESTYLE PROGRAM  
Screening Questionnaire**

Lawndale Christian Health Center  
Patient Centered Care Collaboration

Form Approved  
OMB No. 0990-  
Exp. Date XX/XX/20XX

**Screening Questionnaire**

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer: \_\_\_\_\_

The following questions will help us ensure you are eligible to take part in this class. If anything I ask you makes you feel uncomfortable, please let me know and we can skip to the following question.

1. How old are you? \_\_\_\_\_

- ELIGIBLE**- person is older than 18 and younger than 66 years
  - INELIGIBLE**- person is younger than 18 or 66 and older

2. What is your racial/ethnic group?

- Hispanic/Latino
- Non-Hispanic Black or African American
- Other (specify) \_\_\_\_\_

- ELIGIBLE**- person is Hispanic/Latino or African American
  - INELIGIBLE**- person is not Hispanic/Latino or African American

3. If the interviewee is a **woman**:

Are you currently pregnant, or do you plan to get pregnant in the next 3 months?

- Yes
- No

- ELIGIBLE**- person is NOT pregnant does NOT plan a pregnancy in the next 3 months
  - INELIGIBLE**- person is pregnant or plan to be pregnant in the next 3 months

4. Have you been diagnosed with any one of the following conditions by a medical care provider?
- Type 2 diabetes
  - High blood pressure

- ELIGIBLE**- person has been diagnosed with diabetes or high blood pressure
- INELIGIBLE**- person has NOT been diagnosed with diabetes or high blood pressure

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5. Have you been diagnosed with any one of the following conditions by a medical care provider?

- Heart attack
- Stroke
- Kidney disease
- Seizure
- Any other serious condition (specify)\_\_\_\_\_

- ELIGIBLE**- person has NOT been diagnosed with any of these conditions
- INELIGIBLE**- person has been diagnosed with ANY of these conditions

6. Have you been told by a health care provider that you need to lose weight?

- Yes
- No

- ELIGIBLE**- person is overweight
- INELIGIBLE**- person is not overweight

7. Have you abused any drug or substances in the last three months?

- Yes
- No

- ELIGIBLE**- person has NOT abused any non-prescribed drugs or substances
- INELIGIBLE**- person has abused non-prescribed drugs or substances in last 3 months

8. Interviewer – indicate if the person shows signs of being incoherent, disoriented, intoxicated, etc.

- ELIGIBLE**- person is coherent and oriented
- INELIGIBLE**- person is incoherent or disoriented.

9. During the next 3 months, will you be traveling out of town?

- Yes
- No

- ELIGIBLE**- person will NOT be traveling
  - INELIGIBLE**- person will be traveling

10. Do you prefer to take the classes in English or Spanish?

- English
- Spanish