

Participant Information Survey

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 (or other way to identify you): _____

1. What is your date of birth? / /
Month Day Year

2. What is your ZIP code?

3. What is your sex?

Female Male

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

Yes No Unknown

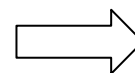
5. What is your race? (Mark all that apply.)

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

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

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's or Related Dementia | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Arthritis/Rheumatic Disease | <input type="checkbox"/> Hypertension (High Blood Pressure) |
| <input type="checkbox"/> Breathing/Lung Disease (Asthma, Emphysema, Bronchitis, etc.) | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cancer or Cancer Survivor | <input type="checkbox"/> Osteoporosis (Low Bone Density) |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Depression or Anxiety Disorders | <input type="checkbox"/> Other Chronic Condition: |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> None (No Chronic Conditions) |

Please turn over



Your Name (or other way to identify you): _____

7. During the past year did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?

Yes No

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

Yes No

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

(Number of people)

10. What is the highest grade or year of school you completed?

- Some elementary, middle, or high school
- High school graduate or GED
- Some college or technical school
- College 4 years or more