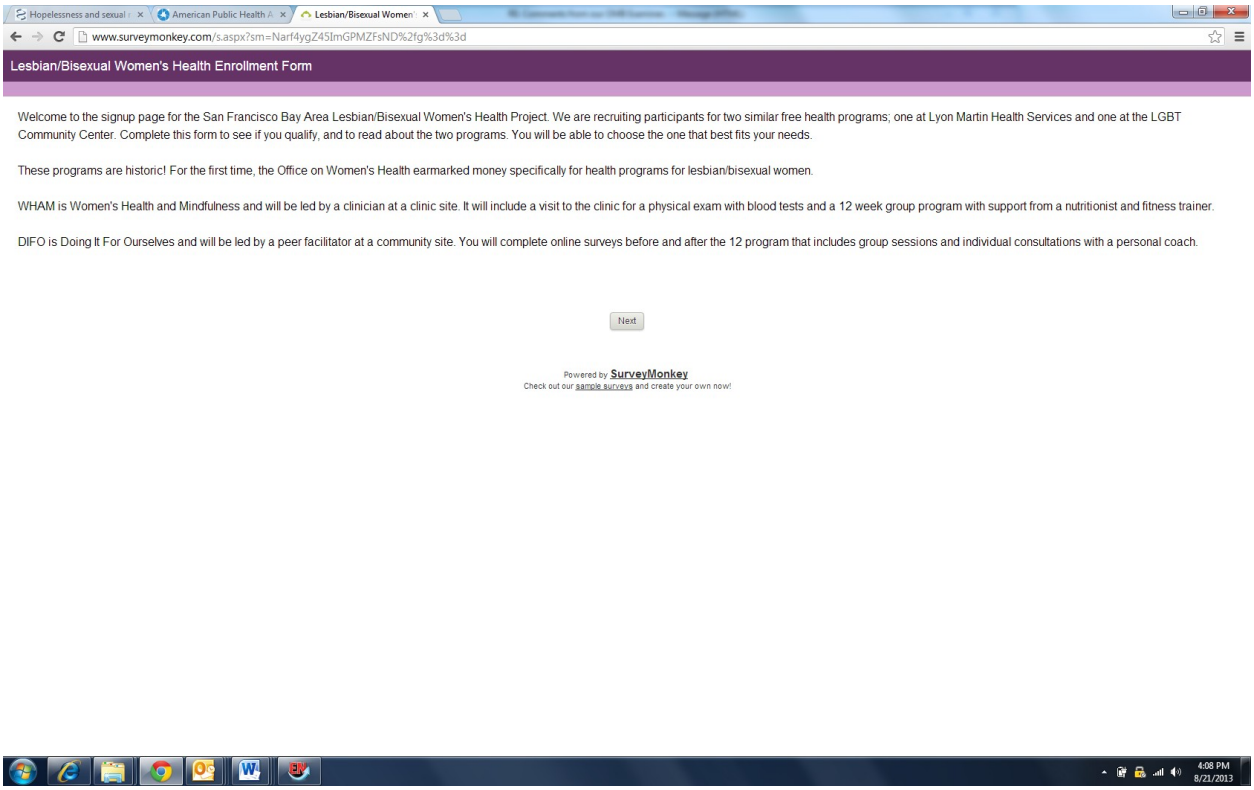
Hopelessness and sexual
American Public Health
Lesbian/Bisexual Women
www.surveymonkey.com/s.aspx?sm=Narf4ygZ45ImGPMZFsND%2fg%3d%3d
Lesbian/Bisexual Women's Health Enrollment Form
Welcome to the signup page for the San Francisco Bay Area Lesbian/Bisexual Women's Health Project. We are recruiting participants for two similar free health programs; one at Lyon Martin Health Services and one at the LGBT Community Center. Complete this form to see if you qualify, and to read about the two programs. You will be able to choose the one that best fits your needs.
These programs are historic! For the first time, the Office on Women's Health earmarked money specifically for health programs for lesbian/bisexual women.
WHAM is Women's Health and Mindfulness and will be led by a clinician at a clinic site. It will include a visit to the clinic for a physical exam with blood tests and a 12 week group program with support from a nutritionist and fitness trainer.
DIFO is Doing It For Ourselves and will be led by a peer facilitator at a community site. You will complete online surveys before and after the 12 program that includes group sessions and individual consultations with a personal coach.
Next
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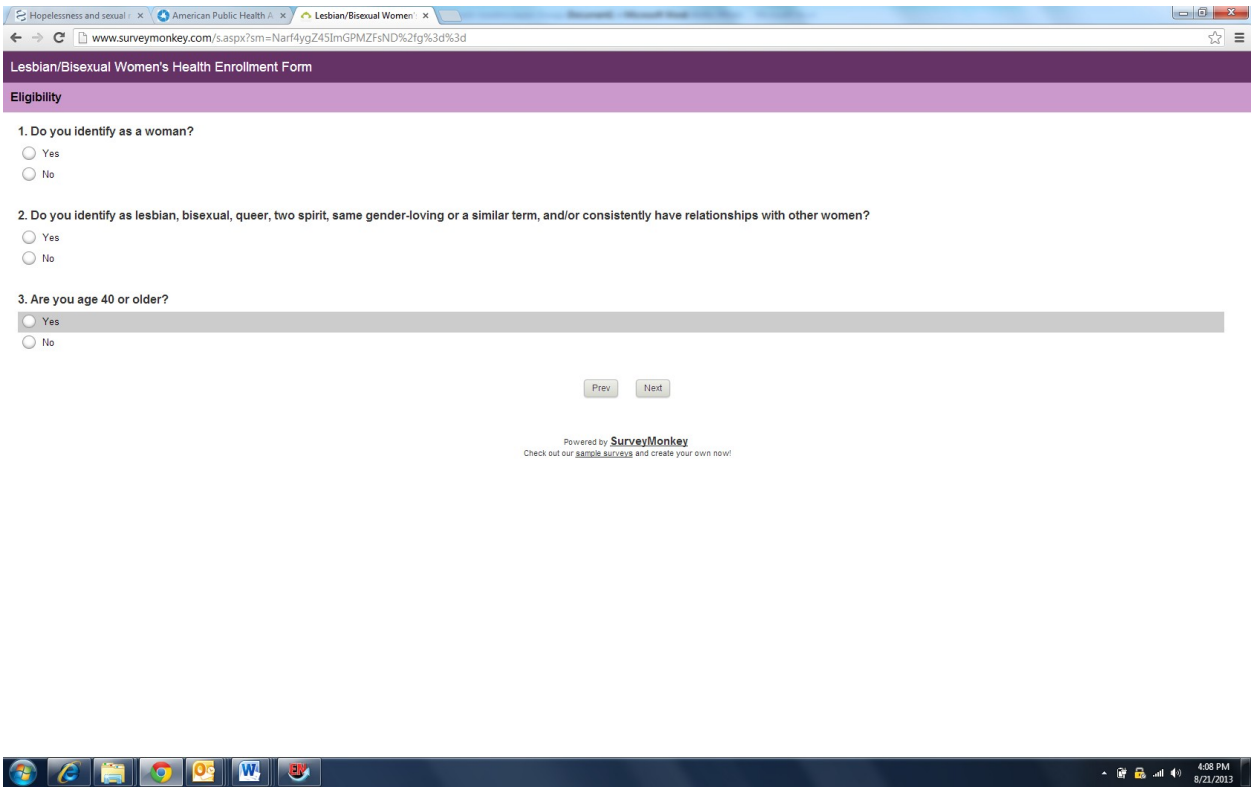
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Lesbian/Bisexual Women's Health Enrollment Form
Eligibility
1. Do you identify as a woman?
Yes
No
2. Do you identify as lesbian, bisexual, queer, two spirit, same gender-loving or a similar term, and/or consistently have relationships with other women?
Yes
No
3. Are you age 40 or older?
Yes
No
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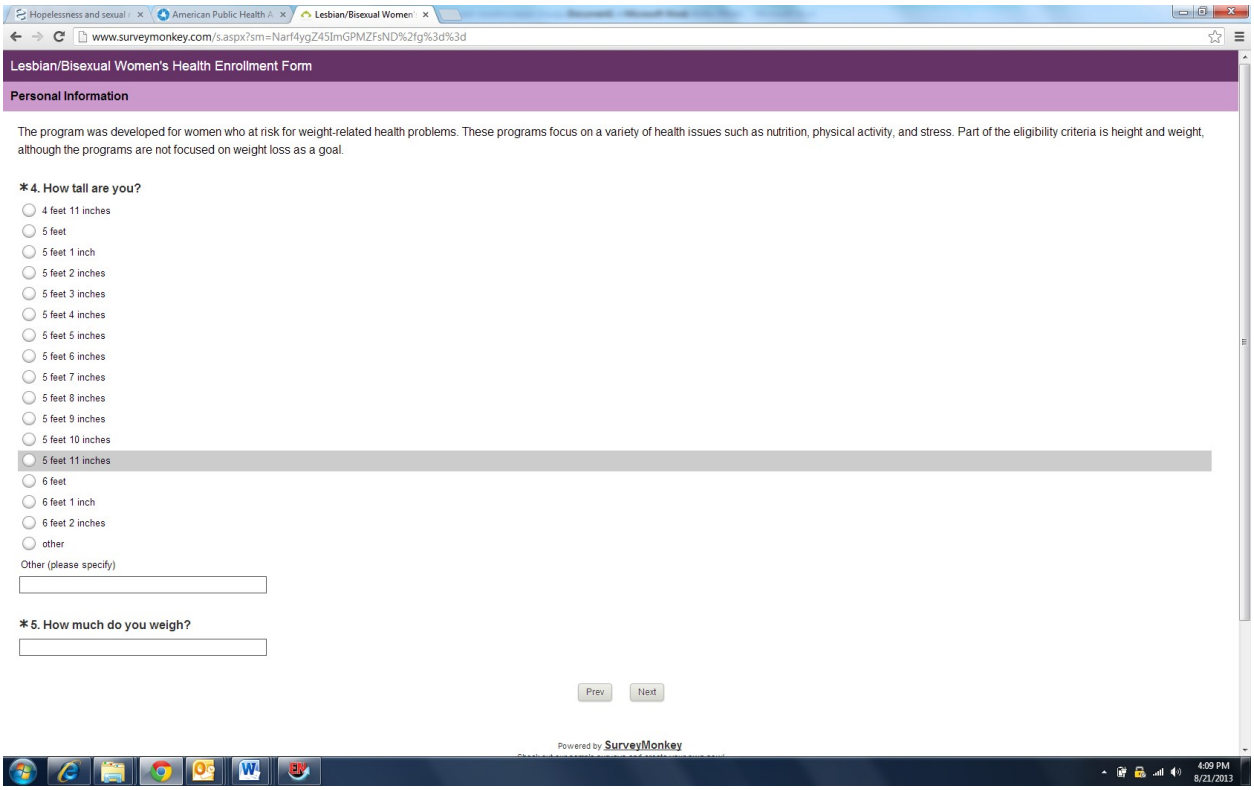
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Lesbian/Bisexual Women's Health Enrollment Form
Personal Information
The program was developed for women who at risk for weight-related health problems. These programs focus on a variety of health issues such as nutrition, physical activity, and stress. Part of the eligibility criteria is height and weight, although the programs are not focused on weight loss as a goal.
*4. How tall are you?
4 feet 11 inches
5 feet
5 feet 1 inch
5 feet 2 inches
5 feet 3 inches
5 feet 4 inches
5 feet 5 inches
5 feet 6 inches
5 feet 7 inches
5 feet 8 inches
5 feet 9 inches
5 feet 10 inches
5 feet 11 inches
6 feet
6 feet 1 inch
6 feet 2 inches
other
Other (please specify)
*5. How much do you weigh?
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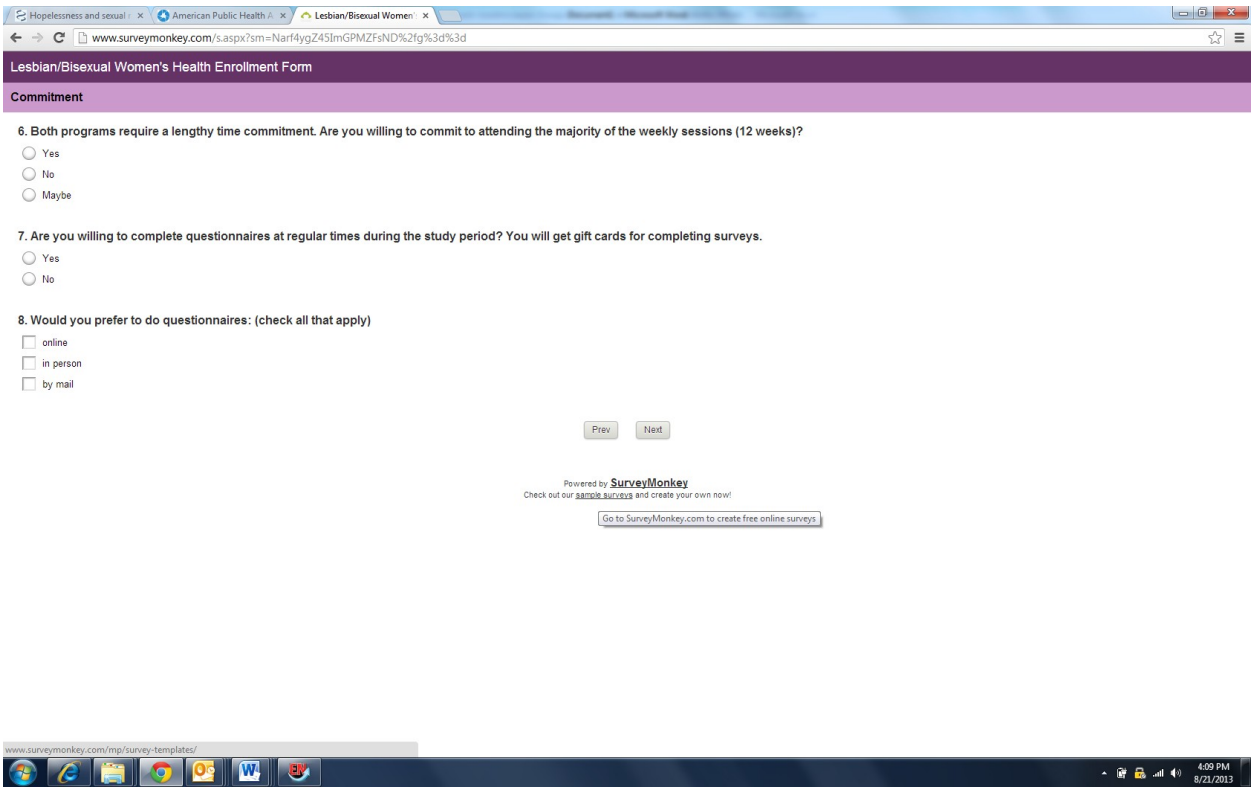
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Lesbian/Bisexual Women's Health Enrollment Form
Commitment
6. Both programs require a lengthy time commitment. Are you willing to commit to attending the majority of the weekly sessions (12 weeks)?
Yes
No
Maybe
7. Are you willing to complete questionnaires at regular times during the study period? You will get gift cards for completing surveys.
Yes
No
8. Would you prefer to do questionnaires: (check all that apply)
online
in person
by mail
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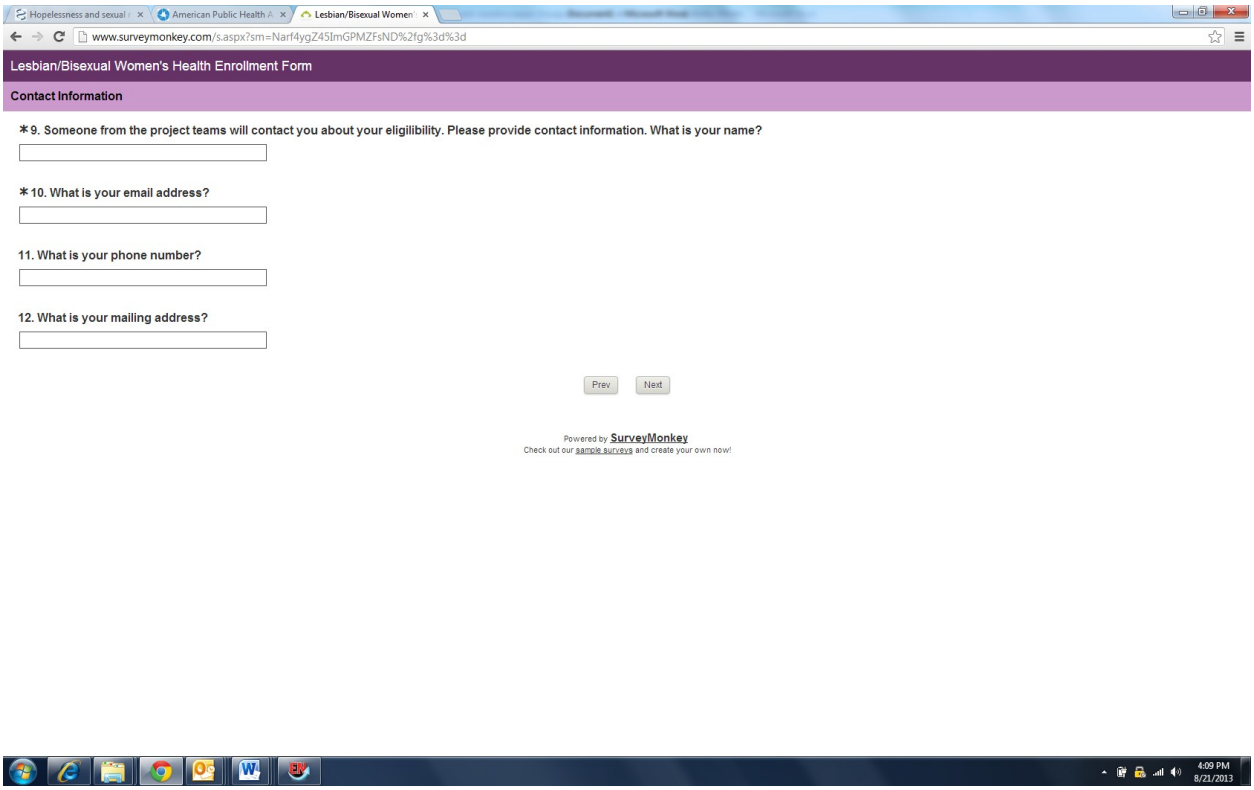
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Contact Information
*9. Someone from the project teams will contact you about your eligilibility. Please provide contact information. What is your name?
*10. What is your email address?
11. What is your phone number?
12. What is your mailing address?
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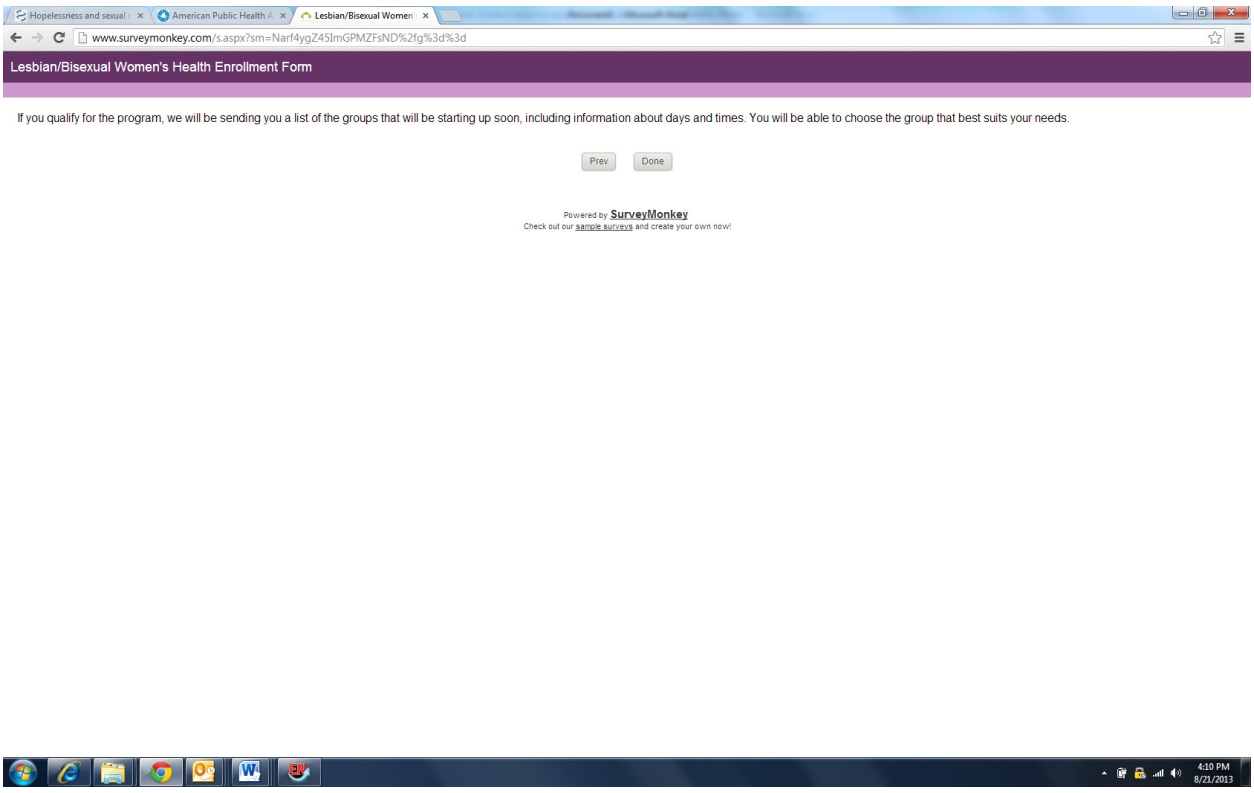
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If you qualify for the program, we will be sending you a list of the groups that will be starting up soon, including information about days and times. You will be able to choose the group that best suits your needs.
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