

8. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone?

- Yes No

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

- Yes No

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

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(should be at least one, ex. 01)

11. Have you ever taken a chronic disease self-management workshop before (like PATH)?

- Yes No Unsure

12. Do you have any health insurance?

- Yes No

12a. If yes, what is your health insurance?

- Medicare
 Medicaid
 Veterans
 Private insurance: _____
 Other: _____

13. Are you currently employed?

- Yes No

14. What is the highest level of education you have completed?

- Less than high school Some college or vocational school
 Some high school College graduate
 High school graduate Graduate school

15. How did you hear about this workshop? (mark all that apply)

- A friend, family member, coworker
 Someone who took the workshop before
 Someone who teaches this or other community classes
 A doctor's office of any kind (any medical practice, HMO, hospital...)
 A printed brochure, flyer, poster etc. found elsewhere
 A story or ad on radio or TV, or in a newspaper
 A website
 Other (specify): _____

Thank you!

