CHRONIC DISEASE SELF-MANAGEMENT PROGRAM
“TAKE CONTROL OF YOUR HEALTH”
PRE-WORKSHOP PARTICIPANT SURVEY

ID Number: _____________  Date: _______________  Zip Code: ___________

Sex (Check):  ☐ Female  ☐ Male

What is your age group?
☐ Under 25  ☐ 25 - 34  ☐ 35 - 44  ☐ 45 - 54  ☐ 55 - 64  ☐ 65+

Are you Hispanic, Latino/a, or Spanish origin?
(One or more categories may be selected.)

a. ☐ Mexican, Mexican American, Chicano/a
b. ☐ Puerto Rican
c. ☐ Cuban
d. ☐ Another Hispanic, Latino, or Spanish origin

What is your race?
(One or more categories may be selected)

a. ☐ White
b. ☐ Black or African American
c. ☐ American Indian or Alaska Native
d. ☐ Asian Indian
e. ☐ Chinese
f. ☐ Filipino
g. ☐ Japanese
h. ☐ Korean
i. ☐ Vietnamese
j. ☐ Other Asian
k. ☐ Native Hawaiian
l. ☐ Guamanian or Chamorro
m. ☐ Samoan
n. ☐ Other Pacific Islander

Are you currently:
(check only one)
☐ Married
☐ Single
☐ Separated
☐ Divorced
☐ Widowed
☐ Partnered (living with someone)

What level of education did you complete?
(check only one)
☐ Less than high school
☐ Some high school
☐ High school graduate
☐ Some college or vocational school
☐ College graduate
☐ Graduate school

How well do you speak English?
(check only one)
☐ Very well  ☐ Well  ☐ Not well  ☐ Not at all
Has a doctor or nurse ever told you that you are sick because you have:
(Mark all that apply.)

- [ ] Arthritis/Rheumatic Disease
- [ ] Breathing/ Lung Disease (e.g., Asthma, Emphysema, Bronchitis)
- [ ] Diabetes
- [ ] Heart Disease
- [ ] Hypertension (High Blood Pressure)
- [ ] Cancer
- [ ] Stroke
- [ ] Depression or Anxiety Disorder
- [ ] Osteoporosis
- [ ] Other Chronic Condition: _____________
- [ ] None (No Chronic Conditions)

I. In general, would you say your health is: (check one)

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

II. Daily Activities

<table>
<thead>
<tr>
<th>(Circle one)</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Almost totally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> During the past 2 weeks, how much has your sickness stopped you from being with family, friends, neighbors or groups?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>2</strong> During the past 2 weeks, how much has your sickness stopped you from doing things you enjoy like reading, playing sports or other fun things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>3</strong> During the past 2 weeks, how much has your sickness stopped you from doing everyday work around your house (e.g. cleaning, cooking etc.)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>4</strong> During the past 2 weeks, how much has your sickness stopped you from doing other things that you need to do such as shopping?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
### III. Controlling My Sickness

For each of the following questions, please *circle one* number for each question that tells how you feel about doing things easily at this time:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Feeling <em>tired</em> from being sick does not stop me from doing things that I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Feeling <em>pain, aches, or hurting</em> from being sick does not stop me from doing things I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Feeling <em>upset, sad, or crying</em> from being sick does not stop me from doing things I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Feeling any other signs of sickness or health problems (aches, pains, or being sad) does not stop me from doing things I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>I can do things I need to do to control my sickness so that I don’t go to the ER or ask to see my doctor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>I can do things other than just take a pill to stop my sickness from being a problem every day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### IV. During the past week I was able to stretch, walk, swim, bike, or do other types of exercise for:

(check only one)

- [ ] None
- [ ] Less than 30 minutes/week
- [ ] 30 - 60 minutes/week
- [ ] 1 – 3 hours/week
- [ ] More than 3 hours/week
**V. Medical Care**

When you **go to your doctor**: (please circle one number for each question)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you make a list of questions for your doctor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Do you ask questions about the things you want to know and things you don’t understand?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Do you talk about things other than your being sick?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. In the past 2 months, how many TIMES did you visit a doctor? *Note: Do not include hospital or ER visits*
   
   ________ times

5. In the past 2 months, how many TIMES did you go to a walk-in-clinic for an emergency?
   
   ________ times

6. In the past 2 months, how many TIMES did you go to a hospital emergency room?
   
   ________ times

7. In the past 2 months, how many TIMES were you admitted to the hospital for one night or longer?
   
   ________ times

**VI. Check all that apply:**

- I am a member with a sickness. □ Yes □ No
- I take care of someone with a sickness. □ Yes □ No

**VII. Have you ever taken this class before?**

□ Yes □ No □ Unsure

**VIII. This survey was completed:** (check only one)

□ Without help □ With some help

Thank you for completing the survey!