

**New Jersey Department of Health
Office of Minority and Multicultural Health**

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

ID Number: _____

Date: _____

Zip Code: _____

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

- Excellent Very Good Good Fair Poor

II. Daily Activities		<i>(Circle one)</i>				
		Not at all	Slightly	Moderately	Quite a bit	Almost totally
1	During the past 2 weeks , how much has your sickness stopped you from being with family, friends, neighbors or groups?	0	1	2	3	4
2	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?	0	1	2	3	4
3	During the past 2 weeks , how much has your sickness stopped you from doing everyday work around your house (e.g. cleaning, cooking etc.)?	0	1	2	3	4
4	During the past 2 weeks , how much has your sickness stopped you from doing other things that you need to do such as shopping?	0	1	2	3	4

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(Continued)

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:		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Feeling <u>tired</u> from being sick does not stop me from doing things that I want to do.	1	2	3	4	5
2	Feeling <u>pain, aches, or hurting</u> from being sick does not stop me from doing things I want to do.	1	2	3	4	5
3	Feeling <u>upset, sad, or crying</u> from being sick does not stop me from doing things I want to do.	1	2	3	4	5
4	Feeling <u>any other</u> signs of sickness or health problems (aches, pains, or being sad) does not stop me from doing things I want to do.	1	2	3	4	5
5	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.	1	2	3	4	5
6	I can do things other than just take a pill to stop my sickness from being a problem every day.	1	2	3	4	5

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. As a result of this workshop, I have made changes to my lifestyle, i.e., healthy eating, exercise, etc.?

(check only one)

- Strongly agree Agree Disagree Strongly disagree

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(Continued)

VI. Medical Care When you go to your doctor: (please circle one number for each question)		<i>(Circle one)</i>					
		Never	Almost never	Some-times	Fairly often	Very often	Always
1	Do you make a list of questions for your doctor?	0	1	2	3	4	5
2	Do you ask questions about the things you want to know and things you don't understand?	0	1	2	3	4	5
3	Do you talk about things other than your being sick?	0	1	2	3	4	5

4	In the past 2 months, how many TIMES did you visit a doctor? (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

VII. Check all that apply:

I am a member with a sickness. Yes No

I take care of someone with a sickness. Yes No

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

Without help With some help

Thank you for completing the survey!