

## Self-Management Registration Form

Hello! Thank you for your interest in self-management programs. The data collected will be used for statistical purposes, for program evaluations by the University of Tennessee Extension and the Tennessee Department of Health. The answers you provide will help us improve programs.

Workshop Code:

1. In which county do you live? \_\_\_\_\_
2. Are you: Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer not to answer \_\_\_\_\_
3. What type(s) of health insurance do you have? Check all that apply
  - Medicare
  - Medicaid
  - Private Insurance
  - I Don't Have Insurance
  - Not Sure or Don't Know
4. Are you Hispanic or Latino?
  - Yes
  - No
  - Prefer not to answer
5. Which one of these groups would you say best represents your race?
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Other (please specify)
  - Prefer not to answer
6. What is your age? \_\_\_\_\_
7. How much school did you finish?
  - Less than high school diploma
  - High school diploma
  - Some college or technical school
  - College degree or advanced degree
  - Prefer not to answer
8. Do you speak a language other than English at home? Yes \_\_\_\_\_ No \_\_\_\_\_

9. What health condition(s) do you have? Check all that apply.

- High Cholesterol
- High blood pressure
- Pre-diabetes
- Type 1 diabetes
- Type 2 diabetes
- Eye disease (such as retinopathy)
- Heart disease
- Kidney disease
- Lung disease
- Arthritis
- Other (please specify)
- Not applicable

10. Do you use tobacco:

- Yes
- No, I quit
- No, I never used tobacco

11. How did you hear about this class? Choose all that apply.

- My doctor. Please circle the type of doctor: primary care, endocrinologist, cardiologist, dermatologist, internist, other (please specify) \_\_\_\_\_
- Other healthcare provider (Please circle which one: nurse, dietitian, pharmacist, other \_\_\_\_\_)
- Health department/community health center. Name of location: \_\_\_\_\_
- Health insurer (e.g. Blue Cross, etc.)
- Senior center/other community group or agency. Name of center, group or agency: \_\_\_\_\_
- Health fair/other health event. Name of health fair/event \_\_\_\_\_
- A friend or family member
- Building where I live
- Faith-based organization. Name of faith-based organization \_\_\_\_\_
- My workplace
- Advertising/promotion (Please circle the type of promotion: poster, flier, mailing, billboard, social media, TV, radio ad, etc.)
- Other (please specify) \_\_\_\_\_