



Participant Information Form

Class Information

Site name: _____ Class time: _____

MI EnhanceFitness partner agencies and Project Enhance/Senior Services (Seattle, WA), developer of the EnhanceFitness program, would like to know how this program can improve people's health. When you complete this form, you help them understand who attends the classes, and what types of people benefit most. Completing this form is your choice, and you may leave any question blank. Your personal information will be kept strictly confidential. It will be used to track how many people are coming to the class, and to pair information like your gender, ethnicity/race, and health conditions with results from your fitness tests. Once paired, your identifying information will be removed and your responses combined with others to measure progress for all groups. Please see the 'MI EnhanceFitness Privacy Notice' for more information.

Personal Information

Name:

First

MI

Last

Today's Date: / /

Zip Code:

What YEAR were you born?

Demographic Information

1. Gender Female Male Other

2. Do you speak a language other than English at home?

Yes No If 'Yes,' what language? _____

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

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

4. What is your yearly income?

- Less than \$15,000 \$15,000 to \$24,999 \$25,000 to \$49,999
 \$50,000 to \$75,000 More than \$75,000

5a. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic/Latino No, not Hispanic/Latino Unknown

5b. Do you consider yourself Middle Eastern or Arabic?

- Yes, Middle Eastern/Arabic No, not Middle Eastern/Arabic Unknown

Demographic Information (continued)

5c. Please select one or more of the following that best defines your race:

- American Indian/Alaska Native Black/African-American White/Caucasian
 Asian/Asian-American Hawaiian Native/Pacific Islander
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6a. How many people live in your household (including yourself)?

6b. How many children (under age 18) live in your household?

7a. 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

7b. Are you limited in any activities because of physical, mental or emotional problems? Yes No

8. Are you an immigrant, refugee or new arrival to this country?

- Yes No Unknown
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9. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- Yes No Unknown
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10a. Do you have health insurance?

- Yes No Unknown

10b. If 'yes,' what type of health insurance do you have? (Check all that apply.)

- Medicare Medicaid Private Insurance Veterans Benefits Other
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11. Has a health care provider ever told you that you have any of the following health conditions? (Check all that apply.)

- | | |
|--|---|
| <input type="radio"/> Arthritis (or arthritis related condition) | <input type="radio"/> High blood pressure (Hypertension) |
| <input type="radio"/> Asthma | <input type="radio"/> Osteoporosis |
| <input type="radio"/> Emphysema | <input type="radio"/> Serious mental illness |
| <input type="radio"/> Cancer | <input type="radio"/> Stroke |
| <input type="radio"/> Depression or Anxiety disorders | <input type="radio"/> Other (specify): _____ |
| <input type="radio"/> Diabetes | <input type="radio"/> None (no chronic conditions) |
| <input type="radio"/> Heart disease | <input type="radio"/> Care giver for person with health or disabling conditions |