

Healthier Living Workshop Questionnaire – Session 6

Year of Birth: _____

Sex: Male Female

Workshop County: _____

1. Has a doctor, nurse, or other health professional ever told you that you have a chronic health condition? (Check all that apply).

- | | | |
|-----------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Alzheimer's or Related Dementia | <input type="checkbox"/> Depression | <input type="checkbox"/> Osteoporosis (low bone density) |
| <input type="checkbox"/> Anxiety disorders | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pre-diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma/COPD/Emphysema/Bronchitis | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cancer or Cancer Survivor | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> No chronic health condition |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Don't know / Not sure |

2. As a result of this workshop, which of the following actions have you taken, or do you plan to take, to improve your health? (Check one answer for each action in the table below).

	Already did before workshop	Started doing since workshop began	Plan to start within next 30 days	Does not apply to me	Do not plan to do	Don't know / Not sure
a. Achieve/maintain a healthy weight						
b. Reduce salt in diet						
c. Watch portion/serving size						
d. Read food labels						
e. Drink fewer sugary beverages						
f. Be more physically active						
g. Quit using tobacco						
h. Develop good sleeping patterns						
i. Take medicine as prescribed by doctor (right dose at right time)						
j. Communicate better with health care team						
k. Manage difficult emotions (<i>stress, anxiety, depression, fear, etc.</i>)						
l. Check and record blood pressure readings daily						
m. Share blood pressure readings with doctor at every visit						
n. For diabetes: Check and record blood sugar readings daily						
o. For diabetes: Share blood sugar readings with doctor at every visit						



3. How long has it been since you were told that you have a chronic health condition?
(If you have more than one chronic condition, answer for the one you were told about *most recently*).

- 12 months or less
- Don't know / Not sure
- More than 12 months
- I don't have a chronic health condition

4. Have you ever used tobacco products? (FREE 1-800-NO-BUTTS California Smokers' Helpline)

- Yes, currently using
- Yes, but not currently using
- No never used

5. Thinking back to before the workshop started, how did you learn about this workshop?
(Check all that apply).

- Doctor, nurse, or other health professional
- Pharmacist or other employee at pharmacy
- Employer
- Family member or friend
- California Smokers' Helpline
- Community newsletter or newspaper
- Flyer / Poster
- Local radio station
- Internet or website
- Other: _____

6. Thinking back to before the workshop started, were you limited in any way in any activities because of physical, mental, or emotional problems?

- Yes
- No
- Don't know / Not sure

a. And now, after the workshop, how would you describe your limitations?

- Better
- A little better
- Same
- A little worse
- Worse

7. This workshop is a series of six sessions. Including this session, how many sessions have you attended? 1 2 3 4 5 6

8. During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability? Yes No

9. Are you of Hispanic, Latino, or Spanish origin? Yes No Unknown

10. What is your race? (Check all that apply).

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Unknown / Declined

11. Please take a moment to share comments on how this workshop has helped you.

THANK YOU!

Please return this questionnaire to your Workshop Leader.

**Would you like to help others by becoming a Workshop Leader?
If yes, please tell your Workshop Leaders before you leave today.**