**Participant Registration Survey – Healthy U At Home**

Thank you for taking a few minutes to answer some brief questions. Please return this form by the posted deadline.

Your information will be kept confidential and will not be shared with anyone. Summarized information from all participants will help us to demonstrate the value of this program and who it serves. Your responses are extremely helpful and they will not affect any services or programs you currently receive.

**If you have any questions about what is being asked, or difficulty submitting the registration form, please do not hesitate to contact Ann Finnicum at** [**afinnicum@info4seniors.org**](mailto:afinnicum@info4seniors.org)**.**

1. Name:

2. Full address (if you qualify for the free phone discussion kit):

3. County of residence:

4. Email:

5. Phone:

6. Age:

7. Gender:

8. Are you of Hispanic, Latino, or Spanish origin?

9. Race (American Indian or Alaska Native, Asian, Black or African-American, Hawaiian Native or Pacific Islander, White or Caucasian, or other):

10. Please list all of your chronic physical and mental health conditions:

11. 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)

12. Are your activities limited in any way because of physical, mental, or emotional problems? (YES/NO)

13. How many people live in your household including yourself?

14. What is the highest grade or year of school you completed?

15. How did you hear about Healthy U?

Thank you!