



Self-Management Registration Form

The data collected will be used for statistical purposes only for program evaluation by the University of Tennessee Extension and the Tennessee Department of Health

The answers you give will help us improve the program.



Date: MM/DD/YYYY

County of residence: _____

1. What type(s) of health insurance do you have? (check all that apply)

- Medicare
- Medicaid
- Private Insurance
- Don't have insurance
- Not sure or don't know

2. Are you... Male Female

3. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (specify): _____

4. Are you Hispanic or Latino?

- Yes
- No

5. What is your age? _____

6. How much school did you finish?

- Less than high school diploma
- High school diploma
- Some college or technical school
- College degree or advance

7. Do you speak a language other than English at home? Yes No

8. Which health condition(s) do you have?

- High cholesterol
- High blood pressure
- Pre-Diabetes
- Type 1 Diabetes
- Type 2 Diabetes

8. Health Conditions (continued):

- Eye disease (such as retinopathy)
- Heart disease
- Kidney disease
- Lung disease
- Arthritis
- Other condition(s): _____

9. Do you use tobacco?

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

10. How did you hear about this class?

- My doctor (specify "primary care" or type of specialty, if known): _____
- Other health care provider, e.g., nurse, dietitian, pharmacist, etc. (specify type): _____
- Health department/community health center (specify Name): _____
- Health insurer (e.g., Blue Cross)
- Senior center/other community group or agency (specify name): _____
- Health fair/other health event (specify where): _____
- A friend or family member
- Building where I live
- Church (specify name): _____
- My workplace
- Advertising/Promotion: poster, flier, mailing, billboard, social media, TV/radio ad, etc. (specify type): _____
- Other (please specify): _____

