

Course Participation Questions – TWO SIDED, PLEASE TURN OVER

Participants should complete this questionnaire only one time each year.

1. Which course are you participating in today?
 Chronic Disease Self Management Program
 Arthritis Foundation Self Help Program
 Arthritis Foundation Exercise Program
 EnhanceFitness
2. Have you ever been told by a doctor that you have (check all that apply):
 Arthritis (Osteoarthritis, Rheumatoid Arthritis, Lupus, etc)
 Fibromyalgia High Blood Pressure Stroke
 Diabetes Type I Diabetes Type II Osteoporosis
 Heart Disease High Cholesterol Cancer
 Renal/Kidney Disease Other _____
3. Which age group best represents you?
 18 to 44 45 to 64 65 and older

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4. How did you find out about this class (check all that apply, please fill in name of facility or doctor if you check a line with a blank)?

- | | |
|---|--|
| <input type="checkbox"/> University of Missouri Extension | <input type="checkbox"/> Arthritis Foundation |
| <input type="checkbox"/> Area Agency on Aging/Senior Center | <input type="checkbox"/> Regional Arthritis Center |
| <input type="checkbox"/> Physician's office, Dr. _____ | <input type="checkbox"/> Media (radio, paper, TV) |
| <input type="checkbox"/> County Health Dept., _____ | <input type="checkbox"/> Health Center, _____ |
| <input type="checkbox"/> Other, _____ | |

5. Do you currently smoke cigarettes?

- Every day Some days No

6. Do you use other tobacco products?

- Every day Some days No

Today's date: ___/___/___

**Missouri Arthritis & Osteoporosis Program – Regional Arthritis Centers
THANKYOU!**

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