**Oregon Participant Entry Form**

Please fill out this form so we can learn more about the people taking this program.

The information on this form will remain confidential.

1. **Today’s Date: \_\_ \_\_** / \_\_ \_\_ / **\_\_ \_\_ \_\_ \_\_**

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1. **Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. How did you hear about this program?** (You may select more than one response)

□ Friend or family member □ Senior Center or Area Agency on Aging

□ Health care provider or hospital □ Home Health Agency

□ Recreation Center/YMCA □ Local Health Department

□ Newspaper, Radio, TV □ Other (please specify):

**4. Did someone from your doctor’s office suggest that you take this program?**

□ Yes □ No

If yes, what is the first and last name of the person who referred you?

If this person works in an office with other health care providers, what is the name of this group/practice?

**5. Would you say that in general your health is:**

□ Excellent □ Very good □ Good □ Fair □ Poor

**6. How old are you today? \_\_\_ \_\_\_ \_\_\_**

**7. What is your gender?** □ Female □ Male

**8. Are you Hispanic or Latino?** □ Yes □ No

**9. What is your race?** (You may select more than one response)

□ White or Caucasian □ Black or African American □ Asian

□ Native Hawaiian or Other Pacific Islander □ American Indian or Alaska Native

**10. What is your ZIP code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. What city do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| *For Program Use Only* –––– Participant ID: **1 - T -      -     -     -**  |