

For Office Use: Class (site name and time): _____
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Thank you for taking the time to complete this survey. Please **print** your answers to the questions on **both sides** of this form. While you may leave any question blank, we encourage you to complete the survey. Summarized information from all participants will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful. All your answers will be kept strictly confidential.

Personal Information

Name:

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Last

Is there a nickname that you prefer to use?

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Birth Date:

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Gender: Female Male Other

How did you hear about EnhanceFitness? _____

Contact Information

Street:

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City:

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 State:

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Zip Code:

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 Phone: (

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Email:

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Demographic Information

1a. Do you speak a language other than English at home?
 Yes What language? _____
 No

1b. Do you sometimes have difficulty speaking English? Yes No

1c. Do you sometimes have difficulty understanding English? Yes No

Please turn the page to continue.

Demographic Information (continued)

2. What is the highest level of education that you have completed?

- Less than high school
 - Some college or vocational school
 - Some high school
 - College graduate
 - High school graduate
 - Graduate school
-

3. Monthly Income

Monthly Income for 1 person household (Check box that applies)

- \$0- \$990
- \$991-\$1,708
- \$1,709-\$2,846
- \$2,847-\$3,415
- 3,416-\$4,388
- \$4,389 or more

Monthly Income for 2 persons for 2 person in Household

- \$0- \$990
- \$991-\$1,950
- \$1,951-\$3,250
- \$3,251-\$3,900
- 3,901-\$5,013
- \$5,014 or more

Monthly Income for 3 persons in Household

- \$0- \$990
- \$991-\$2,196
- \$2,197-\$3,658
- \$3,659-\$4,390
- 4,391-\$5,638
- \$5,639 or more

- If married is your joint income less than \$1,335/month

4a. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic/ Latino
- Unknown
- No, not Hispanic/Latino

4b. Please select one or more of the following that best defines your race:

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

5. What is your current marital status?

- Single (never married) Married Divorced
 Partnered (living with someone) Separated Widowed or Widowered
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6a. How many people live in your household (including yourself)? _____

6b. How many children (under age 18) live in your household? _____

6c. Are you head of the household? Yes No

7a. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone? Yes No

7b. Are you limited in any activities because of physical, mental or emotional problems? Yes No

8. Are you an immigrant, refugee or new arrival to this country? Yes No Unknown

9. Are you a U.S. Veteran and Special disabled veteran?

Self-Identification Veteran Status

Check all that apply

- Veteran Status
- U.S. Veteran
- Special Disabled veteran
- Military Branch
- U.S. Armed Forces
- Reserves
- National Guard

10. Do you have health insurance? (Check all that apply.)

Medicare Medicaid Private Insurance

Thank you!