

Paths to Health NM: Tools for Healthier Living

Stanford Self-Management Programs

- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Self-Management Program (DSMP)
- Positive Self-Management Program for HIV
- Chronic Pain Self-Management Program (CPSMP)
- Cancer: Thriving and Surviving (CTS)



Registration Form

1	Legal Name <i>(First, MI, Last)</i> _____		Date / /
	Address _____		City _____
	County _____		State _____
	Phone <i>(Home)</i> () _____		Workshop Location _____
	Phone <i>(Other)</i> () _____		Date of Birth / /
	Current Health Insurance _____		Email _____
	How did you hear about the Stanford Self-Management Programs? _____		
Please check if you are currently enrolled in <input type="radio"/> Medicare <input type="radio"/> Medicaid/Centennial Care <input type="radio"/> VA <input type="radio"/> None			
Last four digits of your Social Security number _____			
Marital Status <input type="radio"/> Divorced <input type="radio"/> Legally Separated <input type="radio"/> Married <input type="radio"/> Living as Married <input type="radio"/> Single <input type="radio"/> Widowed			

2	Today, how many people live in your household, including yourself? _____	
	Please check the box that indicates your MONTHLY Household Income	
	<input type="radio"/> Less than \$1,005/month	<input type="radio"/> Between \$2,398 and \$2,746/month
	<input type="radio"/> Between \$1,005 and \$1,352/month	<input type="radio"/> Between \$2,747 and \$3,094/month
<input type="radio"/> Between \$1,353 and \$1,701/month	<input type="radio"/> Between \$3,095 and \$3,442/month	
<input type="radio"/> Between \$1,702 and \$2,049/month	<input type="radio"/> \$3,443 or greater/month	
<input type="radio"/> Between \$2,050 and \$2,397/month		
Are you a female head of household? <i>(own home or responsible for lease/rent)</i> <input type="radio"/> Yes <input type="radio"/> No		
Please tell us if you are a <input type="radio"/> Caregiver <input type="radio"/> Veteran <input type="radio"/> NMRHCA Member Check all that apply		

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3 If you are age 60 or older OR married to someone age 60 or older, are you interested in learning about additional services?
 Yes No

Do you have a disability attributable to mental or physical impairment, or a combination of mental or physical impairments, that results in substantial functional limitations in one or more of the following areas of major life activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independence, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment?

Yes No Unsure Are you deaf? Are you blind?

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

In general, would you say that your health is

Excellent Very good Good Fair Poor

Do/did you have?

Prediabetes Type 1 Diabetes Type 2 Diabetes Gestational Diabetes

If you have prediabetes or diabetes, when did your doctor or primary health care provider tell you that you have diabetes or prediabetes?

Less than one year ago Less than three years ago Four or more years ago
 Less than two years ago Less than four years ago I don't know / I don't remember

Have you ever taken a course or class in how to manage diabetes? Yes No

Do you have any eye disease (retinopathy, etc.)? Yes No

In the past 12 months, about how many times has a doctor or nurse **checked your feet?** _____ Times

Do you smoke? Yes No

4 **Do you speak a language other than English at home?** Yes No

If **Yes**, what is that language?

Spanish Chinese Korean Vietnamese Other _____

Thank you for your help!