PARTICIPANT PROFILE - INSTRUCTIONS (REV. 11/17/09)

I. Section One - Instructions for Staff, Health Educators and Partners

A. Purpose of the Form and Who Uses

The PARTICIPANT PROFILE is a standardized form for use by all REACH staff and partners to gather information on the folks who attend workshops, health fairs, screening or other events. We need your help in tracking the people reached by all your program efforts. The information is used in reports to you and to CDC. It is designed to be anonymous and quick to do.

B. Form Instructions

Before or after the program, be sure each form has the organization name, facilitator’s name and the date of the program.

For multi-session workshops, participants fill out one form only. If someone starts after the first session have him/her fill out a Participant Profile when they join.

Below are general instructions for encouraging your participants to fill in the forms. If possible, bring a large envelope or box with you and put it by the exit door. People are more comfortable putting their form in something than handing it directly to the facilitator.

Engage the participant to enhance cooperation. Suggested wording for reading is in quotes and **bold italics**.

1. Introduction

Some suggested words for getting your audience to participate: “*I really need your help—I have some paperwork that will take about 3-5 minutes to complete. We report this information on attendees to our funders, as one way to tell them about the work in your community and the community members who participate in our program. No name please, but just a bit about you! OK?? Just let me know if you need help, or if you don’t have your glasses and need some help reading. Sometimes forms can be confusing.*”

Pass out the forms. Read the entire form instructions in italics to the group. Quietly offer to help people who may be having trouble. Read detailed instructions below if people ask questions on certain items.

****ALTERNATIVE--- IF YOU SENSE MANY OF YOUR PARTICIPANTS HAVE LITERACY ISSUES:

“I will read the questions and if you read faster than I do, please just put the form in _______________” (in the box, in the envelope, on the table) on your way out”.

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2. Item details for reading or for answering questions.

“For Organization and Date, at the very top of the page, enter the name _______” (the organization sponsoring or presenting the program) “and today’s date which is ______” (the date of the program). (Note: If you have time, this can be completed prior to handing out the form. Otherwise, ask the participant to complete, but give them the information!)

“Question 1: Check the box—male or female.”
“Question 2: How old are you? Enter your age in the blank.”
“Question 3: How many years of schooling did you complete?” The responses are: read options as listed
“Question 4: What is your race?” Read options as listed.

“Question 5 asks if you have diabetes. Check yes or no and if yes, enter how long have you had it. Enter number and check appropriate unit (e.g. days, weeks, months, years). Make sure the participant understands that if he/she does not have diabetes and checks “No” to question 5, then he/she will then skip questions 6 and 7.

“For people who answered that they have diabetes, answer Question 6 and 7. For people who checked “no” to Question 5, leave Questions 6 and 7 blank.”

“Question 6: “Are you now taking diabetes pills? Diabetes pills are pills that you take to lower your blood sugar or glucose. Yes or No”

“Question 7: “Are you now taking insulin. Insulin is the ‘shot’ or ‘needle’ that some people take to lower blood sugar or glucose.”

“Question 8: Now, all of you will answer Question 8. Rate your understanding of diabetes and its treatment. This reflects your understanding of diabetes and its treatment. Please be honest. Remember, no names are on this form. Circle a number. 1 is poor knowledge and 7 is excellent knowledge. Rate your understanding anywhere from 1 to 7.”

“Question 9: Do you have family members in your immediate family—mother father, sisters, brothers, sons, daughters—who have been diagnosed with diabetes?”

“Question 10: What is your height? Enter the number of feet and then enter the inches, for example, if I am 5 feet and 7 inches, I would enter 5 and then enter 7.”

“Question 11: How much do you weigh? Lets all be honest! Remember, no one will know who you are!”

“Question 12: Have you been told by a doctor, nurse, or other health provider that you have high blood pressure? Or high cholesterol? Check the appropriate box, Yes or No.
“Question 13: Do you have a “regular” doctor or nurse that you see for your health care? That is, a person that you go to regularly. Check the box Yes or No”.

“Question 14: Where do you live? Which county? Charleston County, Georgetown County? If neither, please check other and enter the name of the county where you live.”

“Now we are almost finished, but we really need to know the answers to the following.”

“Question 15 asks ‘Why did you come?’ Tell us the main reason why you came today.”

“Q16 asks ‘How did you hear about today’s program?’ Check off as many as apply or write in if you heard from another source.”

“Thank you, Thank you so much for completing the form. Please leave it _______”(in the box, in the envelope, on the table) “on your way out. Again, Thank you.”

C. Instructions for Submission of Forms

1. Check for accuracy for the date and facilitator information and if blank enter the information (initial that you have made the addition). If items below are unanswered by the participant, leave them blank.

2. Now, complete the Community Event form and attach the Participant Forms and the Community Event form for this event. We realize the numbers may be different as some people may choose not to complete a Participant Form.

3. Timeline – Forms (event and participant forms) shall be submitted to the Program Manager (LaTanya Fisher) within 5 days of the completed event or according to your written agreement if otherwise indicated. (Partners—please maintain a copy of the event form to assist you with your quarterly report.)

4. All Coalition members, contractors, and REACH US staff are to provide prompt response to questions from REACH US data entry staff should clarification of the submitted forms be needed.

5. Please do these for every program and event. It is very important that you document your participants. Remember, if it isn’t documented it did not happen according to CDC.

D. Reports and Dissemination

1. Summary reports - will be completed by the REACH US key personnel in the form of periodic updates, newsletters, point papers, peer review journal articles, and abstracts.

2. Reports of collected, analyzed data will be shared at the quarterly partners meetings.
We are delighted that you participated in today’s program. To help us show the community’s interest in programs like this, we hope you will provide us with the ANONYMOUS data for our reports to our funders. Please do not put your name on this form. Leave it with the meeting coordinator.

1. Are you? Male □ Female □

2. How old are you? _______ years old

3. How much schooling have you completed?
   □ 8th grade or less   □ some college or technical school
   □ some high school   □ college graduate or more
   □ high school graduate

4. Do you consider yourself:
   □ African American   □ Hispanic/Latino   □ White   □ Other ________________

5. Do you have diabetes? □ No → skip to #8
   □ Yes → how long ago were you told by a doctor that you had diabetes? ______ □ years □ months □ weeks □ days

6. Are you now taking diabetes pills? □ Yes □ No

7. Are you now taking insulin? □ Yes □ No

8. How would you rate your understanding of diabetes and its treatment? Circle one number
   Poor 1 2 3 4 5 6 7 Excellent

9. Do you have family members (immediate family, mother, father, sisters, brothers, sons, daughters) who have been diagnosed with diabetes? □ Yes □ No

10. What is your height? _____ feet _____ inches

11. How much do you weigh? _____ pounds

12. Have you been told by a health provider that you have?
   High Blood Pressure □ Yes □ No   High Cholesterol (fats) □ Yes □ No

13. Do you have a “regular” doctor or nurse that you see for your health care? □ Yes □ No

14. I live in: □ Charleston County □ Georgetown County □ Other County _______________________

15. Why did you come today? ______________________________________________________________

16. How did you hear about today’s program? □ Newspaper/flyer □ Friend/relative
    □ Doctor/nurse □ Church □ Other _______________________

You are done! THANK YOU! Please return to staff person or the session leader!