## "Nove More Diabetes"

**Project Enrollment Form** In order to learn more about the background of those participating in Move More Diabetes, we ask you to complete the following items

Address:		
Phone nun	nber(s)	Home
	161-21	Work
		Cell
Destations		a coll
Best time a	and day to	o call
contact pe	a son (som	icone who will know now to contact you and phone
1.	In genera	ral, how would you rate your overall health now?
	Excel	ellent Very Good Good Fair Poor
22		
2.	What is y	your date of birth?
2	A we were	male or female?
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3.	What is	is the highest grade you completed in school? (circle o
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This product was developed by the Move More program at MaineGeneral Health in Waterville, ME with support from the Robert Wood Johnson Foundation ® in Princeton, NJ.

(over)

7. What is your height?

8. What is your weight?

9. Has a doctor ever told you that you had:

- a. Hypertension or high blood pressure \_\_\_\_ Yes \_\_\_\_ No
- b. High cholesterol or blood lipids \_\_\_\_ Yes \_\_\_\_No

10. How long have you known that you have diabetes? \_\_\_\_\_

11. During the past year, have you participated in a program about diabetes? Yes No

12. Are you currently receiving regular medical care for your diabetes? \_\_\_\_ Yes \_\_\_\_ No

13. Are you currently a patient of the Diabetes and Nutrition Center? \_\_\_\_ Yes \_\_\_\_ No

14. Have you ever attended the diabetes education classes (ADEF in Maine)? \_\_Yes \_\_ No

As part of the Move More Diabetes Project, you may be asked to complete a survey about you and about your health. Participation in the survey is voluntary and will help MaineGeneral Health and other clinics to improve their programs.

Please return your completed form to:

Move More Diabetes 32 College Avenue, Suite 202 Waterville, ME 04901

THANKS for your participation!

August 29,2004