



Name _____

Address _____

City _____ Zip Code _____

County _____

E-Mail _____

Phone No. _____

Where did you learn about this group?

- UAMS Clinic
- Extension Office
- DHS
- Other _____

Do you have Medicaid?

- Yes No

Sex

- Female Male

Are you Hispanic?

- Yes No

Race

- Am. Indian Asian
 Black Hawaiian/Pac. Islander
 White 2 or More Races

Age

- 18-64 65 years or older

Can we contact you in 3 months to ask how you are doing?
If so, by which way?

Check one: Mail E-mail Phone



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