

# Participant Registration and Survey Guide

## How to Register

1. Go to IL Pathways to Health Website: <u>https://www.ilpathwaystohealth.org/</u>

Your class leader may also provide you with a link to register for the particular workshop you have inquired about; that link will bring you directly to that workshop.

2. Find the search feature, located at the top of the page, that looks like this:

# Find A Class Near You

| Select a Class |    |                |                 | ~ | SEARCH           |   |
|----------------|----|----------------|-----------------|---|------------------|---|
| Online         | OR | enter zip code | Within 30 Miles | ~ | Sort By Distance | ~ |

3. Select Type of Class you are interested in participating in from drop down. Enter the zip code, or check "online" and click "search."



4. Find the class you are interested in and click "Register."



5. Complete the registration form. Please note an email address is required to register.

| ois Pathways<br>fealth<br>Copters | About Prog   | rams Make a R      | Referral For H                        | Healthcare Providers   | For Class Leade   | ers Contact Us J          | oan Fox • |
|-----------------------------------|--|--------------------|---------------------------------------|------------------------|-------------------|---------------------------|-----------|
|                                   | select class                                       |                    | ~                                     |                        | enter zip code    | or Online                 | SEAF      |
| Regi                              | ster for a   | Class              |                                       | You must create a p    | articipant accour | at to register for a clas | iS.       |
| Tai Chi                           | for Arthritis and                                  | Fall Prevent       | ion                                   | <b>Registration</b> Fo | orm               |                           |           |
| Tai Chi is a                      | an enjoyable exercise                              | that can improve   | balance,                              | First Name •           |                   |                           |           |
|                                   | in, and improve healt<br>cise. It is easy to learr |                    |                                       |                        |                   |                           |           |
|                                   | itial principles of Tai C                          | 0                  | · · · · · · · · · · · · · · · · · · · | Last Name *            |                   |                           |           |
|                                   | on, fluid movements, c                             |                    |                                       |                        |                   |                           |           |
|                                   | ation. Tai Chi is one of<br>1 of mind and body. It |                    |                                       |                        |                   |                           |           |
| better.                           | ror mina and body. It                              | neips people to re | nux unu loci                          | Email Address          |                   |                           |           |
| Location                          |  | Class Leader       |                                       |                        |                   |                           |           |
|                                   | Park District                                      | Diana Nielsen      |                                       | Phone Number           |                   |                           |           |
| 22W130<br>Medinah,                | Thorndale Ave<br>IL 60157                          | Cost               |                                       |                        |                   |                           |           |
|                                   |  | \$0                |                                       | Date of Birth *        |                   |                           |           |
| Schedule                          |  |                    |                                       | Month                  | ✓ Day             | Year                      |           |
| Session                           | Date   | Start Time         | End Time                              |                        |                   |                           |           |
| 1                                 | Thu, Apr 22, 2021                                  | 6:00 PM            | 7:00 PM                               | Address                |                   |                           |           |
| 2                                 | Thu, Apr 29, 2021                                  | 6:00 PM            | 7:00 PM                               | Address Line 1*        |                   |                           |           |
| 3                                 | Thu, May 6, 2021                                   | 6:00 PM            | 7:00 PM                               |                        |                   |                           |           |
| 4                                 | Thu, May 13, 2021                                  | 6:00 PM            | 7:00 PM                               | Address Line 2         |                   |                           |           |
| 5                                 | Thu, May 20, 2021                                  | 6:00 PM            | 7:00 PM                               |                        |                   |                           |           |
| 6                                 | Thu, May 27, 2021                                  | 6:00 PM            | 7:00 PM                               | ZIP Code •             |                   |                           |           |
| Notes                             |  |                    |                                       |                        |                   |                           |           |

After entering your contact information, check the box acknowledging that you have received and read the Privacy Policy, check "I am not a robot" and click on button to register.

### Notice of Privacy Policy



6. After you 00 are registered you will receive a confirmation of registration, along with details on program you registered for, that looks like this:

## Thank you for registering!

We look forward to seeing you in Medinah on Thursday, April 22, 2021 at 6:00 PM.

#### Tai Chi for Arthritis and Fall Prevention

Tai Chi is an enjoyable exercise that can improve balance, relieve pain, and improve health and ability to do things. It is a slow exercise. It is easy to learn and good for all ability levels. The essential principles of Tai Chi include mind and body integration, fluid movements, controlled breathing and mental concentration. Tai Chi is one of the most effective exercises for the health of mind and body. It helps people to relax and feel better.

| <b>Location</b><br>Medinah Park District<br>22W130 Thorndale Ave<br>Medinah, IL 60157 |                   | <b>Class Leader</b><br>Diana Nielsen<br><b>Cost</b><br>\$0 |          |  |
|---|-------------------|--|----------|--|
| Schedule  |                   |  |          |  |
| Session   | Date              | Start Time   | End Time |  |
| 1   | Thu, Apr 22, 2021 | 6:00 PM  | 7:00 PM  |  |
| 2   | Thu, Apr 29, 2021 | 6:00 PM  | 7:00 PM  |  |
| 3   | Thu, May 6, 2021  | 6:00 PM  | 7:00 PM  |  |
| 4   | Thu, May 13, 2021 | 6:00 PM  | 7:00 PM  |  |
| 5   | Thu, May 20, 2021 | 6:00 PM  | 7:00 PM  |  |
| 6   | Thu, May 27, 2021 | 6:00 PM  | 7:00 PM  |  |

Notes

7. Once registered, you will receive an email with a link to your participant portal. Your username is your email and you will need to create a password.

## How to Complete Surveys

After registering for a class, it is required that every participant fills out a Pre-survey before the start date of class. Once a class has been completed, it is also required to fill out the post-survey. **Reason for Surveys**: These surveys will help us understand who we are serving in these classes, what the outcomes are, how to improve our classes in the future, and secure resources to continue to offer classes.

- 1. Go to IL Pathways to Health Website: <u>https://www.ilpathwaystohealth.org/</u>
- 2. Log into your participant portal- Click on "login" in the top right corner of the website. Enter your email address and password.

| Ilinois Partways<br>to Health<br>by Agr2ters | About Program       | ns Make a Referral | For Healthcare Providers | For Class Leaders Co    | ontact Us Login |
|--|---------------------|--------------------|--------------------------|-------------------------|-----------------|
| FIND A CLASS >                               | A Matter of Balance | *                  | LOCATION >               | nter zip code or Online | SEARCH          |

3. Once you enter your password, you will be brought back to the main page of the website. Click on the arrow to the right of your username (top right corner where you logged in). Select "MyProfile." This will then bring you to your participant portal.

4. Your participant portal will show your profile that includes name, address and insurance information. You can click "Edit" to edit this at any time. Your current and past classes will also be displayed:

| urrent Classes   | Past Classes   |
|--|--|
| Aging Mastery Program                                  | Aging Mastery Program                                  |
| Start Date: 2/8/2021<br>End Date: 4/12/2021            | Start Date: 8/24/2020<br>End Date: 9/14/2020           |
| Class details<br>Pre-class survey<br>Post-class survey | Class details<br>Pre-class survey<br>Post-class survey |
| Living Well With Chronic<br>Pain                       |  |
| Start Date: 3/24/2021<br>End Date: 4/26/2021           |  |
| Class details<br>Pre-class survey<br>Post-class survey |  |

5. Find your current class and click on Pre or Post-Class Survey.

| Living Well With Chronic<br>Pain                       |
|--|
| Start Date: 3/24/2021<br>End Date: 4/26/2021           |
| Class details<br>Pre-class survey<br>Post-class survey |

- 6. You will be redirected to the Survey Page.
  - On this page, it may require you to agree to the terms of the Release from Liability agreement, by checking the box. If you have already agreed to the terms, the Liability agreement may not appear on the Pre-Survey page.

This is an example of the Release from Liability Agreement:



- Next you will be asked to fill out surveys. These questions may be formatted by using the following answer types:
  - o Yes or No
  - o Multiple choice
  - Scaling questions (Excellent, Fair, Good, Poor, Very poor) or (Always, often, sometimes, rarely, never)
  - Fill in the blank

This is an example of some of the Pre-Class Survey questions that will be asked:

| Pre Survey   |               |
|--|---------------|
| 1) How did you hear about this class?  | Please Select |
| 2) Did your doctor or other health care provider suggest that you attend this program? | Please Select |
| 3) From what health system do you receive your primary healthcare care services?       | Please Select |
| 4) How old are you today?  |               |
| 5) Are you male or female?   | Please Select |
| 6) Are you of Hispanic, Latino, or Spanish origin?                                     | Please Select |
| 7) What is your race? Mark all that apply.   | Please Select |
| 8) Are you deaf or do you have serious difficulty hearing?                             | Please Select |
| 9) Are you blind or do you have serious difficulty seeing, even when wearing glasses?  | Please Select |

## This is an example of some of the Post-Class Survey questions that will be asked:

#### Post Survey

| 1) In general, would you say that your health is:   | Please Select |
|---|---------------|
| 2) How sure are you that you can manage your condition so you can do the things you need and            | Discos Colori |
| want to do?   | Please Select |
| 3) How often do you feel lonely or isolated from those around you?                                      | Please Select |
|   |               |
| 4) After taking this class, how well do you feel the expectations of this program were<br>communicated? | Please Select |
| 5) The class helped me achieve the goals I set in my action plan(s):                                    | Please Select |
|   |               |
| 6) Please tell us to what extent you agree that the program has been helpful:                           |               |
| 6a) Manage a chronic condition  | Please Select |
| 6b) Continue to work or perform other daily activities  |               |
| obj continue to work of perform other dany activities   | Please Select |
| 6c) Cope with feelings such as anger, frustration, sadness, depression, or fear                         | Please Select |
|   |               |
| 6d) Manage your stress and fatigue  | Please Select |
| 6e) Eat healthier   |               |
| ,   | Please Select |

- 7. When finished, submit your answers using the blue **"SUBMIT"** button. This is a very important step, or else it will not store your answers to the surveys.
  - By clicking submit your answers will be recorded and saved.

