

Biggest Winner Contest Enrollment Packet



Biggest Winner Contest

The Biggest Winner Contest is intended to encourage residents 18 years of age and older who live in the West Hill, Arbor Hill, and South End of Albany—or in housing managed by the Albany County Housing Authority—to join their neighbors in creating heart healthy communities. ***Please note that your participation in this program is strictly voluntary.*** As such, you must agree prior to enrollment that you will not hold any organization or individuals in the Healthy Hearts on the Hill Coalition, or any organization offering services or prizes as part of the contest, liable for any injury incurred by you while participating in contest activities.

We highly encourage you to begin your participation in the Biggest Winner Contest with a visit to your Family Doctor for a physical. Remember, you get 25 points for having a physical and up to another 25 points for following your doctor’s orders!!! We also have a letter you can show your doctor from Dr. Paeglow at Koinonia Primary Health Care that explains the contest. In addition, we encourage you to get free monthly screenings that are offered at community sites. Call our Biggest Winner Hotline at 518-442-5779 for locations where you can get your blood pressure, weight, and glucose levels checked. You earn 2 points each time you go and are screened!

General Liability Waiver

I release and discharge the Healthy Hearts on the Hill Coalition and all other sponsors, supporters and all agents and persons acting for and on behalf of such entities from all claims or damages, demands or actions whatsoever in any manner related to or growing out of my participation in programs sponsored by the Healthy Hearts on the Hill Coalition, including but not limited to: educational, cultural, volunteer, physical fitness related programs and travel in any form. I attest and verify that I have full knowledge of the risks involved in physical fitness activities. I feel comfortable beginning the Biggest Winner Contest at this time and I will not hold any of the organization(s) participating in this program liable for any injury/illness or other health related issue incurred as a result of my participation in the Biggest Winner Contest.

Participant Signature: _____

Date: _____

Signature of Coalition Member: _____

Healthy Hearts on the Hill

Participant Survey

ID No. _____ Today's Date: _____

Last Name: _____ First: _____

DOB: Month _____ Day _____ Year _____ Age: _____

Phone: _____

Street Address: _____

Zip code: _____

Gender: Male Female

Do you smoke? Yes No

Do you have high blood pressure? Yes No I don't know

If yes, is it being treated by a physician? Yes No

Optional Questions Regarding Health Insurance:

1. Do you have health insurance? Yes No

2. Do you have Medicare or Medicaid? Yes No

3. Do you have a Primary Care Physician? Yes No

4. Name of Primary Care Physician _____

1. Race/Ethnicity

(Please select one or more of the following that best describes your race and ethnicity)

- American Indian or Alaska Native
- Asian or Asian-American
- Black or African-American
- Hawaiian Native or Pacific Islander
- Hispanic/Latino
- White Caucasian
- Other *(Please specify)* _____



2. What is your marital status?

- Married
- Divorced
- Widowed
- Separated
- Never married
- Partnered (living with someone)

3. Please indicate which chronic conditions you have (*mark all that apply*):

- Diabetes
- Heart Disease
- Hypertension
- Lung Disease (asthma, emphysema, bronchitis)
- Arthritis/rheumatic disease
- Cancer
- Other chronic condition (*please specify*: _____)
- I don't have a chronic condition.

4. Do you speak a language other than English at home?

- No
- Yes *If yes, what language?* _____

5. If you do speak another language other than English at home, do you sometimes have difficulty speaking/understanding English?

- Not Applicable (I am an English Speaker)
- No
- Yes



7. Do you care for (*mark all that apply*):

- Parent
- Sibling
- Spouse/partner
- Child
- Grandchild
- Other (*please specify*)_____

8. If you provide care for someone, do they currently live with you?

- No
- Yes
- I do not provide care for someone.

9. Today, how many people live in your household (including yourself)?
(*please indicate the number*_____)

10. Are you employed?

- No
- Yes

11. If you are employed, please indicate if you are part-time or full-time.

- Part-time
- Full-time
- I am not currently employed.



12. If you are employed, what type of employment are you engaged in?
(Please mark the category that best describes your situation.)

- Administration/Management
- Licensed professional
- Education
- Computer/Technical
- Skilled Trade
- Care/Health Assistant
- Administrative Support Staff/Secretarial
- Retail Sales/Customer Service
- Other: _____
- I am not currently employed.

13. What is the highest level of education you have completed?

- Less than high school
- Some high school
- High school graduate
- Some college or vocational school
- College graduate
- Graduate school

