Chronic Illness Support Group Demographics Form

Full Name
Age
Pronouns
Gender Identity
Race / Ethnicity
Chua nia Illua a a (a a) (C a u diti a u (a)
Chronic Illness(es) / Condition(s)
How long have you lived with your condition(s)?
Location (City, State/Country)
Preferred Contact Method
Anything else you'd like to share?