

Walk With Ease Participant Information Form

By filling out this form, I agree that the information collected on program forms may be studied and shared, with no way to link it back to me.

Participant ID (first two letters of your first name, first two letter of your last name, last two numbers of your birth year): _____

1. How old are you today? _____ years

2. Are you: Male or Female?

3. Are you of Hispanic, Latino, or Spanish origin?

Yes No

4. What is your race? Mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

5. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)

<input type="radio"/> Arthritis/Rheumatic Disease	<input type="radio"/> Hypertension (High Blood Pressure)
<input type="radio"/> Asthma/Emphysema/Other Chronic Breathing or Lung Problem	<input type="radio"/> Kidney Disease
<input type="radio"/> Cancer or Cancer Survivor	<input type="radio"/> Osteoporosis (Low Bone Density)
<input type="radio"/> Chronic Pain	<input type="radio"/> Obesity
<input type="radio"/> Depression or Anxiety Disorders	<input type="radio"/> Schizophrenia or Other Psychotic Disorder
<input type="radio"/> Diabetes (High Blood Sugar)	<input type="radio"/> Stroke
<input type="radio"/> Heart Disease	<input type="radio"/> Other Chronic Condition
<input type="radio"/> High Cholesterol	<input type="radio"/> None (No Chronic Conditions)

6. What is the highest grade or year of school you completed?

- Some elementary, middle, or high school
- High school graduate or GED
- Some college or technical school
- College 4 years or more

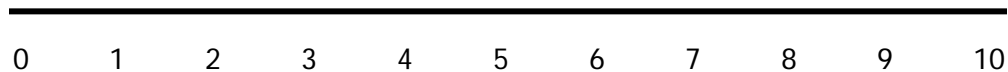
7. Did your doctor or other health care provider suggest that you take this walking program?

- Yes
- No

8. How confident are you in managing your joint pain and/or stiffness? (Circle one number)

Not at all confident

Very confident



9. How many days during the week do you go for a walk/s?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

10. On average, how many minutes do you walk on each of those days? _____