# Walk With Ease Participant Information Form

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How old are you today? \_\_\_\_\_\_ years
2. Are you:  O Male or O Female?
3. Are you of Hispanic, Latino, or Spanish origin?

       O Yes               O No

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

O  American Indian or Alaska Native

O  Asian

O  Black or African American

O  Native Hawaiian or other Pacific Islander

O White

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

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

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

O Some elementary, middle, or high school

O High school graduate or GED

O Some college or technical school

O College 4 years or more

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

 O Yes               O No

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

Not at all confident Very confident

0 1 2 3 4 5 6 7 8 9 10

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

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

1. On average, how many minutes do you walk on each of those days? \_\_\_\_\_\_