WALK WITH EASE Participant Registration Form



GENERAL INFORMATION						
First Name:		Last Name:				
Street Address:		I	City:			
State:	Zip:		Phone #:			
Did your doctor or other health care provider suggest that you attend this program? ☐ Yes ☐ No						
How old are you today?	What is your gend	er?	What is your race? Mark all that apply.			
years old				,, ,		
□ Male			☐ American Indian or			
Are you of Hispanic, Latino, or Spanish origin?	□ Female			Alaska Native		
or Spariish origin:	☐ Transgender		□ Asian			
☐ Yes	☐ Other	Other		☐ Black or African American		
□ No	☐ Prefer Not to Respond			□ Native Hawaiian or		
☐ Unknown				Other Pacific Islander		
□ OTIKITOWIT			☐ White			
HEALTH INFORMATION						
Are you deaf or do you have Are you blind or do you have serio			ous difficulty Do you live			
serious difficulty hearing?	seeing, even wh	seeing, even when wearing glasses		s? alone?		
☐ Yes ☐ No	☐ Yes ☐ No)		☐ Yes ☐ No		
What is the highest grade or year of school you completed?			Have you ever served in the military?			
☐ Some elementary, middle, or high school						
☐ High school graduate or GED			□ Yes			
☐ Some college or technical school			□ No			
☐ College 4 years or more						

During the past year, did you provide regular care or assistance					ance	In general, would you say your					
to a friend or family member who has a long-term health						health is:					
problem or	disability'	?									
							☐ Excelle	ent	\Box V	ery Goo	od
☐ Yes	□ No						\square Good		□F	air	
							☐ Poor				
Has a heal	th care pr	ovider ev	er told yo	u that you	have any	of the	following	chron	ic cor	nditions	?
Mark all tha	at apply.										
☐ Anxiety (disorder				☐ High (Choles	sterol				
☐ Arthritis/	Arthritis/ Rheumatic Disease ☐ Hypertens				tensio	ion (High Blood Pressure)					
☐ Asthma/Emphysema/Other Chronic Breathing ☐ Kidney Di				y Dise	sease						
or Lung	Problem				□ Obesi	ity					
					poros	prosis (Low Bone Density)					
☐ Chronic Pain ☐ Pre-Di					iabetes						
				ophrer	phrenia or Other Psychotic Disorder						
☐ Diabetes	s (High Blo	ood Suga	ır)		☐ Stroke	•		,			
				(Please Specify):							
						`	, ,	,			
								_			
Because of	f a physica	al, menta	l, or emot	ional condi	ition, do	How	often do y	ou fe	el lon	ely or	
you (Mark all that apply):				isolated from those around you?							
					□ Always						
making decisions?					□ Of] Often					
					□ So	Sometimes					
					□ Ra	Rarely					
\square Have serious difficulty walking or climbing stairs?				□ Ne	□ Never						
☐ Have se	rious diffic	culty dres	sing or ba	athing?							
How sure are you that you can manage your condition(s) so you can do the things you need and											
want to do?											
Circle an o	ριιοπ.										
0	1	2	3	4 :	5 6	3	7	8		9	10
(Totally	•	_	-		-	-	•	•	(-	Totally S	
(<i>)</i>	/								`		- /

ADDITIONAL INFORMATION						
Where did you hear about the program? Mark all that apply.						
☐ I was referred by my doctor or	other medical provider					
☐ I heard about it from friends or	•					
	☐ This is a benefit offered through my health insurance (if yes, please name health insurance					
plan:)						
☐ I responded to an advertisement or invitation from a local organization (if yes, please name the organization:)						
☐ I heard about it through social	media (e.g., Facebook, T	witter, In	stagram)			
□ Other (please describe):						
Which of the following best describes your health insurance coverage?						
☐ Medicare (Original)		☐ Veteran's Health Care Benefits/				
☐ Medicare Advantage Plan (HM	10, PPO,	Coverage				
Medical Savings account)	,	☐ Veteran's Health System				
☐ Medicare Advantage Plan (Sp	ecial Needs Plans,	☐ TRICARE/ TRICARE for Life				
Including Dual-Eligible SNP)		☐ Indian Health Services				
☐ Medicaid (Oregon Health Plan)	☐ No insurance				
☐ Employer or Union-Based Health Insurance		☐ Other insurance (please describe):				
In what county do you approach live?						
In what county do you currently live? In what ZIP code do you currently live?						
How many days during the	On average, how many		Have you participated in the			
typical week do you go for a	minutes do you walk on <u>each</u>		Walk With Ease program in the			
walk? (<i>1-7 days</i>)	of those days?	past?				
days	minutes		☐ Yes ☐ No ☐ I don't know			
uays						

Thank you for your time in completing this form!

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