

WALK WITH EASE Participant Registration Form



Oregon State University
Extension Service

GENERAL INFORMATION

First Name:		Last Name:	
Street Address:			City:
State:	Zip:	Phone #:	
Did your doctor or other health care provider suggest that you attend this program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How old are you today? _____ years old	What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer Not to Respond	What is your race? <i>Mark all that apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

HEALTH INFORMATION

Are you deaf or do you have serious difficulty hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you blind or do you have serious difficulty seeing, even when wearing glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest grade or year of school you completed? <input type="checkbox"/> Some elementary, middle, or high school <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college or technical school <input type="checkbox"/> College 4 years or more		Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 family
- 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, Twitter, Instagram)
- Other (please describe): _____

Which of the following best describes your health insurance coverage?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medicare (Original) <input type="checkbox"/> Medicare Advantage Plan (HMO, PPO, Medical Savings account) <input type="checkbox"/> Medicare Advantage Plan (Special Needs Plans, Including Dual-Eligible SNP) <input type="checkbox"/> Medicaid (Oregon Health Plan) <input type="checkbox"/> Employer or Union-Based Health Insurance | <ul style="list-style-type: none"> <input type="checkbox"/> Veteran's Health Care Benefits/ Coverage <input type="checkbox"/> Veteran's Health System <input type="checkbox"/> TRICARE/ TRICARE for Life <input type="checkbox"/> Indian Health Services <input type="checkbox"/> No insurance <input type="checkbox"/> Other insurance (please describe): _____ |
|--|--|

In what county do you currently live?

In what ZIP code do you currently live?

How many days during the typical week do you go for a walk? (1-7 days)

_____ days

On average, how many minutes do you walk on **each** of those days?

_____ minutes

Have you participated in the Walk With Ease program in the past?

Yes No I don't know

Thank you for your time in completing this form!

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