

Walk With Ease Registration & Release

GENERAL INFORMATION

Name: _____

Phone/Email: _____

What is your age? _____ years Gender: Female Male Something else/other

Are you of Latino, Hispanic, or Spanish origin? Yes No Unknown

What is your race? [Mark all that apply]

- American Indian or Alaska Native Asian or Asian-American
 Black or African-American Hawaiian Native or Other Pacific Islander
 White or Caucasian Something else/other: _____

Oregon State University is committed to diversity and to ensuring equal opportunity for those wishing to benefit from our programs and services. We invite you to voluntarily disclose your gender, race, and ethnicity to help us monitor the effectiveness of our civil rights and affirmative action efforts. Neither the information provided, nor the decision not to provide it, will be used to determine eligibility for Extension programs and services or the benefits available through participation.

CLASS INFORMATION

Class type: Self-Directed Group - location: _____

What language would you like to receive program materials? English Spanish

Have you participated in Walk With Ease before? Yes No

HEALTH INFORMATION

Consult your medical provider before beginning Walk With Ease. If you have a condition that may require accommodation, limit your participation or cause concern at any time, please discuss this with your Walk With Ease leader as you deem appropriate.

In general, would you say that your health is: (Please check only one)

- Excellent Very good Good Fair Poor

Did your doctor or other health care provider suggest this program? Yes No

Please list health conditions you'd like to voluntarily disclose at this time:

ADDITIONAL CDC-REQUIRED QUESTIONS

How confident are you in managing your arthritis symptoms? (Circle one number)

Not at all confident

Very confident

0 1 2 3 4 5 6 7 8 9 10

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

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

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

Elementary, middle, or high school

Some college or technical school

High school graduate or GED

College 4 years or more

During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability? Yes No

Are you deaf or do you have serious difficulty hearing? Yes No

Are you blind or do you have serious difficulty seeing even with glasses? Yes No

Because of a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs, dressing or bathing, or doing errands alone such as visiting a doctor's office or shopping? Yes No

Do you live alone? Yes No

Thank you for your time
completing this form!