

**WALK WITH EASE
Participant Registration Form**



**Oregon State University
Extension Service**

REQUIRED PARTICIPANT INFORMATION

Please take a moment to complete this form—your response directly supports the continued funding of the WWE program.

First Name:		Last Name:	
Email Address:			Phone #:
Zip code:	How old are you today? _____ years old	Text Reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which of the following best describes you? <i>Select one.</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Prefer not to answer	What is your race? <i>Select 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 <input type="checkbox"/> Other (please specify): _____	Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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)		In general, would you say your health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
What type of health insurance coverage do you have, if any? (i.e. No insurance = None) (Please list): _____		Did your health care provider suggest that you attend this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you participated in Walk With Ease in the past? Yes No I don't know

Flip page over and complete other side

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ADDITIONAL INFORMATION- Your responses directly supports the continued funding of the WWE program.

How many days during the typical week do you go for a walk? (0-7 days) <p style="text-align: center;">_____ days</p>	On average, how many minutes do you walk on each of those days? <p style="text-align: center;">_____ minutes</p>
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How often do you feel that you lack companionship or are lonely? <input type="checkbox"/> Often <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly Ever or Never	How often do you feel left out? <input type="checkbox"/> Often <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly Ever or Never	How often do you feel isolated from others? <input type="checkbox"/> Often <input type="checkbox"/> Some of the time <input type="checkbox"/> Hardly Ever or Never
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a person with a disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 have serious difficulty walking or climbing stairs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Because of a physical, mental, or emotional condition, do you have difficulty doing daily tasks or errands alone?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to stand without increasing pain for at least 10 min?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a chronic condition that may impact your participation in a walking program?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I would like to request accommodations for this workshop (N/A for self-directed programming).

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 option.*

1	2	3	4	5	6	7	8	9	10
(Totally Unsure)								(Totally Sure)	

How confident are you that you can engage in physical activity (e.g., walking) regularly even when you face challenges (like weather, time, pain, or fatigue)? *Circle an option.*

1	2	3	4	5	6	7	8	9	10
(Not confident at all)								(Very Confident)	

How confident are you in your ability to walk for at least 30 minutes a day, 3 to 5 days a week? *Circle an option.*

1	2	3	4	5	6	7	8	9	10
(Not confident at all)								(Very Confident)	

Thank you for your time in completing this form!