Walk With Ease Participant Information Form

By filling out this form, I agree that the information collected on program forms may be studied and shared, with no way to link it back to me.

Participant ID (first two letters of your first name, first two letter of your last name, last two numbers of your birth year): ____ ____ ____ ____ ____ ____

1. How old are you today? _____ years

2. Are you: ◯ Male ◯ Female ◯ Non-binary/other ◯ Prefer not to say

3. Sexuality: ◯ Heterosexual ◯ LGBTQ+ ◯ Prefer not to say

4. Are you of Hispanic, Latino, or Spanish origin?

   ◯ Yes ◯ No

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

   ☐ American Indian or Alaska Native
   ☐ Asian
   ☐ Black or African American
   ☐ Middle Eastern or Northern African
   ☐ Native Hawaiian or other Pacific Islander
   ☐ White
   ☐ Other

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

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

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

- ◯ Some elementary, middle, or high school
- ◯ High school graduate or GED
- ◯ Some college or technical school
- ◯ College 4 years or more

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

◯ Yes ◯ No

9. 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

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

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7

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