

## **Participant Enrollment Form**

FOR OFFICE USE

ID#  -  -

NSI

ADL

IADL

**Your answers are important.**

**Your confidential responses will help us to plan programs for older adults.**

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                month                                  day                                  year

Male

Female

1. Race/Ethnicity: (Please check one)

Caucasian

Native American

African American

Asian/Pacific Islander

Hispanic/Latino

Don't know/refuse

2. Who do you live with? (Please check all that apply)

Live with spouse

Live with other family member

Live alone

Other \_\_\_\_\_

3. Do you smoke now?

Yes

No

4. Do you have any of the following conditions? (Please check all that apply)

High blood pressure

Hip replacement

Diabetes

Dizziness

Arthritis

Kidney disease

Heart disease (angina,  
congestive heart failure, heart  
attack or other heart problems)

Hearing impairment or significant  
hearing loss

Asthma

Problems seeing

Chronic lung disease  
(COPD, emphysema)

Incontinence

Osteoporosis

Knee surgery

Constipation

Other \_\_\_\_\_

5. Do you use any of the following? (Please check all that apply)

Cane

Bath bench

Walker

Grab Bars

Seat Lift or Lift chair

Built up toilet seat

6. What is your annual **Household** income? (Please check one)

Under \$5,000

\$25,000 –\$ 34,999

\$5,000 – \$9,999

Greater than \$35,000

\$10,000 – \$14,999

Prefer not to answer

\$15,000 – \$24,999

7. What is your highest level of Education? (Please check one)

1<sup>st</sup> to 8<sup>th</sup> grade

Some College or Trade School

9<sup>th</sup> to 12<sup>th</sup> grade

Bachelors Degree

Associates Degree

Graduate School

8. A) Does your area have exercise programs for older adults?

Yes

No

Don't know

B) If yes, do you go to those programs now?

Yes

No

9. In your opinion, do you have safe places to walk?

Yes

No

10. Do you walk there?

Yes

No