



Sound Steps Registration Form

This is the registration form that all walkers will complete to participate in Sound Steps walking. Please fill it out and turn it into your Sound Steps volunteer leader. Thank you for participating in this new program.

Date: _____ Community Center: _____

Name: _____ Address: _____

City/Zip: _____ Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

- May we include your name and phone # in a contact list to share with other Sound Steppers from your community center? If so, please check the box.
(Please note that we will not share your address or phone number with anyone other than the community center contact list.)

Please answer the following questions to help us evaluate and improve this program. All of the information will remain confidential and will only be seen by our evaluation team. Thank you!

1. Would you say that in general your health is:

- Excellent Good Poor
 Very Good Fair

2. Would you say that in general your social life is:

- Excellent Good Poor
 Very Good Fair

3. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- Yes
 No → (If no, go directly to **Question 6** below)

4a. What type of physical activity or exercise did you spend the **most** time doing in the past month? (Please **check only one box** from the 11 boxes below)

Select only one activity

<input type="checkbox"/> Walking <input type="checkbox"/> Swimming <input type="checkbox"/> Jogging/Running	4b. How far did you usually walk/run/jog/swim? _____ miles and tenths of a mile
---	--

- Aerobics class
- Water Aerobics
- Golf
- Bicycling
- Stationary bike
- Weight training
- Gardening (mowing, weeding, digging)
- Other: (specify)_____

4b. How many times per **week** on average did you take part in this activity during the past month?

_____ times per **week**

4c. When you took part in this activity, for how many minutes or hours did you usually keep at it?

_____ minutes

5. If walking was not your selection in Question #4a above, during the past month, how many times per week on average did you take a walk for any reason?

_____ times per **week** _____ I didn't do any walking

5b. On the days that you took walks, for how long did you walk each day?

_____ minutes

6. How did you hear about the Sound Steps Program?

- Someone told me about it
- Postcard in the mail
- ValPak coupon
- Newspaper article
- Phone call to 1-888-4ELDERS
- Flyer/Brochure
- Poster
- Other (please specify _____)

7. Why did you decide to participate in the Sound Steps Program? (check as many as apply)

- Improving my health
- Trying to lose weight
- Exercising makes me feel less tired
- Exercising helps my mood
- Exercising makes me more mentally alert
- Opportunity to socialize
- I love to walk
- My children are encouraging me to walk
- My friends or spouse are encouraging me to walk
- My health care provider has recommended walking

8. What year were you born? _____

9. Gender: Female Male

10. Which best describes your present marital status?

- Single or never married
- Married or living with a partner
- Separated
- Divorced
- Widowed

11. Which of these income categories comes closest to the total yearly income for your household, from all sources?

- Under \$10,000
- \$10,000 - \$20,000
- \$20,000 - \$30,000
- Over \$30,000

12. How many people live in your household? _____

13. What is your race/ethnicity? Please check all that you feel apply to you.

- White or Caucasian
- Black or African American
- Asian or Pacific Islander
- American Indian, Native American or Alaska Native
- Hispanic or Latino
- Other (Please specify: _____)