

**Aging & Family Services**  
**On the Move Walking Program**  
**Initial Membership Questionnaire**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Race: White \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

1. Which of the following best describes you? (Check One)

- \_\_\_\_\_ I don't exercise or walk regularly now, but I've been thinking about starting
- \_\_\_\_\_ I have been exercising or walking regularly fewer than four times per week
- \_\_\_\_\_ I have been exercising or walking regularly at least four times per week (less than six months)
- \_\_\_\_\_ I have been exercising or walking regularly at least four times per week (more than six months)

2. When participating in physical activity, are you (Check all that apply)

- \_\_\_\_\_ alone          \_\_\_\_\_ with friends          \_\_\_\_\_ with family
- \_\_\_\_\_ with pets          \_\_\_\_\_ other, please specify: \_\_\_\_\_

3. Overall, how many times per week do you engage in some time of exercise activity?

- \_\_\_\_\_ Rarely or never
- \_\_\_\_\_ 1 or 2 times per week for at least 20 minutes
- \_\_\_\_\_ 3 or 4 times per week for at least 20 minutes
- \_\_\_\_\_ 5 or more times per week for at least 20 minutes

4. Do you know how to use a step-counter (pedometer)? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Would a step-counter motivate you to increase your number of steps? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Do you have access to a computer and Internet? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. How did you hear about the On the Move Program:?

- Previous Member                       Internet                       Senior Center  
 Newspaper                       Family                       Friend  
 Other, please specify: \_\_\_\_\_

8. Do you have what you would consider a safe, convenient place to walk?

- Yes     No (If yes, where?) \_\_\_\_\_

9. Which of the following conditions, if any, do you have? (Check all the apply)

- Angina                       Arthritis                       Asthma  
 Cancer                       Chronic Lung Problems                       Coronary Artery Disease  
 Depression                       Diabetes                       High Blood Pressure  
 High Cholesterol                       High Triglycerides                       History of Heart Attack  
 Hypertension                       Low Back Pain                       Memory Loss  
 Osteoarthritis                       Osteoporosis                       Overweight  
 Stroke                       Underweight                       Other

10. Please check the top reasons you decided to participate in the On the Move Program?

- I want to improve my physical health  
 I want to improve my mental health  
 I want to improve my appearance  
 I want to exercise with my family or friends  
 It will motivate me to start exercising or walking regularly  
 It will motivate me to increase my current level of physical activity  
 Family or friends encouraged me to participate.

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2005 Spring _____	2010 Spring _____	2015 Spring _____	2020 Spring _____
2005 Fall _____	2010 Fall _____	2015 Fall _____	2020 Fall _____
2006 Spring _____	2011 Spring _____	2016 Spring _____	2021 Spring _____
2006 Fall _____	2011 Fall _____	2016 Fall _____	2021 Fall _____
2007 Spring _____	2012 Spring _____	2017 Spring _____	2022 Spring _____
2007 Fall _____	2012 Fall _____	2017 Fall _____	2022 Fall _____
2008 Spring _____	2013 Spring _____	2018 Spring _____	2023 Spring _____
2008 Fall _____	2013 Fall _____	2018 Fall _____	2023 Fall _____
2009 Spring _____	2014 Spring _____	2019 Spring _____	2024 Spring _____
2009 Fall _____	2014 Fall _____	2019 Fall _____	2024 Fall _____