

# WALK WITH EASE PARTICIPANT

## CDSME Participant Edit

### (1-2) Demographics

**I** = Required Information

Age Today   
Sex

### (3-4) Ethnicity/Race

Ethnicity   
American Indian or Alaska Native   
Asian   
Black, African American   
Native Hawaiian, other Pacific Islander   
White

### (5) Chronic Conditions

Arthritis/Rheumatic Disease	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
Asthma/Emphysema/Other Chronic Breathing or Lung Problem	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	Obesity	<input type="checkbox"/>
Depression or Anxiety Disorders	<input type="checkbox"/>	Schizophrenia/Psychotic Disorder	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	Other Chronic Condition	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	None(No Chronic Conditions)	<input type="checkbox"/>

### Cognitive Impairment , Dementia Or Alzheimer's Diseases

Cognitive Impairment, Dementia Or Alzheimer's Diseases

### Health Insurance Information (Optional)

Medicaid   
Medicare   
Tri care   
veteran's Health   
No Insurance   
Private Insurance   
Private Insurance Name

**(6-13) PRE TEST only**

Caregiver for Friend/Family?	--None-- ▼	Health in General	--None-- ▼
Deaf/Serious Difficulty Hearing	--None-- ▼	Confidence Managing Chronic Condition	--None-- ▼
Blind/Serious Difficulty Seeing	--None-- ▼	Confidence Managing Arthritis Conditions	--None-- ▼
Limited Due to Physical/Mental/Emotional ⓘ	--None-- ▼	# Days of Walking	--None-- ▼
Lives Alone	--None-- ▼	# of Minutes of Walking	<input type="text"/>
Education Level	--None-- ▼	Referral Source(Optional)	<input type="text"/>
Dr/Care Provider Suggested Program	--None-- ▼		

**(14) POST TEST Only**

Health in General	--None-- ▼	Satisfaction With the Program(Optional)	--None-- ▼
Confidence Managing Chronic Condition	--None-- ▼	# Days of Walking	--None-- ▼
Confidence Managing Arthritis Conditions	--None-- ▼	# of Minutes of Walking	<input type="text"/>
Recommend	--None-- ▼	Additional Comment	<input type="text"/>

**Encounters and Completion**

# of Encounters	<input type="text"/>	Completed	--None-- ▼
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**DO NOT EDIT**

Session	<input type="text"/> ⓘ	Record Types	
CDSMP Participant Name/Number	AUTONUMBER		

**System Information**

RealZip	<input type="text"/> ⓘ
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