

# AEA Arthritis Participant Survey

Date:

Please complete all sections

1 Please select the Arthritis Foundation

Program you participate in:

Exercise Program (land)

Aquatics Program (water)

2 Is this your first time taking an Arthritis  
Foundation Exercise Program class?

Yes

No

3 What is your gender?

Female

Male

4 What year were you born?

\_\_\_\_\_

5 What is your City?

\_\_\_\_\_

6 What is your State?

\_\_\_\_\_

7 What is your ethnic background?

Native American

Asian American

African American

Hispanic or Latino

White / Caucasian

Other (please specify)

\_\_\_\_\_

8 Do you have arthritis?

Yes

No

9 If yes, please select all applicable:

Osteoarthritis/degenerative

Rheumatoid

Juvenile

Other (please specify)

\_\_\_\_\_

10 Do you have any other Chronic Conditions?

Yes

No

11 If yes, please select all applicable:

Diabetes

Obesity

Cardiovascular Disease

Pulmonary Disorders

(COPD, Asthma, Bronchitis)

Neuromuscular (ALS, MS, Parkinson's, CP)

Immune/Blood Disorders

Fibromyalgia

Chronic Fatigue Syndrome

Other (please specify)

\_\_\_\_\_

12 How did you find out about this program?  
(Check all that apply)

Flyer/Newsletter

Family/Friend

Health care provider

Website

Facility

Program Participant

Church

13 I am completing this survey ONE TIME ONLY  
for this calendar year.

Yes

No

14 Are you feeling good and would you like an  
exercise guide?

Yes! My participation in this program has  
helped me live a healthier life.

Yes! Please send me my FREE digital  
Arthritis Exercise Guide by email!

15 May we contact you if we have any more  
questions regarding your participation in the  
Arthritis Foundation Programs?

Yes

No

16 Please enter your email address:

\_\_\_\_\_

17 Please select one of following:

I am a participant completing this survey.

I am a program leader entering participant data.