



Registration Form

Name: _____ Date: _____

Address: _____ City _____ St. _____ Zip Code: _____

Home telephone: _____ Work: _____ Cell: _____ Email: _____

Date of Birth: _____ Marital Status: Single ___ Married ___ Widowed ___ Separated ___

Emergency Contact: _____ Relationship: _____

Telephone Number: _____

How did you hear about the DIVA Fitness Program? *(please check one)*

Doctor ___ If so, who? _____ Brochure ___ Friend ___ TV ___ Other ___

I give ThriveWell Cancer Foundation and the DIVA program permission to use my photograph or video, artwork, likeness or quoted statements/recordings for publicity of either ThriveWell Cancer Foundation or the DIVA program. The materials will remain the property of ThriveWell Cancer Foundation and I will not be compensated for such use.

Yes, you may use my name, photograph or likeness on materials: _____ (please initial)

No, please do not use my name, photograph or likeness on any materials: _____ (please initial)

In order to help ThriveWell Cancer Foundation continue to receive funding for the DIVA Fitness Program, please complete the following questions. This information will not be sold or shared with anyone and is being collected only to provide statistical data. (please check one)

1. Month/Year of breast cancer diagnosis: _____
2. What is your ethnicity? White/Non-Hispanic ___ Black ___ Hispanic ___ Asian ___ Other: _____
3. What is your age? under 30 ___ between 30-40 ___ between 40-50 ___ between 50-60 ___
between 60-70 ___ over 70 ___
4. Do you have health insurance? Yes ___ No ___
If Yes: Medicare ___ Medicaid ___ CareLink ___ Veterans ___ Private ___ Other _____
5. Do you work full-time? Yes ___ No ___
6. My total yearly household income is:
Below \$15,000 ___ Between \$15,000 and \$20,000 ___ Between \$20,001 and \$30,000 ___
Between \$30,001 and \$40,000 ___ Between \$40,001 and \$50,000 ___
Between \$50,001 and \$60,000 ___ Between \$60,001 and \$70,000 ___ Over \$70,001 ___
7. Total number of people living in your household? _____
8. Have you served in the military? yes ___ no ___ Retired? yes ___ no ___
9. Are you /a member of your family employed by USAA? yes ___ no ___ If so, who? _____
10. If there were a charge for DIVA classes, would you be able to afford to continue attending if classes cost between \$12 and \$15 each, depending on the class type? Yes ___ No ___
11. Would you be willing to participate as a volunteer for the DIVA Program? Yes ___ No ___
If Yes, a ThriveWell Foundation staff member will be contacting you with more information.

For office use only:
Date entered (Excel): _____ Initials: _____



HEALTH AND WELLNESS SURVEY

Name: _____

Date: _____

Please circle the level of difficulty you have for each activity today.	Able to do <i>without any</i> difficulty	Able to do <i>with little</i> difficulty	Able to do <i>with moderate</i> difficulty	Able to do <i>with much</i> difficulty	Unable to do	Not applicable
1. Squatting	1	3	4	5	6	0
2. Balancing	1	2	3	4	5	0
3. Kneeling	1	2	3	4	5	0
4. Walking short-distance	1	2	3	4	5	0
5. Walking long distance	1	2	3	4	5	0
6. Climbing stairs	1	2	3	4	5	0
7. Pulling	1	2	3	4	5	0
8. Reaching	1	2	3	4	5	0
9. Lifting	1	2	3	4	5	0
10. Carrying	1	2	3	4	5	0
Please circle the response that most accurately describes your <i>current</i> state.	Excellent	Very Good	Good	Fair	Poor	
1. How would you currently characterize your health?	1	2	3	4	5	
2. How would you currently characterize your mental health (stress, depression)?	1	2	3	4	5	
3. How would you currently characterize your energy level?	1	2	3	4	5	
4. How would you currently characterize your sleep quality?	1	2	3	4	5	
5. How would you currently characterize your mood level?	1	2	3	4	5	
6. How would you currently characterize your mental alertness?	1	2	3	4	5	

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Date entered (Excel): _____ Initials: _____

