

**IWH Wellness & Sport Evaluation Program
Demographic Questionnaire**

Name: _____ Date: ____/____/20____
(Last) (First) (Middle)

Phone: (____) _____ Email: _____

Address: _____ City _____ ST _____ Zip _____

How would you prefer we contact you? Phone Email Mail

Date of Birth: ____/____/____ Gender: Male Female

Ethnicity: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian (non-Hispanic) | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic | |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Scandinavian | |

What is the highest level of education you have attained? (Please mark only one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than a high school diploma | <input type="checkbox"/> Some college or technical training | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Associate's degree or equivalent | <input type="checkbox"/> Graduate degree |

What is your present work situation? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Self-employed | <input type="checkbox"/> On disability |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Semi-retired | <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Fully-retired | <input type="checkbox"/> Student | |

Are or were you a student at Texas Woman's University?

- | | |
|--|--|
| <input type="checkbox"/> Yes, I am a current student | <input type="checkbox"/> Yes, I am a TWU alumnus |
| <input type="checkbox"/> Yes, but I am not currently enrolled in any courses | <input type="checkbox"/> No |

Are you a current employee of Texas Woman's University?

- Yes No

Please provide the name of a close relative or friend that we may contact, if necessary.

Name: _____ Phone: (____) _____

Please provide the name of your physician.

Name: _____ Phone: (____) _____

For office use:

Is physician clearance required?

- Yes No

Proof of physician clearance provided:

- Yes No

Approved by: _____

Proof of TWU employee/student status provided:

- Yes No

Approved by: _____