## **Walk With Ease Post-Program Survey**

First and Last Name:											
Phone Number:											
Email Address:											
a. b. c. d.	n general, would you say your health is: a. Excellent b. Very Good c. Good d. Fair e. Poor										
	sure are y					our cor	ndition(	s) so yo	ou can (	do the	things you
_	0 Totally nsure)	1	2	3	4	5	6	7	8	9	10 (Totally sure)
a. b. c. d.	often do y Always Often Sometim Rarely Never		el Ionel	ly or isc	olated fr	om the	ose arou	und you	<b>1</b> ?		
a. b.	2 3 4 5 6	rs duri	ng a ty	pical w	eek do	you go	for a w	valk/s?			
On average, how many minutes do you walk on <b>each</b> of those days? minutes											
How optio	confident n)	are yo	ou at m	naintair	ning or i	ncreasi	ng you	r physic	cal activ	/ity? <i>(</i> (	Circle an
•	0 Totally nsure)	1	2	3	4	5	6	7	8	9	10 (Totally sure)

## **Walk With Ease Post-Program Survey**

For the following set of questions, please circle the option that best describes your answer:

To what extent did you learn basic information about arthritis?

Very Well

Fairly Well

A Little

Not At All

To what extent did you increase your understanding of the rationale and principles of exercise for people with chronic conditions?

Very Well

Fairly Well

A Little

Not At All

To what extent did you increase your knowledge about walking in a safe and comfortable manner?

Very Well

Fairly Well

A Little

Not At All

To what extent do you feel knowledgeable about how to do warm-up and cooldown exercises before and after walking?

Very Well

Fairly Well

A Little

Not At All

To what extent were the problem-solving strategies useful to you?

Very Well

Fairly Well

A Little

Not At All

To what extent were the self-test tools useful to you?

Very Well

Fairly Well

A Little

Not At All

To what extent were the contract and walking diary tool useful to you?

Very Well

Fairly Well

A Little

Not At All

Thank you for your time in completing this survey!