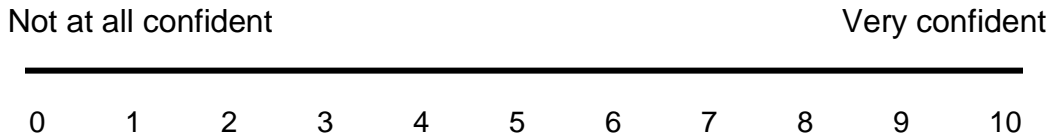


Class Location \_\_\_\_\_ Leader Name \_\_\_\_\_

**1. In general, would you say your health is:**

- Excellent       Very good       Good       Fair       Poor

**2. How confident are you in managing your arthritis symptoms? (Circle one number)**



**3. How many days during the week do you go for a walk/s?**

- 0 (zero)     1     2     3     4     5     6     7

**4. On average, how many minutes do you walk on each of those days? \_\_\_\_\_**

**5. Making and maintaining a change to be physically active is challenging. Please respond to the questions below by identifying how you feel today.**

	1 - Not at all	2	3	4	5	6	7	8	9	10 - Extremely
How confident are you at maintaining or increasing your physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is maintaining or increasing your physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. For the following set of questions, please circle the number that corresponds to your answer:**

	Very Well	Fairly Well	A Little	Not at all
To what extent did you learn basic information about arthritis?	1	2	3	4
To what extent did you increase your understanding of the rationale and principles of exercise for people with arthritis?	1	2	3	4
To what extent did you increase your knowledge about walking in a safe and comfortable manner?	1	2	3	4

	Very Well	Fairly Well	A Little	Not at all
To what extent do you feel knowledgeable about how to do warm-up and cool-down exercises before and after walking?	1	2	3	4
To what extent were the problem solving strategies useful to you?	1	2	3	4
To what extent were the self-test tools useful to you?	1	2	3	4
To what extent were the contract and walking diary tool useful to you?	1	2	3	4

**7. Please check the box in the column below that best describes your overall opinion about *Walk with Ease*.**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I was satisfied with the Walk With Ease program.					
I would recommend Walk With Ease to a friend or family member.					
I used the Walk With Ease guidebook.					
Walk With Ease helped and/or supported my efforts to be physically active.					
I am happy with the program length.					

**8. How did you hear about *Walk With Ease*?**

We appreciate and value your opinion as a program participant. **Please let us know if you have any comments, success stories or thoughts about the Walk With Ease program. THANK YOU!**