

**WALK WITH EASE**  
**Participant Post-Program Form**



**Oregon State University**  
**Extension Service**

**REQUIRED PARTICIPANT INFORMATION**

Please take a moment to complete this form—your response directly supports the continued funding of the WWE program.

First Name:	Last Name:
Class Location/Zip code:	Leader Name:

In general, would you say your health is:

Excellent     
  Very Good     
  Good     
  Fair     
  Poor

How many <b>days</b> during the typical week do you go for a walk? (1-7 days) _____ days	On average, how many <b>minutes</b> do you walk on <b>each</b> of those days? _____ minutes
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<b>For the following set of questions, please check the option that best describes your answer.</b>	Very Well	Fairly Well	A Little	Not at all
To what extent did you learn basic information about arthritis?				
To what extent did you increase your understanding of the rationale and principles of exercise for people with chronic conditions?				
To what extent did you increase your knowledge about walking in a safe and comfortable manner?				
To what extent do you feel knowledgeable about how to do a warm-up and cool-down exercises before and after walking?				
To what extent were the problem-solving strategies useful to you?				
To what extent were the self-test tools useful to you?				
To what extent were the contract and walking diary tool useful to you?				

**What suggestions do you have for making WWE programming more effective?**

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