



Post-Program Evaluation

Thank you for taking the time to complete this evaluation. Your response will help us to evaluate the program and to identify ways to improve it.

Name: _____ Height: _____ Weight: (Optional) _____

Information to be used for program evaluation.

- Rate your current level of physical activity by placing a check in the box that most closely describes your current physical activity level.
 - Not Active Moderately Active
 - Somewhat Active Very Active
- Considering a seven-day period (one week), how many times on the average do you do the following kinds of exercise for more than 15 minutes?
 - Strenuous Exercise (Heart beats rapidly)**
 _____ **Times Per Week**
 (i.e. running, jogging, basketball, cross-country skiing, judo, rollerblading, vigorous swimming, vigorous long distance cycling)
 - Moderate Exercise (Not exhausting)**
 _____ **Times Per Week**
 (i.e. fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dancing)
 - Mild Exercise (Minimal effort)**
 _____ **Times Per Week**
 (i.e. yoga, archery, fishing from river bank, bowling, horseshoes, golf, snowmobiling, easy walking)
- Considering a seven-day period (one week), how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly)?
 - Often Sometimes Never/Rarely
- Do you have difficulty doing any of the following activities (select all that apply)?
 - Walking across a small room without resting
 - Walking up one flight of stairs
 - Walking for 10 minutes without resting
 - Participating in moderate physical activity for 20 minutes without resting
 - Participating in strenuous physical activity for 20 minutes without resting
 - None of the above
- In the last seven days, how would you rate your energy level?
 - Very low Moderate Very high
 - Somewhat low High
- In the last seven days, what did you normally do during your break (besides eating lunch)?
 - Sat down (talking, reading, doing work)
 - Stood around
 - Went for a walk
 - Ran errands
 - Other
- Were you physically active prior to the *Walk for Better Health* program?
 - Yes No
- Did you complete the entire program?
 - Yes No
- Will you continue participating in a physical activity program on your own?
 - Definitely Maybe Definitely Not
 - Most Likely Probably not
- If offered, would you participate in a similar program in the future?
 - Yes No
- What did you like most about the *Walk for Better Health* program?

- What did you like least about the *Walk for Better Health* program?

- What would you change about the program?

