



## Walk With Ease Post-Survey Questions TO BE COMPLETED AT LAST PROGRAM SESSION

Participant name: \_\_\_\_\_

Participant's date of birth (MM / DD / YY): \_\_\_\_\_

Participant number (if known): \_\_\_\_\_

Provider name (e.g. XYZ Organization): \_\_\_\_\_

Program name: \_\_\_\_\_

Today's Date (MM / DD / YY): \_\_\_\_\_

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

- Excellent       Very good       Good       Fair       Poor

2. How sure are you that you can manage your condition so you can do the things you need and want to do?

Totally unsure | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Totally sure

3. How often do you feel lonely?

- Always       Often       Sometimes       Rarely       Never

4. How often do you feel isolated from those around you?

- Always       Often       Sometimes       Rarely       Never

5. Since this program began, what have you done to manage your chronic condition(s)?  
Check all that apply.

- Talked to a family member or friend about my health
- Talked to a healthcare provider about how I can better manage my chronic condition
- Had my medications reviewed by a healthcare provider or pharmacist
- Started or continued to exercise
- Made changes to how I choose the food I eat
- Participate in or plan to participate in another health-related or exercise program in my community.

6. How would you rate your overall satisfaction with the quality of the program?  
 Very Dissatisfied     Dissatisfied     Satisfied     Okay     Very Satisfied

7. How likely is it that you would recommend this program to a friend or family member?

Not Likely	0	1	2	3	4	5	6	7	8	9	10	Extremely Likely
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8. How many days during the week do you go for walk/s?

0	1	2	3	4	5	6	7
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9. On average, how many minutes do you walk on each of those day? \_\_\_\_\_

10. Would you be willing to share your story to help other people gain access to these programs?  
 Yes     No

11. Please provide any thoughts or feedback about the program.

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12. What was most valuable to you in this program?

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13. Do you have any additional feedback?

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**Public Burden Statement:**

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0036). Public reporting burden for this collection of information is estimated to average .20 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary.*