# Walk With Ease Post-Program Evaluation Form

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How confident are you in managing your joint pain and/or stiffness? (Circle one number)

 Not at all confident Very confident

0 1 2 3 4 5 6 7 8 9 10

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Well** | **Fairly Well** | **A Little** | **Not at all** |
| 1. To what extent did you increase your knowledge about walking in a safe and comfortable manner?
 | 1 | 2 | 3 | 4 |

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

|  |  |
| --- | --- |
| * 0
* 1
* 2
* 3
 | * 4
* 5
* 6
* 7
 |

1. On average, how many minutes do you walk on each of those days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would you recommend Walk With Ease to a friend?

   O Yes               O No

1. Do you have any additional comments or suggestions?

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