OMB Control No. 0985-0036
Exp. Date 01/31/2026

Walk with Ease

Post Program Survey

TO BE COMPLETED AT LAST PROGRAM SESSION

Admin Use Only:
Participant I.D.: The facilitator or program staff should complete this part of the form and mark the sequential number of the participant to the name on the attendance form.
State abbreviation: __ __ (e. g., NY, VA, MA, etc.)
First four letters of the site name : __ __ __ __
Start date of program: __ __ / __ __ / __ __ (e. g., 12 01 19) Participant number : __ __ (e. g., 01, 02, 03, etc.)

1. In general, would you say that 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 1 2 3 4 5 6 7 8 9 10 Totally sure

3. How many days do you for a walk/s?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

4. How many minutes do you walk on each of those days?

5. How often do you feel lonely?
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

6. How often do you feel isolated from those around you?
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

7. 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

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

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.