

Walk With Ease Post-Program Evaluation Form

By filling out this form, I agree that the information collected on program forms may be studied and shared, with no way to link it back to me.

Participant ID (first two letters of your first name, first two letter of your last name, last two numbers of your birth year): _____

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
2. To what extent did you increase your knowledge about walking in a safe and comfortable manner?	1	2	3	4

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

- 0 4
 1 5
 2 6
 3 7

4. On average, how many minutes do you walk on each of those days? _____

5. Would you recommend Walk With Ease to a friend?

- Yes No

6. Do you have any additional comments or suggestions?
