



# Walking Challenge Post-Survey

Date: \_\_\_\_\_ Church/ Host Site: \_\_\_\_\_ Name: \_\_\_\_\_

**Please answer the following questions to the best of your ability:**

**1. During the Walking Challenge, on average, how many days a week were you physically active for 30 minutes or more?**

- None       1-2 days       3-4 days       5-7 days

**2. During the Walking Challenge, on average, how many days a week did you walk for exercise?** \_\_\_\_\_ Days per week [IF 0, SKIP TO #5]

**3. During the Walking Challenge, on average, how many minutes did you walk each day?**  
\_\_\_\_\_ Minutes per day

**4. When you walked, did you usually have a small increase, a medium increase, a large increase or no increase at all in your breathing and/or heart beat?**

- No increase       Small increase       Medium increase       Large increase

**5. Do you currently participate in other physical activity such as dancing, gardening, or exercise such as golf, biking or tennis?**

- Yes       No [If no, skip to Question 7]

**6. If yes, please list the type(s) of activity that you participate in:**

\_\_\_\_\_

\_\_\_\_\_

**7. During the Walking Challenge, on average, how many servings of fruits and vegetable did you eat in a day?**

- 0       1-2 a day       3-4 a day       Five or more a day

**8. What lifestyle changes have you experienced as a result of participating in this Walking Challenge? Please check those that apply:**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Healthier Blood Pressure    | <input type="checkbox"/> Increased physical activity                             | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Improved Cholesterol Levels | <input type="checkbox"/> Increased Self-Esteem                                   | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> A Healthier Weight          | <input type="checkbox"/> Improved Healthy Eating Habits<br>(portion sizes, etc.) | <input type="checkbox"/> Other _____ |

**9. About how much do you weigh without shoes?**

- \_\_\_\_\_ Weight in pounds       Don't know/Not sure       Decline

**10. About how tall are you without shoes?**

- \_\_\_ / \_\_\_ Height in feet and inches       Don't know/Not sure       Decline

**Please return survey to your host site/ church coordinator or to Tom Pruski at SHARE  
Fax (301) 864-5370, or Mail to SHARE Health Project, 5170 Lawrence Place, Hyattsville, MD 20781**

**Thank you!**