



Walking Challenge Pre-Survey



Date: _____ Church/ Host Site: _____ Name: _____

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

1. On average, how many days a week are you physically active for 30 minutes or more?

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

2. On average, how many days a week do you walk for *exercise*? _____ Days per week
[IF 0, SKIP TO #5]

3. On average, how many minutes do you walk each day? _____ Minutes per day

4. When you walk, do you usually have a small increase, a medium increase, a large increase or no increase at all in your breathing and/or heartbeat?

- 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. On average, how many servings of fruits and vegetable do you eat in a day?

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

8. What lifestyle changes would you like to experience 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 Eating Habits
(portion sizes, etc.) | <input type="checkbox"/> Other _____ |

Participant Agreement and Release of Liability

I understand that the SHARE Food Network providing and maintaining an exercise/fitness program for my use does not constitute and acknowledgement, representation or indication of my physiological well-being or a medical opinion relation thereto. I also do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities. In consideration of being allowed to participate in the personal fitness/training activities and programs of SHARE, I do hereby forever waive, release and discharge SHARE and all claims and liabilities for injuries or damages to my person, and/or property arising out of or in connection with my participation in any actives, programs or services of the SHARE Health Project. **If you agree to these conditions, please initial here** _____

- Please complete back of survey -

Please fill out the questions below. SHARE is collecting the demographic data below so we can better understand who we are serving and meet your needs. All individual informational is confidential and is not shared with anyone.

1. What is your age? _____

2. Are you:

Male Female

3. Are you:

Single Widowed
 Married Separated
 A member of an unmarried couple Decline
 Divorced

4. What is your race?

White, not of Hispanic origin Black or African American, not of Hispanic origin
 Hispanic Asian or Pacific Islander
 American Indian/Alaskan Native Other

5. What is the highest grade of school that you completed?

1	2	3	4	5	6	7	8	9	10	11	12
College/University				1	2	3	4	5+			
Graduate School				1	2	3	4	5+			

6. How many children less than 18 years of age live in your household?

None 1-2 more than 2 Decline

7. Are you currently caretaking for anyone?

Yes No Decline

8. Are you currently:

Employed for wages A student
 Self-employed Retired
 Out of work for more than 1 year Unable to work
 Out of work for less than 1 year Decline
 A homemaker

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!