

WALK TX AND MORE

10-WEEK CHALLENGE AWARD FORM

Your information is treated strictly confidential.

Congratulations on completing the WALK TX AND MORE 10-Week Challenge! To receive your award, please answer the questions below and on the back. If you are not completing this form on-line, please give your completed form to your Group Leader or mail it to us at:

Austin Public Health – WALK TX AND MORE * PO BOX 1088 * Austin, TX 78767-1088

PLEASE PRINT CLEARLY:

Your Name: _____

Your Group Leader's Name: _____

Today's Date: _____

Group ZIP code: _____

Leader, tell us how to reach you for incentive(s) in the box on the bottom of next page.

If you DO NOT HAVE a Group

PLEASE COMPLETE THE 10-QUESTION SURVEY ABOUT YOUR 10-WEEK CHALLENGE

All survey responses are reported together as aggregate data, used for program evaluation only. Program evaluation is an important process that measures program effectiveness. It informs us of how we can improve the program. ----- Thank you for your feedback.

1. On average, how many days per week do you now engage in at least 30 minutes of exercise that increases your heart rate and makes you sweat? Please check one box:

0 days 1-2 days 3-4 days 5 or more days per week

2. Compared to your physical activity level before participating in the WALK TX AND MORE 10-Week Challenge, how active you are now: Please check one box:

Less active About the same More active Much more active

Please explain: _____

3. What types of physical activity do you engage in now? Check all that apply:

Walking Running Cycling Swimming Weight lifting

Group fitness – what type? _____ Other? _____

4. How many hours do you spend sitting, using the computer, or watching TV, on a:

Typical weekday? 8 hours or more 5-7 hours 3-4 hours other? _____

Typical weekend? 8 hours or more 5-7 hours 3-4 hours other? _____

5. Have you noticed any health benefits from participating in this program? Yes No

Please explain: _____

6. Was it difficult to track your activities and tally points? Yes No

How can we improve the point tally process? _____

7. Was it helpful to have a Group Leader, if you were in a group? Yes No NA

Please explain: _____

8. Overall, how would you rate your experience as a participant in the 10-Week Challenge?

Please circle the word that best describes:

1 = very poor 2 = poor 3 = neutral 4 = good 5 = very good

Please explain: _____

9. Overall how would you rate our services? Please circle the word that best describes:

1 = very poor 2 = poor 3 = neutral 4 = good 5 = very good

Please explain: _____

10. Since taking the Challenge, do you have more support to stay active in any of the following ways? More exercise buddies or friends Social media support system(s)

Exercise groups – what kind: _____ Other: _____

May we use your survey comments for promotions or reports? Yes or No

If yes, would you like to be recognized after your comment, by including your:

Check 1 or more boxes: First Name First and Last Name Picture None

Total Points Earned: _____ Medal Earned -- Please check one box:

Bronze (120 – 199 points) Silver (200 – 319 points) Gold (320 or more points)

May we contact you in 3 months to do a brief 5-question survey about the Challenge?

Yes

No, thank you.

Please tell us how we may reach you for survey: _____

If no Group Leader, how may we reach you for incentives? _____
