



# Walk with Ease Participant Post-Survey

Participant Number or Name: \_\_\_\_\_

Participant Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ (e.g., 12/01/21)

Workshop ID: \_\_\_ (e.g., 01, 02, 03, etc.)

Provider Name: \_\_\_\_\_ (e.g., XYZ Organization)

Start date of program: \_\_\_ / \_\_\_ / \_\_\_ (e.g., 12/01/21)

Program Name:  Walk with Ease

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 often do you feel lonely or isolated from those around you?

Always     Often     Sometimes     Rarely     Never

4. How confident are you in managing your joint pain and stiffness?

Not at all confident    0    1    2    3    4    5    6    7    8    9    10    Very confident

	Very Well	Fairly Well	A Little	Not at all
5. To what extent did you increase your knowledge about walking in a safe and comfortable manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Walk with Ease Participant Post-Survey

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

- 0  
 1  
 2  
 3

- 4  
 5  
 6  
 7

7. On average, how many minutes do you walk on **each** of those days? \_\_\_\_\_ minutes

8. The UCLA 3-item Loneliness scale:

	Hardly ever	Some of the time	Often
a. How often do you feel that you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. After taking this class, how well do you feel the expectations of this program were communicated?

- Very well     Moderately well     Slightly well     Not well at all

10. The class helped me achieve the goals I set in my action plan(s):

- Yes     No

11. Please tell us to what extent you agree that the program has been helpful: **Check one box for each question.**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strong Disagree
Manage a chronic condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue to work or perform other daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cope with feelings such as anger, frustration, sadness, depression, or fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage stress and fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with health professionals or a care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialize more with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Walk with Ease Participant Post-Survey

12. Since this program began, what have you done to manage your chronic condition(s) **Check all that apply.**

<input type="checkbox"/>	Talked with a friend or family member about my chronic condition(s)
<input type="checkbox"/>	Talked with a health care provider about a self-management technique I learned in this program
<input type="checkbox"/>	Made a change in my diet or eating habits
<input type="checkbox"/>	Exercised or implemented additional physical activity into my daily routine
<input type="checkbox"/>	Connected with other participants and continued to socialize with them outside of this program
<input type="checkbox"/>	Reviewed my medications and/or medication habits and made changes as necessary

13. Since this program began, I have applied the skills I learned in this program to: **Check all that apply.**

<input type="checkbox"/>	Manage emotions like stress, depression, anger, fear, or frustration
<input type="checkbox"/>	Manage pain, fatigue, or other symptoms of my chronic condition(s)
<input type="checkbox"/>	Increase my strength, flexibility, endurance, or overall physical fitness
<input type="checkbox"/>	Make a medication list that includes all current medications, dosages, and dates started
<input type="checkbox"/>	Solve a problem or issue I was experiencing in my life
<input type="checkbox"/>	Help someone else use a technique I learned in this program

14. After taking this workshop, I am feeling \_\_\_\_\_ about my health:

Much better    Better    About the same    Worse    Much worse

15. After taking this workshop, I am feeling \_\_\_\_\_ about my ability to manage my chronic condition(s):

Much better    Better    About the same    Worse    Much worse

16. In general, I would say that my sense of well-being is:

Excellent    Very Good    Good    Fair    Poor

17. How likely is it that you would recommend this program to a friend or family member?

Not at all likely      0   1   2   3   4   5   6   7   8   9   10      Extremely likely

18. Would you be willing to share your story to help other people gain access to these programs?

Yes    No

## Walk with Ease Participant Post-Survey

19. What is most valuable to you in this program?

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20. Please provide any thoughts or feedback about the program leader(s):

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21. Please provide any other information you would like us to know:

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