

sample evaluation: NEIGHBORHOOD Questionnaire

Please write the location of your walking group:

What month did you start the walking program:

1. How did you hear about the Neighborhood Walk Program? Please check all that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Through word of mouth such as: | <input type="checkbox"/> Through the media such as: |
| <input type="checkbox"/> From a friend or family member | <input type="checkbox"/> A radio announcement |
| <input type="checkbox"/> Announced at a senior or community center | <input type="checkbox"/> Television |
| <input type="checkbox"/> Announced at church/faith function | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Announced at a community event | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Announced at my place of residence | <input type="checkbox"/> Flyer or poster |
| <input type="checkbox"/> From my doctor or other healthcare provider | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Through some other way (please describe): | <input type="checkbox"/> Email |
| | <input type="checkbox"/> Website |

2. Why are you interested in becoming more physically active? Please check all that apply to you.

- To improve my health and well-being.
- To feel better physically.
- To feel happier and improve my outlook.
- To improve my fitness and keep my body in shape.
- To be able to do the activities that I like or need to do.
- To socialize and meet people.
- My doctor recommended it.
- To lose weight.
- Other (please describe):

3. During the past four weeks how often have you been doing cardiovascular activities (other than walking) such as dancing, biking, playing sports, or gardening?

Not at all Very little Some Quite a bit Extremely often

If you have participated in other cardiovascular activities during the past four weeks;

How often? _____ How long? _____

4. Have you done other health enhancement exercises such as, or similar to yoga, tai chi, or meditation recently?

Yes or No (Circle one, please)

If yes, how often? _____ How long? _____

5. Have you done any flexibility exercises recently?

Yes or No (Circle one, please)

If yes, how often? _____ How long? _____

6. Have you done any weight resistance training (lifting 5lbs. or more) recently?

Yes or No (Circle one, please)

If yes, How often? _____ How long? _____

7. Is the number of participants in your walking group: (Circle one, please)

too few just right too many

8. Do you feel the program staff is aware of your needs and successes? (Circle one, please)

Yes or No

9. Would you tell a friend about a program like this? (Circle one, please)

Yes or No

10. What has been the hardest part of being a participant in this program?

11. What has been the best part of being a participant in this program?

12. What, if any, information do you feel was missing from your orientation that took place the first day of the walking program?

13. Would you like to see changes made to the program? If so, what?

14. Do you feel this program has helped your overall well-being? Anything Specifically?

15. What health/wellness topics interest you?

Additional Comments: