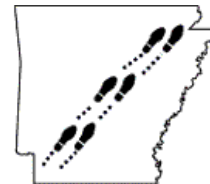


Walk Across Arkansas



Program Wrap Up

Name _____ Team Name _____

Directions

- Fill out this form after you've finished Walk Across Arkansas
- Send, FAX, or bring this form along with your Individual mileage Log to you Team Captain
- Ask your Team Captain about the time and location for the Celebration and Recognition Activity where Awards and prizes will be presented!

1. Which of these fitness activities do you do now? (Check the box of all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> A. I do no fitness activity now | <input type="checkbox"/> D. Swim |
| <input type="checkbox"/> B. Walk | <input type="checkbox"/> E. Ride bicycle |
| <input type="checkbox"/> C. Run | <input type="checkbox"/> D. Other |
- (Specify) _____

2. If you perform a fitness activity now, please indicate how many days each week you perform the activity(ies)

- | | |
|---|---|
| <input type="checkbox"/> A. Walk _____ days each week | <input type="checkbox"/> D. Ride bicycle _____ days each week |
| <input type="checkbox"/> B. Run _____ days each week | <input type="checkbox"/> E. Other _____ days each week |
| <input type="checkbox"/> C. Swim _____ days each week | |

3. Write the number of minutes each day you perform the activity(ies) checked above.

- | | |
|---|---|
| <input type="checkbox"/> A. Walk _____ minutes each day | <input type="checkbox"/> D. Ride bicycle _____ minutes each day |
| <input type="checkbox"/> B. Run _____ minutes each day | <input type="checkbox"/> E. Other _____ minutes each day |
| <input type="checkbox"/> C. Swim _____ minutes each day | |

4. Please let us know what you thought about Walk Across Arkansas! (check the box of all that apply)

- | | |
|--|---|
| <input type="checkbox"/> a. Got me started exercising | <input type="checkbox"/> f. Helped me motivate my friends and/or family to walk |
| <input type="checkbox"/> b. Increased the amount of exercise I was already doing | <input type="checkbox"/> g. Increased my energy |
| <input type="checkbox"/> c. Helped me find a group to walk with | <input type="checkbox"/> h. Decreased the amount of time I spent sitting and doing things like watching TV. |
| <input type="checkbox"/> d. Kept me going when I felt like quitting. | <input type="checkbox"/> i. Helped me feel less stressed. |
| <input type="checkbox"/> e. Increased the time I spent with my family | |

5. What did Walk Across Arkansas do for you and/or family?

6. What did you like most about Walk Across Arkansas?

7. How did you learn about Walk Across Arkansas? (Check the box of all that apply.)

- Extension Service Friend, Family, co-worker Newspaper Radio or TV Walk Across Arkansas brochure
 Other (Specify) _____