



ACTIVE AUSTIN 10-WEEK CHALLENGE AWARD FORM

ALL INFORMATION IS KEPT CONFIDENTIAL.

Congratulations on completing the Walk Texas Austin Chapter 10-Week Challenge! To receive your award, just complete this form and give it to your Group Leader or submit to Walk Texas Austin Chapter Coordinator.

Name: (Please Print) _____

Address: (Optional) _____

City: _____ State: _____ Zip: _____

E-Mail Address: (optional) _____

Home Phone: (____) _____ - _____

Total Points Earned: _____

Medal Earned (Circle one): Gold Silver Bronze

- Compared to your physical activity level before participating in the Walk Texas 10-Week Challenge you are now: (circle one):
 - 1. Less active 3. More active
 - 2. About the same 4. Much more active
- What physical activity did you spend the most time doing to accumulate your points? _____
- On average, how many days per week do you engage in at least 30 minutes of exercise that increases your heart rate and makes you sweat?

- How many hours were you physically active at work yesterday?
Circle one: 0 1-2 3-4 5 or more
- How many minutes were you physically active outside of work yesterday? _____ minutes
- How difficult was your activity yesterday?
Circle one: Very (heavy sweat) Moderate (light sweat) mild
- How many hours did you spend sitting, resting, using the computer or watching TV yesterday? ____ hours
- How many fruits and vegetables do you eat on a typical day?
Circle one: 0 1-2 3-4 5 or more not sure
- How many fried foods or fat servings do you eat on a typical day?
Circle one: 0 1-2 3-4 5 or more not sure
- How many sugary foods (candy or sweets) do you eat on a typical day?
Circle one: 0 1-2 3 or more not sure
- How many sugar drinks (soda, Gatorade, sweet tea) do you have on a typical day?
Circle one: 0 1-2 3 or more not sure
- How many days did you measure your food portions this week?
Circle one: 0 1-3 4 or more I don't know how

Thank you for participating in Walk Texas!



ACTIVE AUSTIN PARTICIPANT EVALUATION

Date: _____

1. Did your participation in the Walk Texas Austin Chapter Program help you become more physically active? Yes or No

Please explain: _____

2. Have you noticed any health benefits as a result of participating in this program?

Yes or No

Please explain: _____

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

- How can we improve the tracking process? _____

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

Please explain: _____

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

(circle word that best describes)

1=very poor

2= poor

3=neutral

4= good

5= very good

- Please explain: _____

6. What is a good way to reach people to let them know about this Program?

7. Overall how would you rate our services? (circle word that best describes)

1=very poor

2= poor

3=neutral

4= good

5= very good

8. Did you receive friendly and respectful services? Yes or No

Comments? _____

Thank you!