



Survey-Walking Group

Name: _____

Phone: _____ (613) - _____ (best time to phone: _____)

Do you have any health issues that may interfere with your physical activity? (If yes check with your health care provider before beginning your program.)

What is your current physical activity routine (what, how often, for how long e.g., I do yoga for 30 minutes 2x a week and do sit ups for 10 minutes every morning)?

How many times a week would you like to walk? _____

How long a duration would you like to walk for? _____

What distance would you like to walk for? _____

What type of surface are you comfortable walking on with your stroller? If you walk with a group when would you like to walk?

Time of the day	Day of the week							I would prefer	I would do	I won't do
Early morning (6:30-8:30)	M	T	W	T	F	S	S			
Late morning (8:30-10:30)	M	T	W	T	F	S	S			
Noon (10:30-1:30)	M	T	W	T	F	S	S			
Early afternoon (1:30-3:30)	M	T	W	T	F	S	S			
Late afternoon 3:30-6:30)	M	T	W	T	F	S	S			
Evening (7:30 +)	M	T	W	T	F	S	S			

What are your favorite places to walk? _____

Would you be interested in choosing a location and leading one of the walks?

YES NO

What is your objective?

- To keep fit
- To socialize
- To enjoy nature
- Other _____

Would you like to have guest speakers come after the occasional walk?

YES NO

If YES, what topics would you like to hear about? _____

Would you be interested in getting a piece of clothing for your walking group?

YES NO

If YES, What are you willing to spend?

What would you prefer?

- | | |
|----------------|-------------------|
| • T shirt | • Reflective vest |
| • Jacket | • Scarf |
| • Hat | • Pants |
| • Water bottle | • Other _____ |

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