

# Participant Evaluation Form

Please return completed form by July 10, 2015



1) How did you learn about the Walk to Health program? Circle all that apply:

Web	Email	Radio	Newspaper
Facebook/Twitter	Past participant	Poster/Flier	Word of Mouth
Curves	Other: _____	Friends or Family	My workplace: _____

2) Did you increase your Activity Level from the beginning to end of the WTH program?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

3) Do you have a success story to share? \_\_\_\_\_

*Use back if necessary for story, send photos to [info@swhealth.ne.gov](mailto:info@swhealth.ne.gov)*

4) Which email postcards were helpful: Please circle all that apply:

Week 1: Tracking Techniques	Week 7: Hydration Hints
Week 2: Why Walking is Good for Me	Week 8: Success Stories
Week 3: Warm Up Flexibility Exercises	Week 9: Shoes Can Make a Difference
Week 4: Maximum Heart Rate	Week 10: Tips for Walking Faster
Week 5: Rules for Stretching	Week 11: Shins Aching
Week 6: Energy Drinks Pros & Cons	Week 12: Finish Line

5) What parts of the program worked well? Please circle all that apply:

Registration Mail	Registration by Phone	Registration by Email
Registration at SWNPHD Office	Registration by Fax	SWNPHD Website
Program Instruction Sheet	Health Check Form	Walking Journal
Postcards	Turn in Process of Forms	Evaluation Form

Comments:

*Thank you for your time and participation in this survey.*

Return this evaluation form & your walking journal by **July 10, 2015** for completion of the program and to claim your free Walk to Health T-shirt. Include your health check form to compete for prizes.

**\*\*We ask that McCook residents stop at our office to get their T-shirt.\*\***