



Congratulations on completing Walk Kansas 2016! You are invited to provide feedback about your experience and suggestions for Walk Kansas 2017 through this survey.

Consider your experience in Walk Kansas and answer the following questions.  
Success stories are appreciated.

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1. As a result of this program, I feel motivated to do at least 30 minutes of physical activity 5 or more days a week.  
 Strongly agree     Agree     Neither Agree or Disagree     Disagree     Strongly Disagree
2. During the 8 weeks of Walk Kansas, I reached the minimum goal for physical activity – 150 minutes of moderate/vigorous activity per week.  
 Yes     No
3. If you answered “yes” to the previous question, please indicate how confident you are in your ability to continue this amount of physical activity over the next 6 months.  
 Very confident     Confident     Unsure     Not confident     Not very confident
4. As a result of this program, I learned that I should do strengthening exercises at least twice a week.  
 Strongly agree     Agree     Neither Agree or Disagree     Disagree     Strongly Disagree
5. During the 8 weeks of Walk Kansas, I did strengthening exercises at least twice a week.  
 Strongly agree     Agree     Neither Agree or Disagree     Disagree     Strongly Disagree
6. As a result of this program, I am more aware of healthy eating recommendations.  
 Strongly agree     Agree     Neither Agree or Disagree     Disagree     Strongly Disagree
7. During the 8 weeks of Walk Kansas, I ate more fruits and/or vegetables.  
 Yes     No
8. If you answered “yes” to the previous question, please indicate how confident you are in your ability to continue eating this increased amount of fruits and/or vegetables over the next 6 months.  
 Very confident     Confident     Unsure     Not confident     Not very confident
9. As a result of this program, I adopted healthier lifestyle habits.  
 Yes     No

10. If you answered "yes" to the previous question, please share the habits you adopted.

11. Please check any of the positive changes you have experienced as a result of this program.

- |   |  |
|---|--|
| <input type="checkbox"/> Increased energy             | <input type="checkbox"/> Increased muscle strength |
| <input type="checkbox"/> Increased endurance          | <input type="checkbox"/> Increased flexibility     |
| <input type="checkbox"/> Lower blood pressure         | <input type="checkbox"/> Lower blood cholesterol   |
| <input type="checkbox"/> Decreased weight             | <input type="checkbox"/> Improved mood             |
| <input type="checkbox"/> Better able to manage stress | <input type="checkbox"/> Restful sleep             |
| <input type="checkbox"/> Other (please describe)      |  |

11. Please identify the primary make-up of your team.

- Workplace/school     Friends/family     Neighbors     Church or community group     Other

12. Do you have a personal, or team, Walk Kansas success story to share?

13. A new online system for registration and reporting was used in 2016 and we know that modifications are needed. Please provide suggestions and feedback about the system, if you have experience with it.

14. How could Walk Kansas be improved in 2017? (Please include comments about the newsletters, website and instructional videos.)

15. Your age category – please check one:

- 12 and under     13 – 17     18-24     25-34     35-44     45-54     55-64  
 65-74     75 and over

17. Please list the county or Extension District where you participated. \_\_\_\_\_

Thank you for participating in Walk Kansas and for completing this survey.  
We hope you can join us for Walk Kansas 2017. Have a great summer!

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Please return your survey by June 20, 2016 to:  
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