

Employee interest survey – walking

To help us gauge your interest in getting healthier through walking, please answer these questions.

<input checked="" type="checkbox"/>	When would you prefer to walk for exercise?		
<input type="radio"/>	Before work	<input type="radio"/>	Midmorning
<input type="radio"/>	Lunchtime	<input type="radio"/>	Late afternoon
<input type="radio"/>	After work		

<input checked="" type="checkbox"/>	What is your preferred maximum time for walking for exercise?		
<input type="radio"/>	10 minutes	<input type="radio"/>	30 minutes
<input type="radio"/>	60 minutes	<input type="radio"/>	60+ minutes

<input checked="" type="checkbox"/>	How would you describe your walking style?		
<input type="radio"/>	Power walker (fast paced)	<input type="radio"/>	Stroller (slower, easy stride)

<input checked="" type="checkbox"/>	What helps you feel good while walking? (Check all that apply.)		
<input type="radio"/>	Pedometer (I want to count my steps)	<input type="radio"/>	Music (I walk to the rhythm)
<input type="radio"/>	Conversation with a friend	<input type="radio"/>	An interesting environment

<input checked="" type="checkbox"/>	What is preventing you from walking 30 minutes a day, 5 days a week? (Check all that apply.)		
<input type="radio"/>	Nothing; I'm already doing it	<input type="radio"/>	Lack of time
<input type="radio"/>	Lack of motivation or interest	<input type="radio"/>	Lack of a safe place to walk
<input type="radio"/>			

End of program survey – walking

Thank you for participating in our walking program. To show us where you made progress and help us measure the program's effectiveness, please answer these questions.

<input checked="" type="checkbox"/>	As a result of this program, did you increase the amount of time you spend walking each week?		
<input type="radio"/>	Yes	<input type="radio"/>	No

<input checked="" type="checkbox"/>	Do you feel like you accomplished your goal?		
<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	I did not set a goal		

<input checked="" type="checkbox"/>	Please identify the benefits you received from the program (Check all that apply.)		
<input type="radio"/>	Increased energy	<input type="radio"/>	Reduced stress
<input type="radio"/>	Weight loss	<input type="radio"/>	Reduced blood pressure
<input type="radio"/>	No benefits observed		
<input type="radio"/>			

<input checked="" type="checkbox"/>	Now that the program has ended, do you plan to continue your level of walking?		
<input type="radio"/>	Yes	<input type="radio"/>	No

<input checked="" type="checkbox"/>	Would you participate in this program if offered again?		
<input type="radio"/>	Yes	<input type="radio"/>	No

<input checked="" type="checkbox"/>	Did your family members walk with you as part of this program?		
<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	Sometimes		