

INDIVIDUAL WRAP-UP FORM

Name: _____ Team Name: _____

1. On most days, how many hours per day do you spend sitting while at home and/or during leisure time. This may include time spent visiting friends, reading or watching television.

Less than 1 Hour 1 Hour 2 Hours 3 Hours 4 Hours or more

2. During the past 7 days, on how many days were you physically active for at least 30 minutes per day? Add up all the time spent in any activity that increased your heart rate and made you breathe hard some of the time.

0 1 2 3 4 5 6 7

3. Where are you most physically active? (Check all that apply)

Parks or trails Home fitness center School track Work site or office place
 Local gyms or fitness centers Local mall Neighborhood

4. What did you like most about the program?

Setting personal goal Competition Health benefits
 Team support Flexibility of program

5. Did you or your family benefit from participating in Walk Across Texas? Yes No

Please explain:

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