

Walk Across Texas! Wrap Up

Name _____ Team Name _____

Phone _____

Directions

- Fill out this form after you've finished Walk Across Texas!
- Send, fax, or bring this form along with your **Individual Mileage Log** to your Team Captain.
- Ask your Team Captain about the time and location for the Celebration and Recognition Activity where awards and prizes will be presented!

1. Currently, are you physically active at least 30 minutes 5 days a week?

Yes No

How many minutes a day are you physically active at this time? _____ minutes

2. If you are physically active, which of the following fitness activities do you do now? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> A. I do no fitness activity now | <input type="checkbox"/> D. Swim |
| <input type="checkbox"/> B. Walk | <input type="checkbox"/> E. Ride bicycle |
| <input type="checkbox"/> C. Run | <input type="checkbox"/> F. Other (specify) _____ |

3. Where do you do these fitness activities? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> A. Parks | <input type="checkbox"/> D. Local mall |
| <input type="checkbox"/> B. Local gym/fitness center | <input type="checkbox"/> E. School track |
| <input type="checkbox"/> C. Home fitness center | <input type="checkbox"/> F. Neighborhood |
| | <input type="checkbox"/> G. Other (specify) _____ |

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

Explain: _____

5. What did you like most about Walk Across Texas? _____

6. How did you learn about Walk Across Texas? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> A. Texas AgriLife Extension Service | <input type="checkbox"/> D. Radio or television |
| <input type="checkbox"/> B. Friend, family, co-worker | <input type="checkbox"/> E. Walk Across Texas! brochure |
| <input type="checkbox"/> C. Newspaper | <input type="checkbox"/> F. Other (specify) _____ |