



Welcome to your first Walk!

Please complete this form and bring to your walk leader at your first walk

Our goal is to help people be more active by providing social support through walking groups. NS Walks is a new program and we would like to know how we are doing. **Your walk leader will not share your information with anyone except Hike Nova Scotia.** Hike Nova Scotia will be doing the evaluation. We are asking you to fill out this evaluation form now. Then we will ask you some questions after a few months of being part of the walk group. This will help us know what is helping you and what to do better. It will also help us gather information to help make the case for future funding so we may continue the program. . We thank you in advance for your help.

Please tell us a bit about yourself.

Name: _____

Home community: _____

Email: _____ Phone: _____

1. How did you hear about the walking group?

2. What would you say is your main reason for joining a walking group?
(If you check more than one, please number them in order of importance.)

I want to be more active	_____	I want more energy	_____
I want to improve my health	_____	I want to relax, feel less stressed	_____
I want to meet people	_____	I want to lose weight	_____
Other	_____		

3. What would you say has been a barrier to you being physically active?
(Check all that apply, but number them in order of importance).

I don't have anyone to be active with	_____
I don't have transportation	_____
I don't have time	_____
I don't have the energy	_____
I have been afraid of catching or spreading COVID-19	_____
I have an illness or injury which keeps me from getting out	_____
Other	_____

3. During a typical week, **on how many days** do you currently do moderate to vigorous intensity aerobic activity (example, brisk walking, cycling, jogging or swimming)? _____

4. On those days that you do at least moderate activity, for **how many total minutes** do you do this activity? _____

5. How would you rate your overall health currently?

Please choose only one

Excellent	_____	Fair	_____
Very good	_____	Poor	_____
Good	_____		

6. Your Gender Identity: _____

7. What was your 2020 total household income, before taxes? Your best estimate is fine.

Less than \$30,000	_____	\$100,000 to less than \$125,000	_____
\$30,000 to less than \$50,000	_____	\$125,000 to less than \$150,000	_____
\$50,000 to less than \$75,000	_____	over \$150,000	_____
\$75,000 to less than \$100,000	_____	Prefer not to say	_____

8. Your age range

18-24	_____	55-64	_____
25-34	_____	65-74	_____
35-44	_____	75-84	_____
45-54	_____	85 +	_____

9. The ethnicity you identify most with (please pick only one)

Asian or pacific Islander	_____	First Nations or Indiginous	_____
Black or African Nova Scotian	_____	White or Caucasian	_____
Hispanic or Latino	_____	Multiracial or Biracial	_____
Other	_____		

I have completed the "Get active questionnaire" and have spoken to a health care professional if it was suggested by my answers.

Your initials

Thank you. We are happy to have you walk with us!

