WALK WITH EASE
a program for better living

Experience the Walk With Ease Program
Arthritis Foundation Certified.
Doctor Recommended.
ABOUT THE PROGRAM
Why Walk With Ease?
Program Overview

Walk with Ease

• The only evidence-based walking program that includes physical activity and self-management education components

• Licensed Program of the Arthritis Foundation

• CDC Approved Intervention
Program Overview

Walk with Ease - Program Goals

Four Key Program Components

1. Health information
2. Walking
3. Exercises
4. Motivational strategies
Program Overview

**Walk with Ease - Program Goals**

- **Health Education**
  - Physical activity
  - Self-management skills

- **Behavior – Change**
  - Continued participation in walking
  - Use self-management skills

- **Connections**
  - Link to other evidence-based physical activity and self-management programs
Walk With Ease is designed to help individuals:

- With arthritis
- With other chronic health conditions such as diabetes, heart disease, and hypertension
- Who want to make walking a daily habit
- Who want a structured walking program
- Range from beginners to the physically fit
- Able to be on their feet for 10 minutes without increased pain
Program Overview

Participant Benefits

- **Knowledge**
  - Basics about arthritis
  - Relationship between arthritis and exercise
  - Exercise safely and comfortably, including stretching and strengthening
  - Additional programs and resources

- **Action**
  - Goal-setting
  - Problem-solving
  - Personal walking plan – walking contract & diary
  - Tips, strategies, and resources to help overcome barriers
  - Online support

**Walk with Ease**
a program for better living
## Program Overview

### Walk With Ease Recommended Program Schedule

<table>
<thead>
<tr>
<th>Steps</th>
<th>Weeks</th>
<th>After the 6-week program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read Chapters 1, 2, and 3</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Do your Starting Point Self-test (Chapter 1)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Set up your walking plan (Chapters 2 and 3)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Walk at least three days a week</td>
<td>x x x x x x x</td>
<td></td>
</tr>
<tr>
<td>Do the 5-step Basic Walking Pattern each time you walk (Chapter 3)</td>
<td>x x x x x x x</td>
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</tr>
<tr>
<td>Follow the RIT principles each time you walk (Chapters 3 and 5)</td>
<td>x x x x x x x</td>
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</tr>
<tr>
<td>Keep your walking diary each time you walk (Chapter 3)</td>
<td>x x x x x x x</td>
<td></td>
</tr>
<tr>
<td>Read Chapters 4, 5, and 6</td>
<td>x</td>
<td></td>
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<tr>
<td>Measure your fitness level in weeks 2, 4, 6, and periodically after the program is over</td>
<td>x x x</td>
<td></td>
</tr>
<tr>
<td>Monitor your walking intensity and walking progress (distance, time) (Chapters 3, 4, and 5)</td>
<td>x x x x x x x</td>
<td></td>
</tr>
<tr>
<td>Do a midway assessment of your progress using your walking diary, walking plan, and monitoring techniques (Chapters 3, 4, 5, and 6)</td>
<td>x</td>
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</tr>
<tr>
<td>Do your End Point Self-test and set up your future walking plan (Chapter 6)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Maintain your walking plan</td>
<td>x</td>
<td></td>
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</table>
### Walk with Ease Session Structure

<table>
<thead>
<tr>
<th>Order of Session Activity</th>
<th>Action Duration</th>
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<tbody>
<tr>
<td>Pre-class socializing &amp; Attendance</td>
<td>5 – 15 minutes</td>
</tr>
<tr>
<td>Welcome &amp; Announcements</td>
<td>2-5 minutes</td>
</tr>
<tr>
<td>Health Education - Lecturelettes</td>
<td>5-10 minutes</td>
</tr>
<tr>
<td>5-Step Walking Pattern</td>
<td></td>
</tr>
<tr>
<td>1. Walking Warm-Up</td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>2. Warm-Up Stretches</td>
<td>4-5 minutes</td>
</tr>
<tr>
<td>3. Walking Activity</td>
<td>5-30 minutes</td>
</tr>
<tr>
<td>4. Walking Cool-down</td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>5. Cool-down Stretches</td>
<td>7-9 minutes</td>
</tr>
<tr>
<td>Closing</td>
<td>5 minutes</td>
</tr>
<tr>
<td>After-class socializing</td>
<td>5-15 minutes</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>Approx. 45-105 minutes</td>
</tr>
</tbody>
</table>

**PART 1: Program Overview**
Program Overview
Walk with Ease

**Group Program** *(program fidelity)*

- Trained Leader
  - Leaders can instruct the classes independently or with another trained Leader
  - Leaders follow the script of the Leader’s Guide
    - Don’t add or delete content

- Structured as a six-week program
  - Group format meets three times a week
  - Total of 18 sessions
  - 45-60 minute sessions
  - Recommended class size: 12-15
  - Program workbook
    - *Spanish workbook also available*
HOW DO I GET IT TO MY SITE?
Managing the Program
Managing the Program

Walk With Ease Site Agreement

1. Agreeing to implement the essential components of the program
2. Arthritis Foundation site visit/site agreement signed
3. Send a staff or volunteer to be trained in the walking program
4. Deciding when and where to hold sessions
5. Helping to advertise for and recruit participants
6. Considering the use of incentives
7. Managing program forms and records
Managing the Program

About the Training

• 5 hour in-person training
• $65 to be trained
• CPR certified
• Material available in English/Spanish
• Have a site with an agreement where they will lead the walk
• Offer a minimum of one six-week walk program a year
• Submit all forms to Arthritis Foundation
Managing the Program

Walk With Ease Leader’s Agreement

• Program must be delivered as designed to assure that participants will experience proven benefits
• Walk Leaders are to follow the script, do not add or eliminate content
• Sign agreement attesting to fidelity
Managing the Program

When and Where to Hold Sessions

• Consider schedule appropriate for people with arthritis
  — Negotiate schedule, if feasible, at first class
  — May need to avoid mornings

• Variety of locations
  — Malls, senior & community centers, neighborhoods, churches, parks, worksites, etc.

• Other considerations (walkability assessment)
  — Noise, places to sit, accessibility, nearby bathrooms, insured areas
  — Route should be an easy walking surface
# Managing the Program

## Implementation Check-List

<table>
<thead>
<tr>
<th>Date of Completion</th>
<th>Walk With Ease (WWE) Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Tasks</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact local Arthritis Foundation Program Director</td>
</tr>
<tr>
<td></td>
<td>Sign and send Co-Sponsorship Agreement to Arthritis Foundation (AF)</td>
</tr>
<tr>
<td></td>
<td>Complete Walkability Assessment with AF</td>
</tr>
<tr>
<td><strong>Leader Recruitment and Training</strong></td>
<td></td>
</tr>
<tr>
<td>Recruit Walk With Ease (WWE) Leader(s)</td>
<td></td>
</tr>
<tr>
<td>Obtain WWE Leader Manuals, posters, and other workshop materials</td>
<td></td>
</tr>
<tr>
<td>Complete WWE Leader training</td>
<td></td>
</tr>
<tr>
<td>Place WWE Evaluation Survey and Protocol in WWE Leader Manual</td>
<td></td>
</tr>
<tr>
<td>Copy/Provide any WWE Leader Training Forms and send to AF</td>
<td></td>
</tr>
<tr>
<td>Copy/Provide CPR Forms and send to AF</td>
<td></td>
</tr>
<tr>
<td><strong>Program Implementation Tasks</strong></td>
<td></td>
</tr>
<tr>
<td>Schedule WWE class series</td>
<td></td>
</tr>
<tr>
<td>Inform AF about WWE class series details (date, location, leader)</td>
<td></td>
</tr>
<tr>
<td>Develop and implement plans to promote WWE</td>
<td></td>
</tr>
<tr>
<td>Develop and implement plans to register WWE participants</td>
<td></td>
</tr>
<tr>
<td>Schedule kick-off event (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Promote kick-off event and pre-register participants</td>
<td></td>
</tr>
<tr>
<td>Obtain WWE participant workbooks, incentives, other selected supplies that require advance ordering</td>
<td></td>
</tr>
<tr>
<td>Implement WWE class series</td>
<td></td>
</tr>
<tr>
<td>One week prior to end of the class series, contact WWE leader and review data collection requirements</td>
<td></td>
</tr>
<tr>
<td>Distribute WWE Evaluation Survey to all WWE participants. Use WWE Evaluation Survey Protocol script provided to describe and assist participants in completing survey</td>
<td></td>
</tr>
<tr>
<td>Submit WWE Evaluation surveys to AF no more than 2 weeks completion of WWE class series</td>
<td></td>
</tr>
<tr>
<td>Complete and submit WWE Leader/Class Forms to AF for WWE Leader certification</td>
<td></td>
</tr>
</tbody>
</table>
Managing the Program

- Advertising/Recruiting
  - Brochure and Fact Sheet
  - Identifying partners who can help

- Sponsorship
  - Provide a variety of assistance and/or donated items

- Incentives
  - Use for rewards for attendance or making progress
Managing the Program

Posters/Flyers/Advertisements

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When I started the program, I was afraid to walk very far because of my knee pain. But Walk With Ease helped me start slow and build up gradually. Now I am confident in my ability to walk easily without making my arthritis worse.

— Walk With Ease participant

Benefits to You:
- Motivate yourself to get in great shape
- Walk safely and comfortably
- Improve your flexibility, strength and stamina
- Reduce pain and feel great

Classes are one-hour each. Three times per week for six weeks.

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Managing the Program

Program Material - Ordering Guidelines

<table>
<thead>
<tr>
<th>Description</th>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk With Ease Participant Book</td>
<td>835.217</td>
<td>$11.95 each* (See Bulk Order Pricing Option p.3)</td>
</tr>
<tr>
<td>Walk With Ease Marketing Brochure</td>
<td>835.217</td>
<td>$8.50 per set of 25</td>
</tr>
<tr>
<td>Walk With Ease 8th &amp; Wht Posters</td>
<td>730.5106</td>
<td>$1.50 each set</td>
</tr>
<tr>
<td>Walk with Ease Starter Kit</td>
<td>815.238</td>
<td>$24.95</td>
</tr>
<tr>
<td>Walk with Ease Bonus Kit</td>
<td>815.250</td>
<td>$14.95</td>
</tr>
</tbody>
</table>

*See Bulk Order Pricing Option p.3

Other Promotional Items –
To order online: www.juvenexesaffen.org
To order by phone: 1-888-735-2906

Bulk Order Pricing Option

“Walk with Ease: Your guide to walking for better health, improved fitness and less pain” (Participant Book)

Pricing

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100</td>
<td>$11.95</td>
</tr>
<tr>
<td>100 - 499</td>
<td>$10.75</td>
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<tr>
<td>500 - 999</td>
<td>$9.50</td>
</tr>
<tr>
<td>1,000 - 2,499</td>
<td>$8.25</td>
</tr>
<tr>
<td>2,500+</td>
<td>$7.50</td>
</tr>
</tbody>
</table>

Bulk discounts will be applied to partial orders when the letter of agreement between the co-sponsoring agency and the Arthritis Foundation includes a commitment to a total bulk quantity ordered over a 2-year period. Example: If you plan to order 5,000 books over 2 years but only need to order 500 now, you will be charged $8.25 per book vs. $7.50 per book. Shipping costs added to all orders.

To Order:
Submit purchase orders to:
Terry Early
Arthritis Foundation, National Office
1330 West Peachtree St., Suite 100
Atlanta, GA 30309
telephone: 404-961-7600
direct

Questions?
Please contact your local Arthritis Foundation Program Director
Managing Program Forms and Records

- Participant Release Forms
- Program Information Form
- Others:
  - Application Form
  - Attendance Log
  - Participant Program Evaluation Forms
Managing the Program
Participant Release Form

Participants Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. If I am aware of these risks and agree that my participation is at my own risk. I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation program, regardless of whether or not injury occurs or whether any such injury occurs in a formal or informal program. I hereby release, for myself, my heirs, executors and administrators, waive, release and forever discharge the Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility (as well as their agents, employees and volunteers) from any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss the terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of the Arthritis Foundation and co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring facility reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility. The Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility may rely upon this Participant Release Form.
Managing the Program

Application Form

### Participant Application Form

Please complete all sections. Please print clearly.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>First Name</td>
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<td>Middle Initial</td>
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<tr>
<td>Last Name</td>
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<td>Cell phone ( )</td>
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<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
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</tr>
</tbody>
</table>

In general, would you say your health is:
- Excellent
- Very good
- Good
- Fair
- Poor

Do you use an assistive device for walking (e.g., a cane)?
- Yes
- No

Please briefly describe your current activity level and any physical limitations and/or health conditions you might have that would influence your participation in this program.

In case of emergency, please call:
- Name:
- Phone:
- Relationship to you:
Managing the Program
Attendance Log

### Participant Attendance Form

<table>
<thead>
<tr>
<th>Location</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leader’s Name</td>
<td>Leader’s Phone</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>E-mail</th>
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<th>2</th>
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</tbody>
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**Walk With Ease**

a program for better living
Managing the Program
Participant Program Evaluation – English

Walk With Ease Survey

Congratulations on completing the Arthritis Foundation Walk with Ease program. We are using this
survey to gather information on your experiences with Walk with Ease. Your responses will be
anonymous, and we will use the information to help improve the program. Thank you for taking the
time to complete this brief (1-2 minute) survey.

Questions 1 – 10, please check the appropriate response.

1. As a result of completing the Walk with Ease program, how confident are you that you
will continue walking?
   - Very Confident
   - Somewhat Confident
   - Not Very Confident
   - Not at all Confident
   - Don’t Know/Not Sure

2. Thinking about the next 30 days, how many days per week do you plan on walking?
   - Less than 3 days/week
   - 3-4 days/week
   - 5 or more days/week
   - None

3. Thinking about the next 30 days, how many minutes per day do you plan on walking?
   - Less than 10 min/day
   - 10-15 min/day
   - 16-30 min/day
   - More than 30 min/day
   - None

4. Compared to when you began the Walk with Ease program, how would you rate your
   physical pain now?
   - Better
   - Slightly Better
   - No Change
   - Slightly Worse
   - Worse

5. Compared to when you began the Walk with Ease program, how would you rate your
   fatigue level now?
   - Better
   - Slightly Better
   - No Change
   - Slightly Worse
   - Worse

6. Compared to when you began the Walk with Ease program, how would you rate your
   overall mood now?
   - Better
   - Slightly Better
   - No Change
   - Slightly Worse
   - Worse

7. Has a doctor, nurse, or other health professional ever told you that you have any of the
   following? Check all that apply.
   - Arthritis
   - High Blood Pressure
   - High Cholesterol
   - Diabetes
   - Pre-Diabetes
   - Asthma
   - Anxiety and/or Depression
   - Other
   - Don’t Know/Not Sure
   - None

8. What is your gender?
   - Male
   - Female

9. What is your age group?
   - Under 18 years
   - 18 to 44 years
   - 45 to 64 years
   - 65 and older

10. Which one or more of the following would you say is your race or ethnicity?
    Check all that apply.
    - American Indian or Alaskan Native
    - Asian, Hawaiian or other Pacific Islander
    - White
    - Black or African American
    - Hispanic or Latino/Latina
    - Other

Thank you for completing the survey.
Please return the survey to your Walk with Ease program leader.

WWE 2012 - 1

Turn page for additional questions

WWE 2012 - 2

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**Encuesta Camine con Gusto**

Felicitaciones por completar el programa de la Fundación de Artritis Camine con Gusto (Walk With Ease). Estamos utilizando esta encuesta para obtener información sobre su experiencia con Camine con Gusto (Walk With Ease). Sus respuestas serán anónimas, y vamos a utilizar la información para ayudar en mejorar el programa. Gracias por tomar el tiempo (1-2 minutos) para contestar esta breve encuesta.

**Preguntas 1 – 10, por favor indique la respuesta apropiada.**

1. Como resultado de completar la caminata con el programa Camine con Gusto (Walk With Ease), ¿qué tan seguro/a está usted de que continuará caminando?
   - [ ] Muy seguro/a
   - [ ] Algo seguro/a
   - [ ] No muy seguro/a
   - [ ] No estoy seguro/a
   - [ ] No se/No estoy Segur/o

2. Pensando en los próximos 30 días, ¿cuántos días por semana tiene pensado caminar?
   - [ ] Menos de 3 días/semana
   - [ ] 3-4 días/semana
   - [ ] 5 o más días/semana
   - [ ] Nada

3. Pensando en los próximos 30 días, ¿cuántos minutos por día tiene pensado caminar?
   - [ ] Menos de 10 minúdias
   - [ ] 10-15 minúdias
   - [ ] 16-30 minúdias
   - [ ] Más de 30 minúdias
   - [ ] Nada

4. En Comparación a cuando usted comenzó el programa de Camine con Gusto (Walk With Ease), ¿Cómo calificaría su dolor físico hoy?
   - [ ] Mejor
   - [ ] Un Poquito Mejor
   - [ ] NINGUN CAMBIO
   - [ ] Poquito Peor
   - [ ] PEOR

5. En Comparación a cuando usted comenzó el programa de Camine con Gusto (Walk With Ease), ¿Cómo calificaría su nivel de cansancio hoy?
   - [ ] Mejor
   - [ ] Un Poquito Mejor
   - [ ] Ningun Cambio
   - [ ] Poquito Peor
   - [ ] PEOR

6. En Comparación a cuando usted comenzó el programa de Caminar con Facilidad (Walk with Ease), ¿Cómo calificaría su nivel de estado de ánimo hoy?
   - [ ] Mejor
   - [ ] Un Poquito Mejor
   - [ ] Ningun Cambio
   - [ ] Poquito Peor
   - [ ] PEOR

7. ¿Algun doctor, enfermera, u otro profesional de la salud le a dicho alguna vez que usted tiene alguno de los siguientes? Por favor indique todo lo que aplique a usted.
   - [ ] Artritis
   - [ ] Presión Arterial Alta
   - [ ] Alto Colesterol
   - [ ] Diabetes
   - [ ] Pre-Diabetes
   - [ ] Asma
   - [ ] Ansiedad y/o Depresión
   - [ ] Otro
   - [ ] No se/No estoy Segur/o
   - [ ] NINGUNO

8. ¿Qué es su género?
   - [ ] Masculino
   - [ ] Femenino

9. ¿Con cual grupo de edad se identifica?
   - [ ] Menos de 18 años
   - [ ] 18 a 44 años
   - [ ] 45 a 64 años
   - [ ] 65 o Mayor

10. ¿Cuál o cuáles de las siguientes diría usted que es su raza o grupo étnico? Indique lo que le corresponda.
    - [ ] Indio Americano o Nativo de Alaska
    - [ ] Asiático, Hawaiano o otra Isla del Pacífico
    - [ ] Blanco
    - [ ] Negro o Afro-Americano
    - [ ] Hispano o Latino/Latina
    - [ ] Otro

Gracias por completar esta encuesta. Por favor devuélva la encuesta a el líder del programa Camine con Gusto (Walk With Ease).
Managing the Program
Participant Program Evaluation – Administration Protocol

WALK WITH EASE
Evaluation Survey Protocol

Walk with Ease Leaders:
Thank you for participating in the Arthritis Foundation (AF). Walk with Ease program. Evaluation
is essential in determining the effectiveness of the program. In order to evaluate what changes
in participant behaviors may be sustainable as a result of having taken Walk with Ease, please
distribute the two-sided Walk with Ease evaluation survey to Walk with Ease participants.

SESSION 18 – Last Day of Class
Insert the Evaluation Survey Protocol and the Walk with Ease Evaluation Survey in your
Leader Manual (pg. 163) to assist you in administering the survey to all participants. This
is a replacement for Session 18, Section 4 Group activity: Program Evaluation in your
leader manual.

*If a participant advises you that they will be unable to make last session, please administer
survey in advance to that participant.

*To ensure non-biased responses from participants, please adhere closely to the script
provided when describing the purpose of the survey.

4. Group Activity: Program Evaluation

Distribute the Walk with Ease Evaluation Survey.

READ the following:
*It is important to us to understand how to help improve the program and how to help others with
chronic health conditions. This brief (1-2 minute) survey is anonymous and we will not be
sharing individual responses.

For questions 1 through 6 - Check only one response
For questions 7 - Check all that apply
For questions 8 & 9 - Check one response
For question 10 - Check all that apply

If you need any assistance in completing the survey, I can help you, or if you prefer to have a
fellow participant assist you, please let me know. I would like to have a volunteer collect the
completed surveys and place them in the envelope I have provided.

Thank you all for attending Walk With Ease. Please tell your friends and family about the
program. It’s been a pleasure being your leader.”

DATA COLLECTION
Send data packet to local Arthritis Foundation representative, unless otherwise instructed. Be
sure to include Program Information Form (cover sheet), Participant Release Forms, and Walk
with Ease Evaluation Survey within the submitted data packet.
Managing the Program

Arthritis Foundation Leader Certification

- Successfully complete leader training
- Teach a WWE program within 6 months of this training
- Submit participant release forms, program information form, and program evaluations to local Arthritis Foundation Office
- Submit signed Certification Application Form and Agreement to local Arthritis Foundation Office
Managing the Program

How Much Will It Cost?

- $65 - training
- $50 – CPR training
- $11.95 (plus tax/shipping) – per person for book (for 15 walkers)

- Approximately: **$340** to start the Walk With Ease Program
Managing the Program

Other Options:

• Add incentive items (see attachment: “Walk With Ease Program Materials Order Form”)
• Do a lending library once first set of books is ordered
• Write grants that support physical activity
• Get local businesses to sponsor your Walk Program
• Partner with a local Hospital or Medical Center to sponsor
WAIT!! THERE’S MORE....

- Walk With Ease can also be used as an employee wellness program
- Your employees will gain the same benefits!
- Builds employee moral
- Develop a supportive physically active environment
- Will help you and your staff understand the program better
- Can be group-led or self-directed
- Online resources available
Arthritis Foundation Websites – Online Resources

www.arthritis.org/wwe

http://lmt.arthritis.org/

Walk With Ease

The Arthritis Foundation’s Walk With Ease program can teach you how to safely make physical activity part of your everyday life. Designed for people with arthritis and other chronic conditions, Walk With Ease will provide support, information and tools to help you succeed.

The Program

Find out how Walk With Ease can make a difference in your life – in a format that is right for you and your lifestyle.

Online Tools

Use these interactive tools to take your starting and ending point self-tests and complete your contract.

Additional Resources

Purchase a Walk With Ease Kit or print resources from your guidebook.

Walk With Ease on Facebook

Connect with other Walk With Ease participants and leaders, find tips to keep you walking and more.

WALK WITH EASE
a program for better living
Questions?
CONTACT

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