

INDIVIDUAL WRAP-UP FORM

First Name: _____ Last Name: _____

Phone Number w/ Area Code: _____

Address: _____

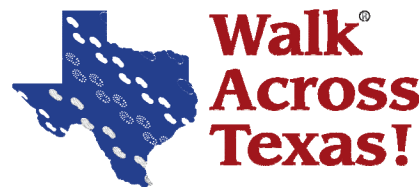
City: _____ State: _____ Zip Code: _____

County: _____ E-mail Address: _____

Gender: Male Female Age: _____ (No ranges permitted)

Ethnic Background (select one):

- Anglo
- African American
- Asian
- Hispanic
- Native American
- Other, please specify _____



Currently are you physically active at least 30 minutes per day, 5 days per week? If no, skip remaining questions. Yes No

If yes, how many minutes per day are you active? _____

Which of the following activities do you do now?

(Check all that apply.)

- Walk
- Run
- Ride Bike
- Swim
- Other, please describe _____

Where do you do these activities?

(Check all that apply.)

- Parks
- Local Gyms or Fitness Centers
- Home Fitness Center
- Local Mall
- School Track
- Neighborhood
- Other, please describe _____

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

Please explain:

What did you like most about Walk Across Texas?