

## 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:*

*Updated January 2016*