

Step by Step:
Walk
for  Wellness
Challenge



**Physical activity.
Do it for life!**

Challenge Evaluation Tools



Physical Activity - do it for life!

winnipeginmotion.ca

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Acknowledgements

Winnipeg *in motion* would like to thank everyone who contributed to the creation of the **Step by Step: Walk for Wellness Challenge** resources. Special thanks to Manitoba *in motion* for their financial support, and to the Community Nutritionists from the Winnipeg Regional Health Authority for providing nutrition tips and tools.

For additional information on Winnipeg *in motion*, please visit www.winnipeginmotion.ca or contact us on the Winnipeg *in motion* Infoline at 940-3648.

We welcome suggestions on how to improve the challenge or its resources. Please send your comments and suggestions to getactive@winnipeginmotion.ca.

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Why Evaluate?

Evaluation is an important step in running workplace wellness programs - It is your opportunity to thank employees and management for engaging and supporting the program. An evaluation can provide valuable information about employee physical activity and healthy eating awareness, needs, wants, current levels and can effectively assess whether employees feel the challenge has had a positive impact on their health. Please be sure to allow time to evaluate the **Step by Step: Walk for Wellness Challenge** within your workplace.

Prior to the start of the **Step by Step: Walk for Wellness Challenge** it is important to establish an initial (pre-challenge) level of your workplace's current situation. The pre-challenge survey (page 4) can provide you with initial information that may help you tailor the challenge to meet your workplace needs.

At the completion of the **Step by Step: Walk for Wellness Challenge** a post-challenge level is assessed to compare with pre-challenge levels and determine any behaviour change. Although many "changes" may not be noticeable, even small changes in activity levels and healthy nutrition can have a huge impact on the health and productivity of your colleagues/employees.

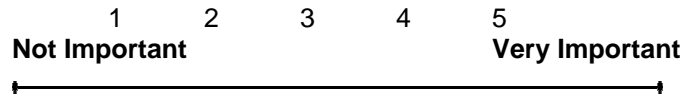
Sample Pre & Post Challenge surveys that can be adopted/adapted are included in the **Step by Step: Walk for Wellness Challenge** Evaluation Tools Manual.

It is beneficial to consider the following when implementing a staff survey:

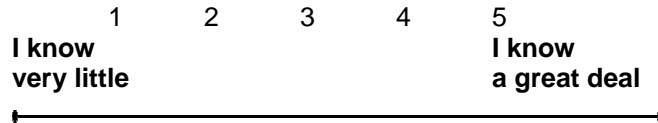
- **Confidentiality** – ensure that the survey information is anonymous and does not violate any laws.
- **Incentives** – Including a chance of "reward" will increase the likelihood of all staff completing and returning the survey.
- **Results** – Ensure that staff will be made aware of the results. Develop a communication strategy to share results with senior management and all participating staff.
- **Distribution** – How will the survey be administered? In larger workplaces more resources may be required. Electronic forms, online submissions, paper surveys or phone surveys are all effective.

Finally – we would love to hear back about your "lessons learned" and how you ran the **Step by Step: Walk for Wellness Challenge** at your worksite. Your feedback and practical experiences will help us enhance and improve the challenge framework, resources and communication processes. Please take a moment at the end of the challenge to fill out the "We Ran the Challenge - Fax Back Form" that is included on page 14.

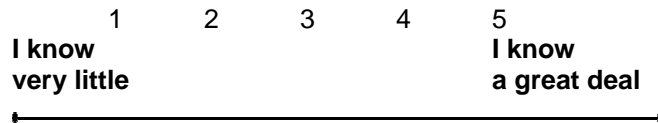
4. In your opinion, how important do you feel physical activity is for health?



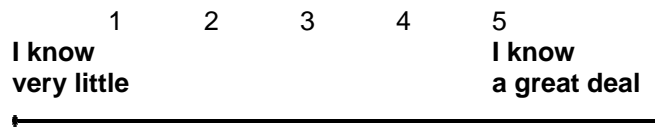
5. In your opinion, how knowledgeable are you about the benefits of physical activity?



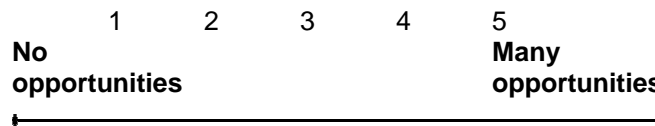
6. In your opinion, how knowledgeable are you about the risks of being inactive or sedentary?



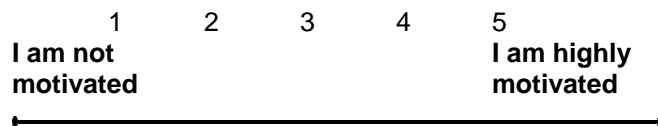
7. In your opinion, how knowledgeable are you on how to exercise properly?



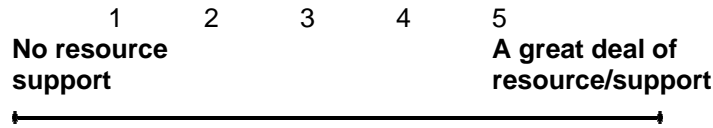
8. In your opinion, are there opportunities to become physically active in your workplace?



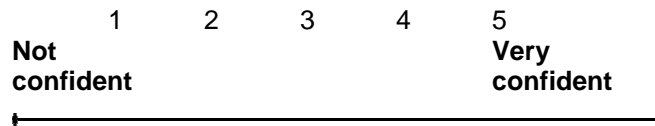
9. In your opinion, how motivated are you to be more physically active?



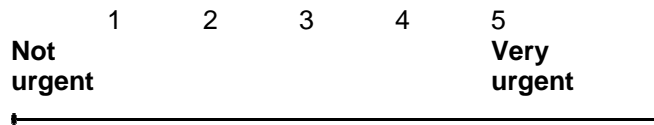
10. In your opinion, how much resource support is available to assist you in making improvements in your activity level at your workplace?



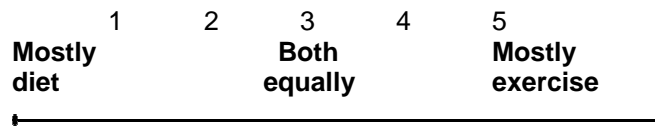
11. In your opinion, how confident do you feel that you will be able to make long-lasting improvements in your physical activity choices?



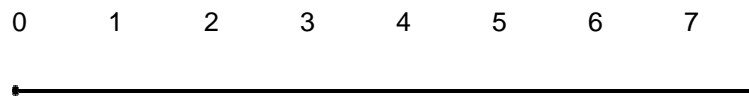
12. In your opinion, how urgent do you believe it is for you to make improvements in your physical activity choices?



13. In your opinion, does exercise or diet have a greater impact on overall health?



14. How many days in the past week did you incorporate at least 30 minutes of moderate activity (e.g. brisk walk)?

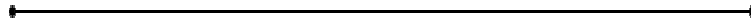


15. How many days in the past week did you walk or cycle to work?



16. How many days in the past week did you carpool or take the bus to work?

0 1 2 3 4 5 6 7



Questions 17-19:

17. What is your gender? ___ Female ___ Male

18. How old are you?

- ___ Under 20 years
- ___ 20 – 29 years
- ___ 30 – 39 years
- ___ 40 – 49 years

- ___ 50 – 59 years
- ___ 60 – 69 years
- ___ 70+ years

19. What is your level of Education?

- ___ Some high school
- ___ Completed high school
- ___ Some University
- ___ Technical Diploma

- ___ Undergraduate degree
- ___ Graduate degree
- ___ No response

Questions 20-22: Please fill in the blanks with your best answer.

20. Have you changed anything to improve or maintain your health in the last 6 months? ___ YES ___ NO

If yes, which changes have you made (please check all that apply)?

- | | |
|-----------------------------------|---|
| ___ Drink less coffee, tea or pop | ___ Lose Weight |
| ___ Eat Better | ___ Gain Weight |
| ___ Exercise more | ___ Reduce stress |
| ___ Change jobs | ___ Change home situation |
| ___ Quit smoking or smoke less | ___ Drink less alcohol |
| ___ Cut down on medications | ___ Quit or cut down on non-medication drug use |
| ___ Have blood pressure checked | ___ Other: _____ |
| ___ Get medical treatment | |

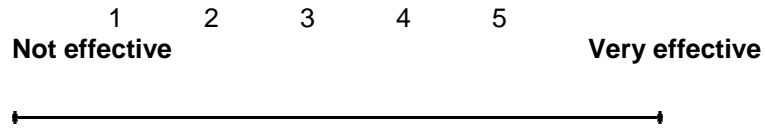
21. Which of the following has prevented you from being more physically active (please check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Not enough energy |
| <input type="checkbox"/> Not enough money | <input type="checkbox"/> Too depressed |
| <input type="checkbox"/> Don't know how | <input type="checkbox"/> Not motivated |
| <input type="checkbox"/> No support from family | <input type="checkbox"/> No support from friends |
| <input type="checkbox"/> It is too hard | <input type="checkbox"/> Lack coordination/skill |
| <input type="checkbox"/> Don't want to change my ways | <input type="checkbox"/> Don't know what is stopping me |
| <input type="checkbox"/> Too stressed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> It won't make a difference | |

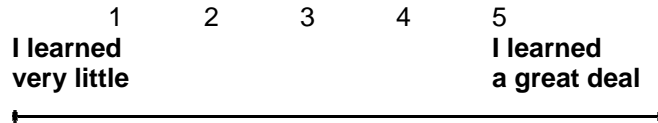
22. Rank the top 3 barriers to physical activity participation from those that you checked in question #21.

1. _____
2. _____
3. _____

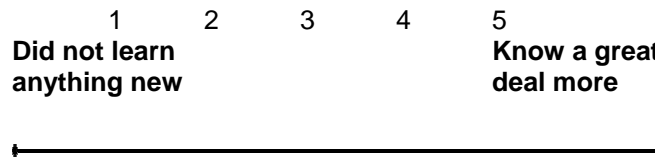
5. In your opinion, how effective was the challenge in teaching you about the benefits of regular physical activity?



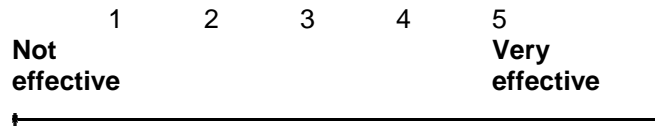
6. In your opinion, did you learn much about the risks of being inactive or sedentary?



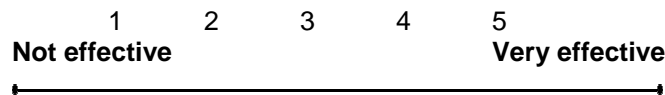
7. In your opinion, are you more knowledgeable about how to exercise properly?



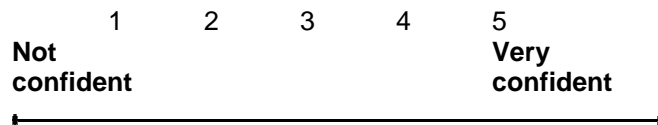
8. In your opinion, was the challenge effective in teaching you new was to add physical activity to your daily work routine?



9. In your opinion, how effective was the challenge in motivating you to make positive behaviour changes?




11. In your opinion, how confident do you feel that you will be able to make more improvements to your routine and physical activity choices?




12. In your opinion, how confident do you feel that you will be able to maintain the positive behaviour changes that you have incorporated into your life during this challenge.

1 2 3 4 5
Not Very
confident confident




13. In your opinion, does exercise or diet have a greater impact on overall health?

1 2 3 4 5
Mostly Both Mostly
diet equally exercise




14. How many days in the past week did you incorporate at least 30 minutes of moderate activity (e.g. brisk walk)?

0 1 2 3 4 5 6 7




15. How many days in the past week did you walk, or cycle to work?

0 1 2 3 4 5 6 7



16. How many days in the past week did you carpool or take the bus to work?

0 1 2 3 4 5 6 7



Questions 17-19:

17. Has the challenge motivated you to change any habits and thus improve your health? ___ YES ___ NO

If yes, which changes have you made during the challenge (please check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Drink less coffee, tea or pop | <input type="checkbox"/> Lose Weight |
| <input type="checkbox"/> Eat Better | <input type="checkbox"/> Gain Weight |
| <input type="checkbox"/> Exercise more | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Change jobs | <input type="checkbox"/> Change home situation |
| <input type="checkbox"/> Quit smoking or smoke less | <input type="checkbox"/> Drink less alcohol |
| <input type="checkbox"/> Cut down on medications | <input type="checkbox"/> Quit or cut down on non-medication drug use |
| <input type="checkbox"/> Have blood pressure checked | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Get medical treatment | |

18. During the challenge which of the following has prevented you from being more physically active (please check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Not enough energy |
| <input type="checkbox"/> Not enough money | <input type="checkbox"/> Too depressed |
| <input type="checkbox"/> Don't know how | <input type="checkbox"/> Not motivated |
| <input type="checkbox"/> No support from family | <input type="checkbox"/> No support from friends |
| <input type="checkbox"/> It is too hard | <input type="checkbox"/> Lack coordination/skill |
| <input type="checkbox"/> Don't want to change my ways | <input type="checkbox"/> Don't know what is stopping me |
| <input type="checkbox"/> Too stressed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> It won't make a difference | |

19. List 3 barriers (if any) that the challenge resources and tools helped you to overcome.

1. _____
2. _____
3. _____

20. What changes would you make that would make future challenges/initiatives more effective in instilling positive behaviour changes in your life?

We Ran the Challenge – Fax Back Form

We Ran the Step by Step: Walk for Wellness Challenge!

Once you have completed running the **Step by Step: Walk for Wellness Challenge** in your workplace, we would love to hear from you. Your feedback on the resources, templates and other tools provided in the Coordinator's Manual is important as we move forward to improve this manual and develop others.

Name of Challenge Coordinator: _____

Workplace/Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Challenge Start date: _____

Challenge End date: _____

Number of participants: _____

Did you find the Coordinator's Manual useful? Yes No _____

Which resources were most useful?

- Manuals
- Poster
- Log sheets
- Other: _____
- Sample emails
- Forms
- Online points system

Which resources were least useful?

- Manuals
- Poster
- Log sheets
- Other: _____
- Sample emails
- Forms
- Online points system

What additional resources would you like to see? _____

Do you have any other ideas for workplace challenges? _____

FAX TO Winnipeg *in motion* Coordinator at (204) 940-8409



