









Let's Walk!

Welcome and congratulations on joining a walking group!

This is an exciting time as you begin the journey to getting fit and feeling better through walking. It is important to remember that you are not alone on this journey; you will have the support and encouragement of your group as you grow and motivate each other through walking.

Walking is easy to begin and keep doing. Everyone knows how to do it, and the only equipment you need is a pair of walking shoes. A good goal to reach is to walk for 30 minutes five days a week. Start at your own pace and increase your minutes weekly; every step helps.

Walking can help you lose weight, but did you know that walking also...

-  Boosts creativity
-  Manages stress
-  Builds energy
-  Lifts your mood
-  Improves fitness
-  Promotes better sleep
-  Increases self-confidence
-  Is good for your bones

The benefits of walking are endless, and most of all, **walking feels good and is fun!**

Let's Walk!

Individual Registration

(return to group leader or register online at http://capitalareahealthalliance.org/walking_group_toolkit.php)

First Name & First Letter of Last Name: _____ Date: _____

Email: _____

Name of Walking Group: _____

1. Please rate your overall health in general:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

4. How does walking make you feel?

2. Do you currently walk for physical activity?

☐ Yes

☐ No

If yes, how many minutes per week?

☐ Less than 30 minutes

☐ 30-60 minutes

☐ 60-90 minutes

☐ 90-120 minutes

☐ More than 120 minutes

5. What benefits from walking have you experienced?

3. I usually exercise:

☐ By myself

☐ With a friend

☐ With a group (2 or more)

☐ With a pet

☐ I don't exercise

☐ Other: _____

6. What is your purpose for joining a walking group?

☐ Improving health

☐ Motivation

☐ Fun

☐ Meeting new people

☐ Increasing physical activity

☐ Weight loss

☐ Other: _____



Prepare for Walking

(return to group leader)

The information that you give on this form will remain confidential.

Thank you for your interest in our walking group. Before you begin, please answer the questions below. For most people, physical activity should not be a problem. This form will help you decide if you should speak to a doctor before starting.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor or health professional?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had a pain in your chest when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a joint or bone problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any reason why you should not do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been inactive for a long period of time?
<input type="checkbox"/>	<input type="checkbox"/>	Is there anything health-related that the walk leader should know about? If yes, please explain: _____

I understand that if I answered YES to one or more of the above questions, I should seek medical advice before joining a walking group.

If I answered NO honestly to all questions and I am planning to increase my levels of physical activity, I understand that I need to begin slowly and build up gradually.

I understand that I participate in the walking group at my own risk.

Signed: _____ Date: _____

Name: _____

Adapted from <http://prevenzione.ulss20.verona.it/com/file/upload/49-WL%20Chapter1%205.pdf>

Weekly Walking Journal

Week of:

My goal this week is:

Example: My goal is to walk 120 minutes this week.

Date	Minutes	How I Felt	Notes
<i>Example:</i>	<i>30 minutes</i>	<i>The walk helped me relax.</i>	<i>I slept better Sunday night.</i>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

My total for this week: _____ minutes

Team Goal(s): _____

Thank You to Our Sponsors



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association



College of Human Medicine
MICHIGAN STATE UNIVERSITY



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

