

OTs Walk with NAMI

Name: _____

Date: _____

Thank you for participating in the OTs Walk with NAMI Walk group. Please take a moment to fill out this survey. It will help us improve our program for future consumers.

Please circle the answer that best represents how you feel about each statement:

1. **I believe that walking and physical exercise improve my mood.**

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. **I believe that walking and physical exercise improve my physical health.**

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. **I believe that recovery is possible for consumers of mental health services.**

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

4. **I am familiar with NAMI (The National Alliance on Mental Illness) and their services.**

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

5. **I have used NAMI (The National Alliance on Mental Illness) and their services.**

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

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6. Please read the following statements and place a check mark next to the statement that describes your current level of physical activity. (Check one)

☐ I don't exercise or walk regularly now, but I've been thinking about starting.

☐ I exercise or walk 1–2 days per week for at least 20-minutes (time can be accumulated throughout the day), at a moderate pace or more.

☐ I exercise or walk 3–4 days per week for at least 20-minutes (time can be accumulated throughout the day), at a moderate pace or more.

☐ I exercise or walk 5 or more days per week for at least 20-minutes (time can be accumulated throughout the day), at a moderate pace or more.

Please circle the answer that best represents how you feel regarding the OTs Walk With NAMI Walk program:

7. I would encourage others to participate

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. I felt good about myself as I participated

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

9. I felt positive support to participate

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

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10. Please circle the ways you have benefited by your participation in the program (Circle all that apply):

- ☐ I have increased energy
- ☐ I feel better overall
- ☐ I maintained my bodyweight
- ☐ I lost bodyweight
- ☐ I feel better about my body image
- ☐ I am able to handle my stress levels more effectively
- ☐ I feel more productive
- ☐ I increased the amount of fruits and vegetables I eat
- ☐ I decreased the numbers of calories I eat
- ☐ I sleep better
- ☐ Other: (Please specify)

11. Are there things that you wished had been different about the program? If so, what were they?
