Self-Check

| TEST YOUR KNOWLEDGE |
|---|
| Circle either "yes" or "no" for each of the following statements: |
| Yes 🔲 No 🔄 I can explain the importance of having a good support system for my walking program. |
| Yes 🔲 No 🔄 I know how to watch out for physical problems that can occur with walking and exercise. |
| Yes No I know about some of the other types of programs available for people with arthritis that I could join. |
| Yes 🗌 No 🗌 I know some strategies for getting started again, if I need them. |
| RATE YOUR CONFIDENCE LEVEL |
| On a scale of 0 to 10 with "0" being not confident at all and "10" being totally confident, circle the number that represents how confident you are about these statements. |
| I feel confident that I can develop a support system that helps me keep going. |
| 0 1 2 3 4 5 6 7 8 9 10 Not confident at all Totally confident |
| I feel confident that I know where to look for the Arthritis resources I need. |
| 0 1 2 3 4 5 6 7 8 9 10 Not confident at all Totally confident |
| I feel confident I can keep up my walking program. |
| 0 1 2 3 4 5 6 7 8 9 10 Not confident at all Totally confident |
| NEXT STEPS |

Could you answer yes to the statements above? Is your confidence level 7 or more? If so, congratulations! You're ready to move on.

Each of the statements refers to a section of this chapter. If you answered no to any of them, you may wish to go back and review that section. If your confidence is low, review the sections you're not sure about. You can also share questions or concerns with your friends who have arthritis and walk or with your health care practitioner. If you're in a *Walk With Ease* group program, we recommend that you share your questions or concerns with your group leader and fellow participants.