

Self-Check

TEST YOUR KNOWLEDGE

Circle either “yes” or “no” for each of the following statements:

Yes ☐ No ☐ I know how to select appropriate equipment for walking, including shoes, socks, clothing and any aids I need.

Yes ☐ No ☐ I can describe the FITT principles of walking.

Yes ☐ No ☐ I understand the components and process for making a realistic and achievable walking plan.

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 apply the FITT principles to my walking program.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐
Not confident at all Totally confident

I feel confident that I can use my weekly diary and my contract to set goals and keep track of my progress.

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐
Not confident at all Totally confident

I feel confident that I can walk and exercise at my own pace, building up to at least 30 minutes on 3 days or more per week.

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.