

Self-Check

TEST YOUR KNOWLEDGE

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

- Yes ☐ No ☐ I can name three physical techniques to manage my pain.
- Yes ☐ No ☐ I can name three mental techniques to manage my pain.
- Yes ☐ No ☐ I know how to use these techniques during my walking program.
- Yes ☐ No ☐ I can name five ways to overcome common barriers and difficulties.

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 manage my pain and discomfort when I’m doing my walking program.

0☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐

Not confident at allTotally confident

I feel confident that I have an effective plan or strategies in place to get past setbacks and obstacles to my walking plan.

0☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐

Not confident at allTotally 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.