Silver Striders

Report Card

Quarter – *Circle One*

January – April – July - October

Your Name _____

Address _____

City _____ Zip _____

Phone _____

How were your past 3 months?

On average, how many days of the week did you walk? _____

On average, how long did you walk each time? _____

Did you lose weight this period? - #lbs. ____(optional)? (circle one) Yes No

If you did not lose weight, did you maintain your weight? (circle one) Yes No

Comment_____

Return to:

Marion County Public Health Department

Silver Striders, H.E.P.T. Department

3838 N. Rural St., 3rd Fl.

Indianapolis, IN 46205

Phone: (317) 221-2092

Fax: (317) 221-2130

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