

## TREADMILL WALKING

Please indicate how confident you are that you can successfully do each of the activities listed below. For example, if you **are very confident** that you can walk on the treadmill for 5 minutes at a fast pace, say yes. If you do not think you can do it, say no.

I BELIEVE THAT I CAN WALK ON THE TREADMILL:

1. For **5 minutes at a fast pace** without stopping

0%	10	20	30	40	50	60	70	80	90	100%
NO					MAYBE					Yes
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

2. For **10 minutes at a fast pace** without stopping

0%	10	20	30	40	50	60	70	80	90	100%
NO					MAYBE					Yes
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

3. For **15 minutes at a fast pace** without stopping

0%	10	20	30	40	50	60	70	80	90	100%
NO					MAYBE					Yes
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

4. For **20 minutes at a fast pace** without stopping

0%	10	20	30	40	50	60	70	80	90	100%
NO					MAYBE					Yes
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

5. For **25 minutes at a fast pace** without stopping

0%	10	20	30	40	50	60	70	80	90	100%
NO					MAYBE					Yes
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	

6. For **30 minutes at a fast pace** without stopping

0%	10	20	30	40	50	60	70	80	90	100%
NO					MAYBE					Yes
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	