

POST RoCo Fit Health Survey

This program is required to have an evaluation component to continue, therefore please answer this short survey at the beginning and the end of the season in which you are participating. No names will be used when compiling reports or giving out data to others, but we will need your name to compare pre and post survey answers. Thank you!

Name: _____

Date: _____

1. On average, how many **days a week** do you participate in physical activities? *Circle one number.*
(Something other than daily life activities, for example: bicycling, walking, running, swimming, aerobics, dance, sports, etc.)

0 1 2 3 4 5 6 7

2. On the days you participate in physical activity, approximately **how many minutes a day** do you spend engaging in the activities? *Circle one.*

Less than 15 minutes
15 – 29 minutes
30 – 44 minutes
45 – 59 minutes
60 or more minutes

3. How many **servings of fruits and/or vegetables** do you eat daily? *Circle one number.*
(Serving sizes: 1 cup of fruit or 100% fruit juice, or ½ cup of dried fruit; 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens)

0 1 2 3 4 5 or more

4. How many **8 oz. glasses of water** do you drink each day? *Circle one number.*

0 1 2 3 4 5 6 7 8 or more

5. What did you accomplish this RoCo Fit Season? *Check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Improved fitness | <input type="checkbox"/> Improved endurance |
| <input type="checkbox"/> Became more active/established exercise routine | <input type="checkbox"/> Improved stamina |
| <input type="checkbox"/> Lost weight | <input type="checkbox"/> Ate healthier |
| <input type="checkbox"/> Made friends | <input type="checkbox"/> Had fun |
| <input type="checkbox"/> Improved health/health conditions | <input type="checkbox"/> Increased energy |
| <input type="checkbox"/> Completed race (5k, marathon, etc.) | <input type="checkbox"/> Improved strength |
| <input type="checkbox"/> Improved running/walking pace | |
| <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

6. What did you get from RoCo Fit that you weren't expecting?

7. What suggestions or feedback do you have for the Advisory League for planning future sessions?
