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 n (Something o swimming, aerobics,	ther than	daily l	ife act	-	-	-	-	tivities? <i>Circle one r</i> g, walking, running,	
	0	1	2	3	4	5	6	7	
2. On the days you pa spend engaging in the	•			•	approx	imat	ely how n	nany minutes a day	do you
Less than 15 minutes									
15 – 29 minutes									
30 – 44 minutes									
45 – 59 minutes									
60 or more minutes									
(<u>Serving sizes</u> cooked vegetables or 4. How many 8 oz. gl	vegetab 0	le juice 1	e, or 2 (2	cups of	raw lea	afy g	reens) 5 or more		or
0	1	2	3	4	5	6	7	8 or more	
5. What did you acco Improved fith Became more Lost weight Made friends Improved hea Completed ra Improved run Other (please	ess active/e alth/healt ce (5k, m ning/wal	stablis h conc aratho king pa	hed ex litions on, etc.	ercise ı			In In A	nproved endurance nproved stamina te healthier ad fun creased energy nproved strength	

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?