

Health & Fitness Program Evaluation

Your input is very valuable. Please take a brief moment of your time to help us make our programs more effective for you. Thanks!

SECTION 1. For each of the statements below, check the ONE box that best reflects your level of agreement after your participation in County Health & Fitness Program Evaluation.

STATEMENTS	Strongly Disagree	Disagree	No Change	Agree	Strongly Agree
Physical activity has become a healthy habit.					
Walking has increased my endurance and flexibility.					
A medical exam should be done before starting any form of physical fitness program.					
I have increased my water consumption to maximize my daily needs.					
I continue to implement a physical activity throughout the week.					
I have provided and maintained good eating habits.					
I have started and maintained good eating habits to reduce weight.					
I believe that maintaining a healthy weight according to my body size and height is important.					
Extra fat puts a strain on my heart.					
I have controlled and monitored my weight since starting the fitness program.					
I have included a 30 minute physical fitness activity daily.					
I warm up and cool down as part of my daily exercise.					
My self-confidence has increased because of my weight loss.					
I have noticed a significant drop in weight loss or inches.					

SECTION 2. For each of these questions, please provide the most accurate short answer or circle the most appropriate answer that best describes you.

As a result of this Texas Cooperative Extension program, how much weight have you lost?

_____ pounds

As a result of this Texas Cooperative Extension program, how many inches have you lost?

_____ inches

How often did you exercise per week before this program? Circle the most appropriate answer.

None 1 2 3 4 5 6 7 or more

How often did you exercise per week after this program? Circle the most appropriate answer.

None 1 2 3 4 5 6 7 or more

Do you think you would be actively participating in an exercise program if you were not in this one?

Yes

No

How would you rank this health and fitness program? Circle the most appropriate answer.

Poor 1 2 *Average* 3 4 *Excellent* 5

How would you rate your level of knowledge about the fitness topics as a result of this program? Circle the most appropriate answer.

Poor 1 2 *Average* 3 4 *Excellent* 5

Overall, how would you rate the level of physical fitness that you now possess as compared to other people your age? Circle the most appropriate answer.

Poor 1 2 *Average* 3 4 *Excellent* 5

How strong would you say your commitment is to the fitness program? Circle the most appropriate answer.

Very Weak

Weak

Average

Strong

Very Strong

SECTION 3. Please provide short answers for the following questions.

What is the strongest part of this program?

What is the major weakness of the program?

In your opinion, do you think the group will continue to meet to exercise after the program is over? Why or why not?

Please provide any additional comments below.

***Thanks for your time and thanks for being a part of
Texas Cooperative Extension !!***