

Physical Activity Challenge: Evaluation

1. **I would describe my current level of activity as:**
 - A. Very active (intense exercise 4+ times per week)
 - B. Moderately active (moderate exercise 2-3 times per week)
 - C. Lightly active (light exercise 1-2 times per week)
 - D. Not active

2. **Do you want to increase the amount of exercise you regularly get?**
 - A. Yes
 - B. No

3. **Have your exercise habits changed in the past month?**
 - A. Yes, I am exercising more.
 - B. Yes, I am exercising less.
 - C. No, my exercise habits have not changed in the past month.

4. **I would exercise more (check all that apply):**
 - A. If my neighborhood was safer
 - B. If I made it a priority to fit in my schedule.
 - C. If I had a friend to exercise with.
 - D. If there were trails or parks within a close distance of my home.

5. **Have you noticed a difference in your energy level in the past month?**
 - A. Yes, I have more energy.
 - B. Yes, I have less energy.
 - C. No, my energy level has remained the same as it usually is.

6. **How many weekly goals did you set?**
 - A. 1
 - B. 2
 - C. 3
 - D. 4

7. **How many of your weekly goals did you meet?**
 - A. 1
 - B. 2
 - C. 3
 - D. 4

8. **What types of wellness programs would you be interested in participating in? (check all that apply)**
 - A. A continuation of the current program
 - B. A group/team activity challenge
 - C. A group/team healthy eating challenge
 - D. An individual healthy eating challenge

Please share any other thought or comments here: _____

