

# 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: \_\_\_\_\_

