



EXERCISE FOR EVERYBODY

Program Evaluation

We need your help in providing vital feedback on the program you have just completed. Please take a moment to complete this survey.

LEVEL OF UNDERSTANDING

For each of the topics listed below, in the MIDDLE column, **circle** the number that best reflects your Level of Understanding or Ability BEFORE the program. Then, in the RIGHT column, **circle** the number that best reflects your Level of Understanding or Ability AFTER the program.

Poor=1, Average=2, Good=3, Excellent=4

Level of Understanding or Ability	BEFORE the Program	AFTER the Program
Explain the three types of physical activity.	1 2 3 4	1 2 3 4
Describe the benefits of physical activity to overall health.	1 2 3 4	1 2 3 4
Identify ways to be physically active.	1 2 3 4	1 2 3 4

INTENTIONS

Check whether you plan to change the following behaviors as a result of the program.

Behavior Change	Yes	No
I plan to increase the amount of time that I am physically active.		
I plan to use tools from this program to incorporate movement into my daily routine.		

THE MOST SIGNIFICANT THING

What is the most significant thing from this program you will apply to your life?
Feel free to list more than one.

ADDITIONAL COMMENTS

Thank you very much for your time!