

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: _____

Is this your first RoCo Fit session? Yes No

If no, what year did you begin (if you remember)? _____

How many days a week do you participate in physical activities? _____

(something other than daily life activities, for example: bicycling, walking, running, swimming, aerobics, dance, sports, etc.)

On the days you participate in physical activity, approximately how many minutes a day do you spend engaging in the activities? _____

How many servings of fruits and/or vegetables do you eat daily? _____

(Serving sizes: 1 cup of fruit or 100% fruit juice, or ½ cup of dried fruit; 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens)

How many 8 oz. glasses of water do you drink each day? _____

What goal did you accomplish for this RoCo Fit Season? _____

By setting and sharing a goal you increase your chances of success!