

PRE 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: _____

1. Is this your first RoCo Fit session? Yes No

If no, approximately how many sessions have you participated in? *Circle one number.*

1 2 3 4 5 6 7 8 9 10 or more

2. On average, how many **days a week** do you participate in physical activities? *Circle one number.*

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

0 1 2 3 4 5 6 7

3. On the days you participate in physical activity, approximately **how many minutes a day** do you spend engaging in the activities? *Circle one.*

Less than 15 minutes

15 – 29 minutes

30 – 44 minutes

45 – 59 minutes

60 or more minutes

4. How many **servings of fruits and/or vegetables** do you eat daily? *Circle one number.*

(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)

0 1 2 3 4 5 or more

5. How many **8 oz. glasses of water** do you drink each day? *Circle one number.*

0 1 2 3 4 5 6 7 8 or more

6. What is your goal for this RoCo Fit Season? *Check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Improve fitness | <input type="checkbox"/> Improve endurance |
| <input type="checkbox"/> Be more active/establish exercise routine | <input type="checkbox"/> Improve stamina |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Eat healthier |
| <input type="checkbox"/> Make friends | <input type="checkbox"/> Have fun |
| <input type="checkbox"/> Improve health/health conditions | <input type="checkbox"/> Increase energy |
| <input type="checkbox"/> Complete race (5k, marathon, etc.) | <input type="checkbox"/> Improve running/walking pace |
| <input type="checkbox"/> Improve strength | |
| <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

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