



# Take Action! Team Captain Evaluation



Thank you for participating in *Take Action!*. Please complete this evaluation form to help make *Take Action!* even better. Your responses will be kept confidential.

Name: \_\_\_\_\_

Work Phone/E-mail: \_\_\_\_\_

Team Name: \_\_\_\_\_

*Take Action!* Module:     Fruit and Vegetable         Physical Activity

1. How successful was *Take Action!* among your team members? (Check one)

- Very successful     Somewhat successful     Not successful at all

2. How would you rate *Take Action!*? (Check one)

- Excellent     Very good     Satisfactory     Poor     Very poor

3. Please **check one** statement that is closest to your opinion.

- I would become a Team Captain again.  
 I might be a Team Captain again.  
 I would not be a Team Captain again.

4. Please **check one** statement that is closest to your opinion.

- I think the program is worthwhile.  
 I think the program is worthwhile, but it took too much of my time.  
 I do not think the program was worthwhile.

5. Participation could have been improved by (check all that apply):

- Better training and orientation of Team Captains  
 Better marketing of *Take Action!*  
 Better incentives  
 Better management support  
 Other \_\_\_\_\_

6. As a Team Captain (check all that apply):

- I felt well informed and prepared to promote *Take Action!*.  
 I felt *Take Action!* was designed well and easy to promote.  
 I felt *Take Action!* leadership provided adequate assistance and support.

7. Comments/Suggestions:

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