



Take Action! Participant Evaluation



Congratulations on completing all 10 weeks of *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: _____

1. Number of weeks goal was met or exceeded?

2. Participating in *Take Action!*

I would encourage others to participate.

Yes No Maybe

I felt good about myself as I participated.

Yes No Maybe

I felt positive support to participate.

Yes No Maybe

I would participate in *Take Action!* again.

Yes No Maybe

3. Benefits from *Take Action!*

- I have more energy
 - I have better control over my weight
 - I am less stressed out
 - I feel better about my body
 - I am more productive at work
 - I have better working relationships with my co-workers
 - I feel better overall
 - I sleep better
 - Other (please specify)
- _____

4. Barriers I experienced during *Take Action!*

- I wasn't motivated
- I didn't feel like I could eat enough fruits and vegetables
- Too busy at work
- Too busy at home
- No support from CEO/Management

- No support from my team
 - No support from significant others
 - Fruits and vegetables were hard to get at work
 - I could not attend *Take Action!* activities
 - It was hard to fill out forms and keep track of my fruit and vegetable consumption
 - I could not reach my goal
 - Health problems
 - Other (please specify)
- _____

5. What motivated you to reach your goal?

- Drawings and prizes
 - CEO/Management support
 - Team Captain support
 - Co-worker support
 - Family support
 - Take Action!* activities
 - Signing up and making a commitment
 - Tracking my fruit and vegetable consumption
 - Other (please specify)
- _____

6. Over the next 6 months, I plan to:

- Eat more fruits and vegetables
- Eat less fruits and vegetables
- Eat the same amount of fruits and vegetables

7. Comments/Suggestions

Thank You! Please return this form to your Team Captain.