



Physical Activity—

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: _____

- Number of weeks goal was met or exceeded?

 - No support from CEO/Management
 - No support from my team
 - No support from significant others
- 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
- 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)

- Barriers I experienced during *Take Action!*
 - I wasn't motivated
 - I didn't feel like I did enough physical activity
 - Bad weather
 - Too busy at work
 - Too busy at home
- 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 physical activity
 - Other (please specify)

- Over the next 6 months, I plan to:
 - Be more physically active
 - Be less physically active
 - Do the same amount of physical activity
- Comments/Suggestions

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

For more information about fruits, vegetables, and physical activity, visit us at www.cachampionsforchange.net or call 1-888-328-3483. Funded by the USDA's Food Stamp Program, an equal opportunity provider and employer.