

REGISTRATION

* Recommended as mandatory data fields for evaluation purposes.

* Email Address: _____

* First Name: _____

Last Name: _____

Address: _____

* State: _____

* County: _____

Zip: _____

* Setting Location: _____

* How did you hear about the Holiday Challenge?

Eat Smart, Move More...
Maintain, don't gain!

HOLIDAY
Challenge

PRE-PROGRAM EVALUATION

What are your weight goals for the Holiday Challenge?

- I would like to maintain my current weight.
- I would like to lose a few pounds.
- Other:

What are your physical activity goals for the Holiday Challenge?

- I would like to engage in at least 30 minutes of physical activity most days of the week.
- I plan to participate in the **Holiday Walking Challenge** during Weeks 3 through 6.
- Other:

Please select your chosen tracking method:

- I plan on tracking my food, activity, and weight using a paper log (esmmweighless.com/holiday-challenge-tools).
- I plan on tracking my food, activity, and weight through a website, mobile app, or other electronic means (Ex. *MyFitnessPal, Loselt, Cron-o-meter, MyNetDiary, etc.*).

Do you have any other goals for the Holiday Challenge? Please share below.

I attest that the above information is true and accurate to the best of my knowledge.

Print Name

Signature

Date



Due to _____ by ____ / ____ / ____

POST-PROGRAM EVALUATION

How many days did you track your food/calorie intake? _____

If you set a calorie intake goal, how many days did you stay within your goal range? If you did not set a goal, write N/A. _____

How many days did you participate in at least 30 minutes or more of physical activity? _____

If you set an alternate physical activity goal, how many days did you meet your goal? If you did not set an alternate goal, write N/A. _____

Optional Question: How much has your weight fluctuated since the beginning of the Holiday Challenge? _____

Ex. No change = 0 | Lost 1 lb = -1 | Gained 0.5 lb = +0.5

If you participated in the Holiday Walking Challenge:

I have increased my physical activity through walking as a result of this challenge.

Yes No Not Sure

Participation in this activity has encouraged me to continue walking as a physical activity after the program ends.

Yes No Not Sure

I would like to participate in similar activities in the future.

Yes No Not Sure

Do you have any feedback regarding the activities that promoted engagement in the Holiday Challenge? Please share below. Was there anything you particularly enjoyed or found helpful?

I attest that the above information is true and accurate to the best of my knowledge.

Print Name

Signature

Date



Due to _____ by ____ / ____ / _____