

EVALUATION



You recently participated in the **Holiday Walking Challenge**. Please complete this evaluation survey. Thank you!

Faith Community: _____

County: _____

State: _____

- | | | | |
|--|-----|----|----------|
| 1. I would like to participate in similar activities in the future. | Yes | No | Not Sure |
| 2. I would recommend this activity to others. | Yes | No | Not Sure |
| 3. I have increased my physical activity through walking as a result of this challenge. | Yes | No | Not Sure |
| 4. Participation in this activity has encouraged me to continue walking as a physical activity after the program ends. | Yes | No | Not Sure |

5. The best/most helpful part of this activity was _____

6. This activity could be improved by _____

7. I heard about this challenge activity from: (check all that apply)
- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Posters/fliers | <input type="checkbox"/> Email Announcement | <input type="checkbox"/> Website |
| <input type="checkbox"/> Faith community member | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other |
| <input type="checkbox"/> Faith community leader (e.g., Pastor, Wellness Ministry Leader, etc.) | | |

8. For future healthy eating and/or physical activity challenge programs, I am interested in _____

Please return this survey to your Walking Challenge coordinator:

_____ by _____.



Holiday Walking Challenge