

# EVALUATION

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

**Organization:** \_\_\_\_\_

**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"/> Another member of this organization | <input type="checkbox"/> Newsletter         | <input type="checkbox"/> Other   |

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 \_\_\_\_\_.