

healthy lifestyle

Evaluation Form

Thank you for being a part of *Healthy Lifestyle*. Please take the time to complete the following evaluation. The information gathered will be of great benefit to further improve and reassess this program. We value your opinions and ask that you are honest with your comments and suggestions.



Thanks again and God Bless,
Michelle Jorna & Elizabeth Hughes

Q1. What were your expectations before beginning this program?

Q2. Did the program meet your expectations? Please explain.

Q3. Were there any topics you felt were not covered or you would have liked more teaching on?

Q4. Were there any topics you think should be removed from the program?

Q5. How did the timeslot of the program work for you?

Q6. How did you find the commitment/homework for the course?

Q7. What are the three most important things you have got out of this program?

Q8. Please comment on each session:



Session 1. More than a lifestyle - embracing health (Michelle)

Session 2. Getting into physical activity (Michelle)

Session 3. Nutrition - fuel for the body (Michelle)

Session 4. Introduction to strength training (Michelle)

Session 5. Eating for reasons other than hunger (Elizabeth)

Session 6. Weight management (Michelle)

Session 7. Because you are worth it (Elizabeth)

Session 8. When the going gets tough (Michelle)

Session 9. Essential women’s health issues (Elizabeth/Michelle)

Session 10. The journey ahead (Michelle)

Q9. How well do you think you did in achieving your weekly health goals?
 (Please tick one circle only).

Extremely well	<input type="radio"/> O ₁
Very well	<input type="radio"/> O ₂
Somewhat well	<input type="radio"/> O ₃
Not very well	<input type="radio"/> O ₄
Not at all well	<input type="radio"/> O ₅



Q10. Over the 10 sessions of *Healthy Lifestyle*, how **useful** would you rate each of the following aspects of the course in helping you to **improve your health**?
 (Please tick one on each line).

	Extremely useful ₁	Very useful ₂	Somewhat useful ₃	Not very useful ₄	Not at all useful ₅
The teaching component of each session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small group support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The physical activity component of each session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The journal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q11. How **helpful** was the program overall in assisting you to be **more physically active**? (Please tick one number: 1 = Not at all helpful, 5 = Extremely helpful).

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q12. How **helpful** was the program overall in assisting you to **improve your diet**? (Please tick one number: 1 = Not at all helpful, 5 = Extremely helpful).

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q13. How **helpful** was the program overall in assisting you to **improve your mental health** (eg. decrease in stress, depression, etc.; increase in feeling in control, happiness, etc.)? (Please tick one number: 1 = Not at all helpful, 5 = Extremely helpful).

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



- Q14. How **helpful** was the program overall in assisting you to **improve your body image**? (Please tick one number: 1 = Not at all helpful, 5 = Extremely helpful).

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q15. How **helpful** was the program overall in assisting you to **improve your spiritual health** (eg. Quality time with God, prayer, purpose in life, etc.)? (Please tick one number: 1 = Not at all helpful, 5 = Extremely helpful).

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q16. Would you participate in this course again? Yes / No

- Q17. Would you recommend this course to others? Yes / No

Q18. How do you intend to continue your physical activity after the end of the course?

Q19. What do you think the main challenges in doing this will be?

Q20. How do you think we could assist you in overcoming these challenges?

Q21. Any further comments on **any aspect** of the course?

Thank you for your time. This questionnaire will provide us with vital information in helping you and others to maintain improved health!

