



## Participant Post-Survey

Thank you for participating in a Fitness Warriors class! We'd love to hear from you. Please take a moment to answer the questions below. All the following questions are voluntary. Return the completed survey to your fitness instructor.

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Zip Code \_\_\_\_\_

Emergency Contact Name &amp; Number \_\_\_\_\_

### How many minutes per week are you physically active (walking, sports, dance, Warriors classes, etc)?

- ☐ 0 minutes/week      ☐ 1-30 minutes/week      ☐ 31-60 minutes/week      ☐ 61-90 minutes/week  
☐ 91-120 minutes/week      ☐ 121-150 minutes/week      ☐ 150+ minutes/week

How many Warrior classes have you been to in the past 6 months? # of Classes Attended \_\_\_\_\_

### Rate your current levels of physical fitness on a scale of 1 (very low) to 5 (very high) by circling a number below.

	Very low	Low	Average	High	Very high
Energy Level:	1	2	3	4	5
Level of Flexibility:	1	2	3	4	5
Level of Strength:	1	2	3	4	5
Level of Cardio Endurance:	1	2	3	4	5

### Rate how much you agree with the following statements since joining a Fitness Warriors class, by marking the appropriate box for each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
I have lost weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reduced the amount of medications I take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have reduced stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have improved my ability to function in daily activities (ex. taking the stairs, carrying groceries, house work, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more confident exercising in front of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more knowledgeable about physical fitness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a more positive outlook on life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Fitness Warrior instructor is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Where do you get information about the Fitness Warriors classes? (check all that apply)

- ☐ Warriors Facebook      ☐ Warriors Instagram      ☐ Paper Materials      ☐ Other: \_\_\_\_\_  
☐ Warrior Instructor      ☐ Community Events      ☐ Radio      \_\_\_\_\_  
☐ Word of Mouth      ☐ Sports Backers Website      ☐ Physician/Doctor      \_\_\_\_\_

Please use the back of this page to share any additional information with your Fitness Warrior.

Do you know about other Warrior classes in your community? ☐ YES ☐ NO

Do you participate in other Warrior classes in your community? ☐ YES ☐ NO

Would you recommend the Fitness Warrior classes to a friend? ☐ YES ☐ NO

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**What motivates you to participate in a Fitness Warriors class (check all that apply)**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Location               | <input type="checkbox"/> It's free        | <input type="checkbox"/> The instructor   | <input type="checkbox"/> Improved health conditions |
| <input type="checkbox"/> Convenient Class times | <input type="checkbox"/> The participants | <input type="checkbox"/> Safe environment | <input type="checkbox"/> Other: _____               |

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**What would prevent you from continuing to participate in a Fitness Warriors class (check all that apply)**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Location                     | <input type="checkbox"/> The instructor            | <input type="checkbox"/> Finding transportation to class | <input type="checkbox"/> Low participation in class |
| <input type="checkbox"/> Class times are inconvenient | <input type="checkbox"/> A health condition        | <input type="checkbox"/> No one to go to class with      | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> I do not have enough energy  | <input type="checkbox"/> I do not have enough time | <input type="checkbox"/> Not safe to get to class        | _____   |

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**Please feel free to elaborate on any of your above responses.**

**What stands out to you as a high point or memorable moment during your participation in the classes?**

**Do you have any suggestions to improve the Fitness Warriors program?**

**Anything else you'd like to share? Comments, stories, suggestions, etc?**

**May we contact you for follow up questions or program opportunities in the future? If so, please leave us your email address and/or phone number.**

**Thank you for your participation!**

If you would like to provide additional feedback, please feel free to contact us at:  
804-285-9495 or [rvafitnesswarriors@gmail.com](mailto:rvafitnesswarriors@gmail.com)



**FITNESSWARRIORS**