EnhanceFitness Post-Program Evaluation Form

By filling out this form, I agree that the information collected on program forms may be studied and shared, with no way to link it back to me.

Participant ID (first two letters of your first name, first two letter of your last name, last two numbers of your birth year): ____ ____ ____ ____ ____ ____

1. How confident are you in managing your joint pain and/or stiffness? (Circle one number)

Not at all confident Very confident

0 1 2 3 4 5 6 7 8 9 10

2. How many days during the week do you go engage in moderate to vigorous physical activity (like a brisk walk)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

3. On average, how many minutes do you engage in physical activity on each of those days?

_____

4. Would you recommend EnhanceFitness to a friend?

- Yes
- No

5. Do you have any additional comments or suggestions?

_____

_____

Thank you!