

Participant End Form

ID # - -

1. Date of last attendance to *Eat Better & Move More* _____ / _____ / _____
mo day year

2. If participant left program early, please check reason:

- Moved away
- Hospitalized
- Changed mind
- Other _____
- Injury

3. Number of weeks in program _____

4. Would you recommend *Eat Better & Move More* to others?

- Yes
- No

5. What did you like best of *Eat Better & Move More*?

6. What did you like least of *Eat Better & Move More*?

7. Do you think *Eat Better & Move More* has helped you to eat better?

- Yes
- No

8. Do you think *Eat Better & Move More* has helped you to be more active?

- Yes
- No

9. What was the hardest part of *Eat Better & Move More*?

- Attendance
- Keeping track of steps
- Wearing the step counter
- Doing the weekly food task

10. Do you think *Eat Better & Move More* helped you to: (Check all that apply)

- Eat more fruit
- Increase your physical activity level
- Eat more vegetables
- Improve your walking
- Eat more calcium rich foods
- Eat more fiber