

Name.				Date
Height (optional):	in.	Weight(optional):	lbs.	Age:
Thank you for participating a moment to answer the ques				
Physical Activity  1 – How many minutes per  0-30minutes/week  30-60minutes/week  2 – What are the activities of warrior classes, or any other	60-90 minute 90-120minute or hobbies tha	s/week 120-150 m es/week 150+ minu	ninutes/week Ites/week	e, basketball, walking,
General Health 3 – What, if any, changes had (check all that apply)?  Weight loss Increased energy/mood 4 – Tell us more about the i	☐ Improve ☐ Greater	d flexibility	d medication	
noticed and what impact ha	ave they have	had?		
Program Satisfaction 5 – How did you hear about ☐ Word of mouth ☐ Frie ☐Other:			☐ Medi	a Ad
6 - Please rate your overall  Very satisfied	satisfaction w Satisfied	vith the Active RVA Warr	· · · · · · · · · · · · · · · · · · ·	ry dissatisfied

(Continued on reverse page)

7 -Tell us more about your rating of the Warriors program:
8 – Would you recommend the Active RVA Warriors classes to a friend?
9 – How would you rate your Warrior instructor?  Excellent Good Satisfactory Fair Poor
10 – How convenient are class times?  Very convenient Somewhat inconvenient  Somewhat convenient Inconvenient
11 – How convenient is the class location?  Very convenient Somewhat inconvenient  Somewhat convenient Inconvenient
12 – What, if anything, could be changed to make Warrior classes more convenient?
Overall Impression  13 - What has kept you motivated in the Active RVA Warriors fitness classes (Please check all that apply)?  Location Instructors Health conditions
☐ It's free ☐ Participants ☐ Other:
14 - What stands out to you as a high point in your participation in the Active RVA Warrior fitness classes?
15 – Anything else you'd like to share? Comments, stories, questions or suggestions.