

New Moves Post-Class Process Evaluation Survey

Please answer the following questions about the different parts of New Moves

How satisfied (happy) were you with ...	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. New Moves?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. The physical activity class, Be FIT?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. The nutrition class, Be FUELED?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. The social support class, Be FAB?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. The Girls Pages binder?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. The individual sessions in person with your New Moves Coach?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Please answer the following questions about your experience in New Moves

Since being in New Moves ...	Strongly Disagree	Disagree	Agree	Strongly Agree
7. I have increased the amount of time I am physically active most days.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. I have eaten more fruits and vegetables most days.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. I have reduced the amount of time I watch TV.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. I have decreased the amount of soda pop I drink.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. I have eaten breakfast more regularly.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. I have been more aware of the portion sizes of the food I eat.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. I pay more attention to my body's signs of hunger and fullness.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. I go on diets less often.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. I feel better about myself.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

 MORE ON THE BACK 

16. Please tell us what you liked most about New Moves.

17. Please tell us what you didn't like about New Moves.

18. Please tell us any ideas you have to change New Moves to make it better.

19. Would you recommend New Moves to a friend?

Yes

No

Thank You!