



Extension Service Klamath County
Oregon State University, 3328 Vandenberg Road, Klamath Falls, Oregon 97603-3796
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We ask you to complete this survey so O.S.U. Extension Service can learn how the Healthy Active Challenge may have helped you. It should take about 5 minutes.

Completing the evaluation is **VOLUNTARY**. You may choose not to participate. You may also refuse to answer any question(s).

The responses that you provide will be kept **CONFIDENTIAL** to the extent permitted by law. Your answers will be combined with others in a report. Your name will not be used or any information that would identify you.

There are no expected risks to you in completing the evaluation. Your feedback will help the OSU Extension Service to provide meaningful programs in the future.

Thank you for your time. If you have questions about the evaluation, please contact me at the Klamath Extension Office, (541) 883-7131.

If you have questions about your rights as a human research subject, please contact the Institutional Review Board (IRB) Human Protections Administration at or (541) 737-4933 IRB@oregonstate.edu.

Sincerely,
Patty Case
O.S.U. Extension Faculty, Klamath County

Healthy Active Challenge Survey, 2007

We'd like to know how participation in the Challenge affected you. Please complete the survey & return by June 8th to Patty Case at O.S.U. Extension Service, 3328 Vandenberg Road, Klamath Falls, OR 97603. Fax 541-883-4582. E-mail patty.case@oregonstate.edu.

You will be entered in a drawing to win a \$50 gift card at Fred Meyer or \$50 gift certificate at Running Y Ranch House Restaurant. Please include your name on page 3 for this purpose.

1. How many weeks of the Challenge did you participate in? *Circle one.*

0 1 2 3 4 5 6

2. Have you participated in the Challenge in previous years?

- a. Yes
- b. No

3. Which of the following did you do BEFORE the Challenge?

BEFORE the Challenge <i>Check one box for each item</i>	DID DO	DIDN'T DO
Exercise (4 or more days per week)		
Eat fruits & vegetables (5 or more per day)		
Support co-workers, family, friends to make healthy choices such as exercising together or preparing healthy foods for them		

4. Which of the following will you do AFTER the Challenge?

BEFORE the Challenge <i>Check one box for each item</i>	DID DO	DIDN'T DO
Exercise (4 or more days per week)		
Eat fruits & vegetables (5 or more per day)		
Support co-workers, family, friends to make healthy choices such as exercising together or preparing healthy foods for them		

5. Since the Challenge started which guidelines have you adopted or plan to adopt (in next 6 months) at your place of work, school, family or social group. *Circle all that apply:*
- Limited TV or screen use at home
 - Offered non-food rewards/incentives at home, school or work
 - Offered exercise breaks during meetings, work day or school
 - Ate meals together as a family
 - Established a “wellness committee”
 - Created bulletin boards or displays that promote health & wellness
 - Offered health screening for risk factors such as heart disease or diabetes
 - Established healthy food policy for meetings or social gathering
 - Established healthy vending machine policy and/or limited use of sweetened beverages
 - Offered health education for employees, family or social group
 - Offered discounted rate for employees at gym or health club
 - Offered flex time for employees that can be used for physical activity
 - Other, specify: _____
 - None, no guidelines adopted in last 6 weeks
6. Did you use the website during the Challenge (www.healthyactiveklamath.org)?
- Yes, if yes how many times during the Challenge: _____
 - No, if no why not? _____
7. Which of the following applies to you (choose one).
- I have a chronic disease such as diabetes, heart disease, obesity, arthritis.
 - I am at risk of developing a chronic disease
 - I do not have a chronic disease
 - I don't know
 - Other, specify: _____
8. Did you lose weight or inches (waist) during the Challenge? *Circle one.* **Yes** **No**
 If yes, how much? Total weight lost = _____ (lbs); Lost from waist = _____ (inches)
9. What is your age?
- | | |
|----------------|------------------|
| a. 18-25 years | d. 46-55 years |
| b. 26-35 years | e. 56-65 years |
| c. 36-45 | f. over 66 years |
10. Specify your gender.
- Male
 - Female
11. Specify your race. *Circle all that apply*
- White, European American (non-Hispanic)
 - Asian or Asian American
 - Middle Eastern or Middle-Eastern American
 - Black, African American
 - Hispanic or Latino American
 - American Indian or Alaska Native
 - If none of the above, use your own description: _____

12. Would you join the Healthy Active Challenge again next year?

- a. Yes
- b. No
- c. Not Sure

13. Please explain why or why not:

14. Healthy Active Klamath Coalition wants to create a community that embraces healthy food and activity choices for everyone. What should we focus our efforts on?

Circle your top 3 from the list below.

- a. Children's health such as school policies or parent education
- b. Community wellness events such as Healthy Active Challenge
- c. Physical activity events such as scheduled walk/runs, walking groups, etc.
- d. Urban planning such as safe walking/biking routes/sidewalks
- e. Worksite wellness programs and worksite policies that support healthy choices
- f. Healthy food choices at restaurants
- g. Media campaign on importance of healthy choices
- h. Education through classes or information posted on local website
- i. Community gardens
- j. Farmers' Market
- k. Other, specify: _____

15. Any other comments or suggestions?

Thank you for your input. Good luck with your healthy ventures!

Please complete the following so we can enter your name in the drawing (your name will not be associated with any responses you've given above).

Name: _____ Phone: _____