

# Needs Assessment Questionnaire

Please take a few minutes to fill out this survey. Your answers will allow us on the *Eat Well & Keep Moving* project to better tailor the program to your needs. Thank you!

- For each of the programs and activities in the following list, please circle the number that shows your level of interest, with 1 being the lowest and 5 the highest.

	Interest				
	Lowest				Highest
1. Nutrition (e.g., cooking classes, smart food shopping, balanced diet, sports nutrition)	1	2	3	4	5
2. Healthy back management	1	2	3	4	5
3. Stress management	1	2	3	4	5
4. Blood pressure management	1	2	3	4	5
5. Meditation	1	2	3	4	5
6. Smoking cessation	1	2	3	4	5
7. Weight management	1	2	3	4	5
8. Osteoporosis	1	2	3	4	5
9. Aerobics	1	2	3	4	5
10. Yoga	1	2	3	4	5
11. Walking or jogging	1	2	3	4	5
12. Other (specify):	1	2	3	4	5
13. Other (specify):	1	2	3	4	5

- What hours are best for you to take part in a health promotion program? (Please fill in all that apply.)

- Before school (note times) \_\_\_\_\_
- During school (note times) \_\_\_\_\_
- After school (note times) \_\_\_\_\_
- Evenings (note times) \_\_\_\_\_
- Weekends (note times) \_\_\_\_\_

From L.W.Y. Cheung, H. Dart, S. Kalin, B. Otis, and S.L. Gortmaker, 2016, *Eat Well & Keep Moving*, 3rd ed. (Champaign, IL: Human Kinetics).

(continued)

- 3.** Would you be likely to attend one or more of these programs if they were offered at a convenient time?
- a.** Definitely not
  - b.** Maybe
  - c.** Probably
  - d.** Definitely would

From L.W.Y. Cheung, H. Dart, S. Kalin, B. Otis, and S.L. Gortmaker, 2016, *Eat Well & Keep Moving*, 3rd ed. (Champaign, IL: Human Kinetics).