



## Workshop D: Evaluation Form Physical Activity, Fit for Life

Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

Location: \_\_\_\_\_

Please tell us what you think about this workshop by circling the numbers or by writing your answers in the spaces provided.

1. What was your main reason for coming to this workshop?

\_\_\_\_\_

2. Where did you hear about this workshop? (Circle all that apply to you)

- |                               |   |
|-------------------------------|---|
| Child's school teacher        | 1 |
| Community nurse               | 2 |
| Dietitian                     | 3 |
| Friends/relatives             | 4 |
| Spouse/partner                | 5 |
| Newspaper                     | 6 |
| Attended another PGR workshop | 7 |
| Other (please specify) _____  |   |

3. Here are a number of statements about the workshop. On a scale of 1 to 5, where 1 means strongly agree and 5 means strongly disagree, please rate your feelings about the workshop by circling the appropriate number.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
The information was easy to understand	1	2	3	4	5
The workshop was well organised	1	2	3	4	5
The presenter/s were well informed	1	2	3	4	5
I will try to incorporate the new things I learnt today	1	2	3	4	5
Overall, I enjoyed the workshop	1	2	3	4	5

4. Here is a list of topics covered in the workshop. Please rate your feelings about workshop activities by circling the appropriate number, where 1 means useful, 2 means not useful and 3 means not covered.

	Useful	Not useful	Not covered
The benefits of physical activity	1	2	3
Physical activity recommendations for children	1	2	3
Fundamental movement skills	1	2	3
Reducing screen time	1	2	3
Physical activity ideas	1	2	3
Overcoming barriers to participating in physical activity	1	2	3
Importance of being SunSmart	1	2	3
Identifying family goals	1	2	3

5. What else, if anything, would you like to have seen covered in the workshop?

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6. Do you intend to make any changes to your child's current physical activity levels?

Yes  No

If yes, go to question 6a. If no, go to question 6b.

6a. If yes, what changes are you most likely to make?

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6b. If no, why don't you think you will make any changes?

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7. How many children do you have and what are their ages?

Number \_\_\_\_\_ Ages \_\_\_\_\_

8. Are you happy to be contacted by Cancer Council WA staff about the workshop and changes you may have made as a result of attending the workshop? This will help to make improvements to the program.

If yes, please provide your contact details:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Please add any other comments

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**THANK YOU FOR YOUR TIME AND PARTICIPATION.**