



## PHYSICAL HEALTH & WELLNESS

### POST-EVENT SURVEY

Thank you for completing the following survey. Your feedback assists us in improvement and enhancement of future events offered by WWP.

What was the date of the event you attended? Format the date as mm/dd/yyyy. Ex. 09/09/2010. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Event state or territory? \_\_\_\_\_

Please indicate your most current contact information:

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

E-mail contact: \_\_\_\_\_

Phone no. including area code: \_\_\_\_\_

Indicate your status:

- Warrior  
 Caregiver  
 Spouse  
 Family Member

Please rate your overall experience at the recent WWP Physical Health and Wellness Event.

- 1-Very Dissatisfied     2-Dissatisfied     3-No Opinion     4-Satisfied     5-Very Satisfied

Was this the first time that you attended a WWP Physical Health and Wellness Event?

- No     Yes

As a result of your experience in a Physical Health and Wellness Event offered by WWP, will you seek out other sports or recreational activities within your community?

- No     Yes

As a result of your experience in a Physical Health and Wellness Event offered through WWP, did you develop a greater sense of self-esteem and overall self-confidence?

- 1-Strongly Disagree     2-Disagree     3-No Opinion     4-Agree     5-Strongly Agree

Please rate the following components of the Physical Health and Wellness Event:

	Very Dissatisfied	Dissatisfied	No Opinion	Satisfied	Very Satisfied
Communication from WWP about the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to connect with other warriors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to connect with other caregivers and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logistics of the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations/travel arrangements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In a typical week, how many days per week do you participate in any moderate-intensity physical activity or exercise you enjoy (such as brisk walking, jogging, cycling, tennis , adaptive sports)?**

- Less than 1x per week     1-3 days per week     3-5 days per week     7 days a week     None, I do not exercise

**For you, which of the following are obstacles or barriers to participating in sports-related physical activities or exercise? Please select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Uncomfortable in social situations                             |
| <input type="checkbox"/> Finding a local league to participate with others       | <input type="checkbox"/> Facilities that can accommodate me                             |
| <input type="checkbox"/> Finding time to participate in physical activity        | <input type="checkbox"/> Concerns related to safety or re-injuring myself               |
| <input type="checkbox"/> Finding adaptable equipment                             | <input type="checkbox"/> Physician restricted me from participating                     |
| <input type="checkbox"/> Finding an instructor trained to teach adaptable sports | <input type="checkbox"/> I do not have any obstacles when it comes to physical activity |
| <input type="checkbox"/> Finding financial resources to support physical health  | <input type="checkbox"/> Motivation   |
| <input type="checkbox"/> None of the above                                       | <input type="checkbox"/> Other _____  |

**How may WWP assist you in overcoming any of the obstacles listed above?**

**Would you recommend a Physical Health and Wellness Event offered through WWP to a fellow warrior or caregiver?**

- No                       Yes

**Please check any of the programs listed below that you would like more information about.**

- |   |  |
|---|--|
| <input type="checkbox"/> Benefits   | <input type="checkbox"/> Project Odyssey               |
| <input type="checkbox"/> Family Support                                     | <input type="checkbox"/> Peer Mentoring                |
| <input type="checkbox"/> Physical Health and Wellness (Events & Activities) | <input type="checkbox"/> Policy and Government Affairs |
| <input type="checkbox"/> Restore (Connect web site)                         | <input type="checkbox"/> TRACK program                 |
| <input type="checkbox"/> Campus Services                                    | <input type="checkbox"/> Volunteer Program             |
| <input type="checkbox"/> Warriors to Work                                   | <input type="checkbox"/> Not at this time              |
| <input type="checkbox"/> Other  |  |

**How do you prefer receiving information?**

- Email             Phone             Other \_\_\_\_\_

**We appreciate your input. Please post any comments or suggestions you may have to improve future events offered by WWP.**