

# CREATE BETTER HEALTH TAI CHI POST SURVEY

Use at the end of the **last** class of a series.



*Please take a few minutes to answer the following questions. All responses are confidential, and there are no right or wrong answers to any questions in this survey. The information you provide will help us improve our program and be accountable to SNAP-Ed funders.*

## 1. Write your initials, birth month (2-digit), and birth day (2-digit) below.

*For example, if your name were John Doe and your birthdate were May 1, you would write:*

*First letter of first name: J First letter of last name: D Birth month: 05 Birth day: 01*

First letter of first name: \_\_\_\_\_ First letter of last name: \_\_\_\_\_ Birth month: \_\_\_\_\_ Birth day: \_\_\_\_\_

## 2. How likely are you to recommend Create Better Health classes to others?

- ☐ Very likely      ☐ Likely      ☐ Neither likely or unlikely      ☐ Unlikely      ☐ Very unlikely

## 3. How many Create Better Health (SNAP-Ed) classes have you attended this year? (including this one)

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7      ☐ 8 or more

## 4. In general, how would you rate your overall health?

- ☐ Excellent      ☐ Very good      ☐ Good      ☐ Fair      ☐ Poor

## 5. How fearful are you of falling?

- ☐ Not at all      ☐ A little      ☐ Somewhat      ☐ A lot

## 6. Have you gained any of the following by participating in these Tai Chi classes? (select all that apply)

*If you have not gained any of the listed options, you can choose to not select any.*

- ☐ Better balance      ☐ Better strength      ☐ Better flexibility      ☐ Social connections  
☐ Reduced stress      ☐ Other, please explain: \_\_\_\_\_

## 7. In the past week, how many days did you exercise for at least 30 minutes?

(This 30 minutes could be all at once or a few minutes at a time).

- ☐ 0      ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7

8. The next section has statements people have made about what they do. Choose the option that best fits what you have done over the last 30 days.	Never	Rarely	Sometimes	Often	Always
I spend time being physically active with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to people who enjoy the same activities as I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do activities to improve flexibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do activities to increase muscle strength more often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the day, I spend less time sitting, being inactive, or sedentary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In addition to tai chi classes, Create Better Health (SNAP-Ed) program provides nutrition education classes. Please answer the following questions to help us understand your food situation.

**9. In the past 12 months, how many months did anyone in your household receive benefits from a federal food assistance program?** (SNAP, WIC, free and reduced lunch program, or any other federal food assistance program)

- ☐ All months    ☐ Some months    ☐ Never

10. The next section has statements people have made about their food situation. Choose the answer that best fits your food situation over the last 30 days.	Often true	Sometimes true	Never true	Don't know
The food that I bought just didn't last, and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Over the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- ☐ Yes    ☐ No    ☐ Don't know

**12. Please select the following options that best represent you.**

Gender	Age	Ethnicity	Race (select all that apply)
<input type="radio"/> Female	<input type="radio"/> 18-59 years	<input type="radio"/> Hispanic	<input type="radio"/> American Indian/Alaskan Native
<input type="radio"/> Male	<input type="radio"/> 60-75 years	<input type="radio"/> Non-Hispanic	<input type="radio"/> Asian
<input type="radio"/> Non-binary	<input type="radio"/> 76+ years	<input type="radio"/> Prefer not to respond	<input type="radio"/> Black/African American
<input type="radio"/> Prefer not to respond	<input type="radio"/> Prefer not to respond		<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> Gender not listed			<input type="radio"/> White
			<input type="radio"/> Prefer not to respond

**Are you willing to take a follow-up survey in 6 months to be entered in a drawing for a \$250 prize?**

☐ Yes      ☐ No

**Are you interested in receiving our free Create Better Health Utah Newsletter?**

☐ Yes      ☐ No

**Are you willing to take a follow-up survey in 1 year to be entered in a drawing for a \$250 prize?**

☐ Yes      ☐ No

**Are you interested in a free online Create Better Health class?**

☐ Yes      ☐ No

*If you answered yes to any of the above questions, please clearly write your email address.*

**Email:** \_\_\_\_\_

**For Office Use Only**

**Ambassador Name:** \_\_\_\_\_ **Lesson:** \_\_\_\_\_

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

