



Before and After Child/Family Survey

Name of Student _____ Date _____ Grade in School _____
 School/Program _____ Circle 1: Before or After the JUST RUN program
 Age of Child _____ Is child Caucasian? ____ African American? ____ Hispanic? ____ Asian? ____ Other? _____ Decline to answer? ____

The purpose of this evaluation is to compare a child's responses to nutrition, attitude and fitness questions before and after participation in the JUST RUN program. It should be completed before the child begins the program, preferably at the beginning of the school year, and at the end of the school year when the program is over. This form should be filled out by the child and a parent/guardian OR a child and his/her JUST RUN program leader.

PLEASE COMPLETE THIS SECTION BOTH AT THE BEGINNING AND END OF THE JUST RUN PROGRAM

1. Height of Child in inches _____ Weight of child in pounds _____
2. Approximately how many hours of television do you watch each day? _____
3. Approximately how many hours of video/computer games each day? _____
4. What is your favorite physical activity? _____
5. How many days a week do you participate in physical activity for more than 30 minutes _____
6. Do you enjoy running? yes no
7. How many days a week do you run? _____
8. Have you ever attempted to run a mile? yes no If yes, how long did it take? _____
9. What is the longest distance you have ever run at one time? _____
10. Would you like to participate in a running race? yes no
11. Do you walk for exercise? yes no How many minutes does it take you to walk a mile? _____
12. Do you know what foods are healthy for you? yes no
13. Approximately, how many servings (8oz glass) of the following beverages do you drink each day?
 Milk _____ Water _____ Juice _____ Soda _____ Sports Drinks _____
14. How many servings of sweets (candy, cookies, cake) do you eat each day? _____
15. How many servings of fruits and vegetables? _____

PLEASE COMPLETE THIS SECTION ONLY AT THE END OF THE JUST RUN PROGRAM

1. Are you making healthier food choices because of the Just Run program? Yes No
2. Will you continue to run or exercise on a regular basis, even though the Just Run program is over? Yes No
3. Have you encouraged other members of your family to develop a healthier lifestyle by eating better and exercising more? Yes No
4. Was the Just Run website helpful to you? Yes No How often did you view the website? (circle 1) Never Sometimes Often
5. How many miles did you run this year? _____
6. Did you run in your first race this year? yes no
7. How many Good Deeds (JUST DEEDS) did you perform and record this year? _____
8. What did you enjoy the most about the Just run program _____
9. What did you enjoy the least about Just Run? _____
10. Would you like to participate in the Just Run program next year? yes no