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**3-Month Follow-Up Survey**

**Your Name:**

**Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date:** **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Which leadership role did you take on as a Health Messenger?** | Health Spokesperson and Advocate | | | Healthy Athletes Coordinator | | | Healthy Habits Teacher | |
| Fitness Leader | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **I live:** | In a  group home | | | With  my family | | | In my own  home or apartment | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Do you work?** | Yes | | | | No | | | |
| **When you work:** | It is full time | | It is part time | | | I do not work right now | | |
| **My health is:** | Great  Grinning Face With Big Eyes on Samsung Experience 9.5 | Good  Slightly Smiling Face on Samsung Experience 9.5 | | | Okay  Neutral Face on Samsung Experience 9.5 | | | Not Good  Disappointed Face on Samsung Experience 9.5 |

**Please circle an answer for each question below.**

1. **How many FRUITS and VEGETABLES *should a healthy person* eat every day?**

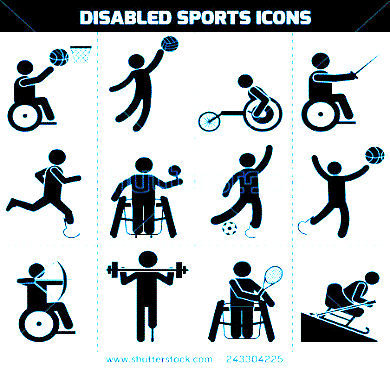
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

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1. **A close up of a bottle

   Description automatically generatedHow many BOTTLES of WATER *should a healthy person* drink every day?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

1. **How many days each week *should a healthy person* EXERCISE?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |



**Please indicate whether you agree with each statement. Circle an answer for each question below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have what it takes to reach my health goals.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I make good choices about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **Other people make choices for me about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **It is hard for me to speak up about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I am a leader in my community.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I choose what to eat, like at lunchtime or dinner.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I choose how to be physically active, like running or biking.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I feel confident talking with my doctor about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I feel confident talking to my parent or caregiver about my health.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |
| **I feel confident talking to my peers about making healthy choices.** | Most of the Time  A picture containing drawing  Description automatically generated | Not Sure | None of the Time  A close up of a logo  Description automatically generated |

**Please circle an answer for each question below.**

**There is no right or wrong answer.**

1. **Yesterday, how many VEGETABLES did you eat?** (Like salads, boiled/baked/mashed potatoes, and all cooked and uncooked vegetables) Do not include French fries or chips.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |



1. **Yesterday, how many FRUITS did you eat?** Do not include fruit juice.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

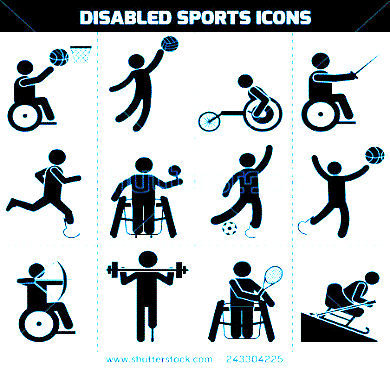
1. **A close up of a bottle

   Description automatically generatedYesterday, how many BOTTLES of WATER did you drink?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 or more |

1. **LAST WEEK**, **on which DAYS did you exercise/play sports that made your heart beat fast and made you breathe hard** (things like: basketball, jogging, skating, fast dancing, swimming laps, tennis, fast bicycling, or aerobic)**?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |



1. **How much TIME do you usually spend exercising on the days you circled above?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 minutes | 30 minutes | 1 hour | 1 hour and 30 minutes | 2 hours | 3 or more hours |

Please answer the following questions

|  |
| --- |
| 1. **What part of the Health Messenger training was most helpful for your Health Messenger activation?** |
|  |
| 1. **What was most challenging about your Health Messenger activation?** |
|  |
| 1. **Is there anything you wish we had talked about more during the Health Messenger training** |
|  |
| 1. **If you had a mentor, how did they support you during your Health Messenger activation? What additional support would have helped you?** |
|  |