

SUGGESTION BOX

1-When did you first start coming to Yummy Mummy Fitness?

2-How frequently do you currently participate in this program?

3-How many times per week could you devote to attaining your goals?

4-Write next to each goal the number which most represents its importance to you regarding your participation in Yummy Mummy Fitness and your goals. (1 to 7 - 1 being most important to you and 7 being least important to you)

- Lose weight
- Cardiovascular fitness and endurance
- Muscular strength and resistance (toning)
- Flexibility
- Meet other mothers / Social aspect
- Interaction with my child
- Get out of the house
- Other (please specify)

5-Have you seen improvements in your fitness? If yes, please specify

6-Which types of sessions/exercises do you prefer within the Yummy Mummy context? You can rate from 1 to 4 or 5. 1 being the exercise type you like the most

- Cardio exercises (running / walking / boxing and any exercise that makes puff)
- Resistance exercises (push ups / squats / crunches etc)
- Flexibility exercises (stretches / Yoga)
- Exercises that focus on interaction with your child
- Other (please specify)

7-Regarding the difficulty level of the Yummy Mummy Fitness and your goals, please rate the level by choosing one (put an X next to it) of the following statements or write your own:

- Too difficult
- Challenging but just what I need
- Perfect
- Not challenging enough
- Some sessions are challenging and others are too easy
- Other:

8-Do you enjoy the current location of the sessions? I.e. in the park

9-Have you got any suggestions to improve the program?

Name (optional):

Contact number (optional):

Email (optional):