



POST-PROGRAM EVALUATION

Welcome to the final two weeks of your 14-week journey. We hope you've experienced positive physical, mental and emotional changes and built healthy habits along the way.

Complete the end-of-program evaluation below to record where you're at from a physical, nutritional and mental standpoint this week. Once you're finished, you can [submit your end-of-program evaluation](#) results to be entered into a drawing for a prize!

PHYSICAL FITNESS			
CHECK YOUR PROGRESS	EVALUATION	DIRECTIONS	REPS/TIME/NOTES
<input type="checkbox"/>	Max push-ups	Perform as many push-ups as you can with good form. Make note of whether you perform them on your toes/knees or with your hands on a bench. Add any additional notes you have. Review proper form here >>	
<input type="checkbox"/>	Low plank hold	Perform a low plank hold for as long as you can with good form. Make note of whether you performed this on your toes/knees or with your elbows up on a bench. Add any additional notes you have. Review proper form here >>	
<input type="checkbox"/>	Wall sit hold	Perform a wall sit hold for as long as you can with good form. Make note of how long you held it. Add any additional notes you have. Review proper form here >>	
<input type="checkbox"/>	Timed half-mile (walk or run)	Record how long it takes you to complete a half-mile walk or run. You can do this on a treadmill or outdoors. If you're on a track, a half-mile is two full laps. In addition to noting your time, take note of your level of fatigue (rating it from 1 to 10) immediately after.	



NUTRITION		
CHECK YOUR PROGRESS	QUESTION	RECORD YOUR ANSWER
<input type="checkbox"/>	On a scale of 1 to 10, how would you rate your current nutrition quality, and why? How has it improved throughout the challenge?	
<input type="checkbox"/>	Do you drink enough water each day? How much? If not, what other beverages do you drink throughout the day? Has this changed throughout the challenge?	
<input type="checkbox"/>	Do you consume 3 servings of vegetables and 2 servings of fruits most days? Has this changed throughout the challenge?	
<input type="checkbox"/>	What have you done to improve your nutrition throughout the challenge?	
MINDSET		
CHECK YOUR PROGRESS	QUESTION	RECORD YOUR ANSWER



<input type="checkbox"/>	How confident do you feel on a scale of 1 to 10? How has the challenge affected your confidence?	
<input type="checkbox"/>	Do you tend to talk to yourself more positively or negatively when you face challenges/obstacles? Has this changed throughout the challenge?	
<input type="checkbox"/>	How has the challenge affected your mindset?	
<input type="checkbox"/>	How often do you express gratitude silently to yourself or to those around you? Has this changed throughout the challenge?	
<input type="checkbox"/>	Share any other personal progress with us here.	