

# Aging Gracefully Course Feedback Form



Thank you for participating in the **Aging Gracefully** course. Your feedback will help us improve future sessions and make this program more beneficial for everyone. Please answer the following questions regarding the topics covered and your activity levels. If the feedback forms and survey are completed, initially, at the end of the program, and 6 months this will qualify one to get a complimentary 15 min 1 on 1 session with Matt.

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## 1. Course Feedback

### Week 1 – Introduction to Aging Gracefully

- How did you find the introductory session?
  - Very informative
  - Somewhat informative
  - Neutral
  - Not very informative
  - Not informative at all
- What aspects of aging gracefully resonated with you the most?



### Week 5–Aerobic Conditioning: Zone 2 and VO2 Max

- Did the cardiovascular training information make sense, and do you feel confident about incorporating Zone 2 or VO2 Max training into your routine?
  - Yes
  - Somewhat
  - No
- What else would you like to learn about aerobic conditioning?

### Week 2 – Learning Baseline Fitness

- Was the discussion about baseline fitness helpful for understanding your current fitness level?
  - Yes
  - Somewhat
  - No
- What other areas would you like to know more about regarding baseline fitness?

### Week 6 – Stability and Mobility

- Were the stability and mobility exercises easy to follow and helpful for your needs?
  - Yes
  - Somewhat
  - No
- What additional information or exercises related to stability and mobility would you like to explore?

### Week 3 – Getting Baseline Measurements

- Did you find the interactive session helpful for understanding your fitness measurements?
  - Yes
  - Somewhat
  - No
- What other types of measurements would you like to see included in future sessions?

### Week 7 – Exploring Health Head to Toe

- How valuable did you find the deep dive into foot health and brain function?
  - Very valuable
  - Somewhat valuable
  - Neutral
  - Not valuable
- What other health topics should we cover in future sessions?

### Week 4 – Strength Training

- Were the strength training exercises appropriate for your fitness level?
  - Yes
  - Somewhat
  - No
- What could we improve or add to the strength training section?

### Week 8 – Putting It All Together: Periodized Training Plan

- Do you feel confident in creating a personalized training plan after the final session?
  - Yes
  - Somewhat
  - No
- What additional support or resources would help you develop your plan?

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**2. Physical Activity Levels** Mark (1) for before the class, (2) for after the class, (3) 6 months after class

## Cardiovascular Activities

- On average, how many minutes per week do you engage in moderate-intensity cardiovascular activities (e.g., walking, cycling)?  
 Less than 30 minutes  
 30-60 minutes  
 60-90 minutes  
 90-120 minutes  
 120+ minutes
- Do you engage in any high-intensity cardiovascular activities (e.g., running, interval training)?  Yes,  No  
If yes, how many minutes per week?

## Balance and Stability Training

- How often do you perform exercises specifically for balance and stability (e.g., standing on one leg, core exercises)?  
 0-1 times a week  
 1-2 times a week  
 3-4 times a week  
 5-6 times a week  
 7+ times a week

## Strength Training

- On average, how many days per week do you engage in strength training exercises (e.g., lifting weights, resistance training)?  
 0 days  
 1-2 days  
 3-4 days  
 5+ days

## Other Physical Tasks (e.g., Yard Work)

- How many minutes per week do you spend on tasks like yard work, mowing, gardening, or other physically demanding household activities?  
 Less than 30 minutes  
 30-60 minutes  
 60-90 minutes  
 90-120 minutes  
 120+ minutes



## 3. Overall Course Experience

- What did you enjoy most about the course?
- What areas could be improved or expanded upon in future courses?
- Do you feel like the cost was appropriate and it was worth the cost? If not what would be a better cost structure?
- Would you recommend this course to others?  Yes,  Maybe,  No