

## POST PROGRAM FEEDBACK QUESTIONNAIRE

ID:	
Date:	

### 1) How much did you enjoy the training sessions during the 12-week training program?

1. I didn't enjoy the training sessions at all.
2. I didn't really enjoy the training sessions.
3. The training sessions were neutral for me.
4. I enjoyed the training sessions.
5. I really enjoyed the training sessions.

### 2) How difficult were the training sessions physically?

1. The training sessions were physically very easy for me.
2. The training sessions were physically easy for me.
3. The training sessions were neutral for me in terms of physical difficulty.
4. Sometimes the training sessions were difficult for me.
5. Most of the time the training sessions were difficult for me.

### 3) How challenging were the training sessions mentally?

1. The training sessions were not challenging for me at all mentally.
2. The training sessions were not challenging for me mentally.
3. The training sessions were neutral for me mentally.
4. Sometimes the training sessions were mentally challenging for me.
5. Most of the time training sessions were challenging for me mentally.

### 3) What effect did you experience on your physical condition thanks to the 12-week training program? Please underline the appropriate example, or write it down.

6. I experienced a significant negative effect, e.g. I got injured, weakened, gained weight, became less flexible, or: .....
7. I experienced a negative effect, e.g. I got injured, weakened, gained weight, became less flexible, or: .....
8. It was neutral, I didn't experience any particular changes in my body.
9. I experienced a positive effect, e.g. a previous complaint/injury got better, I got stronger, lost weight, slimmed down, became more flexible, or:  
.....

10. I experienced a significant positive effect, e.g. a previous complaint/injury got, I got stronger, lost weight, slimmed down, became more flexible, or:

.....

**4) What effect did you experience on your mental health thanks to the 12-week training program? Please underline the appropriate example, or write it down.**

1. I experienced a significant negative effect, e.g. I felt worse, I slept worse, it was more difficult for me to concentrate during my everyday life, my spatial vision/orientation worsened, it was more difficult for me to understand others, it was more difficult for me to understand myself with others, or: .....

2. I experienced a negative effect, e.g. I felt worse, I slept worse, it was more difficult for me to concentrate during my everyday life, my spatial vision/orientation worsened, it was more difficult for me to understand others, it was more difficult for me to understand myself with others, or: .....

3. It was neutral, I didn't experience any particular change in my mental health.

4. I experienced a positive effect, e.g. I felt better, I slept better, I could concentrate more easily during my everyday life, my spatial vision/orientation improved, I understood others more easily, I understood myself more easily with others, or: .....

5. I experienced a significant positive effect, e.g. I felt better, I slept better, I could concentrate more easily during my everyday life, my spatial vision/orientation improved, I understood others more easily, I understood myself more easily with others, or: .....

**5) Would you continue the training sessions in the future?**

1. No.
2. Yes, occasionally.
3. Yes, regularly.

**6) What is your experience about the training sessions in your own words?**

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**7) Would you like it if the workouts of the training program were part of physical education classes?**

1. No.
2. Yes, occasionally.
3. Yes, usually.