

# TELL US WHAT YOU THINK

## Brent's Daily Mile



Name: \_\_\_\_\_

Class: \_\_\_\_\_

We want to know what you thought of Brent's Daily Mile.

Please circle the number that matches how you feel you did.

'1' = not so good, and '10' = great!

**1. HOW DO YOU FEEL YOU DID OVERALL?**



1 2 3 4 5 6 7 8 9 10



**2. DID YOU FEEL BETTER AFTER COMPLETING BRENT'S DAILY MILE?**



1 2 3 4 5 6 7 8 9 10



**3. DID YOU HAVE MORE ENERGY?**



1 2 3 4 5 6 7 8 9 10



**4. DID YOU ENJOY YOURSELF WHEN DOING BRENT'S DAILY MILE?**



1 2 3 4 5 6 7 8 9 10



**5. HOW MANY LAPS/MILES DID YOU COMPLETE?** \_\_\_\_\_

**6. DID YOU RUN, WALK, SKIP, JOG OR A MIXTURE?** \_\_\_\_\_