



Fit & Strong! Fidelity Checklist

Site Name: _____ City: _____

State: _____ Date: _____

Instructor: _____

Reviewer: _____

Week #: _____ Session #: _____

Taken attendance regularly? Yes___ No___

of Participants at program start: _____

of Drop Outs: _____

of Classes Instructor Missed (Unintentional, Unplanned): _____

of Classes Cancelled: _____

Made Up? _____

Any Complaints/ Issues?:

Attendance Day of Visit: _____

of women: _____

of men: _____

A. Program Components

1. Warm-Up

Did warm-up? Yes___ No___

Start Time_____ End Time_____ Total time:_____

Flexibility/ Stretching

Upper Body

Type of exercise Check if Yes	Describe adaptations
Shoulder rolls_____	
Side to side_____	
Single arm diagonal_____	
Double arm diagonal_____	
Drawing a sword_____	
Shoulder stretch_____	
Triceps stretch_____	
Sunburst_____	
Trunk side bends_____	
Shoulder shrugs_____	
Head tilts_____	
Pat on back_____	

New Upper Body Warm-Up Exercises Yes___ No___

Describe:

Usefulness/ Appropriateness of new Upper Body Warm-Up Exercises:

1 2 3 4 5
 Not at all Somewhat Moderately Highly Extremely

Lower Body

Type of exercise Check if Yes	Describe adaptation
Heel lifts_____	
Ankle pump_____	
Toe raises_____	
Ankle circles_____	
Roll back and forth_____	
Trunk and leg stretch_____	
Calf stretch_____	
Quadriceps stretch_____	
Lunges_____	

New Lower Body Warm-Up Exercises Yes ___ No ___

Describe:

Usefulness/ Appropriateness of new Lower Body Warm-Up Exercises:

1	2	3	4	5
Not at all	Somewhat	Moderately	Highly	Extremely

Music? Yes ___ No ___

If Yes, describe:

Comments for Warm-Up:

2. Aerobic Conditioning

Start Time _____ End Time _____ Total time: _____

Type of exercise Check if Yes	Describe adaptations
Walking_____	
Marching_____	
Side to side heel or toe or stepping_____	
Forward and back heel or toe or stepping_____	
In and out heel or toe or stepping_____	
V step_____	
Arm punching with lunging	
Forward kicks_____	
Knee lifts_____	
Grape vine_____	
Knee bent kick back_____	
Dancing_____	

New Aerobic Exercises Yes___ No___

Describe:

Usefulness/ Appropriateness of new Aerobic Exercises:

1	2	3	4	5
Not at all	Somewhat	Moderately	Highly	Extremely

Music? Yes___ No___

If Yes, describe:

Comments for Aerobics:

3. Strength Training

Start Time _____ End Time _____ Total time: _____

Lower Body: Yes ___ No ___ **Lower Body equipment:** weights ___ bands ___

Type of exercise Check if Yes	Reps	Sets	Describe adaptations
Back leg lift _____			
Side leg lift _____			
Mini squats _____			
Knee extension _____			
Knee lift _____			
Hamstring curl _____			
Seated knee extension isometrics _____			
Hip abduction _____			

New Lower Extremity Strength Exercises: Yes ___ No ___

Describe:

Usefulness/ Appropriateness of new Lower Extremity Strength Exercises:

1 2 3 4 5
 Not at all Somewhat Moderately Highly Extremely

Upper Body: Yes___ No___ Upper Body equipment: weights___bands___

Type of exercise Check if Yes	Reps	Sets	Describe adaptation
Single arm fly (bow and arrow)___			
Single arm overhead press___			
Back pull___			
Diagonal arm pull___			
Bicep curl___			

New Upper Extremity Strength Exercises: Yes___ No___

Describe:

Usefulness/ Appropriateness of new Upper Extremity Strength Exercises:

1 2 3 4 5
 Not at all Somewhat Moderately Highly Extremely

Comments for Strength Training:

4. Balance Exercises

Incorporated Balance Exercises? Yes ___ No ___

Start Time _____ End Time _____ Total time: _____

Type of exercise Check if Yes	Describe adaptations
Rocking back on forth on heel to toes _____	
Forward leg lift _____	
Back leg lift _____	
Side leg lift _____	
Shift weight from side to side _____	
Reach up, forward, and down _____	
Walking a straight line _____	
Walk heel to toe _____	
Knee bend (foot lifts behind) _____	
Stand on toes and hold _____	
Stand on heels and hold _____	
Knee lift toward chest _____	
Stand on one foot	
Stand up and sit down _____	

Used Adaptations for Balance/ Support: Use one hand, fingertips only, 1 finger, 1 fingertip, no hands eyes closed

New Balance Exercises: Yes_____ No_____

Describe:

Usefulness/ Appropriateness of new Balance Exercises:

1	2	3	4	5
Not at all	Somewhat	Moderately	Highly	Extremely

Music? Yes_____ No_____

If Yes, describe:

Comments for Balance:

5. Floor Exercises

Start Time _____

End Time _____

Total time: _____

Type of exercise Check if Yes	Describe adaptations
Hip Stretch _____	
Hamstring stretch _____	
Trunk stretch _____	
Hip roll _____	
Bridging _____	
Shoulder blade pull _____	
Quadriceps stretch _____	
Modified sit up _____	
Double hip rotation _____	

New Floor Exercises: Yes ___ No ___

Describe:

Usefulness/ Appropriateness of new Floor Exercises:

1 2 3 4 5
 Not at all Somewhat Moderately Highly Extremely

Comments for Floor Exercises:

6. Cool-Down/Flexibility

Start Time _____

End Time _____

Total time: _____

Upper Body

Type of exercise Check if Yes	Describe adaptations
Shoulder rolls _____	
Side to side _____	
Single arm diagonal _____	
Double arm diagonal _____	
Drawing a sword _____	
Shoulder stretch _____	
Triceps stretch _____	
Sunburst _____	
Trunk side bends _____	
Shoulder shrugs _____	
Head tilts _____	
Pat on back _____	

New Upper Body Cool-Down Exercises: Yes___ No___

Describe:

Usefulness/ Appropriateness of new Upper Body Cool-Down Exercises:

1 Not at all 2 Somewhat 3 Moderately 4 Highly 5 Extremely

Lower Body

Type of exercise Check if Yes	Describe adaptation
Heel lifts_____	
Ankle pump_____	
Toe raises_____	
Ankle circles_____	
Roll back and forth_____	
Trunk and leg stretch_____	
Calf stretch_____	
Quadriceps stretch_____	
Lunges_____	

New Lower Body Cool-Down Exercises: Yes___ No___

Describe:

Usefulness/ Appropriateness of new Lower Body Cool-Down Exercises:

1	2	3	4	5
Not at all	Somewhat	Moderately	Highly	Extremely

Music? Yes___ No___

If Yes, describe:

Comments for Cool-Down:

Please rate your overall reaction to the exercise component:

___Excellent(1)___Good(2) ___Fair(3) ___Poor(4)

8. Health Education/Group Problem Solving

Start Time _____ End Time _____ Total time: _____

Completed exercise logs? Yes _____ No _____

Topic/class session: _____

Instructor addressed all objectives for the topic.

Yes _____ No _____

Participants completed/discussed session activities from manual:

Yes _____ No _____

Level of participant engagement in discussion.

1	2	3	4	5
Low	Somewhat Low	Medium	Somewhat High	High

Level of participant contribution to group discussion.

1	2	3	4	5
Low	Somewhat Low	Medium	Somewhat High	High

Instructor

1. The instructor was enthusiastic and friendly

1	2	3	4	5
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree

2. Instructor monitors the appropriateness of exercise intensity of for class participants.

1	2	3	4	5
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree

3. The instructor kept the class moving at a good pace

1	2	3	4	5
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree

4. Instructor modifies/adapts routines to accommodate varying levels of ability.

1	2	3	4	5
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree

5. Instructor facilitated group problem-solving during health education portion.

1	2	3	4	5
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree

6. Instructor answered participants' questions accurately.

1	2	3	4	5
Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree

7. Rate Instructor's degree of control over class?

1	2	3	4
Excellent	Good	Fair	Poor

8. What did you like most about the instructor?

9. What suggestions do you have for the instructor to improve the class?

Please rate your overall reaction to the health education component:

____ Excellent(1) _____ Good(2) ____ Fair(3) ____ Poor(4)

Physical Space

1. The space is large enough to accommodate class.

1 2 3 4 5
Comfortably Barely Not at all

2. The temperature of the room was appropriate for exercise.

1 2 3 4 5
Too hot Just right Too cold

3. Participants are able to see the instructor during class.

1 2 3 4 5
Perfectly Somewhat Not at all

4. The music is at the appropriate volume and engaging.

1 2 3 4 5
Too loud Just right Too soft

Disruptions occur? Yes_____ No_____

Describe:

Program Modifications/Adaptations:

Please rate your overall reaction to the class:

___ **Excellent(1)** ___ **Good(2)** ___ **Fair(3)** ___ **Poor(4)**

Additional comments:

Should Instructor be encouraged to take Master Trainer Training?

Yes ___ No ___

Comments: