|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What have you learned in the Click here to enter text. Clinic/Program? | | | | | |
| You were asked to fill out a survey at the beginning of the Click here to enter text.Program about what you were hoping to learn from the program. The staff would like to know if you learned what you expected to learn so far.  **Please rate how much you have learned about each topic below.**  **Please write in any other topics that are not listed.** | | | | | |
| **HEALTHIER FOODS AND DRINKS:** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | A lot |
|  | | | | | |
| 1. Finding affordable fruits/vegetables |  |  |  |  |  |
| 1. Preparing fruits/vegetables |  |  |  |  |  |
| 1. Shopping for healthy foods/drinks we can afford |  |  |  |  |  |
| 1. Making healthier meals at home |  |  |  |  |  |
| 1. Preparing meals more quickly |  |  |  |  |  |
| 1. Healthier recipes for cultural foods |  |  |  |  |  |
| 1. Healthier choices when eating out |  |  |  |  |  |
| 1. Eating healthier at school/work |  |  |  |  |  |
| 1. Choosing healthier drinks |  |  |  |  |  |
| 1. Eating more fruits/vegetables |  |  |  |  |  |
| 1. Eating a healthier breakfast |  |  |  |  |  |
| 1. Eating less junk food |  |  |  |  |  |
| 1. Eating smaller portions, have fewer section portions |  |  |  |  |  |
| 1. Eating together as a family |  |  |  |  |  |
| 1. Drinking healthier drinks |  |  |  |  |  |
| 1. Other healthier food/drinks topics:   What topic? Click here to enter text. |  |  |  |  |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PHYSICAL ACTIVITY/EXERCISE:** | | | | | | | |
|  | Not at All | | A little Bit | | Somewhat | Quite a Bit | A lot |
|  | | | | | | | |
| 1. Finding activities my child likes to do |  | |  | |  |  |  |
| 1. Comfortable activities for my child |  | |  | |  |  |  |
| 1. Watching less TV |  | |  | |  |  |  |
| 1. Texting less |  | |  | |  |  |  |
| 1. Playing fewer video games |  | |  | |  |  |  |
| 1. Spending less time on the computer |  | |  | |  |  |  |
| 1. Being more physically active |  | |  | |  |  |  |
| 1. Other physical activity topics:   What topic? Click here to enter text. |  | |  | |  |  |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | | | |
| **FAMILY SUPPORT/BEHAVIOR:** | | | | | | | |
|  | Not at All | | | A little Bit | Somewhat | Quite a Bit | A lot |
|  | | | | | | | |
| 1. Helping my child handle teasing or bullying |  |  | | |  |  |  |
| 1. Helping my child make friends more easily |  |  | | |  |  |  |
| 1. Helping my child feel better about himself/herself |  |  | | |  |  |  |
| 1. Being more motivated to eat healthy |  |  | | |  |  |  |
| 1. Being more motivated to be physically active |  |  | | |  |  |  |
| 1. Helping my significant other get “on board” with healthy eating changes |  |  | | |  |  |  |
| 1. Helping my significant other get “on board” with being more physically active |  |  | | |  |  |  |
| 1. Helping other family members get “on board” with healthy eating changes |  |  | | |  |  |  |
| 1. Helping other family members get “on board” with being more physically active |  |  | | |  |  |  |
| 1. Other family support/behavior topics: What topic? Click here to enter text. |  |  | | |  |  |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TO WHAT EXTENT DO EACH OF THE FOLLOWING REFLECT YOUR CHILD’S PROGRESS IN THE CLINIC/PROGRAM:** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | A lot |
| 1. He/she lost a certain number of pounds. **Please write the number of pounds here: \_\_\_\_\_ pounds** |  |  |  |  |  |
| 1. He/she has fewer medical problems due to weight |  |  |  |  |  |
| 1. He/she feels better about himself/herself |  |  |  |  |  |
| 1. We got healthier as a family |  |  |  |  |  |
| 1. Our family has less conflict about eating healthy |  |  |  |  |  |
| 1. Our family has less conflict about being physically active |  |  |  |  |  |
| 1. Other markers of success:   What markers? Click here to enter text. |  |  |  |  |  |
| 1. **Which of the above items in this section is most important to you? Select only one and write the question number here**: Click here to enter text. | | | | | |

How are you related to the patient? Please check all that apply.

Biologic or birth mother

Adoptive Mother

Stepmother

Foster Mother

Grandmother

Biologic or birth father

Adoptive father

Stepfather

Grandfather

Legal guardian

Other (please describe) Click here to enter text.