|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 I like to do |  | | | |  | |  |  |  |
| 1. Comfortable activities for me |  | | | |  | |  |  |  |
| 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 me handle teasing or bullying | | |  |  | | |  |  |  |
| 1. Helping me make friends more easily | | |  |  | | |  |  |  |
| 1. Helping me feel better about myself | | |  |  | | |  |  |  |
| 1. Being more motivated to eat healthy | | |  |  | | |  |  |  |
| 1. Being more motivated to be physically active | | |  |  | | |  |  |  |
| 1. Helping my parents get “on board” with healthy eating changes | | |  |  | | |  |  |  |
| 1. Helping my parents 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 PROGRESS IN THE CLINIC/PROGRAM:** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | A lot |
| 1. I lost a certain number of pounds. **Please write the number of pounds here: \_\_\_\_\_ pounds** |  |  |  |  |  |
| 1. I have fewer medical problems due to weight |  |  |  |  |  |
| 1. I feel better about myself |  |  |  |  |  |
| 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. | | | | | |