|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What are you hoping for in the  Click here to enter text. Clinic/Program? | | | | | |
| Click here to enter text. Program is doing this survey to help us understand how we can best meet your family’s needs and help you get healthier.  **Please rate your interest in learning about each topic below.**  **Please write in any other topics that are not listed.** | | | | | |
| **INTERESTED IN HEALTHIER FOODS AND DRINKS?** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | Extremely |
|  | | | | | |
| 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. | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INTERESTED IN HELP WITH PHYSICAL ACTIVITY/EXERCISE?** | | | | | | | | |
|  | Not at All | | | | A little Bit | Somewhat | Quite a Bit | Extremely |
|  | | | | | | | | |
| 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. | | | | | | | | |
|  | | | | | | | | |
| **INTERESTED IN HELP WITH FAMILY SUPPORT/BEHAVIOR?** | | | | | | | | |
|  | | Not at All | | A little Bit | | Somewhat | Quite a Bit | Extremely |
|  | | | | | | | | |
| 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. | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE RATE HOW IMPORTANT THE FOLLOWING ARE TO YOU AS MARKERS OF YOUR PROGRESS IN THE CLINIC/PROGRAM:** | | | | | |
|  | Not at All | A little Bit | Somewhat | Quite a Bit | Extremely |
| 1. I lost a certain number of pounds. **Please write the number of pounds here: \_\_\_\_\_ pounds** |  |  |  |  |  |
| 1. I had fewer medical problems due to weight |  |  |  |  |  |
| 1. I felt better about himself/herself |  |  |  |  |  |
| 1. We got healthier as a family |  |  |  |  |  |
| 1. Our family had less conflict about eating healthy |  |  |  |  |  |
| 1. Our family had less conflict about being physically active |  |  |  |  |  |
| 1. Other markers of success:   What marker? 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. | | | | | |