

# Healthy Lifestyles Program Feedback Form

Program Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Instructor's Name: \_\_\_\_\_ County: \_\_\_\_\_

**Put an X under the column that best describes your agreement with each statement.**

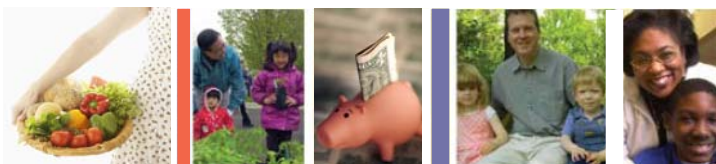
As a result of attending this program:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I learned new information.						
I plan to use the information I learned.						
I feel more positive about this topic.						
I plan to eat more fruits and vegetables.						
I plan to be more physically active.						
I plan to spend less time in front of the television, computer, or video screen.						
I plan to increase the number of meals my family eats together.						
I plan to eat more low-fat dairy products.						
I plan to start a regular exercise program.						
I plan to eat more whole grain products.						
I plan to use food labels to make healthier choices.						

If you attended a previous Healthy Lifestyles program, please answer the following questions.

I have lost weight. \_\_\_ Yes \_\_\_ # of lbs. lost \_\_\_ No

I have maintained my weight. \_\_\_ Yes \_\_\_ No

I have adopted one or more of the recommended practices that might help reduce my risk of developing a chronic disease. \_\_\_ Yes \_\_\_ No



Healthy People  
Healthy Relationships  
Healthy Finances



## Family & Consumer Sciences

The next statements are about the Instructor:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Was well prepared.	1	2	3	4	5
Was interested in helping me.	1	2	3	4	5
Showed respect for all persons attending the program.	1	2	3	4	5
Stimulated me in wanting to learn.	1	2	3	4	5
Answered questions clearly.	1	2	3	4	5
Related program content to real-life situations.	1	2	3	4	5
Gave clear explanations.	1	2	3	4	5
Held my attention.	1	2	3	4	5
Presented information that will help me.	1	2	3	4	5

**This information helps us better understand our audience. Completion is voluntary.**

I am a:  Male  Female

My age is: \_\_\_\_\_

I am a Veteran:  Yes  No

**My current marital status is:**  
(only check one)

- Never Married
  - Not Married, but Living with a Partner
  - Married
  - Separated/Divorced
  - Remarried
  - Widow/Widower
  - Other; Please Specify:
- 

**I am:**

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Pacific Islander
- Multi-racial
- Native American or Alaskan Native
- Other \_\_\_\_\_

**Living with me at home, I currently have:**

- No Children
- 1 Child
- 2 Children
- 3 Children
- 4 Children
- 5 Or More Children

**Thank You!**