

FAMILY AND CONSUMER SCIENCES

Healthy Lifestyles Program Feedback Form

Program Name: _____ Date: ___ / ___ / ___

Instructor's Name: _____ County: _____

Put an ✓ 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



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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: Male Female **My age is:** _____

I am: White or Caucasian Black or African American
 Hispanic or Latino Multi-racial
 Asian or Pacific Islander Native American or Alaskan Native
 Other _____

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: _____

Living with me at home, I currently have:

No Children 3 Children
 1 Child 4 Children
 2 Children 5 or More Children

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