Craving Change – Post-Program Survey

Date: _____

Participant Name: _____ Birthdate (MM-DD-YYYY): _____

Address: _____ Postal Code: _____

1. How sure are you that you understand how your behaviour affects your eating habits?

1	2	3	4	5	6	7	8	9	10
Not at all sure									Very Sure

2. How sure are you that you have the tools to choose the foods you need to eat?

1	2	3	4	5	6	7	8	9	10
Not at all sure									Very Sure

3. In general, would you say your health is…?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

4. In general, would you say your <u>mental</u> health is…?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

5. How sure are you that you can make changes to your improve your health in the next three months?

1	2	3	4	5	6	7	8	9	10
Not at all sure									Very sure

6. How many sessions of the Craving Change program did you attend?

1	2	3

7. How satisfied were you with the program?

0	1	2	3
Very dissatisfied	Dissatisfied	Satisfied	Very Satisfied

8. What did you like most about the program?

9. What would you suggest to change to improve the program?

10. Consider the listed items below. At this point in time, are any of these things that you would like to work on?

☐ Increase physical activity/exercise	☐ Reduce stress level
☐ Manage weight	☐ Enhance coping skills
☐ Improve eating habits	☐ Learn about medications or other treatments
☐ Quit or reduce smoking	☐ Drink less alcohol

11. Regarding your health, are there any other things you want to work on?