

Craving Change – Pre-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 mental health is...?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

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

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