



Graduation Questionnaire

Name _____ Date _____

Our Healthy Eating Adventure is a volunteer-led program, designed to spread healthy eating habits by the simple process of people sharing ideas and supporting each other. Your answers to the following questions will help share this journey with others! Applying for Grants to continue to create this adventure requires that we provide statistics and "outcomes" – your answers will help continue this program.

What results did you experience through participating in Community Adventure in Healthy Eating? (please check all that apply)

- Lost weight
- Blood pressure came down
- Cholesterol improved
- Glucose control improved
- More energy
- Better digestion
- Resolved constipation
- Helped IBS
- Less Acid Reflux
- Mood is brighter
- Restless legs improved
- Reduced medication dosage(s) _____
- Able to discontinue medication(s) _____
- Able to avoid medication through lifestyle change
- Other _____

What was helpful?

- Presentations: Kickoff lecture; Kitchen makeover
- Potluck dinners and discussions
- Cooking/quick meal demonstrations at potlucks
- My Coach – Describe what was helpful: _____
- Reading materials: *Prevent and Reverse; Engine 2*
- Participant Booklet
- HEA Facebook Page
- Other on-line sources (list) _____
- Other _____
- Lending library video materials(list) _____
- Emails during the Adventure
- Graduation Evening
- Friends
- Family
- My Doctor

Please describe anything else you found helpful, or that you think would be helpful:

Please describe your overall experience with the program and the results of your 28-Day Adventure. Did you experience changes in taste buds, energy level, frame of mind, etc.?

Please check all that apply to your new "taste buds"

- I notice when foods are too salty I don't care for fatty or fried foods as much
 I have less cravings I can tell when I'm full
 Many sweet things now taste too sugary I notice the actual flavor of foods
 Other _____

What was most challenging?

- Skipping the sweet stuff Avoiding added fats/oils
 Cutting out: meat fish cheese other dairy Choosing foods when eating out
 Not using salt Cooking with different foods Taking time to cook
 Finding recipes Shopping for different foods Reading different labels
 Increasing dark greens Eating more legumes Lack of family/friend support
 Other _____

To what degree do you intend to continue who foods plant-based eating?

100% _____ 90% _____ or _____%

Check changes you will continue:

- No Meat No Chicken No Fish No Dairy No Cheese
 No Eggs No/very limited oil No/very limited salt Increase fruits Increase vegetables
 Increase whole grains Increase legumes Beans every day

Other: _____

What kind of support would you like to have as you continue your healthy eating adventure?

- Regular Potlucks or Dining Out Events Newsletter On-line Resources
 Other: _____

Thank you for providing your feedback. We hope you will join us as our Healthy Eating Adventure continues at regular community potlucks . . . watch for dates and locations to be published in "Eat 4 the Health of It," our Healthy Eating Adventure Newsletter, and check www.healthyeatingadventure.org for updates.