Eating for a Stronger, Healthier You

Participant PRE-Survey

Please answer the questions below before you complete Eating for a Stronger, Healthier You experience.

1. What is your name? __________________________

2. What is today’s date? _ _ / _ _ / _ _ _ _
   MM  DD   YY  YY

3. What should you fill half your plate with when you eat a meal? Please circle the one best answer.
   a. Fruits and vegetables
   b. Grains (pasta, rice, bread)
   c. Protein (meat, beans)
   d. Dairy
   e. None of the above.

4. How many servings of vegetables should you have each day? Please circle the one best answer.
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5

5. Please circle the option that best describes if you think you will complete each listed activity over the next month:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No way I will do this!</th>
<th>I might do this</th>
<th>I will probably do this</th>
<th>I will definitely do this!</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Try a new fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Try a new vegetable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Make a healthy snack or meal on my own</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Eating for a Stronger, Healthier You

Participant POST-Survey

Please answer the questions below after you complete Eating for a Stronger, Healthier You experience.

1. What is your name? __________________________

2. What should you fill half your plate with when you eat a meal? Please circle the one best answer.
   a. Fruits and vegetables
   b. Grains (pasta, rice, bread)
   c. Protein (meat, beans)
   d. Dairy
   e. None of the above.

3. How many servings of vegetables should you have each day? Please circle the one best answer.
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5

4. Please circle the option that best describes if you think you will complete each listed activity over the next month:

   a. Try a new fruit  
      - No way I will do this!
      - I might do this
      - I will probably do this
      - I will definitely do this!

   b. Try a new vegetable  
      - No way I will do this!
      - I might do this
      - I will probably do this
      - I will definitely do this!

   c. Make a healthy snack or meal on my own  
      - No way I will do this!
      - I might do this
      - I will probably do this
      - I will definitely do this!

5. Please circle the option that best describes what you thought of today's educational experience.
   Awful 1  Not very good 2  Okay 3  Really good 4  Fantastic 5

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