

# Obesity Survey

Your views on the quality and effectiveness of Extension programs are extremely important. Please take a few minutes to tell us about your thoughts upon completing this program. Your answers will help us better meet your needs. Please **do not write your name on this form** so that your responses are anonymous.

Please answer each question below by **shading** in a bubble. Thank you!

**MARKING INSTRUCTIONS**  
 CORRECT: ● INCORRECT: ☒ ☓ ☑ ☒

## Where You're at Now . . .

1. Are you at a good weight for your height?     Yes     No
2. Does your weight affect your ability to complete some of your daily activities?     Yes     No
3. Has your lifestyle choices influenced your weight?     Yes     No
4. Do you engage in regular physical activity most days of the week?     Yes     No

## The Information

5. The information on obesity met my expectations.     Yes     No
6. Overall, how valuable is the information you received?  
 Not at all     Slightly     Somewhat     Quite     Extremely

## As a Result of this Program

7. My knowledge of health and obesity-related issue(s) has increased?     Yes     No
8. I learned what a good weight is for my height?     Yes     No
9. As a result of this program, are you motivated to do one or more of the following? *(please answer each one)*
  - A. Drink more water . . . . .  Yes     No
  - B. Eliminate sodas . . . . .  Yes     No
  - C. Eliminate fruit juice . . . . .  Yes     No
  - D. Eat more fruits and vegetables . . . . .  Yes     No
  - E. Engage in physical activity most days of the week. . . . .  Yes     No
  - F. Discuss health issues/concerns with your doctor. . . . .  Yes     No
  - G. Reduce processed foods in your diet . . . . .  Yes     No
  - H. Prepare food at home, eat out less . . . . .  Yes     No
  - I. Reduce the amount of time spent watching television . . . . .  Yes     No
  - J. Get more sleep . . . . .  Yes     No

## Participant Background

10. Do you have the following health issues? *(please answer each one)*

Joint problems  Yes  No

Type 2 diabetes  Yes  No

Trouble breathing  Yes  No

High cholesterol  Yes  No

High blood pressure  Yes  No

Heart disease  Yes  No

11. You are:  Female  Male

12. Your age:  Under 18  30-34  45-49  60-64  75+  
 18-24  35-39  50-54  65-69  
 25-29  40-44  55-59  70-74

13. Highest level of education obtained:

Some high school or less

Vocational or technical degree

Bachelor degree

High school graduate of GED

Some college

Post-graduate degree

14. How do you describe yourself? *(select one only)*

African American (non-Hispanic)

Hispanic

White (non-Hispanic)

Multi-Racial

Asian American

Native American

Other

15. Your comments: