

Sample Participant Feedback Form

Sisters Together: Move More, Eat Better

Please help our planning efforts by filling out this brief questionnaire and handing it in at the end of your program. Don't forget to fill out the complete questionnaire.

Please give us your comments or thoughts about today's event:

How did you hear about today's program? Please check:

_____	Friend	_____	Radio
_____	Newspaper	_____	Poster
_____	Other		

Please tell us which newspaper or radio station: _____

What topics would you like to hear about over the next few months?

Have you attended other *Sisters Together* events? _____ Yes _____ No

Please tell us which ones: _____

Had you heard about *Sisters Together* before this event? _____ Yes _____ No

Please tell us how you knew about *Sisters Together* or what you heard:

Please tell us something about yourself:

How often do you walk or exercise?

_____	Not at all right now
_____	Once or twice a week
_____	Three or four times a week
_____	Every day

How often do you eat fruits and vegetables?

_____	Some, about once or twice a week
_____	A serving every day
_____	Two or three servings every day
_____	Five servings a day

Have you made any recent changes in your eating habits? _____ Yes _____ No

Please tell us what changes you've made: _____

Thank you for taking the time to fill out this form.