



PRE-PROGRAM GOOGLE FORM

Instructions

Please tell us how much you agree or disagree with each statement.

Section 1: Understanding & Confidence

Question 1

Statement:

"I understand how nutrition affects my heart health."

Type: Multiple choice

Options (5-point Likert):

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Question 2

Statement:

"I feel confident choosing foods that support my heart condition."

Options:

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree

- Strongly agree
-

Section 2: Daily Challenges

Question 3

Statement:

“Figuring out what to eat for my heart condition feels stressful or overwhelming.”

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Question 4

Statement:

“My current diet supports managing my heart failure symptoms.”

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Section 3: Overall Baseline

Question 5

Statement:

“Overall, I feel supported in managing my heart condition through nutrition.”

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Optional Open-Ended

Question 6:

"What is the hardest part about eating for your heart health right now?"

(Type: Paragraph)



POST-PROGRAM GOOGLE FORM

(Impact – After Meals & Nutrition Support)

Form Title

CHF Nutrition Support Program – Post-Program Survey

Form Description

This survey helps us understand how the meals and nutrition support have affected your health and daily life. Your responses are confidential and will not affect your care.

Instructions

Please tell us how much you agree or disagree with each statement.

Section 1: Understanding & Confidence

Question 1

Statement:

"I understand how the meals and nutrition guidance support my heart health."

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Question 2

Statement:

"I feel confident choosing foods that support my heart condition."

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Section 2: Meals & Daily Life Impact

Question 3

Statement:

"The meals fit well into my daily routine and are easy to use."

Options:

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Question 4

Statement:

"The meals and nutrition support have reduced my stress about what to eat."

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Section 3: Health Impact (Key CHF Outcomes)

Question 5

Statement:

"Since starting this program, I feel better able to manage my heart failure symptoms."

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Question 6

Statement:

"Overall, this nutrition and meal program has had a positive impact on my health."

Options:

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree

- Strongly agree
-

Question 7

Statement:

"I would recommend this nutrition and meal program to others with heart failure."

Options:

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

Optional Open-Ended

Question 8:

"What part of the meals or nutrition support was most helpful for you?"

(Type: Paragraph)
