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MONTH

Address _____ State _____ Zip code _____ Phone number_____ What is the best time to reach you? □ morning □ mid-day □ evening □ late afternoon □ Please check this box if this is a new address □ Please check this box if this is a new phone number



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Zip code _____ Phone number _____

- What is the best time to reach you? □ mid-day □ morning
 - □ evening □ late afternoon □ Please check this box if this is a new address
 - □ Please check this box if this is a new phone number

Healthy Directions, Tell Us More Tell Us More When you joined Healthy Directions, why did you choose to use printed When making your My Plan, did you find it helpful to think about materials instead of the web site? (check all that apply) small steps and things that might get in your way? ☐ I don't have access to the web ☐ I don't feel comfortable using the web □ Yes ☐ I don't trust the Internet □ No ☐ I don't like reading on a computer screen What, if anything, surprised you? ☐ I don't like getting emails/I don't have an email address ☐ I didn't realize that using the web was an option If you'd like, please explain: Taking part in this survey is optional. Taking part in this survey is optional. Answering this question will not change your chances of winning this raffle. Answering this question will not change your chances of winning this raffle. Tell Us More Tell Us More Have you been using the recipes in Recipes for Health? When making your My Plan, did you find it helpful to think about small steps and things that might get in your way? □ yes (optional) If yes, which recipes are your favorites? □ Yes □ No (optional) **If no,** why not? What, if anything, surprised you? _____ ☐ I forgot about them, but I will try them now ☐ I don't cook ☐ I tried a few, but I didn't like them Taking part in this survey is optional. Taking part in this survey is optional. Answering this question will not change your chances of winning this raffle. Answering this question will not change your chances of winning this raffle. Healthy Directions / Tell Us More Tell Us More Have you shared any of your Healthy Directions materials with What materials are you finding the most useful? (check all that apply) family, friends, or co-workers? ☐ My Health Report ☐ Recipes for Health □ Yes ☐ Track My Changes ☐ Welcome Information □ No ☐ Plan My Changes □ Raffle ☐ Buddies for Health brochure ☐ Healthy Tips If you'd like, please tell with us which materials you shared and why: ☐ Healthy Directions Resources □ Other: _____ If you'd like, please explain: Taking part in this survey is optional. Taking part in this survey is optional. Answering this question will not change your chances of winning this raffle. Answering this question will not change your chances of winning this raffle. Healthy Directions / Healthy Directions / Tell Us More Tell Us More Do you like Track My Changes? Now that you're almost done with Healthy Directions, did you learn □ yes □ no and apply something new to your health? Please tell us how often (for example, daily, weekly, etc.) you: □ Yes Track My Week □ No Figure out My Points ___ Do you think you will be keeping up with your new health habits? Track My Progress □ No If you'd like, please tell us more: _____ If you'd like, please tell us more:

Taking part in this survey is optional.

Answering this question will not change your chances of winning this raffle.

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