

Healthy Directions /



Raffle Ticket

MONTH 1

MARCH

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ Please check this box if this is a new address

☐ Please check this box if this is a new phone number

Healthy Directions /



Raffle Ticket

PLAN 2

MAY

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ Please check this box if this is a new address

☐ Please check this box if this is a new phone number

Healthy Directions /



Raffle Ticket

PLAN 1

MARCH

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ 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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Raffle Ticket

MONTH 4

JUNE

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ Please check this box if this is a new address

☐ Please check this box if this is a new phone number

Healthy Directions /



Raffle Ticket

MONTH 2

APRIL

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ 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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Raffle Ticket

MONTH 5

JULY

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ 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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Raffle Ticket

MONTH 3

MAY

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ Please check this box if this is a new address

☐ Please check this box if this is a new phone number

Healthy Directions /



Raffle Ticket

MONTH 6

AUGUST

Name _____

Address _____

City _____ State _____

Zip code _____

Phone number _____

What is the best time to reach you?

☐ morning

☐ mid-day

☐ late afternoon

☐ evening

☐ 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

When you joined Healthy Directions, why did you choose to use printed materials instead of the web site? *(check all that apply)*

☐ I don't have access to the web

☐ I don't feel comfortable using the web

☐ I don't trust the Internet

☐ I don't like reading on a computer screen

☐ I don't like getting emails/I don't have an email address

☐ I didn't realize that using the web was an option

☐ Other:

If you'd like, please explain:

Taking part in this survey is optional.
Answering this question will not change your chances of winning this raffle.

Healthy Directions/

Tell Us More

When making your My Plan, did you find it helpful to think about small steps and things that might get in your way?

☐ Yes

☐ No

What, if anything, surprised you?

Taking part in this survey is optional.
Answering this question will not change your chances of winning this raffle.

Healthy Directions/

Tell Us More

When making your My Plan, did you find it helpful to think about small steps and things that might get in your way?

☐ Yes

☐ No

What, if anything, surprised you?

Taking part in this survey is optional.
Answering this question will not change your chances of winning this raffle.

Healthy Directions/

Tell Us More

Have you been using the recipes in Recipes for Health?

☐ yes

☐ no

(optional) If **yes**, which recipes are your favorites?

(optional) If **no**, why not?

☐ I forgot about them, but I will try them now

☐ I don't cook

☐ I tried a few, but I didn't like them

☐ Other:

Taking part in this survey is optional.
Answering this question will not change your chances of winning this raffle.

Healthy Directions/

Tell Us More

What materials are you finding the most useful? *(check all that apply)*

☐ My Health Report

☐ Track My Changes

☐ Plan My Changes

☐ Healthy Tips

☐ Healthy Directions Resources

☐ Other:

☐ Recipes for Health

☐ Welcome Information

☐ Raffle

☐ Buddies for Health brochure

If you'd like, please explain:

Taking part in this survey is optional.
Answering this question will not change your chances of winning this raffle.

Healthy Directions/

Tell Us More

Have you shared any of your Healthy Directions materials with family, friends, or co-workers?

☐ Yes

☐ No

If you'd like, please tell with us which materials you shared and why:

Taking part in this survey is optional.
Answering this question will not change your chances of winning this raffle.

Healthy Directions/

Tell Us More

Do you like Track My Changes?

☐ yes

☐ no

Please tell us how often *(for example, daily, weekly, etc.)* you:

Track My Week

Figure out My Points

Track My Progress

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.

Healthy Directions/

Tell Us More

Now that you're almost done with Healthy Directions, did you learn and apply something new to your health?

☐ Yes

☐ No

Do you think you will be keeping up with your new health habits?

☐ Yes

☐ No

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.