

Share Your Thoughts about NEW-R

We'd like to hear about your experiences in NEW-R. We'd like your honest opinions, both good and bad. Please don't put your name on this survey, so we can protect your privacy. For each of the following statements, fill in the one circle that most shows how you feel.

	Very satisfied	Somewhat satisfied	Satisfied	Somewhat dissatisfied	Very dissatisfied
1. Overall, how satisfied were you with NEW-R?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How satisfied were you with the NEW-R teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
3. I liked getting peer support in NEW-R.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I liked hearing other people's success stories in NEW-R.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I liked hearing other people's challenges with healthy eating and exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It was helpful to learn about how weight could affect my overall health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It was helpful to learn about healthy eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. It was helpful to learn different ways to exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I liked learning about how to be intentional in NEW-R.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
10. Because of NEW-R, how often are you choosing healthier food options?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Every day	3-5 days each week	2-3 days each week	1 day each week	Not at all
11. Because of NEW-R, how often are you exercising or doing some physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Do you think your physical health is better, worse, or about the same as when you started in NEW-R?

Better About the same Worse
 3 2 1

13. Think back to before you went to your first NEW-R class. Do you weigh less, more, or about the same as when you first started?

I weigh less I weight about the same I weigh more
 3 2 1

14. How much did you weigh at your first class? _____

15. How much do you weigh now? _____

16. On the back of the page, please share any other thoughts you have about NEW-R: