nourish  
Pre-Program Questionnaire

Please take a moment to fill out the pre-program questionnaire for **Nourish***.* We greatly appreciate your thoughts about your experience.

**QUESTION RESPONSE (PLEASE CIRCLE BEST OPTION)**

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| --- | --- | --- | --- | --- | --- |
| I am interested to learn more about healthy eating and practices that will support my wellbeing. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am aware of foods I can choose that will enhance my wellbeing. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am confident in my ability to adjust what I eat to benefit my health. | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| I am familiar with practices that will enhance my appreciation of healthy eating. |  |  |  |  |  |

What is one thing you would like to learn in the **Nourish** program?

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