

Nutrition FUNdamentals

Program evaluation

Circle or complete your answers below

Did you complete the **Nutrition FUNdamentals**?

YES NO

How many days a week are you currently eating healthy?

1 2 3 4 5 6 7

Is that more than before the program began?

YES NO

After participating in Nutrition FUNdamentals, did you:

Decrease the portions and therefore decrease overeating?

Never Sometimes Frequently Always

Begin to choose healthier options?

Never Sometimes Frequently Always

Prepare your food at home differently?

Never Sometimes Frequently Always

Become more aware of labels?

Never Sometimes Frequently Always

What did you like most about the program?

Name one improvement you would make to this program.



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