



The Shopping Experience:

Please help us improve our program by answering some questions about the service you have received as part of the health coach service. Please answer all questions. We welcome your comments and suggestions.

Please use the scale below when rating your satisfaction:

1=Dissatisfied 2=Somewhat dissatisfied 3=Satisfied 4=Very Satisfied 5=Extremely Satisfied

At the close of this experience:

Please circle the correct number

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. I understand appropriate serving sizes | 1 | 2 | 3 | 4 | 5 |
| 2. I know how to find healthier alternatives to the foods I enjoy | 1 | 2 | 3 | 4 | 5 |
| 3. I know how to identify harmful hidden ingredients such as gluten and/or high fructose corn syrup, and preservatives such as BHT and BHA | 1 | 2 | 3 | 4 | 5 |
| 4. I understand the difference between gluten free food products vs. gluten free whole foods | 1 | 2 | 3 | 4 | 5 |
| 5. I know how to find substitutions using herbs, spices, and gluten free seasonings that will provide new ways of eating healthy | 1 | 2 | 3 | 4 | 5 |
| 6. I know how to modify recipes and apply cooking techniques to reduce calories, unhealthy fats, and less sodium and sugar | 1 | 2 | 3 | 4 | 5 |
| 7. Please rate the value of this experience | 1 | 2 | 3 | 4 | 5 |

10. How could we improve this experience? Please provide additional comments/suggestions:
