Meals 4 Health & Healing

Pre-Program Survey

At The Heimerdinger Foundation and through our Meals 4 Health and Healing program, our top priority is providing our clients with food that is nutritious, delicious, and beautiful — with food that is nourishing not only physically but emotionally as well.

Please take a few minutes to answer the survey questions below. We will use the results from your survey to help us evaluate the impact of our program. We will use this information to help us secure funding to keep our program running and to reach even more people. Thank you for your help in this process.

1. Please rate how often you identify with the following statements related to your physical and emotional well-being.

	Never	Rarely	Neutral	Sometimes	Often		
I have a lack of energy.							
	1	2	3	4	5		
I am bothered by side effects of treatment.							
	1	2	3	4	5		
I enjoy food/I look forward to meals.							
	1	2	3	4	5		
I feel cared for by others.							
	1	2	3	4	5		
I feel alone in my illness.							
	1	2	3	4	5		
I am content with the quality of my life.							
	1	2	3	4	5		
Comments:							

2. Please rate the nutrition.	e level to which you	agree or disagr	ee with the fo	llowing statements a	about			
Strongly disagre	e Disagree	Neutral	Agree	Strongly Agree				
I know the benef	its of eating healthy	у.						
1	2	3	4	5				
It is important to	me that I have heal	Ithy eating habit	ts.					
1	2	3	4	5				
It is important to	It is important to me that my family members have healthy eating habits.							
1	2	3	4	5				
I consider my cu	rrent eating habits t	o be healthy.						
1	2	3	4	5				
I feel confident t	hat I can cook a me							
1	2	3	4	5				
I eat fast food or 1	packaged food ofte 2	en. 3	4	5				
I drink soda, juic	ee, sweet tea, or othe	er sweetened be	verages often.					
1	2	3	4	5				
9	rvings of vegetables vegetables = 1 cup of	•	• •					
0 1	2	3	4	5	6+			
•	rvings of fresh fruit fruit = 1 medium w	•	• •	½ cup of chopped)				
0 1	2	3	4	5	6+			
				٥				
•	rvings of whole grain	•	• • • • • • • • • • • • • • • • • • • •					
	whole grains = 1 pice, oatmeal or other g		neat bread or ½	∕2 cup cooked whole	-grain			
0 1	2	3	4	5	6+			

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6. How ma	any servings	of gluten-free g	grains do you e	at in a typical d	ay?		
(One servi	ng of gluten	-free grains = ½	cup wild rice,	quinoa, or mille	et)		
0	1	2	3	4	5	6+	
7. How ma	any times du	ring a typical w	eek do you eat	fish?			
0	1	2	3	4	5	6+	
Please add Healing pr		nal comments y	ou wish to mak	ce about starting	g our Meals 4 He	ealth &	
Date							
Name (op	tional):						
Thank you for your help!							