

WAP Group

WEIGHT ACTION PROGRAMME: FEEDBACK QUESTIONNAIRE

On a scale of 1 to 10, where 1 is the lowest and 10 is the highest rating:

- How would you rate the help the program provided?
(1 = not helpful, 10 very helpful)

- How likely would you be to recommend the program to others?
(1 = very unlikely, 10 = very likely)

- Please indicate how helpful you found each aspect of the programme and how likely you are to carry on with it. Please circle one answer in each box

	How helpful did you find this?	How likely are you to carry on with it?
Avoiding temptations (removing snacks from sight, less time in kitchen, etc.)	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Coming to group sessions every week	Not at all	
	Somewhat	
	Very much	
Having my weight regularly monitored	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
The leaflets I was provided with	Not at all	
	Somewhat	
	Very much	
The exercise programme/s I was referred to	Not at all	
	Somewhat	
	Very much	
	n/a	
Keeping to my target calories	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Exercising for at least 30 min at least 3 times a week	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Linking my progress with other people through the group and buddy system	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much

Keeping a food diary	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Monitoring how much I walk with a pedometer	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Checking food labels	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Reducing time spent watching TV	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Eliminating unnecessary snacks	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Weekly monitoring of my task card	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much
Advice from group facilitators	Not at all	Not at all
	Somewhat	Somewhat
	Very much	Very much

- Please circle three things in the table above that you found most useful.

Compared to how you were before you joined the programme,

- Are you now eating more healthily?
Yes No N/A – have always eaten healthily
- Are you more active?
Yes No N/A – have always been active
- Do you have a better understanding of calories and weight?
Yes No N/A – have always known about these
- Do you check the labels on food more often?
Yes No N/A – have always checked labels
- Are you eating more regularly and snacking less?
Yes No N/A – have always eaten regular meals

Regarding the clinic

- How convenient was the location of the clinic for you? (circle one)

Not convenient

Reasonably convenient

Very convenient

- How convenient were the clinic times for you?

Not at all convenient

Reasonably convenient

Very convenient

- If they were not convenient, what time slots would be better for you?
(circle one)

Morning
(9-11am)

Midday
(11.30am-1.30pm)

Afternoon
(2pm-4.30pm)

Evening
(4.30pm-6pm)

Please write in the box below any advice or suggestions on how to improve the programme

Nurse Group

WEIGHT ACTION PROGRAMME: FEEDBACK QUESTIONNAIRE

On a scale of 1 to 10, where 1 is the lowest and 10 is the highest rating:

- How would you rate the help the program provided?
(1 = not helpful, 10 very helpful)
- How likely would you be to recommend the program to others?
(1 = very unlikely, 10 = very likely)
- Please indicate how helpful you found each aspect of the programme and how likely you are to carry on with it. Please circle one answer in each box

	How helpful did you find this?
The leaflets I was provided with	Not at all Somewhat Very much
The exercise programme/s I was referred to	Not at all Somewhat Very much n/a
Advice from the nurse	Not at all Somewhat Very much

- Please circle the thing in the above table that you found most useful.

Compared to how you were before you joined the programme,

- Are you now eating more healthily?
Yes No N/A – have always eaten healthily
- Are you more active?
Yes No N/A – have always been active
- Do you have a better understanding of calories and weight?
Yes No N/A – have always known about these
- Do you check the labels on food more often?
Yes No N/A – have always checked labels
- Are you eating more regularly and snacking less?
Yes No N/A – have always eaten regular meals

Please write below any advice or suggestions on how to improve the programme

1. How convenient was the location of the clinic for you? (circle one)

Not convenient

Reasonably convenient

Very convenient

2a) How convenient were the clinic times for you?

Not at all convenient

Reasonably convenient

Very convenient

2b) If they were not convenient, what time slots would be better for you? (*circle one*)

Morning
(9-11am)

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(11.30am-1.30pm)

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