

VIRGINIA COOPERATIVE EXTENSION SERVICE

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Dear

I have enjoyed having you as a participant in the DEB Weight-Control-By-Mail Program.

I would like to ask you to help me evaluate the program by filling out the enclosed questionnaire and returning it to me as soon as possible in the stamped envelope provided. Your ideas can help me improve the program and make it more useful to you.

I have appreciated your dedication and interest. Please feel free to contact me if I can be of any further assistance.

Sincerely,

Extension Agent

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An Educational Service of the Virginia Polytechnic Institute and State University and Virginia State University, Virginia's Land-Grant Institutions, with U.S. Department of Agriculture and Local Governments Cooperating.

QUESTIONNAIRE FOR DEB MAIL-OUT PARTICIPANTS

Instructions: Check the appropriate response(s) for each item and return to us immediately (no postage required).

Section 1: General Information

1. How many pounds did you plan to lose when you joined the DEB Mail-out program?
_____pounds
2. How many pounds have you lost so far? _____pounds
3. Was the rate of weight loss:
less than 1 pound per week _____
1 pound per week _____
2 pounds per week _____
more than 2 pounds per week _____
4. Are you pleased with your total weight loss? ____yes ____no
5. Are you planning to continue to lose weight until you reach your desired weight?
____yes ____no
6. Have you gained any weight since you have stopped the DEB program? ____yes ____no
7. If your answer to question 6 is "Yes," how many pounds have you gained? _____pounds
8. Do you feel that you have changed your eating habits permanently as a result of the DEB program? ____yes ____no
9. Do you feel that you have permanently changed your activity patterns as a result of the DEB program? ____yes ____no
10. What do you feel was of most value in helping you to lose weight?
____Increased knowledge of correct nutrition habits
____Increased physical activity
____Support of family or friends
____Your own will power
____Other (write in below)
11. Do you feel that continuing with a weight control program, like DEB, would help you to maintain or continue your weight loss? ____yes ____no
12. Would you use the program again? ____yes ____no

Section 2: Program Format

13. Would you prefer to receive the DEB material by some method other than through the mail? ____yes ____no
14. If so, how? _____TV _____Group meetings _____Other

15. Which part of each lesson did you enjoy most?
 Educational materials
 Activities and worksheets
16. Were you interested in the concepts presented in the educational section?
 yes no
17. Did you like the order in which the lessons were presented? yes no
18. Did you feel that some lessons covered too much material? yes no
19. Would you like to see the amount of information presented in each lesson
 increase decrease stay the same
20. Were the handouts used clear and easy to understand? yes no
21. If your answer to question 20 was "No," please indicate how you would like to see handouts improved.
 use more handouts
 use fewer handouts
 more detail on each handout
 less detail on each handout

Section 3: Nutritional Concepts

22. Did the DEB course help you to understand what factors contribute to obesity?
 yes no
23. Did the DEB course make you aware of the relationship between improved health and weight loss? yes no
24. Did the lesson Fad Reduction Diets make you aware of the dangers associated with some other approaches to weight loss? yes no
25. Did the DEB course increase your knowledge of the characteristics, functions, and food sources of the various nutrients? yes no
26. Was the lesson on low calorie cooking helpful to you? yes no
27. Do you feel that you are now capable of planning nutritious low calorie meals in your home? yes no
28. Was the lesson Eating Out helpful to you? yes no
29. Do you feel more capable of choosing nutritious low calorie meals when eating out? yes no

Section 4: Behavior Modification--Dietary Patterns

30. You were asked to record your daily food intake. Did you do this? yes no
31. If your answer to question 30 is "Yes," for how long did you record daily food intake? days

32. Please indicate any ways in which you changed your food intake as a result of this intake record.
33. Did you weigh or measure your food until you were able to identify correct serving sizes? yes no
34. You were asked to keep a record of your eating habits. (Where you ate, mood while eating, etc.) Did you do this? yes no
35. As a result of this record, could you identify conditions under which you overeat? yes no
36. As a result of this record did you make changes in your eating habits?
yes no
37. If your answer to question 36 is "Yes," please indicate the eating habits you changed.
38. Did you develop a system to reward yourself for appropriate eating behavior?
yes no
39. If your answer to question 38 is "Yes," please describe your reward system. If your answer to question 38 is "No," please indicate why you chose not to develop a reward system.
40. The diet plan was based on the food exchange system. Did you have difficulty in understanding this system? yes no
41. Foods within one group may be exchanged or substituted for one another. Were you able to do this? yes no
42. Could you use the exchange system to evaluate some of your own recipes?
yes no
43. Could you plan your family's meals using the exchange system? yes no
44. Would you like to see more information on meal planning using the exchange list included in the DEB program? yes no
45. Would you be willing to use the exchange lists regularly if you understood them better? yes no

Section 5: Activity Patterns

46. Check the phrase that best describes you. very active moderately active
sedentary
47. Check the phrase that best describes how often you exercise.
every day every other day once a week

48. Did you increase your physical activity as a result of the DEB program?
yes no
49. If your answer to question 48 is "Yes," please indicate ways in which you increased your physical activity.
50. Have you continued your increased physical activity even though you are no longer receiving material? yes no

Section 6: Group Support

51. Did you share your DEB learning experiences with other members of your family or friends? yes no
52. Did other members of your family use what you had learned? yes no
53. Did your family support you in your weight loss program? yes no