



Snack Smarter

Participant PRE-Survey

Please answer the questions below **before** you complete the *Snack Smarter* experience.

1. What is your name? _____

2. What is today's date? __/__/____
MM DD YYYY

3. Please circle the number that best represents your **current knowledge** of the topic below:

	Low		Medium		High	Not applicable
	1	2	3	4	5	6
Mindful eating						

4. Please circle the number that best represents your **confidence** that you can do the following:

	Not at all confident		Somewhat confident		Very Confident	Not applicable
	1	2	3	4	5	6
Substitute healthy snacks in place of unhealthy options						
Prepare healthy and filling snacks						
Practice mindful eating						



Snack Smarter
Participant POST-Survey

Please answer the questions below **after** you complete the *Snack Smarter* experience.

1. What is your name? _____

2. Please circle the number that best represents your **current knowledge** of the topic below:

	Low	Medium			High	Not applicable
Mindful eating	1	2	3	4	5	6

3. After participating in the *Snack Smarter* experience, please circle the number below that best represents your **confidence** that you can do the following:

	Not at all confident	Somewhat confident			Very Confident	Not applicable
Substitute healthy snacks in place of unhealthy options	1	2	3	4	5	6
Prepare healthy and filling snacks	1	2	3	4	5	6
Practice mindful eating	1	2	3	4	5	6

4. Please rate the **quality of your overall experience** with the *Snack Smarter*. Circle your choice below.

Poor	Below Average	Average	Above Average	Excellent	Undecided
1	2	3	4	5	6

5. How likely are you to **recommend** the *Snack Smarter* experience to a friend, family member, or co-worker? Circle your choice below.

Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely	Undecided
1	2	3	4	5	6