

## Post Biggest Loser Challenge Survey

(Please take a few minutes to fill out this survey. We would appreciate your suggestions for future challenges.)

1. **Were you able to achieve your weight loss goal through the “Biggest Loser Challenge”?**

Yes\_\_\_\_ No\_\_\_\_ If no, what barriers kept you from losing the weight you wanted to?

\_\_\_\_ Couldn't stay with a regular exercise program

\_\_\_\_ Wasn't able to cut down on high calorie foods

\_\_\_\_ Eat out too much

\_\_\_\_ Busy lifestyle

\_\_\_\_ Not enough support from family

\_\_\_\_ Other: \_\_\_\_\_

2. **Were the resources (packets of information given out at weigh-ins, bulletin board tips, etc.) you received from the Wellness Committee helpful to you during the challenge?**

Yes\_\_\_\_ No\_\_\_\_

Which tips were most helpful? \_\_\_\_\_

What other resources, tips, or support would you like to see if this program is offered again? \_\_\_\_\_

3. **What did you think about the incentives (prizes) offered? (Scheels/Fleet Farm gift cards)**

Liked\_\_\_\_ Did not like\_\_\_\_

Do you have any suggestions for future prizes? \_\_\_\_\_

Would you like to see smaller incentives offered to everyone (at the beginning or end of the

program just for participating) in addition to the larger “Top 5” prizes? Yes\_\_\_\_ No\_\_\_\_

Any suggestions for these smaller prizes \_\_\_\_\_

4. **Have you made any changes in your lifestyle (eating habits, activity/exercise habits) as a result of this weight loss challenge?**

Yes\_\_\_\_ No\_\_\_\_

If yes, what types of changes \_\_\_\_\_

5. **Would you participate in a weight loss challenge if it was offered again?**

Yes\_\_\_\_ No\_\_\_\_ If no, why not? \_\_\_\_\_

6. **How could we improve our weight loss challenge?**

\_\_\_\_ Offer for a shorter period of time

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\_\_\_\_ Have speakers give presentations on nutrition or exercise

\_\_\_\_ Offer a weekly healthy snack or lunch potluck

\_\_\_\_ Have teams register instead of individuals (for more support)

\_\_\_\_ Other: \_\_\_\_\_