



My Provider: ___ Franklin ___ Mobile ___ Tuscaloosa CHD ___ Shelby CHD
Date: _____

Support Group Survey

The Alabama WISEWOMAN program would like your feedback on your support group experience. This survey is important in better understanding your needs. As always, our goal is to help improve your health. We would like to thank you for your participation in our program.

1. In the past support group, have you already completed a support group survey?
 - Yes
 - No
2. What did you like most about the support group?

3. Which areas did you improve on due to the support group?
 - Exercise
 - Diet
 - Weight
 - Blood Pressure
 - Other

If so, please explain how the support group helped you improve.

Blood Pressure:

Exercise:

Diet:

Weight:

Other:

4. What other topics are you interested in?