



FAX BACK Number: 573-522-2856

Adult Tool Kit Evaluation Form

This tool kit was designed to assist doctors and other health care professionals to screen for and treat adult overweight and obesity. MoCAN would like the packet to be as useful as possible, and your feedback is essential to that effort. If you have questions about the tool kit or evaluation form, please contact the Bureau of Health Promotion at 573-522-2820.

Please check the appropriate column to answer the question asked:

Tool Kit Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Did the "How to Use this Tool Kit" page engage you enough to review the contents of the packet?					
Did the introductory page provide enough information on the need for the tool kit?					
Was it easy to determine the use of each item in the tool kit?					
Was the pocket guide helpful?					
<p>Will you continue to use the following items in the tool kit?</p> <p>If your answer is "strongly agree" or "agree," please check which items you will continue to use in your day-to-day practice:</p> <p>Physician Resources</p> <p><input type="checkbox"/> Pocket Guide—Assessment and Treatment of Overweight and Obesity</p> <p><input type="checkbox"/> BMI Chart</p> <p><input type="checkbox"/> Diabetes Management Guidelines</p> <p><input type="checkbox"/> Missouri Consensus Screening Guidelines</p> <p><input type="checkbox"/> Communication Guideline to Promote Health Behavior Change</p> <p><input type="checkbox"/> Applying the Stages of Change Model to Assess Readiness</p> <p><input type="checkbox"/> Patient Readiness Checklist</p> <p><input type="checkbox"/> Tips for Nutrition Counseling</p> <p>Patient Handouts</p> <p><input type="checkbox"/> Are You Ready and Motivated to Lose Weight?</p> <p><input type="checkbox"/> Food Weight-Loss Tips</p> <p><input type="checkbox"/> Nutrition Facts Label</p> <p><input type="checkbox"/> Tips for Dining Out</p> <p><input type="checkbox"/> Grocery Shopping Guide</p> <p><input type="checkbox"/> MyPyramid</p> <p><input type="checkbox"/> Making Physical Activity Part of Your Life</p> <p><input type="checkbox"/> Overcoming Barriers to Physical Activity</p> <p><input type="checkbox"/> Tips to Make Small Changes</p> <p><input type="checkbox"/> Developing Your Success Plan!</p> <p><input type="checkbox"/> Goal Worksheet</p> <p><input type="checkbox"/> Personal Pledge to Better Health</p> <p><input type="checkbox"/> Daily Food and Activity Diary</p>					

See back for additional questions.

Is there anything needed missing from the tool kit?

_____ No _____ Yes _____ If "yes", what is missing? _____

What other changes would you make in the tool kit to make it more useful in day-to-day practice?

Other comments? _____

May we contact you regarding any questions we might have on your responses? If yes, please complete the following:

Name (please print): _____

Telephone Number: _____

E-Mail Address: _____

Street Address: _____

City, State, Zip Code: _____

Please return your feedback form to Bureau of Health Promotion, Missouri Department of Health and Senior Services, 573-522-2856 (fax number).



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