SNAC Program Evaluation
(to be completed by participant)

GROUP NAME: ________________________________________ DATE: __________________

LOCATION: _______________________________________________________________________

NAME(S) OF PRESENTER(S)__________________________________________________________

TOPIC(S) OF PRESENTATION__________________________________________________________

Please rate each of the following according to the scale provided. (Please mark N/A if this presentation did not address the specific topic in the question.)

As a result of this presentation:

1. How confident are you in your ability to recognize the symptoms of an eating disorder?
   1 (not at all) 2 (somewhat) 3 (confident) 4 (very confident) 5 N/A

2. How confident are you in your ability to identify support for a friend with eating issues?
   1 (not at all) 2 (somewhat) 3 (confident) 4 (very confident) 5 N/A

3. How knowledgeable are you regarding exercise resources in the Manhattan area?
   1 (not at all) 2 (somewhat) 3 (knowledgeable) 4 (very knowledgeable) 5 N/A

4. How confident are you in identifying methods to improve body image?
   1 (not at all) 2 (somewhat) 3 (confident) 4 (very confident) 5 N/A

5. How knowledgeable are you regarding current recommendations for healthy eating?
   (U.S. Dietary Guidelines)
   1 (not at all) 2 (somewhat) 3 (knowledgeable) 4 (very knowledgeable) 5 N/A

6. How confident are you in your ability to identify healthy weight management strategies?
   1 (not at all) 2 (somewhat) 3 (confident) 4 (very confident) 5 N/A

7. How motivated are you to change your current nutrition or exercise behaviors?
   1 (not at all) 2 (somewhat) 3 (motivated) 4 (very motivated) 5 N/A

8. How confident are you in your ability to choose safe nutrition/exercise behaviors as opposed to potentially harmful extremes?
   1 (not at all) 2 (somewhat) 3 (confident) 4 (very confident) 5 N/A

Additional comments: