**Number of patient** \_\_\_\_\_

**Patient initials** \_\_\_\_\_

Dear patient,

In a study we conducted on lifestyle and dietary changes in women with increased cardiovascular risk, we found that these results did not achieve our commonly desired goal. Therefore, we ask you to answer these few questions, so that we can achieve better results in further prevention with you and others like you.

Have you tried to change your eating habits after our lecture?

□yes □no

How long have you been able to keep changing habits (diet)? \_\_\_\_\_\_\_\_\_\_

How much did you really want to change your eating habits? (Circle the value on a scale from 0 to 10, where 0 means “none” and 10 “completely”).

 0 1 2 3 4 5 6 7 8 9 10

 none completely

What was the hardest thing for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What form of help from our side do you think would help you maintain changes in eating habits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On average, how many times per year do you try to change your eating habits (start a diet)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you tried to quit smoking?

□yes □no

How many days did you manage not to smoke during that period? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the reason you started smoking again? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you tried to increase your physical activity after our lecture?

□yes □no

What tips or topics would you like to cover at the lecture? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were the tips you received at the lecture useful for you?

□yes □no

Please write some comment here if you want to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_