

Beyond Nutrition Counseling: Reframing the Battle Against Obesity
Follow-up Agreement

I have participated in the *Beyond Nutrition Counseling: Reframing the Battle Against Obesity* workshop and would be willing to complete a one-page follow-up questionnaire about the video. The questionnaire will be mailed to me in 4 to 6 weeks at the local health department where I work. After completing the questionnaire, I will be able to return it confidentially in a postage-paid envelope that will be provided. I understand that my name will not be reported with or linked to any of my responses to this follow-up questionnaire or to any of my responses on today's questionnaires. All questionnaire responses will be grouped.

Signature

Printed Name

Local Health Department

Local Health Department Address (street, city and zip code)

Beyond Nutrition Counseling: Reframing the Battle Against Obesity
Follow-up Questionnaire

{insert date}

Dear health professional,

You recently participated in a training session titled *Beyond Nutrition Counseling: Reframing the Battle Against Obesity*. At the end of that session, you kindly agreed to participate in a follow-up questionnaire.

Please take a few moments to answer the attached questionnaire. All of your responses will remain confidential and your name will not be reported with or linked to any of your responses to this follow-up questionnaire. Your name will also not be linked to any of the responses you provided at the workshop.

After completing the questionnaire, please return it in the enclosed envelope. If you have lost your envelope, please mail your questionnaire to:
{insert name and mailing address}

Completed questionnaires should be returned no later than **{insert date}**

Sincerely,

{insert contact information}

