

Participant ID: _____

Date: _____

OPERATION CHANGE: 8-Item Patient Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<i>How much of the time during the past 2 weeks...</i>	Not at all (X)	Several days (X)	More than half the days (X)	Nearly every day (X)
1. Little interest or pleasure in doing things:				
2. Feeling down, depressed, or hopeless:				
3. Trouble falling or staying asleep, or sleeping too much:				
4. Feeling tired or having little energy:				
5. Poor appetite or overeating:				
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down:				
7. Trouble concentrating on things, such as reading the newspaper or watching television:				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual:				
	Not difficult at all (X)	Somewhat difficult (X)	Very difficult (X)	Extremely difficult (X)
If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				



Operation Change Speaker Evaluation

Date: _____

Speaker: _____

Topic: _____

1. Did you enjoy the Speaker?

- Yes
- No

2. What did you learn from this presentation?

3. Could this new information help you reach your goals?

- Yes
- No
- Unsure



Operation Change Survey (Participants)

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- * 1. Is the Operation Change program helping you move towards healthier lifestyle behaviors?
 - a. Yes or No

 - * 2. What do you like most about the program?

 - * 3. Do you have any concerns you would like to share and if yes, what are they?

***Participant Survey link should be given to all participants at the beginning of OC program.