**10 Day Real Food Challenge survey**

1. **As a result of the program, which of the following did you notice? (check all that apply)**

Decreased stress levels

Improved sleep

Improved mood

Created a new healthy habit

None of the above

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **As a result of this challenge, were you successful in achieving your goal?**

Yes

No

1. **If this challenge was offered again, would you participate?**

Yes

No

1. **If you answered no, what would encourage you to participate next time?**

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1. **What did you like most about this challenge?**

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1. **What did you like least about this challenge?**

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*If you have an inspiring story to share, we want to hear from you! Your story can motivate and inspire your coworkers, if you’re willing to share, please submit it along with this survey!*

**Please submit all surveys to**