

**Operation Clean Competition  
Nutrition & Dietary Supplement Survey**

1. Please rate your level of knowledge about proper nutrition and how to safely choose dietary supplements prior to the THF presentation (Circle One)

**None Minimal Moderate Above Average Advanced**

2. The presentation changed my overall perspective towards how I approach my current nutrition plan and dietary supplements I purchase (Circle One)

**Strongly Agree Somewhat Agree Neutral Somewhat Disagree Strongly Disagree**

3. Have you been educated on these topics prior to this presentation?

**Yes, Where? (Check all that apply) At Home In School My Coach/Trainer No**

4. The Presentation was beneficial to me (Circle One)

**Strongly Agree Somewhat Agree Neutral Somewhat Disagree Strongly Disagree**

5. The presenter was well prepared (Circle One)

**Strongly Agree Somewhat Agree Neutral Somewhat Disagree Strongly Disagree**

6. Would you be willing to receive an email in a few months to answer a post presentation survey? (Circle One)

**Yes No**

7. Comments: Other Topics you'd like to learn about? Anything you'd like to add?
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8. I am a... (Circle all that apply)

**Parent Teacher Student Athlete Other**

9. Age (Circle One)

**12-17 18-24 25-44 45-64 65+**

10. Gender? \_\_\_\_\_

What is the name of your school/ organization? \_\_\_\_\_

Your Name (Optional) \_\_\_\_\_

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Email (Required to be Entered in Drawing for Autographed Red Sox Item)

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