



Personal Evaluation Form for Participants
PlantPure Communities Oasis Jumpstart Program Participants

Thank you for participating in the PlantPure Communities Oasis Jumpstart Pilot Program. We hope you have acquired valuable new information and skills to support your health journey. We encourage you to engage with the PlantPure Communities Pod Network (at www.PlantPureCommunities.org) to obtain additional free support. And, we would greatly appreciate you sharing your candid feedback by filling out this form. Thank you!

1. Name: _____

2. What, if any changes did you experience during the Jumpstart and did your bloodwork reflect those changes? Please explain: _____

3. Eating Habits that have changed as a result of or during the Jumpstart:

Breakfast:

Lunch:

Dinner:

Snacks:

Beverages:

4. Stress Management

Before the Jumpstart, did you have a spiritual or meditation practice? ___ Yes ___ No

Do you now have a spiritual or meditation practice? ___ Yes ___ No

What do you do to calm yourself when you have a stressful situation? _____

5. Medications: When people remain on a plant-based diet, they are often able to reduce and discontinue certain medications for chronic diseases.

Has being on a plant-based diet impacted your need for prescription medication? ___ Yes ___ No

How many prescription medications were you taking before the Jumpstart? _____

Will you be able to decrease the amount of prescription medications you are taking as a result of the Jumpstart? ___ Yes ___ No Explain: _____

6. Feedback

We need your honest feedback. Did you have trouble adhering to the program? Yes or No? If so, please explain the reason. _____

Did you eat anything that was not on the program during the Jumpstart?

Please offer suggestions on things that would have improved your Oasis Jumpstart experience:

