

*SheSlimEasy*TM – FEEDBACK



LESSON 11

SSE – Personal Progress & Results Feedback Form

Thank you for being part of the **SheSlimEasy** program. This form is about YOUR personal experience, progress, and results. Please answer honestly and as completely as you can. Your answers help us understand what really changes in women's lives through this work.

Name: _____

Date: _____

Program Phase / Week: _____

1. Weight & Body Changes

Starting weight: _____

Current weight (optional): _____

Clothing size at start: _____

Clothing size now (if applicable): _____

Inches/cm at start:

Inches/cm lost (if applicable):

How has your body changed in ways not shown on the scale?

2. Health & Physical Wellbeing

Energy level before (0–10): _____ Energy level now (0–10): _____

Sleep quality before (0–10): _____ Sleep quality now (0–10): _____

Digestive comfort before (0–10): _____ Digestive comfort now (0–10): _____

Pain, inflammation, or discomfort before (0–10): _____ Now (0–10): _____

List any medical or physical improvements you've noticed:

3. Eating, Cravings & Relationship with Food

Cravings before (0–10): _____ Cravings now (0–10): _____

Emotional eating before (0–10): _____ Emotional eating now (0–10): _____

Feeling in control / at peace around food before (0–10): _____ Now (0–10): _____

Describe how your relationship with food has changed:

4. Emotional & Mental Changes

Stress level before (0–10): _____ Stress level now (0–10): _____

Self-criticism before (0–10): _____ Self-criticism now (0–10): _____

Confidence before (0–10): _____ Confidence now (0–10): _____

Describe any emotional or mental shifts you've experienced:

5. Lifestyle & Daily Habits

Sleep routine improved? Yes Somewhat No

Movement habits improved? Yes Somewhat No

Stress handling improved? Yes Somewhat No

Boundaries & self-care improved? Yes Somewhat No

What daily habits have changed the most?

6. Life Impact Beyond Weight

Which areas of your life improved? (Check all that apply):

Work / Business Relationships Energy Mood Self-trust Confidence Peace of mind

Describe any unexpected or surprising changes in your life:

7. Overall Results & Reflection

What is the biggest change you experienced through SheSlimEasy?

What are you most proud of?

How different do you feel compared to when you started?

Would you say this program already changed some aspects of your life? Yes
Somewhat No

Why?

8. Permission to Use Your Story (Optional)

- I give permission for my story and results to be shared anonymously.
- I give permission for my story and results to be shared with my name.
- I am open to being contacted for a testimonial or case study interview.

Signature (optional): _____ Date: _____

SheSlimEasy Beta Tester Feedback Form

Thank you for being part of the **SheSlimEasy** Beta Program. Your honest feedback is incredibly valuable and helps improve this program for future participants. Please fill out this form after each lesson. There are no right or wrong answers; we want your real experience.

Lesson Number / Title: _____

Date: _____

1. Overall Experience

How would you rate this lesson overall? (1 = very poor, 10 = excellent): _____

What did you like most about this lesson?

What did you like least or find confusing?

What part felt most helpful or impactful?

What part felt unnecessary, too long, or unclear?

2. Content & Clarity

Was the lesson easy to understand? Yes Mostly Somewhat No

Was the lesson too long, too short, or just right? Too long Too short Just right

Was the structure logical and easy to follow? Yes Mostly No

Were the explanations clear and practical? Yes Mostly No

What could be explained better or simplified?

3. Emotional & Motivational Impact

How did this lesson make you feel? (e.g., motivated, relieved, confused, inspired, overwhelmed)

Did this lesson increase your understanding or trust in the process? Yes Somewhat No

Did you feel supported and understood by the tone of the lesson? Yes Somewhat No

Did this lesson reduce pressure or increase pressure? Reduced Increased No change

What emotional reaction did this lesson trigger for you?

4. Practical Application

Do you feel you can apply what you learned in real life? Yes Mostly Somewhat No

What part are you most likely to use?

What part feels difficult or unrealistic?

Did the exercises / workbook / practices help? Yes Somewhat No

What could make this lesson more practical or easier to implement?

5. Length, Pacing & Format

How was the speed of the lesson? Too slow Too fast Just right

How was the length of the lesson? Too long Too short Just right

Did you prefer video, workbook, or both? Video Workbook Both

At what point did you lose focus (if at all)?

What would improve the learning experience?

6. Big Picture Feedback

What should I have left out?

8. Friends You Want to Recommend This Program To

Who might benefit from this program I could contact (Name and email address)?

Thank you very much for helping shape **SheSlimEasy** into something truly powerful and supportive for women.