

# *SheSlimEasy*<sup>TM</sup> – FEEDBACK



# LESSON 12

## 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:

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Inches/cm lost (if applicable):

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

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## 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:

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### 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:

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### 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:

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## 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?

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## 6. Life Impact Beyond Weight

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

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

Describe any unexpected or surprising changes in your life:

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## 7. Overall Results & Reflection

What is the biggest change you experienced through SheSlimEasy?

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What are you most proud of?

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How different do you feel compared to when you started?

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

Why?

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## 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): \_\_\_\_\_

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What did you like most about this lesson?

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What did you like least or find confusing?

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What part felt most helpful or impactful?

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What part felt unnecessary, too long, or unclear?

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## 2. Content & Clarity

Was the lesson easy to understand?  Yes  Mostly  Somewhat  No

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

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

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Were the explanations clear and practical?  Yes  Mostly  No

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What could be explained better or simplified?

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### 3. Emotional & Motivational Impact

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

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

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

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

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What emotional reaction did this lesson trigger for you?

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**4. Practical Application**

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

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What part are you most likely to use?

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What part feels difficult or unrealistic?

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

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

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## 5. Length, Pacing & Format

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

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

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

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

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What would improve the learning experience?

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**6. Big Picture Feedback**

What should I have left out?

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**8. Friends You Want to Recommend This Program To**

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

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