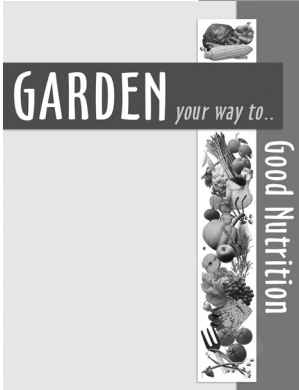


Curricula _____

County _____

Date _____



Survey

Participant Information

Age: (Please check one)

- Teen
- Adult age 19-40
- Adult age 41-59
- Adult age 60+

Gender: (Please circle one)

Male Female

GARDEN YOUR WAY TO GOOD NUTRITION

Please help us make our programs and materials better by answering the following questions. First think about what you will do from now on and then think back to what you did before. *Circle the best answer for each.*

	Never		Often		Always
--	--------------	--	--------------	--	---------------

After today, how often will you eat more than one kind of vegetable or fruit per day?

1	2	3	4	5
----------	----------	----------	----------	----------

Before today, how often did you eat more than one kind of vegetable or fruit per day?

1	2	3	4	5
----------	----------	----------	----------	----------

After today, how many cups of fruits and vegetables will you eat per day? _____

Examples of 1 cup are:

- 1 large banana or orange*
- 1 cup 100% fruit juice*
- 1 cup canned fruit*
- 1 cup cooked vegetable*
- 2 cups tossed lettuce salad*

Before today, how many cups of fruits and vegetables did you eat per day? _____

GARDEN YOUR WAY TO GOOD NUTRITION

After today, which of the following will best describe your activity level?
(Circle one)

- 1) not much physical activity
- 2) physical activity (like walking) in most weeks
- 3) physical activity (like walking) at least 30 minutes per day, 1 or 2 days per week
- 4) physical activity (like walking) at least 30 minutes per day, 3 or 4 days per week
- 5) physical activity (like walking) at least 30 minutes per day, 5 or more days per week

Before today, which of the following best described your activity level?
(Circle one)

- 1) not much physical activity
- 2) physical activity (like walking) in most weeks
- 3) physical activity (like walking) at least 30 minutes per day, 1 or 2 days per week
- 4) physical activity (like walking) at least 30 minutes per day, 3 or 4 days per week
- 5) physical activity (like walking) at least 30 minutes per day, 5 or more days per week

Which of these food programs do you think you will use in the next 12 months?
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program

Which of these food programs did you use in the last 12 months?
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program