

# Nutrition, Food Safety and Health Programs

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

County where program was offered: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

## Choose Wisely: For Health and Wealth

We appreciate your opinions! Please help us make our programs better by taking about 5 minutes to answer the following questions. Your participation is completely voluntary, and you may skip answering one or more questions if you wish. The information that you share will be held in the strictest confidence. We will summarize it in reports, in order to evaluate our program. We greatly value your participation. Thank you!

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. As a result of this program, I improved my knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As a result of this program, I plan to practice new skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
3.					
a. As a result of this program, I feel more motivated to follow healthy eating recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. As a result of this program, I learned how to use Nutrition Facts food labels to make healthier food choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. As a result of this program, I have also learned:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
5. I plan to take action and/or change something in my life (at home, at play or at work).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If agree, please describe the actions or changes planned:

7. Additional Comments:

8. A K-State representative may contact me later to talk about this program (We are asking for your contact information so that we may follow-up with you about what you learned from this program):

Yes  No

9. If yes, my contact information is below (e.g., name, address, city, state, zip code, phone and email):

### Demographics

10. I am an adult:

18-29 Years  30-39 Years  40-49 Years  50-59 Years  60-69 Years  70+ Years

11. I am a youth:

0-4 Years  5-11 Years  12-17 Years

12. My gender:

Female  Male  Prefer not to respond

13. My race:

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White  Prefer not to respond

14. My ethnicity:

Hispanic / Latino  Non-Hispanic / Non-Latino  Prefer not to respond

15. For office use only: Coded identification number-

Thank you for completing this survey!