

Eat Smart, Live Strong User Response Form

ACTIVITY KIT USER RESPONSE FORM

We want hear from you! Complete this form and press the submit button to share your feedback. We will use your thoughts and ideas to improve or modify the materials when possible.

1. Who are you? (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cooperative Extension Agent | <input type="checkbox"/> Food Stamp Nutrition Educator | <input type="checkbox"/> Farmers' Market Provider |
| <input type="checkbox"/> Commodities Program Provider | <input type="checkbox"/> Food Bank Provider | <input type="checkbox"/> Senior Activities Coordinator |
| <input type="checkbox"/> Faith Based Provider | <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Other _____ |

2. What do you think of the Activity Kit? (Check and rate all the items or activities you used.)

	Very Useful			Not Useful		
<input type="checkbox"/> Leader's Guide	5	4	3	2	1	
<input type="checkbox"/> <i>Eat Smart, Live Strong</i> Flyer	5	4	3	2	1	
<hr/>						
<input type="checkbox"/> Session 1 Skill Building Activities	5	4	3	2	1	
<input type="checkbox"/> Session 1 Exercises	5	4	3	2	1	
<input type="checkbox"/> Session 1 Handouts	5	4	3	2	1	
<hr/>						
<input type="checkbox"/> Session 2 Skill Building Activities	5	4	3	2	1	
<input type="checkbox"/> Session 2 Exercises	5	4	3	2	1	
<input type="checkbox"/> Session 2 Handouts	5	4	3	2	1	
<hr/>						
<input type="checkbox"/> Session 3 Skill Building Activities	5	4	3	2	1	
<input type="checkbox"/> Session 3 Exercises	5	4	3	2	1	
<input type="checkbox"/> Session 3 Handouts	5	4	3	2	1	
<hr/>						
<input type="checkbox"/> Session 4 Skill Building Activities	5	4	3	2	1	
<input type="checkbox"/> Session 4 Exercises	5	4	3	2	1	
<input type="checkbox"/> Session 4 Handouts	5	4	3	2	1	

3. Tell us how the materials were useful to you.

4. Tell us how the materials were not useful to you.

5. Other Comments: