






Community Nutrition – Food Demonstration

Date _____ **Topic:** _____

Age: 5 years and younger 6 – 17 years 18 – 34 years 35 – 64 years 65 years and older

Gender: Male Female

For each statement below circle the number based on this scale:

1	2	3	4	5
				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

- | | |
|---|-----------|
| 1. I would recommend Office of Community Nutrition to my family and friends | 1 2 3 4 5 |
| 2. Usually my health is good | 1 2 3 4 5 |
| 3. I am sure I can take care of my own health (T'áá hwó ájít'éego) | 1 2 3 4 5 |
| 4. The staff was organized and had all materials, utensils and samples prepared ahead of time | 1 2 3 4 5 |
| 5. I like that I can watch the Food Demo on the television in the lobby while I wait | 1 2 3 4 5 |
| 6. I learned something new about food or nutrition by watching today's food demonstration | 1 2 3 4 5 |
| 7. I am likely to prepare this recipe within the next 90 days | 1 2 3 4 5 |
| 8. I liked the taste of this recipe as it was served today | 1 2 3 4 5 |
| 9. This recipe has nutrients that I and/or my family needs | 1 2 3 4 5 |

What comments or suggestions do you have to improve our services?

How will you use the information presented?

COMMUNITY NUTRITION STAFF ONLY

Presenter's Name: _____ Facilitator's Name: _____

Healthy Weight Food Accessibility Breastfeeding

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