

# Community Nutrition: Gardening Presentation

Date \_\_\_\_\_

TOPIC: \_\_\_\_\_

Age:  5 years and younger  18 – 34 years  65 years and older

6 – 17 years  35 – 64 years

Gender:  Male  Female

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

1

2

3

4

5



Strongly Disagree

Disagree

Unsure

Agree

Strongly Agree

1. I would recommend 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 ájí't'éego) 1 2 3 4 5
4. The presenter/educator was knowledgeable about related gardening information 1 2 3 4 5
5. The space for the presentation was a good location for gardening presentation 1 2 3 4 5
6. What type of gardening do you do at home? (Please circle all that apply)  
    Corn field Home garden  
    Container garden Raised garden bed  
    Family garden Community garden  
    Other \_\_\_\_\_
7. What gardening practice, if any, do you intend to actually use as a result of what you have learned in this class?  
\_\_\_\_\_
8. What would you like to learn more about in future gardening classes?  
\_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

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### COMMUNITY NUTRITION STAFF ONLY

Presenter's Name: \_\_\_\_\_

Facilitator's Name: \_\_\_\_\_

Healthy Weight  Food Accessibility  Breastfeeding