

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 ájít'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: _____

COMMUNITY NUTRITION STAFF ONLY

Presenter's Name: _____

Facilitator's Name: _____

Healthy Weight Food Accessibility Breastfeeding

Rev. 03/7/17