

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. How confident do you feel you will practice the gardening techniques from this workshop at home? | 1 2 3 4 5 |
| 6. Because I have a garden/farm: | |
| I eat more fruits and vegetables | 1 2 3 4 5 |
| I spend less money on food | 1 2 3 4 5 |
| I am more physically active | 1 2 3 4 5 |

7. What gardening practice, if any, do you intend to use as a result of what you have learned in this workshop?

Comments/Suggestions: _____

COMMUNITY NUTRITION STAFF ONLY

Presenter's Name: _____

Facilitator's Name: _____

Healthy Weight Food Accessibility Breastfeeding

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