

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 ájit'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

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