

**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:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
				
Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree

- |   |                  |
|---|------------------|
| 1. I would recommend Community Nutrition to my family and friends                                   | <b>1 2 3 4 5</b> |
| 2. Usually my health is good  | <b>1 2 3 4 5</b> |
| 3. I am sure I can take care of my own health (T'áá hwó ájít'éego)                                  | <b>1 2 3 4 5</b> |
| 4. The presenter/educator was knowledgeable about related gardening information                     | <b>1 2 3 4 5</b> |
| 5. How confident do you feel you will practice the gardening techniques from this workshop at home? | <b>1 2 3 4 5</b> |
| 6. Because I have a garden/farm:  |                  |
| I eat more fruits and vegetables  | <b>1 2 3 4 5</b> |
| I spend less money on food  | <b>1 2 3 4 5</b> |
| I am more physically active   | <b>1 2 3 4 5</b> |

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

Rev. 03/7/17