

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: _____

COMMUNITY NUTRITION STAFF ONLY

Presenter's Name: _____

Facilitator's Name: _____

Healthy Weight Food Accessibility Breastfeeding