



# Participant Feedback Sheet

for Session 2, Reach your Goals, Step by Step

Please take a few moments to complete this form. Return this sheet to the group leader. Your comments will help the leader continue to improve the session.

Today's Date: \_\_\_\_\_

1. How useful was the information you learned from this session?

(Mark one response.)

- Not at all useful
- Somewhat useful
- Useful
- Very useful

Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you planning to eat more fruits and vegetables next week?

(Mark one response.)

- Yes
- No
- I am not sure

3. Are you planning to increase your physical activity next week?

(Mark one response.)

- Yes
- No
- I am not sure

4. What did you like the most about this session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What did you like the least about this session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How did you hear about this *Eat Smart, Live Strong* session?

(Mark all that apply.)

- Supplemental Nutrition Assistance Program office
- Friend
- Senior center
- Poster
- Flyer
- Newsletter
- Place of worship
- Other – specify

\_\_\_\_\_

7. In which programs do you participate?

(Mark all that apply.)

- Supplemental Nutrition Assistance Program
- Commodity Supplemental Food Program
- Senior Farmers' Market Nutrition Program
- Home delivered meals
- Congregate meals
- Food bank or pantry

Thank you for participating in *Eat Smart, Live Strong*!