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!