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!