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!