

Evaluation Form

We need your help in providing vital feedback on the program you have just completed. Please take a moment to complete this survey. For each of the topics listed below, in the <u>MIDDLE</u> column, circle the ONE number that best reflects your level of understanding <u>BEFORE</u> the program. Then, in the RIGHT column, circle the ONE number that best reflects your level of understanding <u>AFTER</u> the program.

LEVEL OF UNDERSTANDING

Poor=1, Average =2, Good=3, Excellent=4

Level of Understanding	<u>BEFORE</u> the Program	<u>AFTER</u> the Program	
I can identify benefits of online grocery shopping.	1 2 3 4	1 2 3 4	
I can identify drawbacks of online grocery shopping	1 2 3 4	1 2 3 4	
I understand how I can use online grocery shopping to meet my personal needs.	1 2 3 4	1 2 3 4	

For the following intentions, check the box that describes what you plan to do as a result of the program.

Intentions	Yes	No
I will compare online grocery retailers.		
I will determine if online grocery shopping is beneficial for me.		

Check the box for the statement that best describes your thoughts concerning the program.

Satisfaction	Strongly Disagree	Disagree	Agree	Strongly Agree
The subject matter was timely for me.				
The information was practical to me.				
Overall, this was a very educational program.				

What is the most significant thing from this program you will apply to your life? (Feel free to list more than one.)

Please provide any additional information.

THANK YOU VERY MUCH FOR YOUR TIME!!!

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