

GARDENING Safely

PROGRAM EVALUATION

We need your help in providing feedback on the program you have just completed. Please take a moment to complete this survey.

LEVEL OF UNDERSTANDING

For each of the topics listed below, in the MIDDLE column, **circle** the number that best reflects your Level of Understanding or Ability BEFORE the program. Then, in the RIGHT column, **circle** the number that best reflects your Level of Understanding or Ability AFTER the program.

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

Level of Understanding or Ability	BEFORE the Program				AFTER the Program			
Identify health benefits of gardening	1	2	3	4	1	2	3	4
Describe gardening as exercise	1	2	3	4	1	2	3	4
Apply tips and tricks to garden safely	1	2	3	4	1	2	3	4

INTENTIONS

Check whether you plan to change the following behaviors as a result of the program.

Behavior Change	Yes	No
I plan to increase the amount of time that I am physically active by gardening or another activity.		
I plan to use knowledge or skills learned from this program to garden safely.		

THE MOST SIGNIFICANT THING

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