



Evaluation

We need your help in providing vital 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 BEFORE the program. Then, in the RIGHT column, **circle** the number that best reflects your Level of Understanding AFTER the program.

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

Level of Understanding	BEFORE the Program	AFTER the Program
I understand why it is important to prepare meals at home.	1 2 3 4	1 2 3 4
I know creative strategies to increase the number of meals prepared at home.	1 2 3 4	1 2 3 4
I know ways to overcome barriers related to preparing homecooked meals.	1 2 3 4	1 2 3 4

INTENTIONS

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

Behavior Change	Yes	No
I will try a creative strategy to overcome a cooking rut at home.		
I will increase the variety of foods that are used and prepared in homecooked meals.		



SATISFACTION

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.				

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.

ADDITIONAL COMMENTS

Thank you very much for your time!

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