CREATE BETTER HEALTH MID-SERIES

Use during classes in the **middle** of a series.



Please take a few minutes to answer the following questions. All responses are confidential, and there are no right or wrong answers to any questions in this survey. The information you provide will help us improve our program and be accountable to SNAP-Ed funders.

For example, if yo	our name were John	•	2-digit) below. late were May 1, you wou Birth month: <u>05</u> Birth day	
First letter of first	name: First	letter of last name: _	Birth month:	Birth day:
2. What if anythin Health class?	ng, have you done to	o improve your eatin	g habits since taking the	Create Better
3. What if anythir Health class?	ng, have you done to	o improve your physi	ical activity since taking t	he Create Better
4. Please select th	e following options	that best represent	you.	
Gender	Age	Ethnicity	Race (select all that app	ply)
 Female Male Non-binary Prefer not to respond Gender not listed	O 18-59 yearsO 60-75 yearsO 76+ yearsO Prefer not to respond	O HispanicO Non-HispanicO Prefer not to respond	O American Indian/Alas O Asian O Black/African Americ O Native Hawaiian or o O White O Prefer not to respond	an other Pacific Islander
Would you lik write your en Email:		ee Create Better He	ealth newsletter? If so, p	olease clearly
For Office U	Jse Only			
Ambassador Name:		Lesson:		



