

# CREATE HEALTHY GARDENS POST SURVEY

Use at the end of the **last** class 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.*

## 1. Write your initials, birth month (2-digit), and birth day (2-digit) below.

*For example, if your name were John Doe and your birthdate were May 1, you would write:*

*First letter of first name: J First letter of last name: D Birth month: 05 Birth day: 01*

First letter of first name: \_\_\_\_\_ First letter of last name: \_\_\_\_\_ Birth month: \_\_\_\_\_ Birth day: \_\_\_\_\_

## 2. How likely are you to recommend Create Better Health classes to others?

- ☐ Very likely      ☐ Likely      ☐ Neither likely or unlikely      ☐ Unlikely      ☐ Very unlikely

## 3. How many Create Better Health (SNAP-Ed) classes have you attended this year? (including this one)

- ☐ 1      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6      ☐ 7      ☐ 8 or more

## 4. How likely are you to grow a garden for food in the future?

- ☐ Very likely      ☐ Likely      ☐ Neither likely or unlikely      ☐ Unlikely      ☐ Very unlikely

*For the following questions, consider what you have done during the past 30 days and select the best answer to describe what you typically do.*

## 5. How many times a day do you eat fruit?

*(Include fresh, frozen, dried and canned. Do not include juice.)*

- ☐ I rarely eat fruit      ☐ Less than 1 time a day (couple times a week)      ☐ 1 time a day  
☐ 2 times a day      ☐ 3 times a day      ☐ 4 or more times a day

## 6. How many times a day do you eat vegetables?

*(Include fresh, frozen, dried and canned. Do not count french fries or potato chips.)*

- ☐ I rarely eat vegetables      ☐ Less than 1 time a day (couple times a week)      ☐ 1 time a day  
☐ 2 times a day      ☐ 3 times a day      ☐ 4 or more times a day

## 7. How many different kinds of vegetables do you usually eat a day?

- ☐ I rarely eat vegetables      ☐ 1 kind a day      ☐ 2 kinds a day      ☐ 3 kinds a day  
☐ 4 or more kinds a day

8. How much do you agree or disagree with the following statements?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I know what types of fruits and vegetables grow well in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident I can plant a seed that will grow into a fruit or vegetable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know when a fruit or vegetable is ready to pick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to prepare garden fresh fruits or vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy gardening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family enjoys gardening (if applicable).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. In the past 12 months, how many months did anyone in your household receive benefits from a federal food assistance program?** (SNAP, WIC, free and reduced lunch program, or any other federal food assistance program)

- ☐ All months    ☐ Some months    ☐ Never

10. The next section has statements people have made about their food situation. Choose the answer that best fits your food situation over the last 30 days.	Often true	Sometimes true	Never true	Don't know
The food that I bought just didn't last, and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Over the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- ☐ Yes    ☐ No    ☐ Don't know

**12. What do you think will make it difficult for you to follow MyPlate recommendations for nutrition and physical activity? Select all that apply.**

- ☐ It is hard to find all food groups from MyPlate.
- ☐ It is hard to find safe places to exercise.
- ☐ The convenience and marketing of less healthy food options.
- ☐ It is difficult to know what food to choose when shopping.
- ☐ It is difficult to know how to prepare healthy food.
- ☐ It will not be difficult to follow MyPlate recommendations.
- ☐ Other, please describe: \_\_\_\_\_

### 13. What is your household size?

Number of adults (18 years or older) \_\_\_\_\_

Number of children (17 years or younger) \_\_\_\_\_

### 14. Please select the following options that best represent you.

#### Gender

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to respond
- ☐ Gender not listed

#### Age

- ☐ 18-59 years
- ☐ 60-75 years
- ☐ 76+ years
- ☐ Prefer not to respond

#### Ethnicity

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Prefer not to respond

#### Race (select all that apply)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer not to respond

**Are you willing to take a follow-up survey in 6 months to be entered in a drawing for a \$250 prize?**

- ☐ Yes
- ☐ No

**Are you willing to take a follow-up survey in 1 year to be entered in a drawing for a \$250 prize?**

- ☐ Yes
- ☐ No

**Are you interested in receiving our free Create Better Health Utah Newsletter?**

- ☐ Yes
- ☐ No

**Are you interested in a free online Create Better Health class?**

- ☐ Yes
- ☐ No

*If you answered yes to any of the above questions, please clearly write your email address.*

**Email:** \_\_\_\_\_



#### For Office Use Only

**Ambassador Name:** \_\_\_\_\_ **Lesson:** \_\_\_\_\_

**Location:** \_\_\_\_\_

