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

**Name of Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For each statement below, please circle your answer.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| **1.** | **Today’s demonstration was easy to understand and follow.** | 1 | 2 | 3 | 4 | 5 |
| **2.** | **Today’s session kept me interested.** | 1 | 2 | 3 | 4 | 5 |
| **3.** | **The skills and ideas I learned today were new to me.** | 1 | 2 | 3 | 4 | 5 |
| **4.** | **I will use the skills and ideas I learned today to help me make healthy choices.** | 1 | 2 | 3 | 4 | 5 |
| **5.** | **The materials provided will help me make healthy changes.** | 1 | 2 | 3 | 4 | 5 |
| **6.** | **I would attend another cooking demonstration session.** | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |
|  |  | **Poor** | **Below Average** | **Average** | **Good** | **Excellent** |
| **7.** | **Overall, I rate this session:** | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |
|  |  | **Just Right** | **Too Short** | **Too Long** |   |   |
| **8.** | **The length of the session was:**  | 1 | 2 | 3 |   |   |

**9. What did you learn today that was new to you?**

**10. What is one thing that you will start doing differently after this session?**

**11. Other comments: (All comments are welcome and very helpful!)**