1. How helpful did you find this program?

Very helpful  Somewhat helpful  Not helpful at all

1. What did you like best about the program?

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1. What did you like least about the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please tell us your thoughts.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did you like the taste of:  Put a line through any recipes you were not there to make please. | Yes | No | Have you already or do you plan on making it at home? | Yes | No | Not Sure |
| Meatloaf muffins (week 1) |  |  |  |  |  |  |
| Broccoli Salad (week 1) |  |  |  |  |  |  |
| Fruit salad (week 1) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Roast chicken (week 2) |  |  |  |  |  |  |
| Creamy carrot soup (week 2) |  |  |  |  |  |  |
| Eggplant tomato medley (week 2) |  |  |  |  |  |  |
| Tuna pasta salad (week 2) |  |  |  |  |  |  |
| Peanut butter balls (week 2) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Homemade pizza (week 3) |  |  |  |  |  |  |
| Banana bread (week 3) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Chili (week 4) |  |  |  |  |  |  |
| Greek salad (week 4) |  |  |  |  |  |  |

1. Do you think you’re incorporating more fruits and vegetables into your diet compared to when you started the program? Yes  No
2. Do you think you’re incorporating more whole grains into your diet compared to when you started the program? Yes  No
3. Please elaborate on questions #4 and #5 if you’d like. In what ways (if any) has this program led to changes in your diet and what impact has that had for you? Or, what other support do you need to eat more fruits, vegetables and/or whole grains? How can we help in that process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please tell us how much you agree or disagree with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| While attending the cooking classes | Strongly agree | Agree | Disagree | Strongly disagree | Don’t know |
| I learned to prepare new recipes |  |  |  |  |  |
| I learned new cooking skills |  |  |  |  |  |
| I learned to prepare healthy foods that I had not tried before |  |  |  |  |  |
| I received information and ideas for cooking in the future |  |  |  |  | ` |
| I learned tips on how to shop and budget for healthy eating |  |  |  |  |  |

1. Are you incorporating some new ingredients and/or skills into your cooking at home that you learned in these cooking workshops? Yes  No

If yes, please give us some examples. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please tell us how important the following features were to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very important | Kind of important | Not very important | Not important at all | Don’t know |
| Getting together with others to cook |  |  |  |  |  |
| Learning new cooking skills |  |  |  |  |  |
| Learning new recipes |  |  |  |  |  |
| Learning shopping and budgeting tips |  |  |  |  |  |

1. What’s one (or more) thing we can do to make this program better or that we need to change? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Would you tell a friend or family member about this cooking program? Yes  No
2. Would it be okay if Sarah calls you in 2 or 3 months to ask a few questions about cooking and the program – a follow up to see if it was useful and what we can do to make it better?

Yes  No

*If yes, please sign up on the sign up sheet provided, or put your name below.*

**Thanks so much for your input and for cooking with us!**