



Program: _____ Date: _____

Location: _____ County: _____

Instructions: The purpose of this survey is to gather your input on the Extension Program. Please do not write your name on this survey. You must be at least 18 years old to complete this survey. Your participation is voluntary and your responses are anonymous.

As a result of this Extension program:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. I learned something that I didn't know before.	SD	D	N	A	SA
2. I learned some helpful information.	SD	D	N	A	SA

3. After completing this Extension program, I plan to adopt or try something that I learned.

Yes No Not sure

3a. If yes, what will you adopt or try? _____

4. How USEFUL did you find this Extension program?

Not at all Slightly Moderately Very Extremely

5. On a scale of 0 to 10, how likely are you to recommend this program to a friend, colleague or family member?

Not at all likely 0 1 2 3 4 5 6 7 8 9 10 Extremely likely

5a. What is the primary reason for your score? _____

6. What is your gender?

- Male
- Female
- Not Listed _____
- Prefer Not to Answer

8. What is your race?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Some Other Race
- Two or More Races
- Prefer Not to Answer

9. What is your age?

- Under 18
- 18 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70+ Years
- Prefer Not to Answer

7. What is your ethnicity?

- Hispanic
- Non-Hispanic
- Prefer Not to Answer

Thank you for the survey. Your feedback is greatly appreciated.