

Texas 5/ A AgriLife Extension Service Participant Survey

Your views on the quality and effectiveness of Extension programs are extremely important. Please take a few minutes to tell us about your experience with this activity. Your answers to the following questions will help us better meet your needs. Please do not write your name on this form so that your responses are anonymous. Thank you!

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☒ ☓ 🗑️ 🔄

1. For each item listed below, mark the ONE number in the left column that best describes your level of understanding BEFORE the program; and then mark the ONE number in the right column that best describes your level of understanding AFTER the program.

	Poor 1	Fair 2	Good 3	Excellent 4	BEFORE Program				AFTER Program			
Your understanding of . . .					1	2	3	4	1	2	3	4
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate your intentions to adopt each item listed below or indicate if you have already adopted the item listed or if it does not apply to your situation.

Practice or technology that could be adopted . . .	Definitely Will Not	Probably Will Not	Undecided	Probably Will	Definitely Will	Already Adopted	Not Applicable
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



MARKING INSTRUCTIONS

CORRECT: INCORRECT:

3. Overall, how **satisfied** are you with this activity?

- Not at all Slightly Somewhat Mostly Completely

4. How **satisfied** are you with the following aspects of the activity?

	<u>Not at all</u>	<u>Slightly</u>	<u>Somewhat</u>	<u>Mostly</u>	<u>Completely</u>
a. Information being <u>what you expected</u> to receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Accuracy</u> of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Information being <u>easy</u> to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Timeliness</u> of information (being received in time to be useful)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Helpfulness</u> of the information in decisions about your own situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>Relevance</u> of the examples used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Instructor's <u>knowledge level</u> of subject matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Instructor's <u>response to questions</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Physical setting's contribution to <u>ease of listening and participation</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you anticipate **benefiting economically** as a direct result of what you learned from this Extension activity?

- Yes No

6. Would you recommend this particular activity to others?

- Yes No

7. Your thoughts on the program (perhaps what you liked most, liked least, additional information you would like, etc.).

Please tell us a little about yourself . . .

8. You are Female Male

9. Your age? 18 - 24 30 - 34 40 - 44 50 - 54 60 - 64 70 - 74
 25 - 29 35 - 39 45 - 49 55 - 59 65 - 69 75+

10. Racial / Ethnic background?

- African American (non-Hispanic) Hispanic White (non-Hispanic)
 Asian American Native American Other

