

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

- Not at all     Slightly     Somewhat     Mostly     Completely

**2. 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. <u>Accuracy</u> of information . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Information being <u>easy</u> to understand . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <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"/>
d. <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"/>
e. <u>Relevance</u> of the examples used . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Instructor's <u>knowledge level</u> of subject matter . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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*(please continue on page 3)*



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*(please continue on page 4)*



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3. *Do you plan to take any actions or make any changes based on the information from this activity?*

- Yes  
 No  
 Not sure

4. *Do you anticipate **benefiting economically** as a direct result of what you learned from this Extension activity?*  Yes  No

5. *Would you recommend this particular activity to others?*  Yes  No

***Please tell us a little about yourself***

6. *You are . . .*  Female  
 Male

7. *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+

8. *Place of residence?*  Farm or ranch  Town or city between 10,000 and 50,000 persons  
 Rural area, not a farm / ranch  City between 50,000 and 250,000 persons  
 Town under 10,000  City over 250,000 persons

9. *Highest level of education obtained?*  Some high school or less  Vocational or technical degree  Bachelor degree  
 High school graduate or GED  Some college  Post-graduate degree(s)

10. *Racial / Ethnic background?*  African American (non-Hispanic)  Hispanic  White (non-Hispanic)  
 Asian American  Native American  Other

***Thank you!***

