WRAP UP FINAL EVALUATION

Thank you for participating in the evaluation of Food Families. Your responses will help us to continually improve the Food Families program. Please note that your survey responses will be confidential.

Da	te:				
1.	Overall, how satisfied	are you with the Fo	ood Families progran	m? (<i>Circle a response</i>	2)
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
2.	What did you like mo	st about the Food F	amilies program? W	hy?	
3.	What would you char	nge about the Food	Families program to	make it better?	
4.	Would you recommen	nd the Food Familie	s program to others	? (Circle a response)	
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5.	b		l skills you learned f		
6.	What do you do diffe	rently because of w	hat you learned in F	ood Families?	
7.	How has attending Foo started attending Foo		impact on you (i.e. v	what has changed fo	or you since you
8.	How has attending For since you started atte			ily (i.e. what has cha	anged for your family

9. Please check one of the boxes for each line below to say whether the number of times per month you accessed food from each source has increased, decreased, or stayed the same.

Source	Increased	Decreased	Stayed The Same
Grocery store			
Convenience store			
Restaurant (e.g. Tim Hortons)			
Farmer's Market			
Garden			
Emergency Food Source			
Other (e.g. family/friends)			

10. What barriers to healthy eating has Food Families helped you with? (Check all that apply)	
to this same is to hearthy eating has room rammes helped you with (oneck an that apply)	
☐ Cost ☐ Time to prepare	
\square Knowing how to prepare healthy meals and snacks \square The taste of many healthy foods	
\square Knowing where to find healthy recipes \square Motivation to eat in a healthy wa	У
\square Understanding the available information	
\square Having picky eaters in my family and just cooking what they like	 ☐ Time to prepare ☐ The taste of many healthy foods ☐ Motivation to eat in a healthy way
Other:	

11. As a result of attending Food Families, I have... (Check one of the boxes for each row)

	Yes, I have done this	I plan to do this	No, and I do not plan to do this
Used coupons to save money on my grocery bill.			
Registered with one or more rewards programs.			
Included other family members in couponing.			
Created a meal plan specific to my family's needs.			
Used a grocery list when buying groceries.			
Used price matching at a grocery store to save money.			
Used proper hand washing techniques with my family.			
Prepared at least one new healthy recipe at home.			
Used new methods to budget my monthly income.			
Accessed financial resources or services in the community.			
Used Harvest Bucks to buy fresh fruits or vegetables.			
Used one or more of the food preservation techniques I learned.			

12. As a result of (Circle a resp	of participating in F ponse)	ood Familie	es, I have save	ed money on m	y monthly groce	ery bill.	
Yes	No	Unsu	re				
If yes , appi	roximately how mu	ıch do you t	:hink you are	saving each mo	onth? \$		-
	of attending Food F	-	Check one of t	he boxes for ea	ach row. Please (consider your	
			Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
ed new ways to sa	ve money.		•	Agree	Neutral	Disagree	
·	ve money. s when purchasing t	food.	•	Agree	Neutral	Disagree	
have more options	•		•	Agree	Neutral	Disagree	

Agree	Agree	Neutral	Disagree	Disagree
		Δστρρ	Agree Neutral	Agree Neutral Disagree