

# Community Food Project Evaluation Toolkit

COMMUNITY FOOD SECURITY COALITION

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# Program Satisfaction and Quality Survey Template

 *Tell Us What You Think!*  
about **{this workshop/program}**

Your completion of the following questionnaire is important. We are interested in your honest opinions, whether they are positive or negative. Your responses to this questionnaire are anonymous and will be reported in group-form only. After completing this questionnaire, please fold it in half and return to \_\_\_\_\_ **{customize location}**

Please consider the workshop you just attended and answer the following questions by checking the box that comes closest to your opinion. How would you rate...

1) The amount of information presented?  
 Too much                       About right                       Too little

2) The usefulness of the information presented?  
 Very useful       Pretty useful       Somewhat useful       Not very useful

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
3) The instructor's knowledge of the topics .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The instructor's presentation style/skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The overall quality of the training/workshop.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) What parts of the **{workshop/program}** were the most helpful to you?  
\_\_\_\_\_

7) What parts of the **{workshop/program}** were the least helpful to you?  
\_\_\_\_\_

8) Are there additional topics you would have liked to see covered at this **{workshop/program}**?  
\_\_\_\_\_

9) Why did you attend this **{workshop/program}**?  
\_\_\_\_\_

OVER **{if double-sided}**

10) To what extent has this **[workshop/program]** met your needs?

- Almost all of my needs were met   
 Most of my needs were met   
 Some of my needs were met   
 None of my needs were met

11) Do you plan on making any changes to your **[customize: lifestyle/farming practice/etc.]** as a result of this **[workshop/program]**?

- Yes                       No

In question 11, be sure to select an appropriate term.

12) If yes, what kinds of changes?

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**Program Specific Question Templates:**

**Knowledge Change Question:** (Substitute the topics covered in the training/workshop as items in the question below. Ask about as many knowledge changes as appropriate.)

In questions 13-15, be sure to select the word "WORKSHOP" or the word "PROGRAM" as appropriate. Also, generate a unique list of topics for each question. Include as many or as few as you would like. Be sure to delete the instructional paragraph before each question.

13) How much did you learn about the following topics as a result of participating in this **[workshop/program]**?

	<i>A lot</i>	<i>Quite a bit</i>	<i>Some</i>	<i>Not much</i>
a) Topic 1 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Topic 2 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Topic 3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Attitudinal Change Question:** (Substitute the topics covered in the workshop/program as items in the question below. Ask about as many attitudinal changes as appropriate.)

14) How confident are you in your ability to do the following as a result of participating in this **[workshop/program]**?

	<i>Very confident</i>	<i>Pretty confident</i>	<i>Somewhat confident</i>	<i>Not confident</i>
a) Topic 1 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Topic 2 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Topic 3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Behavioral Change Question:** (Substitute the topics covered in the workshop/program as items in the question below. Ask about as many behavioral changes as appropriate.)

15) How likely or unlikely are you to do the following as a result of participating in this **[workshop/program]**?

	<i>Very likely</i>	<i>Likely</i>	<i>Unlikely</i>	<i>Very unlikely</i>
a) Topic 1 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Topic 2 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Topic 3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16) How has the quality of your life changed as a result of participating in this program?

- Much better

Questions 16 and 17 are designed for use in a survey about a LONGER-TERM program. Also, be sure to add unique topics to question 17. Add as many or as few as you like. Also add the program name.

- Somewhat better
- Neither better nor worse
- Somewhat worse
- Much worse

17) Please rate each of the following aspects of **workshop/program**.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
a) The location of the {workshop/program} .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The equipment provided.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The helpfulness of staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The knowledge of staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Topic x.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Topic y .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Topic z.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*These last questions are about you. They will be used to categorize your answers by these demographic descriptors. Please check the response boxes that best describe you and your household.*

**18) Are you...**

- Female
- Male

**19) What best describes your race/ethnicity? (Please check all that apply.)**

- American Indian, Eskimo or Aleut
- Asian or Pacific Islander
- Black or African American
- White or Caucasian
- Hispanic or Latino
- Bi-racial/Multi-racial
- Other \_\_\_\_\_

*Thank you!*

20) What is your age? **{Note: Younger ages should be broken out for youth trainings.}**

- Under 18 years
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 years or older

21) What is the highest level of formal education you have completed? **{As appropriate for those over 18.}**

- Less than 12 years
- High school graduate/GED
- Some college
- College graduate
- Advanced degree