



Soups and Stews

Participant PRE-Survey

Please answer the questions below **before** you complete the *Soups and Stews* experience.

1. What is your name? _____

2. What is today's date? __/__/____
MM DD YYYY

3. Please circle the number that best represents your **current knowledge** of the topic below:

	Low Knowledge	2	Medium Knowledge	4	High Knowledge	Not applicable
The nutritional benefits of making your own soups and stews	1	2	3	4	5	6
The different cooking methods and flavors of soups and stews around the world	1	2	3	4	5	6

4. Please circle the number that best represents your **current confidence** that you can do the following:

	Not at all confident	2	Somewhat confident	4	Very Confident	Not applicable
Prepare a low-sodium, nutrient-rich soup or stew	1	2	3	4	5	6



Soups and Stews

Participant POST-Survey

Please answer the questions below **after** you complete the *Soups and Stews* experience.

1. What is your name? _____

2. After participating in the *Soups and Stews* experience, please circle the number below that best represents your **current knowledge** of the topic below:

	Low Knowledge	2	Medium Knowledge	3	4	High Knowledge	5	6	Not applicable
The nutritional benefits of making your own soups and stews	1	2	3	4	5	6			
The different cooking methods and flavors of soups and stews around the world	1	2	3	4	5	6			

3. Please circle the number that best represents your **current confidence** that you can do the following:

	Not at all confident	1	2	Somewhat confident	3	4	5	Very Confident	6	Not applicable
Prepare a low-sodium, nutrient-rich soup or stew	1	2	3	4	5	6				

4. Please rate the **quality of your overall experience** with *Soups and Stews*. Circle your choice below.

Poor	Below Average	Average	Above Average	Excellent	Undecided
1	2	3	4	5	6

5. How likely are you to **recommend** the *Soups and Stews* experience to a friend, family member, or co-worker? Circle your choice below.

Extremely unlikely	Unlikely	Neutral	Likely	Extremely likely	Undecided
1	2	3	4	5	6