



Tiny Gardens

Participant PRE-Survey

Please answer the questions below **before** you complete the *Tiny Gardens* 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	Medium	High	Not applicable		
Types of vegetables that are suitable for container gardening	1	2	3	4	5	6
How SNAP benefits can be used to purchase seeds and seedlings	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	Somewhat confident	Very Confident	Not applicable		
Create your own container garden	1	2	3	4	5	6



Tiny Gardens

Participant POST-Survey

Please answer the questions below **after** you complete the *Tiny Gardens* experience.

1. What is your name? _____

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

	Low	2	Medium	3	High	Not applicable
Types of vegetables that are suitable for container gardening	1	2	3	4	5	6
How SNAP benefits can be used to purchase seeds and seedlings	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	2	Somewhat confident	3	Very Confident	Not applicable
Create your own container garden	1	2	3	4	5	6

4. Please rate the **quality of your overall experience** with *Tiny Gardens*. 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 *Tiny Gardens* 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