

Program Evaluation (Adults)

Scantron Administration Protocol

Post-only survey (Version 124)

Planning & Preparation

- The surveys are in Scantron® (bubble sheet) format and can accept **pen (blue or black ink only) or No. 2 pencil**.
- Bring pens and No. 2 pencils with you for respondents.
- Be sure barcodes are placed on surveys before administration. Barcode instructions and templates can be found in the Partner Portal Evaluation section.

When to Administer

- This survey is only for adults ages 18 and older.
- This survey should be taken **during the last lesson** in the series.
- Plan 10 minutes during the last session to administer surveys.

Administration

- To ensure data collection is not jeopardized it's important to administer surveys consistently to all groups and to remain neutral in presenting the survey and answering any questions that arise.
- If multiple people will be administering surveys, they should all be trained on appropriate and consistent administration.
- We can't assume participants can read it on their own, so please read items and responses aloud to the group.
- When you administer the survey, do not prompt by telling them what the words or phrases mean (you can do that after).
- Tell participants to select the best answer for them, but that they can leave the answer blank if they don't know which response to choose.
- Have a copy of the survey available for yourself to be able to read questions and answer options from.

Introduction

- You should include an introduction for respondents before handing out surveys. The introduction is brief and conveys a neutral perspective. An abbreviated introduction is also included at the top of the survey.
- Text in italics can be read aloud.

Now that we have finished the lessons, it's time to fill out a survey about this program. We use answers to make this program better for others in the future. Pick the most honest answer from the choices. Don't write your name or anything else on the survey, just your answers. Do you have any questions?

NOTE: If the program did not include tasting, start with #4. If there was no physical activity, skip #4.

- *Let's get started. The first question is...*
- *The first answer is...*
- *The other answer choices are...*
- Continue with items 2-7.
- For open-ended questions (8 and 11), answers should be very short.
- For item #10 and 13: *There are several answer choices, and you should mark all that are true for you. I will read through the list and pause for you to fill in circles of any that apply to you at this time.*

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Returning Completed Surveys

Collect surveys, and mail to the Michigan Fitness Foundation with a cover sheet for scanning.

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MARKING INSTRUCTIONS

← **PREVIOUS QUESTION** **NEXT QUESTION** →

CORRECT: INCORRECT:

New Codes I used Here

Note: We value your opinions and use responses to improve programs. Surveys are confidential and not shared with program staff. Thank you so much!

1. If foods were offered, did you enjoy them?

Most or all of them Some None of them Did not taste any

2. If foods were offered, were they consistent with your culture?

Most or all of them Some None of them Did not taste any

3. Can you get the foods you need to make the recipes?

Most or all of them Some None of them Did not get any recipes

4. If the program had physical activity, did you enjoy it?

Most or all of them Some None at all Did not do any physical activity

5. This program was at the right level of difficulty.

Yes, it was No, it was too hard No, it was too easy

6. How valuable was this program?

Very Somewhat Not

7. Did you learn anything new about how to be healthy?

Yes, a lot Yes, a little No

8. In a few words, how could we change the program to be more helpful?

9. Was attending the program a good use of your time?

Definitely Somewhat No

Turn page over to continue

10. Have you already made any changes to be healthier? Mark **all** that you are doing more often.

I am:

- Eating fruit more often
- Eating **different** kinds of fruit more often
- Drinking water more often
- Being active more minutes per week
- Choosing healthy foods within my budget
- Eating vegetables more often
- Eating **different** kinds of vegetables
- Washing my hands more often
- Reading nutrition fact labels more often
- Buying fruits and vegetables more often

11. Which part of the program helped you make healthy changes?

12. The mix of cooking, tasting, and information about healthy eating was about right.

Yes Need more cooking Need more tastings Need more information

13. Mark **all** items below that you plan to do more often due to this program.

I plan to:

- Eat more fruit
- Eat **different** kinds of fruits
- Eat more vegetables
- Eat **different** kinds of vegetables
- Drink water more often
- Wash my hands more often
- Choose healthy foods within my budget
- Compare prices when shopping
- Work physical activity into my lifestyle
- Be active more minutes per week
- Buy more fruits and vegetables
- Read nutrition facts labels

14. How interested were you in the topics covered?

Very Somewhat Not

15. How engaged were you in this program?

Very Somewhat Not

16. This location/setting is a good place to have these lessons.

Yes No

17. What is your age?

- 18-30 years
- 31-50 years
- 60 years or older

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