



# EVENT SURVEY

1. **Today's Date** \_\_\_\_\_
2. **Please indicate the grade level(s) of your child(ren):**
  - ☐ Kindergarten ☐ 3rd grade
  - ☐ 1st grade ☐ 4th grade
  - ☐ 2nd grade ☐ 5th grade
3. **Are you the primary guardian of the child(ren) attending tonight's event? If yes, please indicate which of the following best describes your relationship to the child:**
  - ☐ Parent
  - ☐ Grandparent
  - ☐ Other \_\_\_\_\_
4. **Please indicate which category best describes you:**
  - ☐ African-American ☐ Hispanic/Latino
  - ☐ Asian ☐ Native American
  - ☐ Caucasian ☐ Pacific Islander
  - ☐ Other \_\_\_\_\_
5. **What motivated you to attend tonight's Happy Healthy Family Habits event? (Select ALL that apply.)**
  - ☐ My kid(s) were excited about it.
  - ☐ The topic seemed interesting.
  - ☐ I wanted to learn about ways to improve my family's health.
  - ☐ Seemed like a fun activity for my family to do together.
  - ☐ Other \_\_\_\_\_
6. **Which stations did you visit? (Select ALL that apply.)**
  - ☐ Physical Activity Station ☐ Wonder Station
  - ☐ Nutrition Station ☐ Literacy Station
  - ☐ Water Station
7. **Of the stations you visited, which station did you find most valuable?**
  - ☐ Physical Activity Station ☐ Wonder Station
  - ☐ Nutrition Station ☐ Literacy Station
  - ☐ Water Station
8. **Of the Take Home Resources provided at tonight's event, which do you think your family will make use of? (Select ALL that apply.)**
  - ☐ Bookmark
  - ☐ Recipe card
  - ☐ Wonderopolis handout
  - ☐ Tabletop Conversation Starters (table tents)
  - ☐ Materials provided by participating agencies
9. **A primary goal of this event was to promote intergenerational learning by providing an opportunity for parents and children to learn together. Did the event do a good job of engaging your whole family?**
  - ☐ Yes ☐ Somewhat ☐ No

10. **Please rate your level of satisfaction with this evening's event. Overall, are you:**
  - ☐ Very satisfied
  - ☐ Somewhat satisfied
  - ☐ Neutral
  - ☐ Somewhat dissatisfied
  - ☐ Very dissatisfied
11. **How likely are you to attend other Happy Healthy Family Habits events in the future?**
  - ☐ Very likely
  - ☐ Somewhat likely
  - ☐ Unlikely
12. **As a result of participation in the Happy Healthy Family Habits event, our goal is that families will improve already established healthy behaviors and/or begin to establish new home routines. Following your participation in this event, how likely are you to establish or improve a home routine that includes:**

	Very likely	Somewhat Likely	Unlikely
Daily exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased water intake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals and snacks that include less sugar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An established bedtime, procedure for completing homework, and/or family mealtimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. **Please provide any comments or suggestions for improving Happy Healthy Family Habits events:**
  
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14. **Can we contact you in the future to talk about your family's routines?**
  - ☐ Yes ☐ No

Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone number \_\_\_\_\_