

Feed Your Potential Participant PRE-Survey

	Please answer the o	questions below b	efore you co	mplete the <i>Feed</i>	your Potential ex	perience.
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1. What is your name?	
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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
Examples of one serving size of fruit	1	2	3	4	5	6
Examples of one serving size of vegetables	1	2	3	4	5	6
Examples of one serving size of whole grains	1	2	3	4	5	6

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

	Not at all confident		Somewhat confident		Very Confident	Not applicable
Prepare a meal or snack with fruits and/or vegetables	1	2	3	4	5	6
Eat the recommended number of servings of fruits, vegetables, and whole grains each day	1	2	3	4	5	6



Feed your Potential Participant POST-Survey

Ρ	lease answer the o	questions belov	r after vo	ou come	olete the <i>Fee</i>	d vour	Potential e	xperience.

1.	What is	your name?			

$2. \ {\it Please circle the number that best represents your {\it current knowledge} \ of the topic below:} \\$

	Low		Medium		High	Not applicable
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Prepare a meal or snack with fruits and/or vegetables	1	2	3	4	5	6
Eat the recommended number of servings of fruits, vegetables, and whole grains each day	1	2	3	4	5	6

4. Please rate the **quality of your overall experience** with the *Feed your Potential*. 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** *Feed your Potential* experience to a friend, family member, or coworker? Circle your choice below.

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