



## Workshop C: Evaluation Form Cooking and tasting

Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

Location: \_\_\_\_\_

Please tell us what you think about this workshop by circling the numbers or by writing your answers in the spaces provided.

1. What was your main reason for coming to this workshop?

\_\_\_\_\_

2. Where did you hear about this workshop? (Circle all that apply to you)

- |                               |   |
|-------------------------------|---|
| Child's school teacher        | 1 |
| Community nurse               | 2 |
| Dietitian                     | 3 |
| Friends/relatives             | 4 |
| Spouse/partner                | 5 |
| Newspaper                     | 6 |
| Attended another PGR workshop | 7 |
| Other (please specify) _____  |   |

3. Here are a number of statements about the workshop. On a scale of 1 to 5, where 1 means strongly agree and 5 means strongly disagree, please rate your feelings about the workshop by circling the appropriate number.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The information was easy to understand	1	2	3	4	5
The workshop was well organised	1	2	3	4	5
The presenter/s were well informed	1	2	3	4	5
I will try to incorporate the new things I learnt today	1	2	3	4	5
Overall, I enjoyed the workshop	1	2	3	4	5

4. Would you try a recipe you made today at home?  Yes  No

4a. If yes, tell us why you are likely to make the recipe at home. Please circle **all** of the statements you agree with.

Easy to prepare	1
I like the taste	2
Saves me money	3
Family will like it	4
Ingredients are familiar	5
The cooking equipment is familiar	6
Other (please specify)	

4b. If no, why won't you make any of the recipes?

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5. What else, if anything, would you like to have seen covered in the workshop?

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7. How many children do you have and what are their ages?

Number \_\_\_\_\_ Ages \_\_\_\_\_

8. Are you happy to be contacted by Cancer Council WA staff about the workshop and changes you may have made as a result of attending the workshop? This will help to make improvements to the program.

If yes, please provide your contact details:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Please add any other comments

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**THANK YOU FOR YOUR TIME AND PARTICIPATION.**