

FARMACY
X

Participant Feedback Survey

For FARMacy program staff use only:

Participant Name: _____ Participant MRN #: _____

Date (MM/DD/YY): ____/____/____ WVU Extension ID # _____

County where FARMacy is held: _____ Name of Clinic/Site _____

Please choose the response that best describes how you feel about the FARMacy program:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
1. I benefitted from the FARMacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Others in my household benefitted from the FARMacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel healthier since participating in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The FARMacy program gave me access to fresh fruits and vegetables that I would not have otherwise had	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would participate in the FARMacy program again if it was available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would recommend the FARMacy program to my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The nutrition education program was helpful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
8. I learned new ways to prepare fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was able to use the recipes from the nutrition education program in my meals at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend the nutrition education program to family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Sometimes	Always
11. The produce that I received was enough to last until the next week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The produce I received was too much for me/my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In addition to the produce that was provided by the FARMacy program, I bought items at the FARMacy using other forms of payment (cash, SNAP/EBT, WIC vouchers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What source(s) of transportation did you use to get to the FARMacy program? *(check all that apply)*

- Personal or household vehicle.....
- Public transportation
- Taxi
- Walked on foot

- Depended on ride from family or friend.....
- Van or car from group home.....
- Bicycle.....
- Other please describe_____

15. What obstacles prevented you from being able to participate in all sessions of the FARMacy and nutrition education program? *(check all that apply)*

- Transportation issues.....
- Child or dependent care issues.....
- Work conflicts
- Scheduled vacation
- Health issues
- Other (please describe) _____

Thank you for completing this survey!