

**Seed to Supper Pre-Class Survey**

*Administered at beginning of first class*

1. **How many years have you been gardening? (check answer)**

* None—I am a beginner
* 1-2 years
* 2-5 years
* 6-10 years
* 10+ years

1. **Why are you interested in learning how to garden? (check all that apply)**

* To improve my health and nutrition
* To reduce food costs/save money on food bills
* To become more self-sufficient
* To learn a new skill

* To connect with people in my community
* To reduce stress
* To grow food for my family
* Other reasons (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What makes it difficult for you to garden? (check all that apply)**

* Not enough space to garden
* Not enough time to garden
* Not enough knowledge/ need more information
* Not enough gardening experience / lack confidence
* Not able to do physical garden work/need help with labor
* Don’t know where to get garden supplies or tools
* Can’t afford to buys seeds, starts or garden inputs
* Nothing makes it difficult
* Other reasons (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How often do you eat fresh fruits and vegetables? (check answer)**

* 3 times per day
* 1 time per day
* 5 times per week
* 1 time per week

**Where do you currently get most of your fruits and vegetables? (check answer)**

* Grocery store
* Home garden
* Food pantry
* Farmers market
* Community garden
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What do you hope to gain from this class?**

* New gardening knowledge and information
* Hands-on gardening experience
* Low-cost gardening resources
* An opportunity to connect with other gardeners in my community
* Other (please specify) \_