



SouthEast Wisconsin Master Gardeners LIFELONG GARDENING SURVEY

*Please help us improve our program by
completing this survey. Thank you!*



1. Please rank the value of today's program to you.							
Great Value	5	4	3	2	1	0	No Value
2. What new information did you learn today?							
3. What might you change as a result of having this information?							
4. How likely are you to try a new practice you learned today?							
Most Likely	5	4	3	2	1	0	Not Likely
5. Of the tools on display, did you handle any? _____Yes _____No If YES, which tool(s):							
6. How likely are you to purchase any of the tools you saw today or make adaptations to the tools you already have to make them ergonomic?							
Most Likely	5	4	3	2	1	0	Not Likely
7. If you've stopped gardening, how likely are you to reconsider doing it again given the options discussed today?							
Most Likely	5	4	3	2	1	0	Not Likely
8. What topics (in reference to Lifelong Gardening) would you like presented in the future?							
9. What type of gardening do you do (e.g., large space, small space, vegetable, container, vertical, etc.)?							

If you have questions, one of our Master Gardener Volunteers would be happy to contact you. Please provide your name, email address, and phone number below:

Name: _____

Email: _____ Phone: _____

Feel free to write any additional information/thoughts you'd like to share on the back of this survey.