

Five-A-Day Fruit and Vegetable Challenge

Post-challenge Survey

Name (optional): _____

1. On a scale of 1-5, how much did you enjoy this challenge? (5 being "I enjoyed it very much," 3 being "neutral," and 1 being "I didn't enjoy it at all.")
☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
2. Would you participate in this challenge if it was offered again?
☐ Yes
☐ No
☐ Maybe
3. Did this challenge make you more aware of your fruit and vegetable intake throughout the day?
☐ Yes
☐ No
☐ Not sure
4. Would you say that you have developed or plan to develop healthy behavior changes as a result of this challenge?
☐ Yes
☐ No – I already eat healthy
☐ No – I don't plan to make any changes
☐ Maybe
5. Please list any suggestions you have to improve this challenge:
6. Please list any ideas for future challenges:

Thank you for taking the time to complete this survey.