



Date\_\_\_\_\_

## **"The Personal Journey" Evaluation**

### **A. As a result of "The Personal Journey"**

1. My knowledge of personal well-being has increased.

- ☐ Yes
- ☐ No

2. I plan to do one or more new things to improve my personal well-being.

- ☐ Yes
- ☐ No

3. If you plan to do something new to improve your personal well-being, please briefly describe what it is.

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4. Contact information (if you are willing to participate in a brief follow-up evaluation):

- Name:\_\_\_\_\_
- E-mail address: \_\_\_\_\_

**(OVER)**

**B. Tell us about you**

1. What is your age?

- ☐ 18 years or younger  
☐ Over 18 years

2. I am: (Fill in ONE)    ☐ Male        ☐ Female

3. I am Hispanic/Latino: (Fill in ONE)    ☐ Yes        ☐ No

4. My race is: (Fill in ONE):

- ☐ Amer. Indian/Alaska Native    ☐ Hawaiian/Pacific Islander  
☐ Asian                                    ☐ White  
☐ Black/African-American        ☐ Two or more mixed race/Other

5. In what state and county do you live? \_\_\_\_\_

University of Arkansas, United States Department of Agriculture, and County Governments Cooperating.

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