



**Cooperative Extension Service** 

## **Marriage Garden Evaluation**

Your feedback is very important to us. Please take a few minutes to answer some questions about the *Marriage Garden* program. Your answers and the information you provide will be kept strictly confidential. **Instructions:** This form will be electronically scored so please mark the desired answer by <u>filling in</u> the circle with a dark pencil or pen like this: " $\bullet$ ". **Do not "X" or "\sqrt{}" the circles**.

## **A.** Please rate your <u>understanding of the following relationship issues</u> both <u>BEFORE</u> and <u>AFTER</u> participating in a *Marriage Garden* workshop and/or reading through the *Marriage Garden* materials:

	<u>BEFORE</u> participating in The <i>Marriage Garden</i> workshop and/or reading the materials:					<u>AFTER</u> participating in The <i>Marriage Garden</i> workshop and/or reading the materials:				
	Very Little	Some	Quite a Bit	A Lot	Not applicable	Very Little	Some	Quite a Bit	A Lot	Not applicable
1. Commitment (making & honoring promises)	1	2	3	4	(5)	1	2	3	4	5
2. Growth (expanding/using your strengths)	1	2	3	4	5	1	$\bigcirc$	3	4	5
3. Nurturing (doing the work of loving)	1	2	3	4	5	1	$\bigcirc$	3	4	5
4. Understanding (cultivating compassion for partner)	1	2	3	4	\$	1	2	3	4	5
5. Solving (turning differences into blessings)	1	2	3	4	5	1	2	3	4	5
6. Serving (giving back to partner/community)	1	2	3	4	5	1	2	3	4	5

## **B.** As a result of participating in a *Marriage Garden* workshop and/or reading through the *Marriage Garden* materials:

	Strong Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. My knowledge of healthy marriage relationships has increased.	1	2	3	4	5
2. My skills as a spouse/partner are likely to increase.	1	2	3	4	5
3. I have a desire to be a better spouse/partner.	1	2	3	4	\$
4. I will change (improve on) at least one relationship strengthening behavior or practice.	1	2	3	4	\$
5. I think my relationship with my spouse/partner is likely to improve.	1	2	3	4	5
6. I would recommend this program to family and friends.	1	2	3	4	5

C. How satisfied are you with								
	Extremely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Mixed	Somewhat Satisfied	Very Satisfied	Extremely Satisfied	
1. your <i>marriage</i> ?	0	2	3	4	5	6	Ø	
2. your <i>relationship</i> with your spouse?	0	2	3	4	5	6	Ø	
3. your husband or wife as a <i>spouse</i> ?	1	2	3	4	5	6	Ø	

- **D.** Do you intend to do anything differently as a result of participating in the *Marriage Garden* training and/or reading through the *Marriage Garden* materials?
  - O Yes
  - O No

If "Yes," please describe:

## **E. Demographic Questions:**

1.	What is your age?								
2.	I am: (Fill in <u>ONE</u> ) O Male	0	Female						
3.	I am Hispanic/Latino: (Fill in <u>ONE</u> )	0	Yes O No						
4.	My race is: (Fill in <u>ONE</u> ):								
	<ul><li>O Black/African-American</li><li>O Native-American</li><li>O Asian-American</li></ul>		<ul><li>O White</li><li>O Unknown</li><li>O Bi-racial/Other</li></ul>						
5.	My highest education level is: (Fill in	<u>ONI</u>	<u>E)</u>						
	<ul><li>O Not a H.S. graduate</li><li>O H.S. graduate</li></ul>	0 0	Associate Degree Bachelor's Degree	O Graduate Degree					
6.	6. E-mail address (for a brief follow-up evaluation):								
	For Office Use Only								
	Dosage (hours): O 1-2 O 3-4 O Setting:	5-6	O 7-8 Presenter: Date:						

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

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer