

# Café-O-Yea Feedback Form

School ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM | PM

[This section to be completed by HC Coordinator]

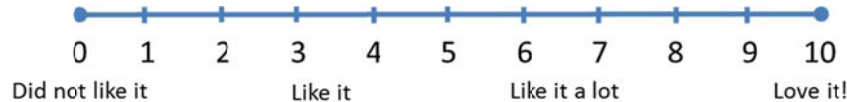
We want to know how you liked today's **Café-O-Yea Demonstration**. Your feedback will help us improve our demos in the future.

1. What was the purpose of today's Café-O-Yea? *Check one response.*

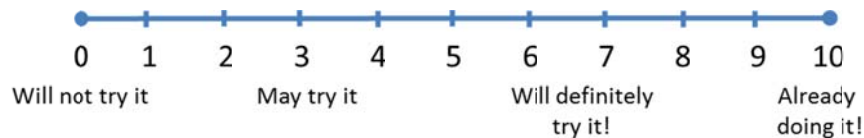
To learn how to . . .

- ☐ make drinks with little or no sugar.
- ☐ fix a quick healthy breakfast.
- ☐ enjoy eating more fruits and/or veggies.
- ☐ make exercise with friends and being active fun.
- ☐ practice ways to resolve conflict/tension with others.
- ☐ turn negative thoughts into positive ways to deal with challenges.

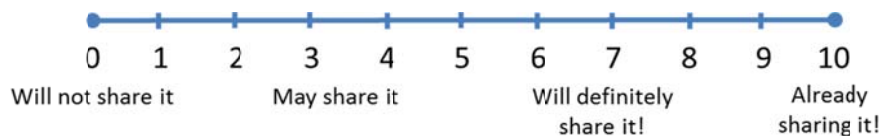
2. How much did you like today's Café-O-Yea? *Circle the number that best represents you on the 'like it' scale below, from 0 to 10.*



3. Do you think you will try out what was shown today at least once in the next 7 days? *Circle the number that best represents you on the 'try it' scale below, from 0 to 10.*



4. Do you think you will share what was shown today with friends and/or family at least once in the next 7 days? *Circle the number that best represents you on the 'share it' scale below, from 0 to 10.*



5. In addition to today's Café-O-Yea, how many other Café-O-Yeas have you seen at your school this year? *Check one response.*

- ☐ None! This was the first demo I watched this year.
- ☐ One. I saw one other demo this year.
- ☐ Two or more. I have seen many other demos this year.

6. What's your grade? *Check one response.*                      ☐ 7<sup>th</sup>   ☐ 8<sup>th</sup>   ☐ 9<sup>th</sup>   ☐ 10<sup>th</sup>   ☐ 11<sup>th</sup>   ☐ 12<sup>th</sup>

7. What's your gender? *Check one response.*                      ☐ Male                      ☐ Female

**THANK YOU SO MUCH!**