

Livingston Manor Garden Program: Student Survey

Please answer honestly. This survey helps us understand how the garden program affects health and welll

Name (optional): _____

Date: _____

Grade: _____

1. How much do you agree with these statements?

(Circle one for each statement: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

I enjoy eating fruits and vegetables. 1 2 3 4 5

I know how to grow my own food. 1 2 3 4 5

I feel healthier when I eat fresh foods. 1 2 3 4 5

I am interested in learning about plants and gardening. 1 2 3 4 5

I feel happier after spending time outside in the garden. 1 2 3 4 5

I am more likely to try new foods after working in the garden. 1 2 3 4 5

I feel proud of helping grow food for my school or family. 1 2 3 4 5

I think gardening is good for my physical health. 1 2 3 4 5

I think gardening is good for my mental health (mood, stress, etc.). 1 2 3 4 5

I am more active (move my body more) because of the garden program. 1 2 3 4 5

2. What is one thing you hope to learn or experience in the garden program?

3. What is one thing you learned or experienced in the garden program? (post only)

4. Would you recommend the garden program to other students?

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☐ Yes ☐ No ☐ Not sure

5. Any other comments or suggestions?
