

OHIO STATE UNIVERSITY EXTENSION

Date:

Educator:

County:

Food Preservation Program Survey

Thank you for attending an OSU Extension food preservation program. Please take a few minutes to complete this questionnaire. The information you share will help us develop future programs for you and discover whether or not the program was effective. Please **DO NOT** put your name on the questionnaire.

Think about your food preservation practices BEFORE and AFTER attending the OSU Extension food preservation program. Then, please circle the number that best answers each statement. Circle ONE NUMBER for each BEFORE statement and ONE NUMBER for each AFTER statement; where 1 = NEVER and 5 = ALWAYS. Please check the non-applicable (n/a) box if this topic was not discussed during the program in which you attended. If you have never done home food preservation before attending this program, please circle 1=Never on the BEFORE section of this survey.

	BEFORE I took part in the presentation I USED to:						AFTER I participated in the presentation I WILL :					
	Never	Rarely	Sometimes	Usually	Always	N/A	Never	Rarely	Sometimes	Usually	Always	N/A
CANNING												
Acidify tomatoes with lemon juice or citric acid.	1	2	3	4	5		1	2	3	4	5	
Use a boiling water bath canner to process high acid foods.	1	2	3	4	5		1	2	3	4	5	
Use a pressure canner to process low acid foods.	1	2	3	4	5		1	2	3	4	5	
Use the correct headspace while filling the jars.	1	2	3	4	5		1	2	3	4	5	
FREEZING												
Blanch vegetables before freezing.	1	2	3	4	5		1	2	3	4	5	
Choose packing method based on desired end product.	1	2	3	4	5		1	2	3	4	5	
GENERAL												
Use current OSU Extension and USDA recommendations.	1	2	3	4	5		1	2	3	4	5	
Wash hands with soap and warm running water for at least 20 seconds before working with foods.	1	2	3	4	5		1	2	3	4	5	



Where do you get your produce to can or freeze? (check all that apply)

- ☐ Backyard garden
- ☐ Farmer's market
- ☐ Other, please specify:
- ☐ Community garden
- ☐ Pick your own

Why do you preserve foods? (check all that apply)

- ☐ Save money
- ☐ Increase fruit and vegetable intake
- ☐ Concern about food safety
- ☐ Other, please specify:
- ☐ Control ingredients for health
- ☐ Preserve family traditions
- ☐ Preserve excess garden harvest

What preservation method(s) do you use? (check all that apply)

- ☐ Water bath canning
- ☐ Pickling foods
- ☐ Drying foods
- ☐ Other, please specify:
- ☐ Pressure canning
- ☐ Freezing fruits and/or vegetables
- ☐ I have never used any food preservation methods

The following statements are about the instructor.

The instructor:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was well prepared	1	2	3	4	5
2. Was interested in helping me.	1	2	3	4	5
3. Showed respect for all persons attending the program.	1	2	3	4	5
4. Stimulated me in wanting to learn.	1	2	3	4	5
5. Answered questions clearly.	1	2	3	4	5
6. Related program content to real-life situations.	1	2	3	4	5
7. Gave clear expectations.	1	2	3	4	5
8. Held my attention.	1	2	3	4	5
9. Presented information that will help me.	1	2	3	4	5

Please tell us about yourself:

I am: ☐ Female ☐ Male

What is your age? _____ years

What is your race? (select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____

What is your ethnicity? (select one)

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Non-Latino