

Gluten Free Eating

Date: _____ Educator: _____

County (if applicable): _____ State: _____

Please check the Lesson(s) you attended:

Series: Introduction to Gluten Free Eating Gluten Free Shopping and Dining Out Gluten Free Cooking and Baking

OR

Single Lesson: Gluten Free Eating

Please select the appropriate choice to reflect your opinion of this program series:

1. Think about your knowledge on gluten free eating BEFORE and AFTER attending this OSU Extension 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 = NOT KNOWLEDGEABLE AT ALL and 5 = EXTREMELY KNOWLEDGEABLE. Please check the non-applicable (n/a) box if this topic was not discussed during the program you attended

	BEFORE I took part in the program series, how KNOWLEDGEABLE did I feel on these topics:						AFTER I took part in the program series, how KNOWLEDGEABLE am I on these topics:					
	Not at all	Slightly	Moderately	Very	Extremely	N/A	Not at all	Slightly	Moderately	Very	Extremely	N/A
Foods that contain gluten	1	2	3	4	5		1	2	3	4	5	
Potential sources of hidden gluten	1	2	3	4	5		1	2	3	4	5	
Potential sources of cross contact	1	2	3	4	5		1	2	3	4	5	
Precautions to take when dining out	1	2	3	4	5		1	2	3	4	5	
How gluten free flours work differently than wheat flour	1	2	3	4	5		1	2	3	4	5	
How to read food labels for gluten ingredients	1	2	3	4	5		1	2	3	4	5	
How to adapt recipes to make them gluten free	1	2	3	4	5		1	2	3	4	5	

Please turn over to complete the survey

2. Think about your confidence on gluten free eating BEFORE and AFTER attending this OSU Extension 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 = NOT CONFIDENT AT ALL and 5 = EXTREMELY CONFIDENT. Please check the non-applicable (n/a) box if this topic was not discussed during the program you attended.

	BEFORE I took part in the program series, how CONFIDENT did I feel on these topics:						AFTER I took part in the program series, how CONFIDENT am I on these topics:					
	Not at all	Slightly	Moderately	Very	Extremely	N/A	Not at all	Slightly	Moderately	Very	Extremely	N/A
Reading food labels for gluten ingredients	1	2	3	4	5		1	2	3	4	5	
Adapting recipes to make them gluten free	1	2	3	4	5		1	2	3	4	5	

3. Please describe how you plan to use the information:

Please provide us with additional demographic information.

I am:

Female Male

What is your age? _____

I am:

- American Indian or Alaskan Native
- African American or Black
- Asian
- Native Hawaiian or Pacific Islander
- White
- Other:

Ethnicity:

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



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