Date________________

“The Marriage Garden” Evaluation

A. As a result of "The Marriage Garden"

1. My knowledge of healthy couple relationships has increased.
   - Yes
   - No

2. I plan to do one or more new things to strengthen my relationship.
   - Yes
   - No

3. If you plan to do something new to strengthen your relationship, please briefly describe what it is.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Contact information (if you are willing to participate in a brief follow-up evaluation):
   - Name:________________________________
   - E-mail address: __________________________

(OVER)
B. Tell us about you

1. What is your age?
   - ○ 18 years or younger
   - ○ Over 18 years

2. I am: (Fill in ONE)  ○ Male   ○ Female

3. I am Hispanic/Latino: (Fill in ONE)  ○ Yes   ○ No

4. My race is: (Fill in ONE):
   - ○ Amer. Indian/Alaska Native  ○ Hawaiian/Pacific Islander
   - ○ Asian  ○ White
   - ○ Black/African-American  ○ Two or more mixed race/Other

5. In what state and county do you live? _____________________