



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.

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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? \_\_\_\_\_

University of Arkansas, United States Department of Agriculture, and County Governments Cooperating.

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