



Oregon Garden Challenge

Group Survey



Directions: Please mark your answer for each question. Answers will be reported as combined results and your identity will not be shared. You may skip any questions you do not want to answer. Although optional, your responses will help us continue to improve and fund our programs.

1 Did you participate in the **Grow This! Oregon Garden Challenge** last year (2020)?
 Yes, this is my second year No, this is my first year I am not sure

2 Do you want to **receive free seeds** for the **Grow This! Oregon Garden Challenge** this year? If you want to participate in the challenge and want to use your own seeds, we can still send you fun, monthly **Grow This!** letter with gardening ideas and seasonal growing tips, and recipes. Seed kits are only available to Oregon residents while supplies last.
 Yes No

3 Please include your contact information so we can send you program emails and track where the seeds went. *Please flag emails from **food.hero@oregonstate.edu** as "safe" in your inbox so they do not end up in your junk mail.*

First Name: _____ Last Name: _____
City or Town: _____ Zip or Postal Code: _____
Email: _____ Phone Number (optional): _____

4 How are you participating in the Grow This! Challenge? (What type of group?) Check as many options as make sense.

- As a School group (K - 12, and college) As a School Garden group
 As a Childcare, Headstart or Preschool group As a Worksite group
 As a Community Organization As a Farm or Community Garden
 As a Church group
 Other (please explain): _____

5 What is the name of the **site/organization** you are participating with? Please give us the **official name**, if possible. (For example: Cooper Mountain Elementary School, Ms. Todd's 2nd Grade Class):

6 How many people will be participating with your group, or impacted by your gardening project? (Your best guess is fine here):

7 How many seed kits are you requesting? Please choose between 1 to 20 seed kits (groups are limited to 20 seed kits, maximum): **NOTE: 1 seed kit serves about 20 adults or a medium-size classroom (of about 25 students)**

For the remaining questions, please answer for yourself and your household.

8 In the past week, how many **days** did your family **eat vegetables** as part of their dinner?
Check one:

0 1 2 3 4 5 6 7

9 In the past week, how many days **did you cook dinner** for your household? Check one:

0 1 2 3 4 5 6 7

Continues →

Oregon Garden Challenge Group Survey, continued

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When it comes to **gardening**, which of the following best describes you? (Check one):

- First time gardener (first time growing food) Garden some years, but not every year
 Garden every year with some success Garden every year with lots of success
 Gardening expert with lots of success every year, who also teaches others

11

How will you grow your seeds? (Check all that apply):

- Indoor garden Outdoor container gardens Outdoor in-ground garden
 Outdoor in raised beds Other (please describe)

12

Have you ever seen or heard the slogan "Food Hero"? (see image at right)

- Yes No Not sure



13

In the last year, about how many times have you seen or heard Food Hero ads or messages?

- None Once 2-4 times
 5-10 times More than 10 times

14

What do you hope to get from participating in the **Grow This?** Please add anything you want to tell us, below:

15

What kinds of recipes or meal ideas would you like to have for cooking or using your garden ingredients? Comment below:

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How often would you prefer to receive emails from us with growing tips, gardening videos, recipes and meal ideas? Which of the following options would best support your growing success? (Check all that apply):

- A monthly (1 per month) email with gardening tips for the month
 A bi-monthly (2 per month) email with gardening information in two parts for the month
 A weekly (4 per month) with 1 or 2 tips and links to resources per week
 I prefer to follow along on social media
 Other (please describe)

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What is your race? Select all that apply:

- American Indian or Alaska Native Asian or Asian-American Black or African-American
 White or Caucasian Hawaiian Native or other Pacific Islander
 Other (please describe) Prefer not to answer

18

What is your ethnicity? Hispanic Non-Hispanic Prefer not to answer

19

What is your gender? Male Female Not listed Prefer not to answer

20

What is your age? Please select the age category that includes your current age.

- 15-19 years 20-29 years 30-39 years 40-49 years 50-59 years
 60-69 years 70-79 years 80+ years Prefer not to answer