



Oklahoma Cooperative Extension Service

Please take a moment to complete this survey

INSTRUCTIONS:

On the **left**, rate your knowledge level of each topic **BEFORE** the presentation. On the right, rate your knowledge level of each topic **AFTER**. Please rate your knowledge level on a **scale of 1 to 5**, where **1 means “no knowledge”** and **5 means “very high knowledge.”**

BEFORE					TOPIC	AFTER				
1	2	3	4	5		1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alpha-gal Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods/products that contain alpha-gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS: On the **left**, rate what you did **BEFORE** the presentation. On the right, rate what you plan to do **AFTER**. Please rate what you did and plan to do on a scale of 1 to 5, where 1 means “never” and 5 means “always”.

BEFORE					TOPIC	AFTER				
1	2	3	4	5		1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take steps to avoid tick-bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We need to collect some basic information for our reporting:

Gender: Male Female

Ethnicity: Are you Hispanic? No Yes

Race: American Indian/Alaska Native Asian Black/African American

Hawaiian/Pacific Islander White Other