

**Residential Rain Garden Program
Follow-Up Survey**

As a past participant of the rain barrel lesson, we would appreciate your feedback. Please take a moment to complete this survey.

1. Did you have a rain garden installed at your home before participating in the Residential Rain Garden lesson?

Yes No

If you answered Yes please complete question #2.

If answered No please complete question #3.

2. A.) Have you made changes to your rain garden as a result of this lesson?

Yes No

- B.) Have you made changes to how you maintain your rain garden as a result of this lesson?

Yes No

3. Did you install a rain garden at home as a result of this lesson?

Yes No

(Optional)

Gender: Male Female

Age in years:

<input type="checkbox"/> 0-18	<input type="checkbox"/> 55-64
<input type="checkbox"/> 19-34	<input type="checkbox"/> 65-74
<input type="checkbox"/> 35-44	<input type="checkbox"/> 75-84
<input type="checkbox"/> 45-54	<input type="checkbox"/> 85+

Race/ethnicity:

White
 Black/African American
 Hispanic/Latino
 Asian
 Hawaiian/Pacific Islander
 Two or more mixed race/color

County _____

Thank you! If you have additional comments regarding the program please list them below.



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