**What was your main reason for coming to this event?**

**We are interested in your overall impressions of the field day. Please check the box for each question.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Average | Good | Excellent |
| How effective were the demonstrations/plots/fields you saw? | □ | □ | □ | □ | □ |
| How effective were the speakers at this workshop?  | □ | □ | □ | □ | □ |
| Overall, how would you rate the quality of this workshop? | □ | □ | □ | □ | □ |

**How do you plan to incorporate what you saw or learned at today’s event?**

 □ I plan to begin or continue use of cover crops in 2021-2022

 □ I will seek more information on how to manage cover crops successfully

 □ I will discuss soil health practices or management options with my crop advisor

 □ I will discuss conservation and soil health ideas with other farmers, clients, landowners, or tenants

 □ I will discuss cost-share options with my local conservation office

 □ I do not plan to make any changes based on this event

**Please indicate your level of agreement with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disAgree | disAgree | Neutral | agree | Strongly agree |
| After attending this event, I am confident in my ability to implement and manage cover crops. | □ | □ | □ | □ | □ |
| After attending this event, I understand the ability of cover crops to provide on- and off-farm benefits. | □ | □ | □ | □ | □ |
| My neighbors and friends want me to use conservation practices like cover crops.  | □ | □ | □ | □ | □ |
| People like me should do everything they can to build soil quality. | □ | □ | □ | □ | □ |
| Neighbors and other farmers in my area are using cover crops. | □ | □ | □ | □ | □ |

**What was the best part of today’s event?**

**Do you have any suggestions to improve today’s event?**

**Which best describes you**? (check all that apply)

 □ Farmer/operator □ Landowner □ Advisor/consultant

**How many acres do you farm/consult on?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What types of practices are you currently doing on your farm?** (check all that apply)

 □ No till/strip till □ Rotational/prescribed grazing □ Extended crop rotation

 □ Cover crops □ Nutrient management □ No conservation practices

 □ Field borders/buffers □ Wildlife habitat plantings □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We are interested in following up with you after this event. If you are willing, please provide your name and contact information (phone and/or email):**