First Name _____

SHARE OUR STRENGTH'S COOKING MATTERS

Cooking Matters For Parents

Participant Survey

1. What is your sex?

☐ Male

☐ Female

2. What is your age?

☐ under 18 ☐ 40-49

☐ 18-29 ☐ 50-59

☐ 30-39 ☐ 60 and over

3. What is the **highest** level of education you have completed?

☐ Less than a high school degree

☐ High school degree or GED

☐ Some college, but have not graduated

☐ Two-year college degree

☐ Four-year college degree

4. Are you Hispanic or Latino?

☐ Yes

☐ No

5. What is your race?
(You may mark more than one.)

☐ White

☐ Black or African American

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ American Indian or Alaska Native

☐ Other (please specify)

_____

6. Are you pregnant?

☐ Yes

☐ No

7. How many people **TOTAL counting yourself** live in your household? (This may include non-relatives who live with you.)

☐ 1 ☐ 4 ☐ 7 ☐ 10 or more

☐ 2 ☐ 5 ☐ 8

☐ 3 ☐ 6 ☐ 9

8. How many children **ages 0-5** live in your household? (This may include non-relatives who live with you.)

☐ 0 ☐ 2 ☐ 4

☐ 1 ☐ 3 ☐ 5 or more

9. How many children **ages 6-17** live in your household? (This may include non-relatives who live with you.)

☐ 0 ☐ 2 ☐ 4

☐ 1 ☐ 3 ☐ 5 or more

10. Have you or other members of your household participated in any of the following programs in the last year? (Mark all that apply)

☐ WIC

☐ SNAP (formerly Food Stamps)

☐ Free or reduced-price school breakfast

☐ Free or reduced-price school lunch

☐ Free or reduced-price school supper

☐ Free summer meals

☐ Head Start

☐ Food Pantry

☐ Medicaid

☐ **Do not** participate in any of these programs.

Cooking Matters For Parents
Before Course Survey

Please complete this survey to help us improve future Cooking Matters courses. Please honest—there are no "right" or "wrong" answers. This survey will take about 15 minutes to complete. **Please answer these questions for yourself only, not your whole family.** Place an "X" in the box to choose the best answer for each question.

How often do *you* typically eat…	Not at all	Once a week or less	More than once a week	Once a day	More than once a day
1. … fruit like apples, bananas, melon, or other fruit?	☐	☐	☐	☐	☐
2. … green salad?	☐	☐	☐	☐	☐
3. … french fries or other fried potatoes, like home fries, hash browns, or tater tots?	☐	☐	☐	☐	☐
4. … any other kind of potatoes that aren't fried?	☐	☐	☐	☐	☐
5. … refried beans, baked beans, pinto beans, black beans, or other cooked beans? (**Do not** count green beans or string beans.)	☐	☐	☐	☐	☐
6. … other non-fried vegetables like carrots, broccoli, green beans, or other vegetables?	☐	☐	☐	☐	☐
7. How many times a week do **you** typically eat a meal from a fast-food or sit-down restaurant? (Consider breakfast, lunch and dinner.)	☐	☐	☐	☐	☐

How often do *you* typically drink…	Not at all	Once a week or less	More than once a week	Once a day	More than once a day
8. … 100% fruit juices like orange juice, apple juice or grape juice? (**Do not** count punch, Kool-aid, sports drinks or other fruit-flavored drinks.)	☐	☐	☐	☐	☐
9. … a can, bottle, or glass of regular soda or pop, sports drink, or energy drink? (**Do not** count diet or zero calorie drinks.)	☐	☐	☐	☐	☐
10. … a bottle or glass of water? (Count tap, bottled and sparkling water.)	☐	☐	☐	☐	☐

Cooking Matters For Parents
Before Course Survey

	Never	Rarely	Some-times	Often	Always	Does not Apply
11. When you have milk, how often do you choose low-fat milk (skim or 1%)?	☐	☐	☐	☐	☐	☐
12. When you eat dairy products like yogurt, cheese, cottage cheese, sour cream, etc., how often do you choose low fat or fat-free options?	☐	☐	☐	☐	☐	☐
13. When you eat grain products like bread, pasta, rice, etc., how often do you choose **whole grain** products?	☐	☐	☐	☐	☐	☐
14. How often do you choose low-sodium options when you buy easy-to-prepare, packaged foods like canned soups or vegetables, pre-packaged rice, frozen meals, etc.?	☐	☐	☐	☐	☐	☐
15. When you buy meat or protein foods, how often do you choose lean meat or low-fat proteins like poultry or seafood (not fried), 90% or above lean ground beef, or beans?	☐	☐	☐	☐	☐	☐
16. When you eat at fast-food or sit-down restaurants, how often do you choose healthy foods? (Healthy foods include fruits, vegetables, whole grains, lean meats, low-fat or fat-free dairy, and water.)	☐	☐	☐	☐	☐	☐

Place an "X" in the box to choose the best answer for each statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
17. Cooking takes too much time.	☐	☐	☐	☐	☐
18. Cooking is frustrating.	☐	☐	☐	☐	☐
19. It is too much work to cook.	☐	☐	☐	☐	☐

Cooking Matters For Parents
Before Course Survey

Place an "X" in the box to choose the best answer for each question.

	Never	Rarely	Some-times	Often	Always	Does not Apply
20. How often do you compare prices before you buy food?	☐	☐	☐	☐	☐	☐
21. How often do you plan meals ahead of time?	☐	☐	☐	☐	☐	☐
22. How often do you use a grocery list when you go grocery shopping?	☐	☐	☐	☐	☐	☐
23. How often do you worry that your food might run out before you get money to buy more?	☐	☐	☐	☐	☐	☐
24. How often do you use the "nutrition facts" on food labels?	☐	☐	☐	☐	☐	☐
25. How often do you eat breakfast within two hours of waking up?	☐	☐	☐	☐	☐	☐
26. How often do you eat food from each food group every day? (Food groups include dairy, grains, fruits, vegetables, and protein.)	☐	☐	☐	☐	☐	☐
27. How often do you make homemade meals "from scratch" using **mainly** basic whole ingredients like vegetables, raw meats, rice, etc.?	☐	☐	☐	☐	☐	☐
28. How often do you adjust meals to include specific ingredients that are more "budget-friendly," like on sale or in your refrigerator or pantry?	☐	☐	☐	☐	☐	☐
29. How often do you adjust meals to be more healthy, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?	☐	☐	☐	☐	☐	☐

Cooking Matters For Parents
Before Course Survey

Healthy foods include fruits, vegetables, whole grains, lean meats, low-fat or fat-free dairy, and water.

	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident	Does not Apply
30. How confident are you that you can use the same healthy ingredient in more than one meal?	☐	☐	☐	☐	☐	☐
31. How confident are you that you can choose the best-priced form of fruits and vegetables (fresh, frozen or canned)?	☐	☐	☐	☐	☐	☐
32. How confident are you that you can use basic cooking skills, like cutting fruits and vegetables, measuring out ingredients, or following a recipe?	☐	☐	☐	☐	☐	☐
33. How confident are you that you can **buy** healthy foods for your family on a budget?	☐	☐	☐	☐	☐	☐
34. How confident are you that you can **cook** healthy foods for your family on a budget?	☐	☐	☐	☐	☐	☐
35. How confident are you that **you can help** your family eat more healthy?	☐	☐	☐	☐	☐	☐

36. During the past 7 days, how many times did you cook food for dinner or supper at home?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Cooking Matters For Parents
After Course Survey

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After Course Survey

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☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Cooking Matters For Parents
After Course Survey

37. Place an "X" in the box to choose the best answer for each statement.

	This idea is not for me.	**I am thinking about trying this.**	**I plan on trying this soon.**	**I tried this during the 6-week course.**	**I already did this before taking this course.**
Let kids help plan meals.	☐	☐	☐	☐	☐
Let kids help prepare meals.	☐	☐	☐	☐	☐
Model healthy eating habits for kids.	☐	☐	☐	☐	☐
Let kids serve themselves.	☐	☐	☐	☐	☐
Eat with kids at the table.	☐	☐	☐	☐	☐
Offer fruits and vegetables in ways that are appealing to kids.	☐	☐	☐	☐	☐

Cooking Matters For Parents
After Course Survey

38. Did you prepare any of the recipes from class at home?

☐ Yes ☐ No

If yes, which recipes did you make?

39. How has this course affected your life?

40. Is there anything about this course that you would change? Please tell us about it or use this space to leave a message for the instructors.

41. Do you plan to share things you learned in this course with your family or friends?

☐ Yes ☐ No

Please enter the initial letter of your first, middle, and last names. Example: if your name is John Quinn Doe, please enter JQD. If your name is Maria Elena Ortiz Méndez, please enter MEOM.

Please enter your zip code.

— — — — —

FOR STAFF USE ONLY

Check boxes for each **lesson** the participant attended: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Check which waivers the participant signed: ☐ Participation/Information ☐ Media

Month Course Ended ☐☐ Partner Code ☐☐ Course Code ☐☐☐☐☐☐☐

Last Updated: 7/7/2017