



Cooking Matters for Families

FY2017 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 ☐ Two-year college degree
☐ High school degree or GED ☐ Four-year college degree
☐ Some college, but have not graduated

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 Families

Before Course Survey (Parent)

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.

Not at all	Once a week or less	More than once a week	Once a day	More than once a day
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How often do *you* typically eat...

1. ... fruit like apples, bananas, melon, or other fruit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... green salad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... french fries or other fried potatoes, like home fries, hash browns, or tater tots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... any other kind of potatoes that aren't fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... refried beans, baked beans, pinto beans, black beans, or other cooked beans? (Do not count green beans or string beans.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... other non-fried vegetables like carrots, broccoli, green beans, or other vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	Once a week or less	More than once a week	Once a day	More than once a day
---------------	---------------------------	-----------------------------	---------------	-------------------------

How often do *you* typically drink...

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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ... a can, bottle, or glass of regular soda or pop, sports drink, or energy drink? (Do not count diet or zero calorie drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... a bottle or glass of water? (Count tap, bottled and sparkling water.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Matters for Families

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%)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When you eat grain products like bread, pasta, rice, etc., how often do you choose whole grain products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Cooking is frustrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. It is too much work to cook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Matters for Families

Before Course Survey

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

[illegible]

Cooking Matters for Families

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	
33. How confident are you that you can use the same healthy ingredient in more than one meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. How confident are you that you can choose the best-priced form of fruits and vegetables (fresh, frozen or canned)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. How confident are you that you can use basic cooking skills, like cutting fruits and vegetables, measuring out ingredients, or following a recipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. How confident are you that you can buy healthy foods for your family on a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. How confident are you that you can cook healthy foods for your family on a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. How confident are you that you can help your family eat more healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. During the past 7 days, how many times did you cook food for dinner or supper at home?							
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



Cooking Matters for Families

Child Information

1. What is your child's sex?

- ☐ Male
- ☐ Female

3. Is your child Hispanic or Latino?

- ☐ Yes
- ☐ No

2. What is your child's age?

- ☐ 7 and under
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13 and over

4. What is your child's 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)
-

Your Name: _____

Before Class Survey

Please put an "X" in the box to mark your answer.

1. I can make something to eat with fruit all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



2. I can make something with vegetables all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



3. I can make healthy choices when I'm out to eat.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



4. I can help make healthy choices at the grocery store.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



5. I can talk to my family about healthy eating.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



6. I can talk to my family about healthy cooking.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



7. I can follow recipe directions.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



8. I can use a knife safely.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



Please put an "X" in the box to mark your answer.

9. How do you feel about trying new foods?

- ☐ 😊 I really like to try new foods.
- ☐ 😐 I kind of like to try new foods.
- ☐ 😞 I don't like to try new foods.
- ☐ 😞 I really don't like to try new foods.
- ☐ 🤔 I'm not sure if I like to try new foods.



10. How do you feel about eating fruit?

- ☐ 😊 I really like to eat fruit.
- ☐ 😐 I kind of like to eat fruit.
- ☐ 😞 I don't like to eat fruit.
- ☐ 😞 I really don't like to eat fruit.
- ☐ 🤔 I'm not sure if I like to eat fruit.



11. How do you feel about eating vegetables?

- ☐ 😊 I really like to eat vegetables.
- ☐ 😐 I kind of like to eat vegetables.
- ☐ 😞 I don't like to eat vegetables.
- ☐ 😞 I really don't like to eat vegetables.
- ☐ 🤔 I'm not sure if I like to eat vegetables.



12. How do you feel about eating whole grain foods, like whole wheat bread or tortillas, or whole grain crackers?

- ☐ 😊 I really like to eat whole grains.
- ☐ 😐 I kind of like to eat whole grains.
- ☐ 😞 I don't like to eat whole grains.
- ☐ 😡 I really don't like to eat whole grains.
- ☐ 🤔 I'm not sure if I like to eat whole grains.



13. How do you feel about choosing drinks that are low in sugar (such as plain, low-fat milk and water)?

- ☐ 😊 I really like to choose drinks that are low in sugar.
- ☐ 😐 I kind of like to choose drinks that are low in sugar.
- ☐ 😞 I don't like to choose drinks that are low in sugar.
- ☐ 😡 I really don't like to choose drinks that are low in sugar.
- ☐ 🤔 I'm not sure if I like to choose drinks that are low in sugar.





Cooking Matters for Families

After Course Survey (Parent)

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.

Not at
all

Once a
week or
less

More than
once a
week

Once a
day

More than
once a day

How often do *you* typically eat...

1. ... fruit like apples, bananas, melon, or other fruit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... green salad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... french fries or other fried potatoes, like home fries, hash browns, or tater tots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... any other kind of potatoes that aren't fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... refried beans, baked beans, pinto beans, black beans, or other cooked beans? (Do not count green beans or string beans.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... other non-fried vegetables like carrots, broccoli, green beans, or other vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at
all

Once a
week or
less

More than
once a
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Once a
day

More than
once a day

How often do *you* typically drink...

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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ... a can, bottle, or glass of regular soda or pop, sports drink, or energy drink? (Do not count diet or zero calorie drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... a bottle or glass of water? (Count tap, bottled and sparkling water.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Matters for Families

After 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%)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When you eat grain products like bread, pasta, rice, etc., how often do you choose whole grain products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Cooking is frustrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. It is too much work to cook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Matters for Families

After Course Survey

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

[illegible]

Cooking Matters for Families

After 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
33. How confident are you that you can use the same healthy ingredient in more than one meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. How confident are you that you can choose the best-priced form of fruits and vegetables (fresh, frozen or canned)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. How confident are you that you can use basic cooking skills, like cutting fruits and vegetables, measuring out ingredients, or following a recipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. How confident are you that you can buy healthy foods for your family on a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. How confident are you that you can cook healthy foods for your family on a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. How confident are you that you can help your family eat more healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. During the past 7 days, how many times did you cook food for dinner or supper at home?						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7

Cooking Matters for Families

After Course Survey

40. Tell us what you think about these ideas by marking the choice that best matches your opinion.

	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 decide what foods are served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let kids help prepare meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let kids see you enjoy the same healthy foods they are eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let kids serve them- selves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat with kids at the table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage conversation at mealtime.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Matters for Families

After Course Survey

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

☐ Yes ☐ No

└─ If yes, which recipes did you make?

42. How has this course affected your life?

43. 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.

44. 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.

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

Your Name: _____

After Class Survey

Please put an "X" in the box to mark your answer.

1. I can make something to eat with fruit all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



2. I can make something with vegetables all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



3. I can make healthy choices when I'm out to eat.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



4. I can help make healthy choices at the grocery store.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



5. I can talk to my family about healthy eating.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



6. I can talk to my family about healthy cooking.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



7. I can follow recipe directions.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



8. I can use a knife safely.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



Please put an "X" in the box to mark your answer.

9. How do you feel about trying new foods?

- ☐ 😊 I really like to try new foods.
- ☐ 😐 I kind of like to try new foods.
- ☐ 😞 I don't like to try new foods.
- ☐ 😬 I really don't like to try new foods.
- ☐ 🤔 I'm not sure if I like to try new foods.



10. How do you feel about eating fruit?

- ☐ 😊 I really like to eat fruit.
- ☐ 😐 I kind of like to eat fruit.
- ☐ 😞 I don't like to eat fruit.
- ☐ 😬 I really don't like to eat fruit.
- ☐ 🤔 I'm not sure if I like to eat fruit.



11. How do you feel about eating vegetables?

- ☐ 😊 I really like to eat vegetables.
- ☐ 😐 I kind of like to eat vegetables.
- ☐ 😞 I don't like to eat vegetables.
- ☐ 😬 I really don't like to eat vegetables.
- ☐ 🤔 I'm not sure if I like to eat vegetables.



12. How do you feel about eating whole grain foods, like whole wheat bread or tortillas, or whole grain crackers?

- ☐ 😊 I really like to eat whole grains.
- ☐ 😐 I kind of like to eat whole grains.
- ☐ 😞 I don't like to eat whole grains.
- ☐ 😬 I really don't like to eat whole grains.
- ☐ 🤔 I'm not sure if I like to eat whole grains.



13. How do you feel about choosing drinks that are low in sugar (such as plain, low-fat milk and water)?

- ☐ 😄 I really like to choose drinks that are low in sugar.
- ☐ 😊 I kind of like to choose drinks that are low in sugar.
- ☐ 😐 I don't like to choose drinks that are low in sugar.
- ☐ 😬 I really don't like to choose drinks that are low in sugar.
- ☐ 🤔 I'm not sure if I like to choose drinks that are low in sugar.



14. Did you like coming to class?

- ☐ 😄👍 Yes
- ☐ 😬👎 No

15. What has been your favorite part of this cooking class?

THANKS!

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