



# 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    ☐ 11  
☐ 8                      ☐ 12  
☐ 9                      ☐ 13 and over  
☐ 10

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.
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Your Name: \_\_\_\_\_

# After Class Survey

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

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- ☐ 😬 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?

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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