



Thank you for providing feedback on this Cooking Matters program! This survey is completely anonymous and should take less than 6 minutes. If there is a question you are uncomfortable answering or prefer not to answer and it is not marked as required, you can skip it.

This set of questions is about what **you** eat.

1. How often do you eat more than one kind of fruit, such as apples, bananas, berries, or other fruit?

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

2. How often do you eat more than one kind of vegetable, such as green salad, carrots, broccoli, or other vegetables?

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

3. How often do you typically drink a bottle or glass of water (count tap, bottled, sparkling water, flavored water **without** sugar added)?

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

4. How often do you typically drink a can, bottle, or glass of any of the following beverages: soda or pop, sports drink, energy drink, sweet tea, or any other drink **with** sugar added?

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

5. How often do you eat from each food group, including dairy, grains, fruits, vegetables, and protein?

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

6. When you eat grain products like bread, pasta, rice, tortillas, etc., how often do you choose **whole grain** foods?

- Never
- Rarely
- Sometimes
- Often
- Always

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 (5 digits): _____

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This set of questions is about the resources you use to get food for **yourself and/or your family**.

7. How often do you compare prices before buying food?

- Never
- Rarely
- Sometimes
- Often
- Always

8. How often do you use a grocery list when grocery shopping?

- Never
- Rarely
- Sometimes
- Often
- Always

9. How often do you adjust what you eat to be more “budget friendly,” like choosing on sale items, using food you already have, or getting food from a food pantry?

- Never
- Rarely
- Sometimes
- Often
- Always

10. How often do you use the “nutrition facts” on food labels?

Nutrition Facts	
4 servings per container	
Serving size	1 cup (140g)
Amount per serving	
Calories	160
	% Daily Value*
Total Fat 8g	10%
Saturated Fat 3g	15%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 60mg	3%
Total Carbohydrate 21g	8%
Dietary Fiber 3g	11%
Total Sugars 15g	
Includes 5g Added Sugars	10%
Protein 3g	
Vitamin D 5mcg	25%
Calcium 20mg	2%
Iron 1mg	6%
Potassium 230mg	4%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2000 calories a day is used for general nutrition advice.

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11. How often do you worry that your food might run out before you get money to buy more?

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COOKING MATTERS®

1. This is a Cooking Matters class. How many Cooking Matters lessons have you attended?
 - This is my **first** Cooking Matters lesson
 - I have attended more than 1 Cooking Matters lesson
 - I don't know
2. What is your age?
 - Less than 5 years 14-17 years
 - 5-7 years 18-59 years
 - 8-10 years 60-75 years
 - 11-13 years 76 years or older
 - Prefer not to respond
3. How do you identify?
 - Male Female Transgender
 - Gender nonconforming/Genderqueer
 - Gender fluid/Non-binary/Not exclusively male or female
 - Intersex/intergender
 - Something else fits better (specify) _____
 - I am not sure of my gender identity
 - I do not know what this question is asking
 - I prefer not to answer
4. Are you Hispanic or Latino?
 - Yes No
5. What is your race? (Check all that apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Other (please specify) _____
 - Prefer not to say
6. Have you or anyone in your household participated in any of the following programs in the last year? (Check all that apply)
 - WIC
 - SNAP (formerly Food Stamps)
 - Head Start
 - Food pantry
 - Free or reduced-price school breakfast, lunch, or supper
 - Free summer meals
 - Medicaid
 - Food Distribution Program on Indian Reservations
 - Did not participate in any of these programs
7. Are you expecting a new baby or new child age 5 years or younger to be living in your household in the next 8 months?
 - Yes No
8. How many children ages 0-5 live in in your household at least 3 days per week? (Include non-relatives who live with you. If none, enter 0.)

Please write a number: _____
9. How many children ages 6-17 live in in your household at least 3 days per week? (Include non-relatives who live with you. If none, enter 0.)

Please write a number: _____

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This set of questions is about the resources you use to get food for **yourself and/or your family**. If you did not learn about the topic that the question is asking about in this course, please select “This wasn’t covered in the Cooking Matters course I attended.”

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12. Think about meal-times during a regular day. Please indicate your level of confidence for the following.

How confident are you that you can...	Not at all Confident	Not very Confident	Neutral	Somewhat Confident	Very Confident
...Feed you or your family healthy foods with the <u>money</u> you have available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Provide <u>healthy drinks</u> to you or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Prepare <u>healthy foods</u> for you or your family in the <u>time</u> you have available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Find <u>additional resources</u> on the topics covered during this class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Think about meal-times during a regular day. Please indicate your level of confidence for the following.

How confident are you that you can...	Not at all Confident	Not very Confident	Neutral	Somewhat Confident	Very Confident	I do not have kids in my care
...Handle <u>meal-time frustrations</u> with kids in your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...Make <u>meal-time a positive experience</u> for you and kids in your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Over the next 7 days, how often will you use something you heard or learned **in this class**?

	Not at all	At least once	Most days	Every day	This wasn't covered
Recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-saving tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money-saving tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please indicate to what extent you agree or disagree with the following statements **about this class**:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
During the class, I felt like I could ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor made me feel <u>welcome and included</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt like I could <u>relate to</u> the instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to attend more Cooking Matters classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How will the information you learned in this class help your family?

Thank you for taking the time to complete this survey!