



Cooking Matters for Adults

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.



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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.

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 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 Adults

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 Adults

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. How often do you plan meals ahead of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. How often do you use a grocery list when you go grocery shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. How often do you worry that your food might run out before you get money to buy more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. How often do you use the "nutrition facts" on food labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. How often do you eat breakfast within two hours of waking up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. How often do you eat food from each food group every day? (Food groups include dairy, grains, fruits, vegetables, and protein.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. How often do you make homemade meals "from scratch" using mainly basic whole ingredients like vegetables, raw meats, rice, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooking Matters for Adults

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. 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"/>		
32. 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"/>		
33. 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"/>		
34. 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"/>		
35. 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"/>		
36. 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

Please enter the initial letter of your first, middle, and last names. Example: if your name is John Quinn Doe, please enter JQD. _____

Please enter your zip code. _____





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34. 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"/>
35. 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"/>

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 Adults

After Course Survey

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

Yes No

↳ If yes, which recipes did you make?

38. How has this course affected your life?

39. 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.

40. 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