

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: _____
 10. How many children age 5 years or younger do you provide care for that do not live in your household? (If none, enter 0.)

Please write a number: _____
- If you do not provide care for any children age 5 years or younger, please GO TO Question 14 ←**
11. Over the last 30 days, have you cooked or prepared food for children ages 5 and younger in your care, whether they live in your home or not?
 - ☐ Yes, for at least 3 meals or snacks per week
 - ☐ Yes, for less than 3 meals or snacks per week
 - ☐ No
 12. Over the last 30 days, have you been responsible for serving food to these children (including formula or breastmilk)?
 - ☐ Yes, for at least 3 meals or snacks per week
 - ☐ Yes, for less than 3 meals or snacks per week
 - ☐ No

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
...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"/>

14. 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"/>

15. 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"/>

16. 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"/>

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

Thank you for taking the time to complete this survey!