

Program Code _____

Zip Code _____

Initial letter of your first, middle, and last names _____

Cooking Matters collects information about program participants to help us understand the audience that we serve. If you are uncomfortable answering questions 1 through 5, please select "I prefer not to answer" or skip that question.

1. 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 say

2. What is your age?

- ☐ 14-17 years
- ☐ 18-59 years
- ☐ 60-75 years
- ☐ 76 or older
- ☐ I prefer not to say

3. Are you Hispanic or Latino?

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

4. What is your race (check all that apply)?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other (please specify)

- ☐ I prefer not to say

5. What is the child care setting in which you work?

- ☐ Home-Based Child Care
- ☐ Child Care Center

6. What is your role in the child care setting in which you work? **Select all that apply.**

- ☐ Classroom staff
- ☐ Food service staff
- ☐ Administrative or support staff

7. How old are the children in your care (you may mark more than one)?

- ☐ 0-11 months
- ☐ 1 year old
- ☐ 2 years old
- ☐ 3 years old
- ☐ 4 years old
- ☐ 5 years old
- ☐ Older than 5 years

8. Does your child care setting get Child Adult Care Food Program (CACFP) or other reimbursement for meals served?

- ☐ Yes
- ☐ No
- ☐ I don't know