



Cooking Matters for Parents

Participant Survey

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 answer

2. What is your age?

- ☐ 14-17 years
☐ 18-59 years
☐ 60-75 years
☐ 76 years or older
☐ Prefer not to respond

3. Are you Hispanic or Latino?

- ☐ Yes
☐ No

4. 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)

☐ Prefer not to respond

5. Are you pregnant?

- ☐ Yes
☐ No

6. 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

7. 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

8. 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

9. 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.



Cooking Matters For Parents

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
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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
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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 Parents

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 Parents Before Course Survey

Place an "X" in the box to choose the best answer for each question.

[illegible]

Cooking Matters For Parents

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						





Cooking Matters For Parents

After 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.

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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"/>

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Place an "X" in the box to choose the best answer for each statement.

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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"/>

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Place an "X" in the box to choose the best answer for each question.

[illegible]

Cooking Matters For Parents

After Course Survey

Healthy foods include fruits, vegetables, whole grains, lean meats, low-fat or fat-free dairy, and water.

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<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

Cooking Matters For Parents

After Course Survey

37. Place an "X" in the box to choose the best answer for each statement.

	This idea is not for me.	I am thinking about trying this.	I plan on trying this soon.	I tried this during the 6- week course.	I already did this before taking this course.
Let kids help plan meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let kids help prepare meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model healthy eating habits for kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Let kids serve themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat with kids at the table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer fruits and vegetables in ways that are appealing to kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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After Course Survey

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

☐ Yes ☐ No

└─→ If yes, which recipes did you make?

39. How has this course affected your life?

40. 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.

41. 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.

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FOR STAFF USE ONLY

Check boxes for each **lesson** the participant attended: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Month Program Ended

Program Code