



# Cooking Matters for Teens Participant Survey

1. What is your sex?

- ☐ Male  
☐ Female

2. What is your age?

- ☐ under 13      ☐ 18-20  
☐ 13-15      ☐ over 20  
☐ 16-17

3. What is the **highest** grade you have completed?

- ☐ 7th grade or less      ☐ 11th grade  
☐ 8th grade      ☐ 12th grade or GED  
☐ 9th grade      ☐ Attended college  
☐ 10th grade

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)

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6. How many people **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. 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 pro-

8. Please list any food allergies:



# Cooking Matters for Teens

## Before Course Survey

Please complete this survey to help us improve future Cooking Matters courses. Please be honest—there are no “right” or “wrong” answers. This survey will take about 15 minutes to complete. **Please answer these questions for yourself only.** 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? ( <b>Do not</b> 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"/>

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...

7. ... 100% fruit juices like orange juice, apple juice or grape juice? ( <b>Do not</b> 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"/>
8. ... a can, bottle, or glass of regular soda or pop, sports drink, or energy drink? ( <b>Do not</b> count diet or zero calorie drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ... 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"/>

Not at all      Not very confident      Neutral      Somewhat confident      Very Confident

### How confident are you that...

10. ... 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"/>
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## 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 <b>whole grain</b> 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 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"/>
15. 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"/>
16. 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"/>
17. 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"/>
18. 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"/>
19. How often do you make homemade meals “from scratch” using <b>mainly</b> 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"/>
20. 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 Teens

## After Course Survey

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## After Course Survey

[illegible]

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## After Course Survey

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

☐ Yes   ☐ No

└─ If yes, which recipes did you make?

22. How has this course affected your life?

23. 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.

24. 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.

### FOR STAFF USE ONLY

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

Month Program Ended

Program Code