



Cooking Matters for Kids Participant Survey

1. What is your child's sex?

- ☐ Male
☐ Female

2. What is your child's age?

- ☐ 7 and under ☐ 11
☐ 8 ☐ 12
☐ 9 ☐ 13 and over
☐ 10

3. Is your child Hispanic or Latino?

- ☐ Yes
☐ No

4. What is your child's 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)

5. Have you, your child, or any 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.

6. Please list any food allergies your child has:

Your Name: _____

Before Class Survey

Please put an "X" in the box to mark your answer.

1. I can make something to eat with fruit all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



2. I can make something with vegetables all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



3. I can make healthy choices when I'm out to eat.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



4. I can help make healthy choices at the grocery store.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



5. I can talk to my family about healthy eating.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



6. I can talk to my family about healthy cooking.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



7. I can follow recipe directions.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



8. I can use a knife safely.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
- ☐ Not sure / I don't know what that is.



Please put an "X" in the box to mark your answer.

9. How do you feel about trying new foods?

- ☐ 😊 I really like to try new foods.
- ☐ 😐 I kind of like to try new foods.
- ☐ 😞 I don't like to try new foods.
- ☐ 😞 I really don't like to try new foods.
- ☐ 😐? I'm not sure if I like to try new foods.



10. How do you feel about eating fruit?

- ☐ 😊 I really like to eat fruit.
- ☐ 😐 I kind of like to eat fruit.
- ☐ 😞 I don't like to eat fruit.
- ☐ 😞 I really don't like to eat fruit.
- ☐ 😐? I'm not sure if I like to eat fruit.



11. How do you feel about eating vegetables?

- ☐ 😊 I really like to eat vegetables.
- ☐ 😐 I kind of like to eat vegetables.
- ☐ 😞 I don't like to eat vegetables.
- ☐ 😞 I really don't like to eat vegetables.
- ☐ 😐? I'm not sure if I like to eat vegetables.



12. How do you feel about eating whole grain foods, like whole wheat bread or tortillas, or whole grain crackers?

- ☐ 😊 I really like to eat whole grains.
- ☐ 😐 I kind of like to eat whole grains.
- ☐ 😞 I don't like to eat whole grains.
- ☐ 😡 I really don't like to eat whole grains.
- ☐ 🤔 I'm not sure if I like to eat whole grains.



13. How do you feel about choosing drinks that are low in sugar (such as plain, low-fat milk and water)?

- ☐ 😊 I really like to choose drinks that are low in sugar.
- ☐ 😐 I kind of like to choose drinks that are low in sugar.
- ☐ 😞 I don't like to choose drinks that are low in sugar.
- ☐ 😡 I really don't like to choose drinks that are low in sugar.
- ☐ 🤔 I'm not sure if I like to choose drinks that are low in sugar.



Your Name: _____

After Class Survey

Please put an "X" in the box to mark your answer.

1. I can make something to eat with fruit all by myself.

- ☐ **YES!** Definitely!!!
- ☐ Yes, I think I can do it.
- ☐ No, I don't think I could do it.
- ☐ **NO!** No way!!!
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2. I can make something with vegetables all by myself.

- ☐ **YES!** Definitely!!!
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- ☐ 😊 I don't like to choose drinks that are low in sugar.
- ☐ 😊 I really don't like to choose drinks that are low in sugar.
- ☐ 😊 I'm not sure if I like to choose drinks that are low in sugar.



14. Did you like coming to class?

- ☐ 😊 Yes
- ☐ 😊 No

15. What has been your favorite part of this cooking class?

THANKS!

FOR STAFF USE ONLY

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

Month Program Ended

Program Code