

Curricula \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

**Participant Information**

Age: (Please check one)

- Teen
- Adult age 19-40
- Adult age 41-59
- Adult age 60+

Gender: (Please circle one)

Male      Female

# Survey

## MEAL TIME FAMILY TIME

Please help us make our programs and materials better by answering the following questions. First think about what you will do from now on and then think back to what you did before. *Circle the best answer for each.*

	Never		Often		Always
<b>After today</b> , how often will you eat meals that include a variety of foods from MyPyramid?	1	2	3	4	5
<b>Before today</b> , how often did you eat meals that included a variety of foods from MyPyramid?	1	2	3	4	5
<b>After today</b> , how often will you use a plan for how to spend your money?	1	2	3	4	5
<b>Before today</b> , how often did you use a plan for how to spend your money?	1	2	3	4	5
<b>After today</b> , how often will you plan your meals ahead of time?	1	2	3	4	5
<b>Before today</b> , how often did you plan your meals ahead of time?	1	2	3	4	5

## MEAL TIME FAMILY TIME

	Never		Often		Always
<b>After today</b> , how often will you shop for food from a list?	1	2	3	4	5
<b>Before today</b> , how often will you shop for food from a list?	1	2	3	4	5
<b>After today</b> , how often will you compare prices before you buy food?	1	2	3	4	5
<b>Before today</b> , how often did you compare prices before you bought food?	1	2	3	4	5
<b>After today</b> , how often will you eat more than one kind of vegetable or fruit per day?	1	2	3	4	5
<b>Before today</b> , how often did you eat more than one kind of vegetable or fruit per day?	1	2	3	4	5
<b>After today</b> , how often will you wash your hands before you work with food?	1	2	3	4	5
<b>Before today</b> , how often did you wash your hands before you worked with food?	1	2	3	4	5
<b>After today</b> , how often will you wash your hands before you eat?	1	2	3	4	5
<b>Before today</b> , how often did you wash your hands before you ate?	1	2	3	4	5

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## MEAL TIME FAMILY TIME

**After today**, how many cups of fruits and vegetables will you eat per day? \_\_\_\_\_

*Examples of 1 cup are:*

*1 large banana or orange*

*1 cup 100% fruit juice*

*1 cup canned fruit*

*1 cup cooked vegetable*

*2 cups tossed lettuce salad*

**Before today**, how many cups of fruits and vegetables did you eat per day? \_\_\_\_\_

**After today**, how many cups from the milk group will you eat per day? \_\_\_\_\_

*Examples of 1 cup are:*

*1 cup milk*

*1½ ounces natural cheese*

*2 ounces processed cheese*

*1 cup yogurt*

**Before today**, how many cups from the milk group did you eat per day? \_\_\_\_\_

**After today**, how many ounce equivalents from the meat group will you eat per day? \_\_\_\_\_

*Examples of an ounce equivalent are:*

*1 ounce of meat, fish or poultry*

*1 tablespoon peanut butter*

*1 egg*

*¼ cup pinto or black beans*

**Before today**, how many ounce equivalents from the meat group did you eat per day? \_\_\_\_\_

## MEAL TIME FAMILY TIME

**After today**, how many ounce equivalents of WHOLE grains will you eat per day? \_\_\_\_\_

*Examples of ounce equivalents are:*

*1 slice of whole wheat bread*

*½ cup of cooked oatmeal*

*½ cup of brown rice*

**Before today**, how many ounce equivalents of WHOLE grains did you eat per day? \_\_\_\_\_

**After today**, how many ounce equivalents of ALL grains will you eat per day? \_\_\_\_\_

*Examples of ounce equivalents are:*

*1 slice of bread*

*½ cup of cooked cereal, rice or pasta*

*1 ounce of ready-to-eat cereal*

**Before today**, how many ounce equivalents of ALL grains did you eat per day? \_\_\_\_\_

**Which** of these food programs do you think you will use in the next 12 months?  
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program

**Which** of these food programs did you use in the last 12 months?  
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program