

Curricula \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

# Guiding Your Picky Eater



## Survey

### Participant Information

Age: (Please check one)

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

Gender: (Please circle one)

Male      Female

## GUIDING YOUR PICKY EATER

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?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Before today</b> , how often did you eat meals that included a variety of foods from MyPyramid?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>After today</b> , how often will you eat more than one kind of vegetable or fruit per day?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Before today</b> , how often did you eat more than one kind of vegetable or fruit per day?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

## **GUIDING YOUR PICKY EATER**

**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