

Curricula _____

County _____

Date _____



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

MOOOVE TO LOWFAT MILK

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.

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? _____

MOOOVE TO LOWFAT MILK

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