



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

MILK AND CHEESE PLEASE

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
After today , how often will you wash your hands before you work with food?	1	2	3	4	5
Before today , how often did you wash your hands before you worked with food?	1	2	3	4	5

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? _____

MILK AND CHEESE PLEASE

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