



Cooking Matters for Teens

2015 Participant Survey

1. What is your sex?

- Male
- Female

2. What is your age?

- under 13 18-20
- 13-15 over 20
- 16-17

3. What is the **highest** grade you have completed?

- 7th grade or less 11th grade
- 8th grade 12th grade or GED
- 9th grade Attended college
- 10th grade

4. What is your 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. Are you Hispanic or Latino?

- Yes
- No

6. How many people **counting yourself** live in your household? (This may include non-relatives who live with you.)

- 1 4 7 10 or more
- 2 5 8
- 3 6 9

7. Have you or 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
- Do not** participate in any of these programs.

8. Please list any food allergies:



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Before Course Survey

Please complete this survey to help us improve future Cooking Matters courses. Please honest—there are no “right” or “wrong” answers. This survey will take about 15 minutes to complete. **Please answer these questions for yourself only.** Place an "X" in the box to choose the best answer for each question.

How often do you typically eat...	Not at all	Once a week or less	More than once a week	Once a day	More than once a day
1. ... fruit like apples, bananas, melon, or other fruit?	<input type="checkbox"/>				
2. ... green salad?	<input type="checkbox"/>				
3. ... french fries or other fried potatoes, like home fries, hash browns, or tater tots?	<input type="checkbox"/>				
4. ... any other kind of potatoes that aren't fried?	<input type="checkbox"/>				
5. ... refried beans, baked beans, pinto beans, black beans, or other cooked beans? (Do not count green beans or string beans.)	<input type="checkbox"/>				
6. ... other non-fried vegetables like carrots, broccoli, green beans, or other vegetables?	<input type="checkbox"/>				

How often do you typically drink...	Not at all	Once a week or less	More than once a week	Once a day	More than once a day
7. ... 100% fruit juices like orange juice, apple juice or grape juice? (Do not count punch, Kool-aid, sports drinks or other fruit-flavored drinks.)	<input type="checkbox"/>				
8. ... a can, bottle, or glass of regular soda or pop, sports drink, or energy drink? (Do not count diet or zero calorie drinks.)	<input type="checkbox"/>				
9. ... a bottle or glass of water? (Count tap, bottled and sparkling water.)	<input type="checkbox"/>				

How confident are you that...	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident
10. ...you can use basic cooking skills, like cutting fruits and vegetables, measuring out ingredients, or following a recipe?	<input type="checkbox"/>				

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Before Course Survey

	Never	Rarely	Some- times	Often	Always	Does not Apply
11. When you have milk, how often do you choose low-fat milk (skim or 1%)?	<input type="checkbox"/>					
12. When you eat dairy products like yogurt, cheese, cottage cheese, sour cream, etc., how often do you choose low fat or fat-free options?	<input type="checkbox"/>					
13. When you eat grain products like bread, pasta, rice, etc., how often do you choose whole grain products?	<input type="checkbox"/>					
14. How often do you choose lean meat or low-fat proteins like poultry or seafood (not fried), 90% or above lean ground beef, or beans?	<input type="checkbox"/>					
15. When you eat at fast-food or sit-down restaurants, how often do you choose healthy foods? (Healthy foods include fruits, vegetables, whole grains, lean meats, low-fat or fat-free dairy, and water.)	<input type="checkbox"/>					
16. How often do you use the “nutrition facts” on food labels?	<input type="checkbox"/>					
17. How often do you eat breakfast within two hours of waking up?	<input type="checkbox"/>					
18. How often do you eat food from each food group every day? (Food groups include dairy, grains, fruits, vegetables, and protein.)	<input type="checkbox"/>					
19. How often do you make homemade meals “from scratch” using mainly basic whole ingredients like vegetables, raw meats, rice, etc.?	<input type="checkbox"/>					
20. How often do you adjust meals to be more healthy, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?	<input type="checkbox"/>					

