

GETTING TO KNOW YOU SURVEY

Thank you for participating in the evaluation of Food Families. Your responses will help us to continually improve the Food Families program. Please note that your survey responses will be confidential.

Date: _____

1. How many times per month do you get food from the following places?
(Check one box per row)

Source	None	1-2 times	2-5 times	5 Or More Times
Grocery store				
Convenience store				
Restaurant (e.g. Tim Hortons)				
Farmer's Market				
Garden				
Emergency Food Source				
Other (e.g. family/friends)				

If you chose **other**, please specify the source(s): _____

2. How many people are in your household?
3. How much money does your family spend per month on food?
(Estimate the total amount of money spent on food from any and all sources)
4. On a scale of 1 to 10, how confident are you in your cooking skills?
(Circle a number; 1 indicates you are not confident and 10 indicates you are very confident)

1 2 3 4 5 6 7 8 9 10

5. Many of us would like to eat in healthier ways. What are your main barriers to eating healthy?
(Check all that apply)
- Cost
 - Time to prepare
 - I don't know how to prepare healthy meals and snacks
 - I don't like the taste of many healthy foods



- I don't know where to find healthy recipes
- It's a bit confusing because there is so much contradictory information
- My family are picky eaters, so I just cook what they like
- I lack the motivation to eat in a healthy way

Other: _____

6. Please rate your ability to:
(Circle one number; 1 indicates low ability and 10 indicates high ability)

Question	Scale									
Use kitchen tools and appliances (i.e. paring knife, blender, over broiler).	1	2	3	4	5	6	7	8	9	10
Make a soup from scratch.	1	2	3	4	5	6	7	8	9	10
Adjust a recipe to make it healthier.	1	2	3	4	5	6	7	8	9	10
Prepare a meal with multiple dishes and have them ready at the same time.	1	2	3	4	5	6	7	8	9	10
Bake muffins or a cake "from scratch" using a recipe.	1	2	3	4	5	6	7	8	9	10
Use coupons to save money when buying groceries.	1	2	3	4	5	6	7	8	9	10
Understand rewards/points programs and their benefits.	1	2	3	4	5	6	7	8	9	10
Create a meal plan for your family.	1	2	3	4	5	6	7	8	9	10
Understand and follow Canada's Food Guide.	1	2	3	4	5	6	7	8	9	10
Make a grocery list.	1	2	3	4	5	6	7	8	9	10
Price match at a grocery store.	1	2	3	4	5	6	7	8	9	10
Create a weekly or monthly spending plan/budget.	1	2	3	4	5	6	7	8	9	10
Identify the correct knife to use for a variety of different foods.	1	2	3	4	5	6	7	8	9	10
Include your children or other family members in preparing a meal.	1	2	3	4	5	6	7	8	9	10
Can and preserve food.	1	2	3	4	5	6	7	8	9	10
Read and understand Nutrition Facts labels (food labels) on food products.	1	2	3	4	5	6	7	8	9	10
Grow your own fruits, vegetables, or herbs.	1	2	3	4	5	6	7	8	9	10
Prepare a healthy meal in 15 minutes or less.	1	2	3	4	5	6	7	8	9	10



7. Which of the following ingredients have you cooked with at home in the past month?

- | | |
|--|--|
| <input type="checkbox"/> Fresh vegetables | <input type="checkbox"/> Flour |
| <input type="checkbox"/> Canned vegetables | <input type="checkbox"/> Sugar |
| <input type="checkbox"/> Frozen vegetables | <input type="checkbox"/> Lentils |
| <input type="checkbox"/> Canned beans | <input type="checkbox"/> Oats |
| <input type="checkbox"/> Dried beans | <input type="checkbox"/> Herbs (e.g. basil, oregano, thyme) |
| <input type="checkbox"/> Tomato sauce | <input type="checkbox"/> Spices (e.g. paprika, garlic, chili powder) |
| <input type="checkbox"/> Rice | <input type="checkbox"/> Bread crumbs |
| <input type="checkbox"/> Pasta noodles | <input type="checkbox"/> Fresh fruit |
| <input type="checkbox"/> Fresh meat (e.g. chicken, pork, beef) | <input type="checkbox"/> Canned fruit |
| <input type="checkbox"/> Prepared meat (e.g. frozen, canned) | <input type="checkbox"/> Frozen fruit |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Quinoa |

8. On a scale of 1 to 10, how connected do you feel to your neighbourhood or neighbours (i.e. belong to a community association, volunteer, participate in community events)?
(Check a number; 1 indicates you do not feel connected and 10 indicates you feel very connected)

1 2 3 4 5 6 7 8 9 10

9. Do you currently have a monthly budget or spending plan to manage your finances?

- Yes – I have a current monthly budget or spending plan
- Yes – I am in the process of/have started creating a budget or spending plan
- No

