

SNAP-Ed Behavior Survey – Adults

Please complete this survey to help us improve SNAP-Ed programming. Please be honest – there are no “right” or “wrong” answers. This survey will take about 10-15 minutes to complete. **Please answer each question for yourself only, not your entire family.** Choose only **ONE** response for each question.

Behavior Statements	Never	Rarely	Sometimes	Usually	Always
1. I use MyPlate to make healthy food choices with a limited budget.	<input type="checkbox"/>				
2. I use food labels to make better choices.	<input type="checkbox"/>				
3. I use a smaller plate at mealtimes to help with portion control.	<input type="checkbox"/>				
4. I drink water instead of sugar-sweetened drinks.	<input type="checkbox"/>				
5. I eat at least one kind of vegetable daily.	<input type="checkbox"/>				
6. I eat at least one kind of fruit daily.	<input type="checkbox"/>				
7. I eat fruits and vegetables of different colors.	<input type="checkbox"/>				
8. I eat plant-based protein foods like beans, lentils, soy, or nuts.	<input type="checkbox"/>				
9. When I have dairy products like milk, cheese, yogurt, etc., I choose low fat or fat free options.	<input type="checkbox"/>				
10. When I eat grain products like bread, pasta, rice, cereal, etc., I choose whole grain products.	<input type="checkbox"/>				

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Behavior Statements	Never	Rarely	Sometimes	Usually	Always
11. When I eat meat like beef, pork, chicken, or seafood, I choose lean or low fat options.	<input type="checkbox"/>				
12. I plan meals ahead of time.	<input type="checkbox"/>				
13. I worry that my food might run out before I can buy more.	<input type="checkbox"/>				
14. I make meals using mostly whole ingredients like vegetables, raw meats, rice, etc.	<input type="checkbox"/>				
15. I am physically active for at least 30 minutes most days of the week.	<input type="checkbox"/>				

List **one goal you will set** to improve your health and wellness because of this program.

Confidence Questions	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident
16. How CONFIDENT are you that you can use basic cooking skills , like cutting fruits and vegetables, measuring out ingredients, or following a recipe?	<input type="checkbox"/>				
17. How CONFIDENT are you that you can buy healthy foods for your family on a budget ?	<input type="checkbox"/>				
18. How CONFIDENT are you that you can make at least one positive change in your lifestyle as a result of this program?	<input type="checkbox"/>				
19. How CONFIDENT are you that you can make at least one positive change in your household as a result of this program?	<input type="checkbox"/>				

Demographic Questions

20. What is your **gender**? Check (✓) 1 answer.

- Female Male

21. What is your **age**? Check (✓) 1 answer.

- 18-59 years old 60 years or older

22. What is your **race**? Check (✓) all that apply.

- African-American or Black
 American Indian or Alaska Native
 White
 Native Hawaiian or Pacific Islander
 Asian
 Other

23. Are you **Latino/Hispanic**? Check (✓) 1 answer.

- Yes No

24. How many people, **TOTAL**, counting yourself, live in your household? This may include non-relatives who live with you. Check (✓) 1 answer.

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

25. Have you ever seen this logo before? Check (✓) 1 answer.

- Yes
 No
 Not sure



26. Have **you** or any **other members of your household** used **ANY** of the following programs in the past year? Check (✓) all that apply.

- SNAP (EBT card)
 WIC
 School breakfast
 School lunch
 Free summer meals
 Head Start
 Food pantry or food bank
 Soup kitchen or free meal site
 Senior meal site
 Do not participate in any of these

Thank you for your responses!