

SNAP-Ed Behavior Survey – Adults

OFFICE USE ONLY–FY19

PQ1NUM _____

___ Pre-test ___ Post-test

Your feedback is important! Please complete the following survey. There are no “right” or “wrong” answers to the survey items. **Please answer each question for yourself only, not your entire family.** Place an “X” in the box to choose the best answer to each item. Choose only **ONE** response for each item.

| 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"/> |
| 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"/> |

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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.

| | | |
|----------------------------|----------------------------|-------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 or more |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 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!