

SNAP-Ed Behavior Survey – Adults

OFFICE USE ONLY–FY20

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I use food labels to make better choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I use a smaller plate at mealtimes to help with portion control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I drink water instead of sugar-sweetened drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I eat at least one kind of vegetable daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I eat at least one kind of fruit daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I eat fruits and vegetables of different colors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I eat plant-based protein foods like beans, lentils, soy, or nuts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I eat grain products like bread, pasta, rice, cereal, etc., I choose whole grain products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I eat meat like beef, pork, chicken, or seafood, I choose lean or low fat options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I plan meals ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I worry that my food might run out before I can buy more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I make meals using mostly whole ingredients like vegetables, raw meats, rice, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am physically active for at least 30 minutes most days of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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THE OHIO STATE UNIVERSITY

FAMILY AND CONSUMER SCIENCES
COLLEGE OF EDUCATION AND HUMAN ECOLOGY
COLLEGE OF FOOD, AGRICULTURAL, AND
ENVIRONMENTAL SCIENCES

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How CONFIDENT are you that you can buy healthy foods for your family on a budget ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHIC QUESTIONS

<p>20. What is your gender? Check (✓) 1 answer.</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>25. Have you ever seen this logo before? Check (✓) 1 answer.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p> 												
<p>21. What is your age? Check (✓) 1 answer.</p> <p><input type="checkbox"/> 18-59 years old <input type="checkbox"/> 60 years or older</p>	<p>26. Have you or any other members of your household used ANY of the following programs in the past year? Check (✓) all that apply.</p> <p><input type="checkbox"/> SNAP (EBT card) <input type="checkbox"/> WIC <input type="checkbox"/> School breakfast <input type="checkbox"/> School lunch <input type="checkbox"/> Free summer meals <input type="checkbox"/> Head Start <input type="checkbox"/> Food pantry or food bank <input type="checkbox"/> Soup kitchen or free meal site <input type="checkbox"/> Senior meal site <input type="checkbox"/> Do not participate in any of these</p>												
<p>22. What is your race? Check (✓) all that apply.</p> <p><input type="checkbox"/> African-American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other</p>													
<p>23. Are you Latino/Hispanic? Check (✓) 1 answer.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>24. How many people, TOTAL, counting yourself, live in your household? This may include non-relatives who live with you. Check (✓) 1 answer.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 9</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 10 or more</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 7</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 8</td> <td></td> </tr> </table>	<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		
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Thank you for your responses!