

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"/>	<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"/>

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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

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"/>	<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"/>

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

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!