



Cooking Demonstration Evaluation

SECTION 1. Prior eating habits

Before attending the cooking demonstrations, over a typical 7-day period, how often did you eat...

	Not at all (0 times)	Less than once a week	More than once a week	Once a day	More than once a day
1. ... fruit like apples, bananas, melon, or other fruit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... green salad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... french fries or other fried potatoes, like home fries, hash browns, or tater tots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... any other kind of potatoes that aren't fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... refried beans, baked beans, pinto beans, black beans, or other cooked beans? (<i>Do not count green beans or string beans.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... other non-fried vegetables like carrots, broccoli, green beans, or other vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2. Prior cooking attitudes

Before attending the cooking demonstrations, I believed that...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. Cooking takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cooking is frustrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It is too much work to cook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3. Prior cooking confidence

Before attending the cooking demonstrations...

	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident
10. How confident did you feel about being able to cook from basic ingredients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How confident did you feel about following a simple recipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How confident did you feel about tasting food that you have not eaten before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How confident do you feel about preparing and cooking new foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Cooking Demonstration Evaluation

SECTION 4. Prior behaviors

Before attending the cooking demonstrations...

	Never	Rarely	Sometimes	Often	Always	Does not apply
14. How often did you use the “nutrition facts” on food labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How often did you choose low-sodium options when you bought easy-to-prepare, packaged foods like canned soups or vegetables, pre-packaged rice, frozen meals, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When you bought meat or protein foods, how often did you choose lean meat or low-fat proteins like poultry or seafood (not fried), 90% or above lean ground beef, or beans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How often did you adjust meals to be healthier, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How often did you get the social and emotional support you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5. Prior social connectedness

Before attending the cooking demonstrations, I felt like...

	No	More or less	Yes
19. There were plenty of people I could rely on when I had problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. There were many people I could trust completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. There were enough people I felt close to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This concludes this portion of the cooking demo evaluation.



Cooking Demonstration Evaluation

1. What dish did we cook today?

<i>Thinking about today's demo...</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2. I liked the sample I tasted at this demonstration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I plan to use this recipe at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This demonstration taught me the skills I need to make this recipe at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I learned new ways to eat healthier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My food and nutrition knowledge has increased as a result of this demonstration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I enjoyed today's cooking demonstration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would recommend the Bristol HEZ cooking demonstrations to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you think that what you learned today will change your behaviors in the next 6-12 months?

- | | |
|---|--|
| <input type="checkbox"/> No, definitely not | <input type="checkbox"/> Yes, probably |
| <input type="checkbox"/> No, probably not | <input type="checkbox"/> Yes, definitely |
| <input type="checkbox"/> Possibly | <input type="checkbox"/> Don't know |

If so, how? _____

10. How many cooking demo sessions have you attended? (Including today)

_____ sessions



If today is the first demo attended, proceed on to demographic questions.

If the participant has come to more than one cooking demo, proceed to prior attendee survey.



Prior Attendee Cooking Demonstration Evaluation

SECTION 1.1. Post demo eating habits

Thinking about the past week (7-day period), how often did you eat...

	Not at all (0 times)	Less than once a week	More than once a week	Once a day	More than once a day
1. ... fruit like apples, bananas, melon, or other fruit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... green salad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... french fries or other fried potatoes, like home fries, hash browns, or tater tots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... any other kind of potatoes that aren't fried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... refried beans, baked beans, pinto beans, black beans, or other cooked beans? (<i>Do not count green beans or string beans.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... other non-fried vegetables like carrots, broccoli, green beans, or other vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2.1. Post demo cooking attitudes

Thinking about your beliefs now, I believe that...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. Cooking takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cooking is frustrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It is too much work to cook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3.1. Post demo cooking confidence

Thinking about how you feel now...

	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident
10. How confident do you feel about being able to cook from basic ingredients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How confident do you feel about following a simple recipe now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How confident did you feel about tasting food that you have not eaten before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How confident do you feel about preparing and cooking new foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Prior Attendee Cooking Demonstration Evaluation

SECTION 4.1. Post demo behaviors

Thinking about your behaviors now...

	Never	Rarely	Sometimes	Often	Always	Does not apply
14. How often do you use the “nutrition facts” on food labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How often do you choose low-sodium options when you buy easy-to-prepare, packaged foods like canned soups or vegetables, pre-packaged rice, frozen meals, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When you buy meat or protein foods, how often do you choose lean meat or low-fat proteins like poultry or seafood (not fried), 90% or above lean ground beef, or beans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How often do you adjust meals to be healthier, like adding vegetables to a recipe, using whole grain ingredients, or baking instead of frying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How often do you get the social and emotional support you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5.1. Post demo social connectedness

Thinking about how you feel now...

	No	More or less	Yes
19. There are plenty of people I can rely on when I have problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. There were many people I can trust completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. There were enough people I feel close to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Demographics

Cooking Demonstration Evaluation

1. Do you prepare the majority of your own meals? (*In your own kitchen*)

- Yes
- No

2. What is your sex?

- Male
- Female
- Transgender
- Prefer not to answer

3. What is your age?

_____ years

4. What is the **highest** level of education you have completed?

- Less than a high school degree
- High school degree or GED
- Some college, but have not graduated
- 2-year college degree
- 4-year college degree
- Graduate or advanced degree

5. What is your race? (*You may mark more than one*)

- White
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Pacific Islander
- Native American or American Indian
- Other (please specify)

Prefer not to answer

6. Have you or other members of your household participated in any of the following programs in the last year? (*Mark all that apply*)

- WIC
- SNAP (*formerly Food Stamps*)
- Free or reduced-price school meals
- Food Pantry
- Medicaid
- Do not** participant in any of these programs
- Prefer not to answer

This concludes the evaluation.
Thank you for your time.