

10 Tips Adult (Series) – Post Survey

For Questions 1-5, please tell us how often you typically did the following **BEFORE** and **AFTER** attending 10 Tips.

Please circle a number on both sides for each food item (1=Not at all, 5=More than once a day):

| <i>BEFORE attending this class,</i> | | | | | <i>For each item below, indicate how often you did it ← BEFORE and AFTER → attending 10 Tips Class</i> | <i>AFTER attending this class,</i> | | | | |
|--|---------------------|-----------------------|------------|----------------------|--|---|---------------------|-----------------------|------------|----------------------|
| Not at all | Once a week or less | More than once a week | Once a day | More than once a day | | Not at all | Once a week or less | More than once a week | Once a day | More than once a day |
| 1 | 2 | 3 | 4 | 5 | 1. I ate fruit like apples, bananas, melon, or other fruit | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | 2. I ate non-fried vegetables like carrots, broccoli, green beans, salad, or other vegetables | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | 3. I ate low-fat or skim dairy products | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | 4. I ate whole grain bread, pasta, or rice | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | 5. I had at least 30 minutes of moderate physical activity – like active play with children, light yard work or housework (gardening, raking, or vacuuming), walking or bicycling? | 1 | 2 | 3 | 4 | 5 |

For Questions 6 and 7, please rate your confidence **BEFORE** and **AFTER** attending 10 Tips classes.

Please circle a number on both sides for each item (1=Not at all Confident, 5=Very Confident):

| <i>BEFORE attending this class:</i> | | | | | <i>For each statement below, indicate your response ← BEFORE and AFTER → attending 10 Tips Class</i> | <i>AFTER attending this class:</i> | | | | |
|--|---|---------|---|----------------|---|---|---|---------|---|----------------|
| Not at all Confident | | Neutral | | Very Confident | | Not at all Confident | | Neutral | | Very Confident |
| 1 | 2 | 3 | 4 | 5 | 6. How confident are you that you can buy healthy foods for your family on a budget? | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | 7. How confident are you that you can cook healthy foods for your family on a budget? | 1 | 2 | 3 | 4 | 5 |

8. How likely are you to use MyPlate when preparing and serving food? (please circle one)

| | | | | |
|--------------------|------------------------|----------------|--------------------------|----------------------|
| VERY LIKELY | SOMEWHAT LIKELY | NEUTRAL | SOMEWHAT UNLIKELY | VERY UNLIKELY |
|--------------------|------------------------|----------------|--------------------------|----------------------|

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Please rate the statements below by circling the number that best describes how you feel about the statement:



| | Strongly Disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly Agree |
|---|-------------------|----------|----------------------------|-------|----------------|
| 9. I was satisfied with this class/series | 1 | 2 | 3 | 4 | 5 |
| 10. I gained useful knowledge from the class/series | 1 | 2 | 3 | 4 | 5 |
| 11. I was satisfied with the instructor | 1 | 2 | 3 | 4 | 5 |
| 12. I would refer a friend or family member to a SNAP-Ed class | 1 | 2 | 3 | 4 | 5 |
| 12b. Please tell us why you would or would not refer a friend: | | | | | |
| 13. How did you hear about this class? <input type="checkbox"/> Facebook <input type="checkbox"/> Flyer <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Doctor or other medical provider <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (please specify): _____ | | | | | |

14. What would you improve or change to make these classes more useful?

The last few questions ask you to provide some demographic information about yourself:

15. Age:

- 5 – 17 Years
- 18 – 59 Years
- 60 Years or More

16. Gender:

- Male
- Female

17. Ethnicity: Are you Hispanic or Latino?

- YES
- NO

18. Race (check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

19. Do you receive SNAP benefits (Food Stamps)?

- YES
- NO

20. Do you or other members of your household participate in any other Federal Assistance programs such as WIC, Head Start, School Meal Programs, TANF, General Assistance,

- YES
- NO

Your responses are important and will be used to improve future classes. Thank you!