



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):

BEFORE attending this class,					For each item below, indicate how often you did it ← BEFORE and AFTER → attending 10 Tips Class	AFTER attending this class,					
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):

BEFORE attending this class:					For each statement below, indicate your response ← BEFORE and AFTER → attending 10 Tips Class	AFTER attending this class:					
Not at all Confident	1	Neutral	4	Very Confident		Not at all Confident	1	Neutral	4	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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9. I gained useful knowledge from the class/series

- Yes No

10. How did you hear about this class?

- Facebook Doctor or other medical provider
 Flyer Don't Know
 Friend or Family Member Other (please specify): _____

11. Did you attend an in-person or virtual class?

- In-person Virtual

12. Were you able to follow along with the nutrition educator when they taught the classes? For instance, could you see what they were doing and hear what they were saying throughout the classes?

- Yes No

If no, why not?

13. The lessons....(please select all that apply)

- reflected my experiences
 talked about familiar foods
 offered examples I found useful

14. The nutrition educator asked for my input in ways that made me feel included in the class.

- Yes No

15. Would you attend another SNAP-Ed class in the future?

- Yes No Not Sure

16. Would you recommend a SNAP-Ed class to a friend?

- Yes No Not Sure

17. Do you have anything else you would like to share about the class experience?



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

18. Age:

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

19. Gender:

- Male
- Female
- Something else
- Prefer not to respond

20. Ethnicity: Are you Hispanic or Latino?

- Yes
- No
- Prefer not to respond

23. 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, etc.?

- Yes
- No

21. Race (check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to respond

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

- Yes
- No

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