

CREATE BETTER HEALTH POST SURVEY

Use at the end of the **last** class of a series.



Please take a few minutes to answer the following questions. All responses are confidential, and there are no right or wrong answers to any questions in this survey. The information you provide will help us improve our program and be accountable to SNAP-Ed funders.

1. Write your initials, birth month (2-digit), and birth day (2-digit) below.

For example, if your name were John Doe and your birthdate were May 1, you would write:

First letter of first name: J First letter of last name: D Birth month: 05 Birth day: 01

First letter of first name: _____ First letter of last name: _____ Birth month: _____ Birth day: _____

2. How likely are you to recommend Create Better Health classes to others?

- ☐ Very likely ☐ Likely ☐ Neither likely or unlikely ☐ Unlikely ☐ Very unlikely

3. How many Create Better Health (SNAP-Ed) classes have you attended this year? (including this one)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 or more

For the following questions, consider what you have done during the past 30 days and select the best answer to describe what you typically do.

4. How many times a day do you eat fruit?

(Include fresh, frozen, dried and canned. Do not include juice.)

- ☐ I rarely eat fruit ☐ Less than 1 time a day (couple times a week) ☐ 1 time a day
☐ 2 times a day ☐ 3 times a day ☐ 4 or more times a day

5. How many times a day do you eat vegetables?

(Include fresh, frozen, dried and canned. Do not count french fries or potato chips.)

- ☐ I rarely eat vegetables ☐ Less than 1 time a day (couple times a week) ☐ 1 time a day
☐ 2 times a day ☐ 3 times a day ☐ 4 or more times a day

6. How often do you drink regular soda (not diet), sweet tea, sugar-sweetened fruit drinks (such as lemonade), sports drinks, or punch?

- ☐ Never ☐ 1 time a week ☐ 2-3 times a week ☐ 4-6 times a week
☐ 1 time a day ☐ 2 times a day ☐ 3 times a day ☐ 4 or more times a day

7. How often do you make small changes on purpose to be more active?

(Include things like walking instead of driving, moving around instead of sitting while watching TV, etc.)

- ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

8. In the past week, how many days did you exercise for at least 30 minutes?

(This 30 minutes could be all at once or a few minutes at a time).

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

9. The next section has statements people have made about what they do. Choose the option that best fits what you have done over the last 30 days.	Never	Rarely	Sometimes	Often	Always
I stretch my food dollars so there is food to last the entire month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I choose a variety of foods based on MyPlate recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use the nutrition facts label to make food choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I shop with a grocery list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I adjust meals to use foods I already have at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can choose and buy healthy foods on a tight budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In the past 12 months, how many months did anyone in your household receive benefits from a federal food assistance program? (SNAP, WIC, free and reduced lunch program, or any other federal food assistance program)

- ☐ All months ☐ Some months ☐ Never

11. The next section has statements people have made about their food situation. Choose the answer that best fits your food situation over the last 30 days.	Often true	Sometimes true	Never true	Don't know
The food that I bought just didn't last, and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Over the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes ☐ No ☐ Don't know

13. What do you think will make it difficult for you to follow MyPlate recommendations for nutrition and physical activity? Select all that apply.

- ☐ It is hard to find all food groups from MyPlate.
- ☐ It is hard to find safe places to exercise.
- ☐ The convenience and marketing of less healthy food options.
- ☐ It is difficult to know what food to choose when shopping.
- ☐ It is difficult to know how to prepare healthy food.
- ☐ It will not be difficult to follow MyPlate recommendations.
- ☐ Other, please describe: _____

14. Please select the following options that best represent you.

Gender	Age	Ethnicity	Race (select all that apply)
<input type="radio"/> Female	<input type="radio"/> 18-59 years	<input type="radio"/> Hispanic	<input type="radio"/> American Indian/Alaskan Native
<input type="radio"/> Male	<input type="radio"/> 60-75 years	<input type="radio"/> Non-Hispanic	<input type="radio"/> Asian
<input type="radio"/> Non-binary	<input type="radio"/> 76+ years	<input type="radio"/> Prefer not to respond	<input type="radio"/> Black/African American
<input type="radio"/> Prefer not to respond	<input type="radio"/> Prefer not to respond		<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> Gender not listed			<input type="radio"/> White
			<input type="radio"/> Prefer not to respond

Are you willing to take a follow-up survey in 6 months to be entered in a drawing for a \$250 prize?

☐ Yes ☐ No

Are you interested in receiving our free Create Better Health Utah Newsletter?

☐ Yes ☐ No

Are you willing to take a follow-up survey in 1 year to be entered in a drawing for a \$250 prize?

☐ Yes ☐ No

Are you interested in a free online Create Better Health class?

☐ Yes ☐ No

If you answered yes to any of the above questions, please clearly write your email address.

Email: _____



For Office Use Only

Ambassador Name: _____ **Lesson:** _____

Location: _____

