

CREATE FAMILY MEALS FAMILY DEMOGRAPHICS

Use at all classes for new families in **FY 2025**.

CREATE FAMILY MEALS

Please take a few minutes to answer the following form about your family's demographics. Please use the key provided to help you as you complete the Ethnicity and Race sections of the form. All responses are confidential. The information you provide will help us improve our program and be accountable to SNAP-Ed funders.

Family Member	Age	Gender	Ethnicity	Race (you may enter more than one)	Parent or Caregiver
1					<input type="radio"/> Yes <input type="radio"/> No
2					<input type="radio"/> Yes <input type="radio"/> No
3					<input type="radio"/> Yes <input type="radio"/> No
4					<input type="radio"/> Yes <input type="radio"/> No
5					<input type="radio"/> Yes <input type="radio"/> No
6					<input type="radio"/> Yes <input type="radio"/> No
7					<input type="radio"/> Yes <input type="radio"/> No
8					<input type="radio"/> Yes <input type="radio"/> No

Key

Ethnicity: H - Hispanic/Latino
NH - Non-Hispanic/Latino

Race: AI/AN - American Indian/Alaskan Native
A - Asian
B - Black/African American
NH/PI - Native Hawaiian or other Pacific Islander
W - White

1. 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

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

2. Please tell us whether the statement was often true, sometimes true, or never true for you/your household in the last 12 months:	Often true	Sometimes true	Never true	Don't know
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I/we) couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes No Don't know

4. If you responded "yes" to Question 3, how often did this happen -- almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month Some months but not every month Only 1 or 2 months Don't know

If you responded "Often true" or "Sometimes true" to the statements in Question 2 or "Yes" to Question 3, proceed to the following questions. Otherwise, skip to Question 7.

5. In the last 12 months, did (you/you or other adults in your household) ever eat less than you felt (you/they) should because there wasn't enough money for food?

- Yes No Don't know

6. In the last 12 months, were (you/you or other adults in your household) ever hungry but didn't eat because there wasn't enough money for food?

- Yes No Don't know

7. How did you hear about the Create Better Health (SNAP-Ed) program?

- Community Health Worker class Community organization Friends or family
 Flyers or poster Health department Social media
 USU Extension calendar Other, please explain: _____

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: _____ **Family ID:** _____

