

CREATE BETTER HEALTH POST SURVEY

Use at the end of the **last** class of a series in **FY 2026**.



Please take a few minutes to answer the following questions. All responses are confidential. We will not share your answers with anyone. There are no right or wrong answers. Your answers 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:**____

For the rest of the questions, there is a circle "○" next to each answer choice. You can mark your choice by filling in the circle or marking it with an X. Or, you can circle the words for the answer you choose. If you are not sure about a question, you can ask for help.

2. 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, think about what you have done during the past 30 days and select the best answer to describe what you normally do.

3. 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

4. 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

5. 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



6. 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

7. This section has statements people have made about what they do. Mark the choice 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 different kinds 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 change 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"/>

8. The next section has statements of what people intend to do. Please choose the option that best fits what you intend to do over the next 30 days after taking the Create Better Health class.	 Strongly Disagree	Disagree	Neutral	Agree	 Strongly Agree
I will 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 will choose different kinds of foods based on MyPlate recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will 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 will shop with a grocery list.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will change 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 will choose and buy healthy foods on a tight budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will eat more fruits daily than I do now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will eat more vegetables daily than I do now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How many days do you intend to exercise for at least 30 minutes this next week? (This 30 minutes could be all at once or a few minutes at a time).

- 0
 1
 2
 3
 4
 5
 6
 7

10. How likely are you to recommend Create Better Health classes to friends or family? 

- Very unlikely
 Unlikely
 Neither likely or unlikely
 Likely
 Very likely 

For Office Use Only

Ambassador Name: _____ Lesson: _____

Location: _____