



## SESSION ONE FORM

To be completed by participant.

Welcome and thank you for making the time to provide your information.

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The British Columbia Centre for Disease Control's Food Skills for Families program is hosted in various settings throughout what is colonially known as British Columbia, and across diverse communities and populations, including First Nations, Métis, and Inuit peoples. We are grateful to all Indigenous people who have cared for and nurtured the lands, air and waters around us for all time, and continue to do so.

Through learning and acknowledging the truth of our shared past with Indigenous peoples, the BCCDC moves towards reconciling with our history as occupiers of the land and contributors to ongoing colonization. We acknowledge the past and current inequities experienced by Indigenous Peoples and are committed to advancing Indigenous-specific anti-racism and creating culturally safer environments.

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### Program Participation

Thank you for signing up to take the Food Skills for Families program. To help inform if this program is having a meaningful impact and determine where improvements can be made, please fill in the questions below. You will be asked similar questions when you complete the program in a few weeks. Your answers will all be kept confidential.

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### Privacy Note

The BC Centre for Disease Control (BCCDC) takes your privacy and confidentiality seriously. Your personal information is collected in accordance with section 26 (e) of the Freedom of Information and Protection of Privacy Act to improve health promotion programs at BCCDC. Access to your information is limited to the survey administrators and the technical support team at Checkbox. Once submitted, the answers you provide will be combined, and the cumulative results will be analyzed by the Food Skills team. You will not be personally identified in any reports, presentations, or publications that describe these results. We may use direct quotations from your responses (in a form that does not identify you) in future BCCDC related publications (e.g. news articles, annual Food Skills program evaluation).

Questions about your information or this survey may be directed to the Survey Administrator:  
Food Skills for Families Program, 655 West 12th, Vancouver, BC V5Z 4R4,  
[foodskillsbc@bccdc.ca](mailto:foodskillsbc@bccdc.ca).

## Participant Details

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**Legal First Name:** \_\_\_\_\_

**Nickname or preferred first name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
*MM/DD/YYYY*

**Email Address:** \_\_\_\_\_

## Program Details

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**Session One Date**

*MM/DD/YYYY*

**Program Name**

*Refer to the cover of your book*

Select:

- ☐ Cooking Connections:
- ☐ Cooking for the Active Senior
- ☐ Food Sense:
- ☐ Healthy Cooking on a Budget
- ☐ Cooking in Canada:
- ☐ Healthy Cooking for Newcomers
- ☐ Unsure
- ☐ Other: \_\_\_\_\_

**Facilitator/Instructor's Name:** \_\_\_\_\_

**Host Organization's Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

**How did you hear about the program?**

*Check all that apply*

- ☐ Online: Social Media
- ☐ Online: Web search
- ☐ Community Organizations Programming List
- ☐ Poster and/or brochure
- ☐ Referral from health care provider
- ☐ Word of mouth (friends and/or family)
- ☐ Recommendation from past participant
- ☐ Other: \_\_\_\_\_

**Have you taken the Food Skills for Families program before?**

- ☐ No
- ☐ Yes
- ☐ Not sure
- ☐ Other - Please include details: \_\_\_\_\_

## Food + Cooking Activities

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**1. In a typical day, how often do you cook at home?**

Please check one answer only.

- ☐ Never
- ☐ Once a day
- ☐ Twice a day
- ☐ Three times a day

2. Do you agree or disagree with the following statements?

	Agree	Neither agree or disagree	Disagree
I feel confident <u>planning meals</u> using a variety of healthy foods.			
I feel confident <u>cooking meals</u> using healthy ingredients.			
I feel confident <u>following a recipe</u> .			
I feel confident <u>preparing foods</u> . (e.g. <i>cutting, washing, measuring</i> )			
I feel confident <u>cooking foods</u> . (e.g. <i>pan frying, baking, boiling</i> )			
I feel confident <u>following basic food safety</u> steps. (e.g. <i>washing hands before cooking, using a different chopping board for raw meats</i> )			
I feel confident understanding the information shown on <u>food labels</u> .			
I feel confident <u>using food labels at the grocery store</u> to make healthy choices.			
I feel confident <u>finding my way around a grocery store</u> .			

### How often do you?

	Never	Not every day (e.g. 1-3 times a week)	Once a day	2 - 4 times a day	5 or more times a day
Eat vegetables					
Eat fruits					
Drink sugary beverages (e.g. pop, juice, iced tea, energy drinks, sport drinks)					
Eat deep-fried foods					
Add salt to a cooked or prepared meal					

### 3. Is there anything that stops you from accessing and preparing healthy foods?

*Check all that apply:*

- ☐ I don't know which foods are healthy
- ☐ I don't know which methods of cooking are healthy
- ☐ I don't have the right kitchen equipment or utensils
- ☐ I don't have healthy recipes
- ☐ I don't like the taste of healthy foods
- ☐ Vegetables and fruits are not available
- ☐ I can't afford to buy vegetables and fruits
- ☐ I prefer eating out
- ☐ I don't have time
- ☐ I lack motivation  
*Example: Feeling too tired*
- ☐ Transportation issue  
*Example: Store too far away, public transportation not available/reliable*
- ☐ I am not in charge of accessing and/or preparing food
- ☐ Other: \_\_\_\_\_
- ☐ Nothing stops me from buying healthy foods.

**According to Canada's food guide, how much of your plate should be vegetables and fruit?**

- ☐ None
- ☐ ¼ of my plate
- ☐ ½ of my plate
- ☐ ¾ of my plate
- ☐ I don't know

## About You

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If comfortable, please tell us a bit about yourself.

### 6. Age

- ☐ 0 – 18
- ☐ 19 - 34
- ☐ 35 - 54
- ☐ 55 - 70
- ☐ Over 70
- ☐ Prefer not to say

### 7. Preferred Pronouns

- ☐ They/them
- ☐ She/her
- ☐ He/him
- ☐ Prefer not to disclose
- ☐ Self-describe: \_\_\_\_\_

### 8. What best describe your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Prefer to self-describe \_\_\_\_\_

### 8. Do you identify as First Nations, Inuk/Inuit and/or Metis?

*Select all that apply.*

- ☐ No
- ☐ Yes, First Nations
- ☐ Yes, Inuk/Inuit
- ☐ Yes, Metis
- ☐ Do not know
- ☐ Prefer not to answer

In our society, people are often described by their race or racial background. Race is a societal construct that may influence the way we are treated by individuals and institutions, and this may affect our health.

Which category(ies) best describes you?

*Check all that apply.*

- ☐ **Black**  
*Examples: African, African Canadian, Afro-Caribbean descent Yes, First Nations*
- ☐ **East Asian**  
*Examples: Chinese, Japanese, Korean, Taiwanese descent*
- ☐ **Indigenous (First Nations, Inuk/Inuit, Metis)**  
*Examples: First Nations, Inuk/Inuit, Metis descent*
- ☐ **Latin American**  
*Examples: Hispanic or Latin American descent*
- ☐ **Middle Eastern**  
*Examples: Arab, Persian, West Asian descent (e.g. Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)*
- ☐ **South Asian**  
*Examples: South Asian descent (e.g. Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)*
- ☐ **Southeast Asian**  
*Examples: Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent*
- ☐ **White**  
*Example: European descent*
- ☐ **Do not know**
- ☐ **Prefer not to answer**
- ☐ **Another race category**

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Do you cook for others in your home?

9. How many other adults do you usually prepare food for at least once per day? *Adults = 19 years of age or older*

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more
- ☐ Prefer not to answer

**10. How many children do you usually prepare food for at least once per day?** *Children = ages 0 to 18*

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more
- ☐ Prefer not to answer

### **Thank You & Enjoy the Program**

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We greatly appreciate you taking the time to complete these questions. Your answers here, as well as the answers you will provide after completing the six-session program, will help inform how the program evolves.

**Questions about the upcoming program:** Please direct any questions or comments to your Facilitator or program registrar.

**If you have any final comments please use the space below.**