



SESSION SIX FORM

To be completed by participant.

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

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.

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.

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.

Participant Details

Legal First Name: _____

Nickname or preferred first name: _____
If applicable

Last Name: _____

Date of Birth: _____
MM/DD/YYYY

Email Address: _____

Program Details

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: _____

Host Organization's Name: _____

City: _____

Facilitator/Instructor's Name: _____

Session One Date: _____
MM/DD/YYYY

Session Six Date: _____
MM/DD/YYYY

Which Sessions did you attend?

- ☐ Session 1
Variety for Healthy Eating
- ☐ Session 2
Vegetables, Fruits & Whole Grain Foods
- ☐ Session 3
Protein Foods & Healthy Fats
- ☐ Session 4
Planning Healthy Meals, Snacks & Beverages
- ☐ Session 5
Savvy Shopping Supermarket Tour
- ☐ Session 6
Celebration

Food + Cooking Activities

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. cutting, washing, measuring)			
I feel confident <u>cooking foods</u> . (e.g. pan frying, baking, boiling)			
I feel confident <u>following basic food safety</u> steps. (e.g. washing hands before cooking, using a different chopping board for raw meats)			
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> .			

3. 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 <i>e.g. pop, juice, iced tea, energy drinks, sport drinks</i>					
Eat deep-fried foods					
Add salt to a cooked or prepared meal <i>e.g. adding salt at the dining table</i>					

4. 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.

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

- ☐ None
- ☐ 1/4 of my plate
- ☐ 1/2 of my plate
- ☐ 3/4 of my plate
- ☐ I don't know

6. As a result of taking the program, do you think you will eat more vegetables and fruits?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ I don't know

7. As a result of taking the program, do you eat more meals with others?

- ☐ Yes
- ☐ No

8. As a result of taking the program, do you feel more connected to your community?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ I don't know

9. Will you use the Participant Handbook at home?

- ☐ Yes
- ☐ No (please comment below)

10. Is there a reason why you don't think you will use the Participant Handbook at home?

11. How would you rate the Facilitator of the program?

Not Good		Average		Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5

12. Is there anything in the program that should be improved?

13. Please comment on the Facilitator.

14. What is the biggest change you made/will make as a result of taking the program?

About You

If comfortable, please tell us a bit about yourself.

15. Age

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

16. What best describe your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Prefer to self-describe: _____

17. 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

18. 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 _____

Do you cook for others in your home?

19. 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

20. 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

21. If a part two of this program was offered, would you sign up?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ Prefer not to answer
- ☐ Other: _____

22. Would you recommend this program to a friend?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ Prefer not to answer
- ☐ Other: _____

Thank you & we hope you enjoyed the Program

We greatly appreciate you taking the time to complete these questions. Your answers here, as well as the answers you provided at the beginning of the six-session program, will help inform how the program evolves.

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