

Appendix A: HEPP Father Nutrition Survey

Start Time: _____ AM / PM Date: ____/____/____ Promotora: _____

Participant ID #: ____ - ____ - ____ - ____

Health for You and Your Family

Father Survey - Pre

F _____

Diet (see **answer grid A0**): I would like to ask you some questions about your food (meals and snacks). **Over the past week**, how many times did you eat the following items?






1.	Snacks	How many times in the past week?
	a. Chips	_____ times
	b. Popcorn	_____ times
	c. Nuts (almonds, peanuts, pecans, pistachios, etc.)	_____ times
	d. Ice cream (frozen yogurt, snow cone, popsicle, etc.)	_____ times
	e. Cookies	_____ times
	f. Cake	_____ times
	g. Pie	_____ times
	h. Pastries (sweet bread, donuts, cinnamon roll)	_____ times
	i. Candy (chocolates, lollipop, hard candy, etc.)	_____ times
2.	Fruit	How many times in the past week?
	a. Fresh fruit (any type)	_____ times
	b. 100% fruit juice	_____ times

3.	Vegetables	How many times in the past week?
	a. White potatoes	_____ times
	b. White rice	_____ times
	c. Iceberg lettuce	_____ times
	d. Vegetables (not counting above items)	_____ times
4.	Sugar-sweetened beverages	How many times in the past week?
	a. Soda (Coke, Dr. Pepper, Sprite, Fanta, etc.)	_____ times
	b. Sugary drinks (<i>aguas frescas</i> , sweet tea, juice drinks, etc.)	_____ times
	c. Sport/energy drinks (Powerade, Gatorade, Red Bull, Monster, etc.)	_____ times

Nutrition knowledge (see **answer grids A1-A3, ✓ the answer**): I would like to ask you some questions about **nutrition in general**. Please choose the best answer (only one).





Question #5

What information can we learn from MyPlate?

<input type="checkbox"/>  <p>How much food costs</p>	<input type="checkbox"/>  <p>What foods taste good</p>	<input type="checkbox"/>  <p>How to prepare food</p>	<input type="checkbox"/>  <p>How much to eat of different kinds of foods</p>	<input type="checkbox"/>  <p>I have never seen MyPlate</p>
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Question #6

From which food group should you eat the most servings each day?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			
Vegetables	Meat	Fruit	Grains

Question #7

Why should we wash fruits and vegetables before we eat them?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			
To wash off the germs	Only if they are dirty	To keep them fresh	So they taste better

Question #8

After cooking, how many maximum days should food be in the refrigerator?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			
1 day	3 days	5 days	Don't know

Question #9

Why should we **not** eat foods that have been sitting out for more than 2 hours?

<input type="checkbox"/>  The vitamins break down and become bad for you	<input type="checkbox"/>  The color of the food changes	<input type="checkbox"/>  Germs grow on the food quickly	<input type="checkbox"/>  The food starts to taste bad
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Question #10

With what should you fill half your plate?

<input type="checkbox"/>  Fruits and vegetables	<input type="checkbox"/>  Protein	<input type="checkbox"/>  Grains	<input type="checkbox"/>  Dessert
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Question #11



How often do you check the 'Use by' date on food packages?

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
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Question #12



How often do you prepare/eat food past its 'Use by' date?

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
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Question #13



How often do you wash fruits and vegetables that **don't need** to be peeled before eating?

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
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Question #14



How often do you wash fruits and vegetables that **need** to be peeled before eating?












<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always
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Liking and Variety: For the following questions, I am going to ask you whether you have eaten any of the following **fruits in the past month** and **what you think about each of them** (see **answer grid A4**, ✓ the answer and place X in box).









Question #15

Fruits

Fruit What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
a. Peaches 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
b. Strawberries 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
c. Guava 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
d. Lime/Lemon 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
e. Tangerines 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

<p><u>Fruit</u></p> <p>What do you think about each of them?</p>	 <p>Eaten in past month?</p>	 <p>Like</p>	 <p>Depends (Preparation)</p>	 <p>Dislike</p>	 <p>Never tried</p>
<p>f. Mango</p> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
<p>g. Apples</p> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
<p>h. Melon</p> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
<p>i. Oranges</p> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
<p>j. Other berries (blueberry, raspberry)</p> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
<p>k. Papaya</p> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

Fruit What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
l. Pears 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
m. Pineapple 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
n. Banana 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
o. Plantain 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
p. Grapefruit 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
q. Grapes 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried











<p><u>Fruit</u></p> <p>What do you think about each of them?</p>	 <p>Eaten in past month?</p>	 <p>Like</p>	 <p>Depends (Preparation)</p>	 <p>Dislike</p>	 <p>Never tried</p>
<p>r. 100% fruit juice - Apple</p> 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Like	Depends	Dislike	Never tried
<p>s. 100% fruit juice - Orange</p> 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Like	Depends	Dislike	Never tried
<p>t. 100% fruit juice - Other</p> 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Like	Depends	Dislike	Never tried












Liking and Variety: For the following questions, I am going to ask you whether you have eaten any of the following vegetables **in the past month** and **what you think about each of them** (see **answer grid A4**, ✓ the answer and place X in box).











Question #16












Vegetables

<u>Vegetable</u> What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
a. Avocado 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
b. Garlic 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
c. Celery 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
d. Beets 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
e. Broccoli 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

<u>Vegetable</u> What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
f. Squash (any kind) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
g. Pumpkin 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
h. Sweet potato 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
i. Onions (green, white, red) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
j. Peas (any kind) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

<u>Vegetable</u> What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
k. Bell pepper 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
l. Hot peppers 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
m. Cauliflower 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
n. Green beans 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
o. Corn 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
p. Spinach, chard or kale (dark green or leafy greens) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

<u>Vegetable</u> What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
q. Beans (garbanzo, black beans, pinto) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
r. Jicama 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
s. Iceberg lettuce 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
t. Romaine lettuce 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
u. Nopales 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

Vegetable What do you think about each of them?	 Eaten in past month?	 Like	 Depends (Preparation)	 Dislike	 Never tried
v. Potatoes – white 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
w. Cucumber 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
x. Cabbage 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
y. Tomato 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
z. Yucca 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried
aa. Carrots 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Like	Depends	Dislike	Never tried

Cooking Practices: I would like to ask you more about **cooking in general**. Please answer Yes, Sometimes, or No for each of the following questions [see **answer grid A5**] (place X in box).

	Yes	Sometimes	No
17. Do you feel limited by your lack of cooking knowledge?	Yes	Sometimes	No
18. Can you always manage to decide what you would like to eat at any given time?	Yes	Sometimes	No
19. When preparing/cooking food, are you confident that you can resolve unexpected results (didn't turn out as expected)?	Yes	Sometimes	No
20. When preparing/cooking food, is it easy for you to accomplish your desired results?	Yes	Sometimes	No
21. When preparing/cooking food, can you resolve most problems that come up?	Yes	Sometimes	No
22. Are you comfortable preparing food?	Yes	Sometimes	No
23. Do you know how to use the kitchen equipment you have?	Yes	Sometimes	No
24. Are you involved in daily meal preparation?	Yes	Sometimes	No
25. When you shop for food, do you know how you will use the ingredients you are purchasing?	Yes	Sometimes	No
26. Are you confident making meals from the ingredients you have on hand?	Yes	Sometimes	No
27. Before you start cooking, do you usually have a mental plan of all the steps you will follow?	Yes	Sometimes	No
28. When presented with two similar products to purchase, do you feel confident choosing between them?	Yes	Sometimes	No
29. When you go shopping, do you know where to find the ingredients you need to prepare a meal?	Yes	Sometimes	No

Cooking Thoughts: I would like to ask you about **your thoughts about cooking**. Please answer Yes, Sometimes, or No for each of the following questions [see **answer grid A5**] (place X in box).

	Yes	Sometimes	No
30. For you, is cooking an activity that makes you feel good?	Yes	Sometimes	No
31. For you, is cooking only something to get through as quickly as possible?	Yes	Sometimes	No
32. Do you feel that cooking brings you little enjoyment compared to other activities?	Yes	Sometimes	No
33. If you try making a new type of food and it does not come out right, do you usually try to make it again?	Yes	Sometimes	No
34. Do you think a lot about what you will cook or eat?	Yes	Sometimes	No
35. Do you prefer to spend your time on more important things than on cooking?	Yes	Sometimes	No
36. Normally, do you prefer to cook rather than to have someone else prepare the food?	Yes	Sometimes	No
37. Do you think food made at home is more affordable?	Yes	Sometimes	No
38. Do you get inspired to cook for other people, like your family or friends?	Yes	Sometimes	No
39. For you, is it a burden to have to cook for other people, like your family or friends?	Yes	Sometimes	No
40. Do you feel that you don't like to cook because it takes too much time?	Yes	Sometimes	No
41. Is cooking frustrating?	Yes	Sometimes	No
42. Do you find cooking tiring?	Yes	Sometimes	No
43. Does it take too much work to cook?	Yes	Sometimes	No

Cooking Time: I would like to ask you about your **time for cooking**. Please answer Yes, Sometimes, or No for each of the following questions [see **answer grid A5**] (place X in box).

	Yes	Sometimes	No
44. Would you like to have more time to plan meals?	Yes	Sometimes	No
45. Is it difficult for you to make time to prepare the food you would like to eat?	Yes	Sometimes	No
46. Do your family responsibilities prevent you from having the time to prepare meals?	Yes	Sometimes	No
47. Do your other activities (church, social events, volunteer time) prevent you from having the time to prepare meals?	Yes	Sometimes	No
48. Do your job responsibilities prevent you from having the time to prepare meals?	Yes	Sometimes	No

1st BREAK: _____

Start Time: _____ AM / PM

End Time: _____ AM / PM

Family Food Practices: I would like to ask you a few questions about **family meals**. The first five questions are about _____ and the rest are about you. **During the past month**, how often did you do the following [see **answer grid A6**] (place X in box)?










How often...?	Never	Once in a while	Almost every day
49. Did you talk to _____ about eating healthy foods?	Never	Once in a while	Almost every day
50. Did you take _____ with you to the store to buy groceries?	Never	Once in a while	Almost every day
51. Did you sit down to eat with _____?	Never	Once in a while	Almost every day
52. Did you ask _____ to help you prepare dinner?	Never	Once in a while	Almost every day
53. Did you ask _____ to help you plan meals?	Never	Once in a while	Almost every day











How often...?	Never	Once in a while	Almost every day
54. Did you prepare meals with everything homemade (basic ingredients)?	Never	Once in a while	Almost every day
55. Did you only use prepared foods (rotisserie chicken, pizza, bagged salad, prepared mashed potatoes, etc.) to make a meal?	Never	Once in a while	Almost every day
56. Did you combine both prepared foods (rotisserie chicken, pizza, bagged salad, prepared mashed potatoes, etc.) with homemade food items to make a meal?	Never	Once in a while	Almost every day
57. Did you reheat leftovers to use as all or part of another meal?	Never	Once in a while	Almost every day
58. Did you use leftovers from a home cooked meal to <u>create</u> a different dish?	Never	Once in a while	Almost every day
59. Did you use leftovers from a meal away from home (church, family, restaurant, etc.) to <u>create</u> a different dish?	Never	Once in a while	Almost every day
60. Did you eat breakfast away from home?	Never	Once in a while	Almost every day
61. Did you eat lunch away from home?	Never	Once in a while	Almost every day
62. Did you eat dinner away from home?	Never	Once in a while	Almost every day











Confidence: For the following questions, I am going to ask you how confident you feel in preparing the following food items to use them in your meals [see **answer grid A7**] (**place X in box**).

Question #63

Confidence

<p><u>Food Item</u></p> <p>How <u>confident</u> do you feel in preparing/cooking the following food items to use them in your meals?</p>	<p> Unconfident</p>	<p> Not sure</p>	<p> Confident</p>
<p>a. Avocado</p> 	Unconfident	Not sure	Confident
<p>b. Celery</p> 	Unconfident	Not sure	Confident
<p>c. Beets</p> 	Unconfident	Not sure	Confident
<p>d. Broccoli</p> 	Unconfident	Not sure	Confident
<p>e. Pumpkin</p> 	Unconfident	Not sure	Confident
<p>f. Squash (any kind)</p> 	Unconfident	Not sure	Confident




<p><u>Food Item</u></p> <p>How confident do you feel in preparing/cooking the following food items to use them in your meals?</p>	 <p>Unconfident</p>	 <p>Not sure</p>	 <p>Confident</p>
<p>g. Sweet potato</p> 	Unconfident	Not sure	Confident
<p>h. Onions (green, white, red)</p> 	Unconfident	Not sure	Confident
<p>i. Peas (any kind)</p> 	Unconfident	Not sure	Confident
<p>j. Cauliflower</p> 	Unconfident	Not sure	Confident
<p>k. Green beans</p> 	Unconfident	Not sure	Confident
<p>l. Corn</p> 	Unconfident	Not sure	Confident
<p>m. Spinach, chard or kale (dark green or leafy greens)</p> 	Unconfident	Not sure	Confident

<p><u>Food Item</u></p> <p>How <u>confident</u> do you feel in preparing/cooking the following food items to use them in your meals?</p>	<p> Unconfident</p>	<p> Not sure</p>	<p> Confident</p>
<p>n. Beans(garbanzo, black beans, pinto)</p> 	Unconfident	Not sure	Confident
<p>o. Jicama</p> 	Unconfident	Not sure	Confident
<p>p. Iceberg lettuce</p> 	Unconfident	Not sure	Confident
<p>q. Romaine lettuce</p> 	Unconfident	Not sure	Confident
<p>r. Cucumber</p> 	Unconfident	Not sure	Confident
<p>s. Cabbage</p> 	Unconfident	Not sure	Confident
<p>t. Mixed vegetables (in stews, casseroles, or sides)</p> 	Unconfident	Not sure	Confident

Confidence: For the following questions, I am going to ask you how confident you feel in doing the following activities [see **answer grid A7**] (**place X in box**).

Question #64

Confidence

How confident do you feel to...?	 Unconfident	 Not sure	 Confident
a. Wash your hands for at least 20 seconds <u>before</u> and <u>during</u> food preparation	Unconfident	Not sure	Confident
b. Plan or help decide which meals will be made at home	Unconfident	Not sure	Confident
c. Grocery shop for your family (e.g., choosing and purchasing foods at the store)	Unconfident	Not sure	Confident
d. Clean or wash fruits and vegetables before using and cooking	Unconfident	Not sure	Confident
e. Prepare fruits in different ways (juicing, pureeing, and chopping)	Unconfident	Not sure	Confident
f. Prepare a salad with homemade dressing	Unconfident	Not sure	Confident
g. Make beverages at home with vegetables and fruit without added sugar	Unconfident	Not sure	Confident
h. Prepare snacks at home for your children with vegetables and fruit	Unconfident	Not sure	Confident
i. Make vegetable-focused dishes at home	Unconfident	Not sure	Confident
j. Use herbs and spices (like basil, cilantro, garlic)	Unconfident	Not sure	Confident
k. Prepare meals with everything homemade (basic ingredients)	Unconfident	Not sure	Confident
l. Prepare foods with what you have at home	Unconfident	Not sure	Confident
m. Suggest a new dish or recipe to prepare at home	Unconfident	Not sure	Confident
n. Package up and store leftover food safely (for eating later)	Unconfident	Not sure	Confident
o. Eat vegetables as a snack	Unconfident	Not sure	Confident

Availability of Fruits and Vegetables: Thinking about **a normal week**, please answer Never, Once in a while, or Almost every day to each of the following questions [see **answer grid A8**] (**place X in box**).

Question #65

Availability

How often...?	Never	Once in a while	Almost every day
a. Do you eat meals that include vegetables as a family?	Never	Once in a while	Almost every day
b. Do you have fruit as dessert with meals?	Never	Once in a while	Almost every day
c. Do you encourage _____ to eat vegetables by eating them yourself?	Never	Once in a while	Almost every day
d. Is there fruit available in your home to have as a snack?	Never	Once in a while	Almost every day
e. Are there vegetables available in your home to have as a snack?	Never	Once in a while	Almost every day
f. Is there cut-up fruit at hand in the refrigerator to eat as a snack?	Never	Once in a while	Almost every day
g. Are there cut-up vegetables at hand in the refrigerator to eat as a snack?	Never	Once in a while	Almost every day
h. Is there fresh fruit on the counter, table, or somewhere else where you can easily get to it?	Never	Once in a while	Almost every day
i. Do you include _____ when you prepare a meal?	Never	Once in a while	Almost every day
j. Do you encourage _____ to eat more fruit?	Never	Once in a while	Almost every day
k. Do you encourage _____ to eat more vegetables?	Never	Once in a while	Almost every day
l. Do you help your wife/partner prepare a meal?	Never	Once in a while	Almost every day

How often...?	Never	Once in a while	Almost every day
m. Do you eat while watching TV or using electronics (computer, cell phone, tablet, etc.)?	Never	Once in a while	Almost every day
n. Does _____ eat while watching TV or using electronics (computer, cell phone, tablet, etc.)?	Never	Once in a while	Almost every day
o. Does your wife/partner eat while watching TV or using electronics (computer, cell phone, tablet, etc.)?	Never	Once in a while	Almost every day

For the next question, we're going to talk about **when you eat at home** [see answer grid A9] (place X in box).

		Never	Once in a while	Almost every day	Where in your home?
66.	a. How often do you eat at home?	Never	Once in a while	Almost every day	
	b. How often do you eat <u>somewhere else in your home</u> (different from what you already mentioned)?	Never	Once in a while	Almost every day	

2nd BREAK: _____	
Start Time: _____ AM / PM	End Time: _____ AM / PM

Child Activities: During the past week, has _____ done the following on his/her own? If so, how many times [see answer grid A10] (place X in box)?

Question #67

Child Activities

Has _____ done the following on his/her own?	No	Yes	If yes, how many times in the past week?
a. Helped plan or decide which meals would be made at home	No	Yes	_____ times
b. Helped with grocery shopping	No	Yes	_____ times
c. Made snacks with fruit	No	Yes	_____ times
d. Made snacks with vegetables	No	Yes	_____ times
e. Helped prepare a meal	No	Yes	_____ times
f. Made a salad with fruits and vegetables	No	Yes	_____ times
g. Cut up fruit	No	Yes	_____ times
h. Cut up vegetables	No	Yes	_____ times
i. Measured ingredients	No	Yes	_____ times
j. Used a vegetable peeler	No	Yes	_____ times
k. Used a can opener	No	Yes	_____ times

Has _____ done the following on his/her own?	No	Yes	If yes, how many times in the past week?
l. Read food labels	No	Yes	_____ times
m. Tried new foods	No	Yes	_____ times
n. Cleaned or washed fruits and vegetables before using	No	Yes	_____ times
o. Made beverages without added sugar with fruits and vegetables	No	Yes	_____ times
p. Helped with meal clean-up (e.g., clearing table, washing dishes)	No	Yes	_____ times

Your Activities: **During the past week**, have you done the following? If so, how many times [see **answer grid A10**] (place **X** in box)?

Question #68

Your Activities

Have you done the following?	No	Yes	If yes, how many times in the past week?
a. Washed your hands for at least 20 seconds <u>before</u> and <u>during</u> food preparation	No	Yes	_____ times
b. Planned or helped decide which meals will be made at home	No	Yes	_____ times
c. Grocery shopped for your family (e.g., choosing and purchasing foods at the store)	No	Yes	_____ times
d. Cleaned or washed fruits and vegetables before using and cooking	No	Yes	_____ times
e. Prepared fruits in different ways (juicing, pureeing, and chopping)	No	Yes	_____ times

Have you done the following?	No	Yes	If yes, how many times in the past week?
f. Prepared a salad with homemade dressing	No	Yes	_____ times
g. Made beverages at home with vegetables and fruit without added sugar	No	Yes	_____ times
h. Prepared snacks at home for your children with vegetables and fruit	No	Yes	_____ times
i. Made vegetable-focused dishes at home	No	Yes	_____ times
j. Used herbs and spices (like basil, cilantro, garlic)	No	Yes	_____ times
k. Prepared meals with everything homemade (basic ingredients)	No	Yes	_____ times
l. Prepared foods with what you have at home	No	Yes	_____ times
m. Suggested a new dish or recipe to prepare at home	No	Yes	_____ times
n. Packaged up and stored leftover food safely (for eating later)	No	Yes	_____ times
o. Took lead on preparing a meal for your family	No	Yes	_____ times
p. Helped with meal clean-up (e.g., clearing table, washing dishes)	No	Yes	_____ times
q. Ate vegetables as a snack	No	Yes	_____ times

Your Cooking Confidence: I would like to ask you about how confident you feel to cook [see **answer grid A11**] (place X in box).

Question #69

Your Cooking Confidence

You	No	Yes
a. Do you feel confident preparing a meal for your family?	No	Yes
b. Are you very happy to cook for yourself?	No	Yes
c. Do you feel confident that what you cook will turn out as planned?	No	Yes
d. Are you willing to eat healthy?	No	Yes
e. Are you willing to cook?	No	Yes
f. Do you have good cooking skills?	No	Yes
g. Do you like to try new foods?	No	Yes

Family Influence: I would like to ask about your and your family's **use of vegetables**.

70. What vegetables do <u>you</u> like?	
71. What vegetables do <u>you</u> not like?	

72. What vegetables does <u>your wife/partner</u> like?	
73. What vegetables does <u>your wife/partner</u> not like?	
74. What vegetables does _____ like?	
75. What vegetables does _____ not like?	
76. What would be your wife/partner's reaction to having a vegetable prepared in a different way?	
77. What would be _____'s reaction to having a vegetable prepared in a different way?	
78. Who would make it easy for _____ to eat vegetables?	
79. Who would make it difficult for _____ to eat vegetables?	

80. What are the benefits of having vegetables in your home?	
81. What would help you to have vegetables in your home?	

Food Security: Now I am going to ask you about the foods that you have in your home (**✓ the answer**).

82. In the <u>past month</u> , did you ever worry that you would run out of food before you got money to buy more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
83. In the <u>past month</u> , did your household ever run out of food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
84. In the <u>past month</u> , did your household ever run out of the foods needed to make a complete meal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
85. In the <u>past month</u> , did you ever use a low-cost food (such as macaroni and cheese, ramen noodles, peanut butter, or little or no meat, vegetables, or fruit) because there wasn't enough food for everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
86. In the <u>past month</u> , did you or another adult in your household ever eat less or skipped meals because there wasn't enough food for everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
87. In the <u>past month</u> , did you ever eat less than you wanted to because there wasn't enough food for everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
88. In the <u>past month</u> , were you ever hungry but didn't eat because there wasn't enough food for everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
89. In the <u>past month</u> , did you or another adult in your household ever not eat for <u>a whole day</u> because there wasn't enough food for everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
90. In the <u>past month</u> , did you or another adult in your household ever have to eat fewer meals for <u>a whole day</u> because there wasn't enough food for everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer

91. In the <u>past month</u> , did you ever have to choose between paying bills and buying food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
92. In the <u>past month</u> , did you ever eat less food so that someone else in the family could eat more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer
93. In the <u>past month</u> , did you or other adults in your household ever borrow money to buy food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to answer

BACKGROUND

	<u>Question</u>	<u>Answer</u>	
94.	What is your date of birth?	____ / ____ / ____ month day year	
95.	What was the highest grade you completed in school?	<input type="checkbox"/> College degree <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Some school <input type="checkbox"/> High school degree <input type="checkbox"/> Didn't go to school	
96.	At this moment, what is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Living with partner – not married	
97.	At this moment, what are the ages of people living in your home (not including yourself)?	Person	Ages
		Adults (18 or older)	
		Children (17 or younger)	

End Time: _____ AM / PM

COMMENTS: