

Curricula _____

County _____

Date _____



Survey

Participant Information

Age: (Please check one)

- Teen
- Adult age 19-40
- Adult age 41-59
- Adult age 60+

Gender: (Please circle one)

Male Female

CHOOSE BREASTFEEDING FOR THE FAMILY

Please help us make our programs and materials better by answering the following questions. First think about what you will do from now on and then think back to what you did before. *Circle the best answer for each.*

	Never		Often		Always
After today , how often will you eat meals that include a variety of foods from MyPyramid?	1	2	3	4	5
Before today , how often did you eat meals that included a variety of foods from MyPyramid?	1	2	3	4	5
After today , how often will you wash your hands before you work with food?	1	2	3	4	5
Before today , how often did you wash your hands before you worked with food?	1	2	3	4	5

BREASTFEEDING

Which of these food programs do you think you will use in the next 12 months?
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program

Which of these food programs did you use in the last 12 months?
(Circle all that apply)

- 1) WIC
- 2) Vision Card
- 3) School Breakfast
- 4) School Lunch
- 5) Food Pantry
- 6) Summer Child Feeding Program