

EFNEP Eating Right Survey



Name: _____

Date: _____

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test! There are not any wrong answers.

For these questions, think about how you usually do things. Please put a check in the box that best answers each question.	Not Applicable 0	Do Not Do 1	Seldom 2	Sometimes 3	Most of the Time 4	Almost Always 5
1. How often do you plan meals ahead of time?						
2. How often do you compare prices before you buy food?						
3. How often do you run out of food before the end of the month?						
4. How often do you shop with a grocery list?						
5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?						
6. How often do you thaw frozen foods at room temperature?						
7. When deciding what to feed your family, how often do you think about healthy food choices?						
8. How often have you prepared foods without adding salt?						
9. How often do you use the "Nutrition Facts" on the food label to make food choices?						
10. How often do your children eat something in the morning within two hours of waking up?						

For Office Use Only:

Extension Staff Member: _____

Client ID #: _____

Check Type of Recall:

Entry

Exit