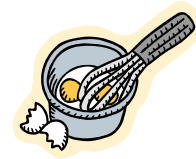


Pre-Intervention Questionnaire for Cooking Skills Programmes



Date // Location _____

How do you prepare meals

Q1. What kind of cooking do you do at the moment? (Please tick as many boxes as appropriate)

- | | | |
|--|---|--------------------------|
| Cook convenience foods and ready-meals | 1 | <input type="checkbox"/> |
| Put together ready-made ingredients to make a complete meal (e.g. use ready-made sauces) | 2 | <input type="checkbox"/> |
| Prepare dishes from basic ingredients | 3 | <input type="checkbox"/> |
| Other, please specify | 4 | <input type="checkbox"/> |
| Don't cook at all | 5 | <input type="checkbox"/> |

Q2. In a normal week, how often do you prepare and cook a main meal from basic ingredients, for example, making Shepherd's Pie starting with raw mince and potatoes? (Please tick one box)

- | | | | | | |
|------------------|---|--------------------------|-----------------------|---|--------------------------|
| Daily | 1 | <input type="checkbox"/> | Once a week | 4 | <input type="checkbox"/> |
| 4-6 times a week | 2 | <input type="checkbox"/> | Less than once a week | 5 | <input type="checkbox"/> |
| 2-3 times a week | 3 | <input type="checkbox"/> | Never | 6 | <input type="checkbox"/> |

How do you feel about

Q3. How confident do you feel about being able to cook from basic ingredients? (Please select one)

- Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

Q4. How confident do you feel about following a simple recipe? (Please select one)

- Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

Q5. How confident do you feel about tasting foods that you have not eaten before? (Please select one)

- Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

Q6. How confident do you feel about preparing and cooking new foods and recipes? (Please select one)

- Extremely Confident 1 2 3 4 5 6 7 Not at all Confident

What do you usually eat

Q7. How often do you eat fruit? (Please tick one box)

- | | | | | | |
|-----------------------|---|--------------------------|-----------------------|---|--------------------------|
| Never | 1 | <input type="checkbox"/> | 5-6 times a week | 5 | <input type="checkbox"/> |
| Less than once a week | 2 | <input type="checkbox"/> | Once a day | 6 | <input type="checkbox"/> |
| Once a week | 3 | <input type="checkbox"/> | Twice a day | 7 | <input type="checkbox"/> |
| 2-4 times a week | 4 | <input type="checkbox"/> | 3 times a day or more | 8 | <input type="checkbox"/> |

Q8. How often do you eat vegetables or salad (not including potatoes)? (Please tick one box)

- | | | | | | |
|-----------------------|---|--------------------------|-----------------------|---|--------------------------|
| Never | 1 | <input type="checkbox"/> | 5-6 times a week | 5 | <input type="checkbox"/> |
| Less than once a week | 2 | <input type="checkbox"/> | Once a day | 6 | <input type="checkbox"/> |
| Once a week | 3 | <input type="checkbox"/> | Twice a day | 7 | <input type="checkbox"/> |
| 2-4 times a week | 4 | <input type="checkbox"/> | 3 times a day or more | 8 | <input type="checkbox"/> |

Q9. How often do you eat pasta or rice? (Please tick one box)

- | | | | | | |
|-----------------------|---|--------------------------|----------------------|---|--------------------------|
| Never | 1 | <input type="checkbox"/> | 5-6 times a week | 5 | <input type="checkbox"/> |
| Less than once a week | 2 | <input type="checkbox"/> | Once a day | 6 | <input type="checkbox"/> |
| Once a week | 3 | <input type="checkbox"/> | More than once a day | 7 | <input type="checkbox"/> |
| 2-4 times a week | 4 | <input type="checkbox"/> | | | |

Q10. How often do you eat baked, boiled or mashed potatoes (not including chips or roast potatoes)?
(Please tick one box)

- | | | | |
|-----------------------|----------------------------|----------------------|----------------------------|
| Never | 1 <input type="checkbox"/> | 5-6 times a week | 5 <input type="checkbox"/> |
| Less than once a week | 2 <input type="checkbox"/> | Once a day | 6 <input type="checkbox"/> |
| Once a week | 3 <input type="checkbox"/> | More than once a day | 7 <input type="checkbox"/> |
| 2-4 times a week | 4 <input type="checkbox"/> | | |

Q11. How often do you eat chips, fried or roast potatoes? (Please tick one box)

- | | | | |
|-----------------------|----------------------------|----------------------|----------------------------|
| Never | 1 <input type="checkbox"/> | 5-6 times a week | 5 <input type="checkbox"/> |
| Less than once a week | 2 <input type="checkbox"/> | Once a day | 6 <input type="checkbox"/> |
| Once a week | 3 <input type="checkbox"/> | More than once a day | 7 <input type="checkbox"/> |
| 2-4 times a week | 4 <input type="checkbox"/> | | |

Q12. How often do you eat fish or fish products, e.g. cod, tuna, fish fingers? (Please tick one box)

- | | | | |
|-----------------------|----------------------------|----------------------|----------------------------|
| Never | 1 <input type="checkbox"/> | 5-6 times a week | 5 <input type="checkbox"/> |
| Less than once a week | 2 <input type="checkbox"/> | Once a day | 6 <input type="checkbox"/> |
| Once a week | 3 <input type="checkbox"/> | More than once a day | 7 <input type="checkbox"/> |
| 2-4 times a week | 4 <input type="checkbox"/> | | |

What do you think

Q13. Do you think you will increase the amount of fruit and vegetables you eat in the next 6-12 months?
(Please tick one box)

- | | | | |
|--------------------|----------------------------|-----------------|----------------------------|
| No, definitely not | 1 <input type="checkbox"/> | Yes, probably | 4 <input type="checkbox"/> |
| No, probably not | 2 <input type="checkbox"/> | Yes, definitely | 5 <input type="checkbox"/> |
| Possibly | 3 <input type="checkbox"/> | Don't know | 6 <input type="checkbox"/> |

Q14. How many portions of fruit and vegetables do you think health experts recommend eating every day? (Please tick one box)

- | | | | | | |
|------|----------------------------|--------------|----------------------------|------------|----------------------------|
| None | 1 <input type="checkbox"/> | Three | 4 <input type="checkbox"/> | Don't Know | 7 <input type="checkbox"/> |
| One | 2 <input type="checkbox"/> | Four | 5 <input type="checkbox"/> | | |
| Two | 3 <input type="checkbox"/> | Five or more | 6 <input type="checkbox"/> | | |

Q15. How many portions of fruits or vegetables does each of the following provide?
(Please tick one box per line)

- | | 0 | 1 | 2 | 3 | Don't Know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A medium glass of unsweetened orange juice | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. One glass of orange squash (diluted) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. A thin slice of tomato | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Three heaped tablespoons of carrots | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. One medium-sized apple | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. One small raspberry yoghurt | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

How do you feel about instructions

(Please tick one box per line)

Q16. Do you eat food past its 'use by' date?

- | | | | | | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Always | Often | Sometimes | Rarely | Never | Don't Know |
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

Q17. Do you follow the instructions for storage on packaged foods?

- | | | | | | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

Q18. Do you check that food is piping hot when re-heating?

- | | | | | | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

Q19. Do you wash fruit and vegetables that don't need to be peeled before eating them?

- | | | | | | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 | <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

Details about yourself.....

Please complete the following section about yourself; your responses will be kept strictly confidential and are important to help us to analyse the questionnaire.

Date of Birth // Gender Male 1 Female 2

Postcode /

How many people live in your household (including yourself)? (Please tick one box per line)

	0	1	2	3	4+
Adults and children aged 16 and over including yourself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Children under 16	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How many adults do you usually prepare food for on a day to day basis?

How many children do you usually prepare food for on a day to day basis?

To which of these groups do you consider that you belong? (Please tick one box)

White	1 <input type="checkbox"/>	Chinese	5 <input type="checkbox"/>	Mixed ethnic group	9 <input type="checkbox"/>
Indian	2 <input type="checkbox"/>	Black Caribbean	6 <input type="checkbox"/>	None of the above	10 <input type="checkbox"/>
Pakistani	3 <input type="checkbox"/>	Black African	7 <input type="checkbox"/>	Prefer not to say	11 <input type="checkbox"/>
Bangladeshi	4 <input type="checkbox"/>	Black (other)	8 <input type="checkbox"/>		

Which of these apply to you? (Please one box)

Current smoker	1 <input type="checkbox"/>
Ex smoker	2 <input type="checkbox"/>
Never smoked	3 <input type="checkbox"/>

What is your weekly household income before tax and including benefits?

(for example - pensions, working family tax credit and/or jobseekers allowance etc)

Less than £100 a week	1 <input type="checkbox"/>	£251 - £300 a week	5 <input type="checkbox"/>
£100 - £150 a week	2 <input type="checkbox"/>	£301 - £400 a week	6 <input type="checkbox"/>
£151 - £200 a week	3 <input type="checkbox"/>	More than £400 a week	7 <input type="checkbox"/>
£201 - £250 a week	4 <input type="checkbox"/>	Prefer not to say	8 <input type="checkbox"/>

Thank you for taking the time to complete this questionnaire