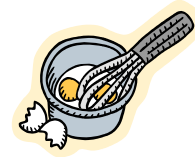


# Post-Intervention Questionnaire for Cooking Skills Programmes

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"/>

## How do you feel about the cooking course .....

What things did you like about the cooking course?

What things did you dislike about the cooking course?

Is there anything that you feel should be improved if the course is run again?

Further Comments:

**Thank you for taking the time to complete this questionnaire**