

Plan, Shop, Save, and Cook PEARS Survey Guide (English)

1. Start with I.D Box shown below. Read directions provided and fill in the text box with <u>first letter of first name, first letter of last name, birth month, and</u> <u>birth day</u>. [Example: MR0103]

Add New Response (FY21 Plan, Shop, Save & Cook) .

Delete Go Back to Attach

Create your own 6-digit ID# by entering the:

1. first letter of your FIRST name ("M" for Maria Rodriguez-Herrera),

2. first letter of your LAST name ("R" for Maria Rodriguez-Herrera),

3. 2-digit number for your birth MONTH ("01" for January), and

4. 2-digit number for your birth DAY ("03" for the 3rd day).

In this example, the <u>6-digit ID#</u> is "MR0103".

MAKE SURE THE 6-DIGIT ID# YOU ENTER BEFORE THE PROGRAM MATCHES THE ONE YOU ENTER AFTER THE PROGRAM, SO WE CAN MATCH YOUR SURVEYS. *

MR0103

2. Next, fill in the correct demographic that applies to you. (Example in picture below. Do NOT copy answers).

Check the box that best describes your age: ○ < 5 Years</p> O 5-17 Years 18-59 Years ○ 60+ Years Prefer not to respond Check the box that best describes your sex: Female ○ Male Prefer not to respond Check the box that best describes your ethnicity: Hispanic / Latino O Non-Hispanic / Non-Latino Prefer not to respond Check all the boxes that apply to your race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander Vhite

California's CalFresh Healthy Living, with funding from the United States Department of Agriculture's Supplemental Nutrition Assistance Program – USDA SNAP, produced this material. These institutions are equal opportunity providers and employers. For important nutrition information, visit www.CalFreshHealthyLiving.org.

Prefer not to respond



3. Finally, fill out the survey questions below by clicking on the answer that best applies to you. **Question 8 should only be answered if it is the last class. **

Plan, Shop, Save & Cook Checklist

This is not a test and there are no wrong answers. These are questions about ways you plan and fix food. Circle the response that best describes how you usually do things.

	Never	Seldom	Sometimes	Most of the time	Almost always
1. How often do you plan meals ahead of time?	0	0	0	0	0
2. How often do you compare unit prices before buying food?	0	0	0	0	0
3. How often do you run out of food before the end of the month?	0	0	0	0	0
4. How often do you shop with a grocery list?	0	0	0	0	0
5. When deciding what to feed your family, how often do you think about healthy food choices?	0	0	0	0	0
6. How often do you use the "Nutrition Facts" on the food label to make food choices?	0	0	0	0	0
7. How often do you use MyPlate to make food choices?	0	0	0	0	0

8. What changes have you made since you have taken these classes?

ONLY ANSWER QUESTION 8 *AFTER* COMPLETING THE PLAN, SHOP, SAVE & COOK CLASSES.

4. Make sure to click the "green submit button" when finished. You're all done. Thanks for participating!

