Plan, Shop, Save & Cook Checklist - Entry

CalFresh Healthy Living, University of California

Site:	Date:	ID#:

First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
A-Z	A-Z	01-12	01-31

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.

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

Plan, Shop, Save & Cook Checklist - Exit

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