

UNIVERSITY OF CALIFORNIA

cal  fresh Nutrition Education

Plan, Shop, Save & Cook Checklist - Entry					First letter of your FIRST name	First letter of your LAST name	Birth MONTH	Birth DAY
University of California CalFresh Nutrition Education Program					A-Z	A-Z	01-12	01-31
Site:	Date:	ID#:			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>This is not a test and there are no wrong answers. These are questions about ways you plan and fix food.</i>								
<i>Circle the response that best describes how you usually do things.</i>								
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				First letter of <u>your</u> FIRST name	First letter of <u>your</u> LAST name	Birth MONTH	Birth DAY
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8) What changes have you made since you have taken these classes?							