## Welcome to EAT!

Please take a few minutes to complete this quick questionnaire.				
How often do 1 Never	you help mal 2	ke meals for 3	your family? 4	5 Always
How often do 1 Never	you go groce 2	ery shopping 3	for or with you 4	r family. 5 Always
I know what a 1 Strongly disagree	a balanced me 2	eal looks like 3	4	5 Strongly agree
I know what place of the strongly disagree	processed foo 2	od is. 3	4	5 Strongly agree
I have my FoodSafe certification:				
Yes	No			
I have taken Foods or Cafeteria classes at school:  Yes No  If yes, how many years?				

Where does your family shop for food and groceries? Please check all that apply: grocery store (Safeway, Superstore, Save-On-Foods, etc.)
independent grocery store (Donald's, T&T, Chong Lee, etc.)
corner store
farmers market
farm
other:
I get my food and health information from the following. Please check all that apply: TV
radio
internet
magazines
newspaper
health professionals (nurse, doctor, etc.)
teachers
family and friends
other:
Do you have any food allergies or intolerances? Yes No  If yes, please state:
Do you have a special food belief or diet (e.g. vegetarian, kosher, etc.)? Yes No If yes, please state: