

Supplemental File 1: Child Survey

Hi my name is _____ and I will be gathering some information about your experience with today's Teaching Kitchen Outreach sessions. The following questions ask about food and cooking. This is not a test. We want to learn about what kids your age think about cooking. The answers you give will be kept private. No one will ever know what you say unless you tell them. Your name will never be used. Please be as honest as you can. This is not a group activity. Please fill out your survey without the help of your friends. I will now go through each part of the survey to make sure you understand how to fill each part out. Please follow along with me as I go through the survey to make sure you understand.

On the first page you do not need to fill out the first line that asks for the date, center, recipe, and facilitator. I will fill that out, but please write your name, age, and gender.

Teaching Kitchen Outreach Child Participant Survey

Date:

Center:

Recipe:

Facilitator:

Name (First and Last): _____

1) How old are you? _____ years old

2) Are you a boy or a girl?

Boy

Girl

On question 3, put a check in the capital YES, yes, no, capital NO boxes for each question. Capital YES with an exclamation point means you strongly agree with the statement, yes means you agree, no means you disagree, and capital NO with an exclamation point means you strongly disagree.

3) Please put an “X” in the box to mark your answer. Select “YES!” if you are sure you can, “Yes” if you think you can, “No” if you think you can’t, and “NO!” if you are sure you can’t.

I can make a snack with fruit.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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I can make a salad.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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I can make a snack with vegetables.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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I can cut up food.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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With help, I can use a recipe.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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I can measure ingredients.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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I can help my family make a meal.





































<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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I can follow recipe directions.

<input type="checkbox"/> YES!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NO!	<input type="checkbox"/> Not sure
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On question number 5, please shade in the smiley face that shows your preference for each fruit or vegetable. If you really like the item, shade the first smiley face. If you like it shade the second smiley face. If you don't know if you like it shade the middle face. If you don't like it shade the fourth frowning face. If you really don't like it shade the last frowning face.

5) Please circle your answer.


























	I really like it.	I like it.	I don't know if I like it.	I don't like it.	I really don't like it.
					
					
					
					
					
					

For questions 6 and 7, do the same thing you did in the previous question but instead of pictures read the phrases on the left. If you have any questions about the survey, I would be happy to help.

6) Please circle your answer.

	I really like it.	I like it.	I don't know if I like it.	I don't like it.	I really don't like it.
Cooking					
Food that you have helped cook					
Measuring ingredients					
Making snacks					
Making food with your friends					
Making food with your family					

7) Please circle your answer.

I want to eat fruit every day					
I want to eat vegetables every day					
I am willing to try a fruit that I've never tried before					
I am willing to try a vegetable that I've never tried before					
I am willing to try this at home					
How much did you like today's class?	