

Cooking Tools Survey



Directions: Please mark your answer for each question. Your answers are confidential. There is no right or wrong answer. All questions on this survey are voluntary. You may skip any questions you do not want to answer.

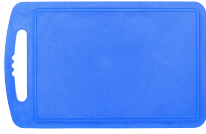
1	Have you ever seen or heard the slogan “Food Hero”? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure																																																						
2	In the past week, how many days did you cook dinner for your household? Check one: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7																																																						
3	Write down a favorite main dish you make over and over again. <input style="width: 100%; height: 20px;" type="text"/>																																																						
4	When deciding if you will cook dinner at home, how often do you think about the following things? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%;">Almost Never</th> <th style="width: 10%;">Seldom</th> <th style="width: 10%;">Sometimes</th> <th style="width: 10%;">Often</th> <th style="width: 10%;">Almost Always</th> </tr> </thead> <tbody> <tr> <td>a. My family will like the meal.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. I have the ingredients already.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. I can make some things ahead of time.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Meal prep, cooking and clean up will be quick.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. My family will help me.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>f. The meal is healthier than eating out.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>g. The meal costs less than eating out.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>h. Something else: <input style="width: 200px;" type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Almost Never	Seldom	Sometimes	Often	Almost Always	a. My family will like the meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. I have the ingredients already.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. I can make some things ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Meal prep, cooking and clean up will be quick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. My family will help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. The meal is healthier than eating out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. The meal costs less than eating out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Something else: <input style="width: 200px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Almost Never	Seldom	Sometimes	Often	Almost Always																																																		
a. My family will like the meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
b. I have the ingredients already.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
c. I can make some things ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
d. Meal prep, cooking and clean up will be quick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
e. My family will help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
f. The meal is healthier than eating out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
g. The meal costs less than eating out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
h. Something else: <input style="width: 200px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
5	How many adults live in your household? (Please count yourself.) <input type="text"/> adults live in my household.																																																						
6	How many children under the age of 18 live in your household? <input type="text"/> children live in my household.																																																						
7	Who does most of the cooking and food preparation in your household? <input type="checkbox"/> Myself <input type="checkbox"/> Someone else <input type="checkbox"/> Shared equally <input type="checkbox"/> Other: <input style="width: 200px;" type="text"/>																																																						
8	What is your ethnic identity or race? Select all that apply: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer																																																						
9	What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not listed <input type="checkbox"/> Prefer not to answer																																																						
10	How many hours do you work for pay or trade in a normal week? <input type="checkbox"/> None <input type="checkbox"/> 1 to 20 hours <input type="checkbox"/> 21 to 40 hours <input type="checkbox"/> More than 41 hours <input type="checkbox"/> Prefer not to answer																																																						
11	What is your age? <input type="checkbox"/> 18–24 years <input type="checkbox"/> 25–34 years <input type="checkbox"/> 35–44 years <input type="checkbox"/> 45–54 years <input type="checkbox"/> 55–64 years <input type="checkbox"/> 65 years or more <input type="checkbox"/> Prefer not to answer																																																						

Continues →

Circle the item/s you **do have** where you cook for your household.

Cross out ~~the item/s you **do not have** where you cook for your household.~~

Cutting Board



Vegetable Peeler



Grater



Knives (sharp), more than one



Measuring Cups (dry), a set



Measuring Cup (liquid)



Measuring Spoons, a set



Mixing Bowls, more than one



Rubber/Silicone Scraper



Mixing Spoon



Spatula (pancake turner)



Can Opener



Potholders



Kitchen Tongs



Strainer (colander)



Ladle or cup with a handle



Saucepan with Lid, Small or Medium



Saucepan with Lid, Large



Skillet, Small or Medium



Skillet, Large



Casserole or Baking Dish



Pie Pan



Waffle Iron



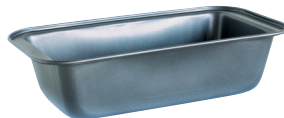
Electric Skillet



Baking Sheet



Bread Pan



Muffin Tin



Slow Cooker



Toaster Oven



Freezer



Hot Plate



Microwave Oven



Oven



Refrigerator



Stove



Blender

