**Confidence to Cook Programme**

**Week 1 Pre-course questionnaire for participants**

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 **Venue: Date:**

**Please note that all responses to this questionnaire will remain anonymous.**

1. **What kind of cooking do you do for you (and your family) at the moment? (Please tick as many boxes as appropriate)**
* I cook convenience foods and ready –meals
* I prepare dishes from raw ingredients
* I use ready -made ingredients (use ready -made sauce) to make meals
* I don’t cook at all
* Other: Please specify: ……………………………………………………………………………………
1. **What influences your cooking choice? (Please tick as many boxes as appropriate)**
* The cost of ingredients/dishes
* The time available for cooking
* Likes/dislikes for me (& my family)
* The availability of ingredients
* How good/healthy is for me (and my family)
* Calorie content
* The cooking equipment I have
* The cost of gas/electricity or concern over the cost of living

**From a scale of 1 to 5, where 1 is not confident at all and 5 is very confident, please rate your confidence for the statements below:**

1. **How confident do you feel to cook with raw ingredients?**

1 2 3 4 5

1. **How confident do you feel to follow a simple recipe?**

1 2 3 4 5

1. **How confident do you feel to prepare new foods?**

1 2 3 4 5

1. **How confident do you feel to tasting foods you have never eaten before?**

1 2 3 4 5

1. **How confident do you feel about your knowledge of healthy eating**

1 2 3 4 5

1. **How often do you use convenience / take–away food?**

Never / Once a week / 2-3 times a week / 4-6 times a week / Daily

1. **How much fluid do you drink a day (this includes water, coffee/tea/milk/ fruit juice)?**

1-3 glasses / 4-5 glasses / 6-7 glasses / 8+ glasses

1. **How many portions for fruits and vegetables are you currently eating in a day?**

None / 1-3 portions / 4-5 portions / 6+ portions

1. **Have you requested or received support from a Food bank during the last 6 months?**

YES / NO

**If you answered yes to question 11, did you know what to do with and how to cook the food items provided by the food bank?**

YES / NO

1. **Do you have any worries or concerns about coming to this food skills course?**

YES / NO

**If you answered yes to question 12, could you tell us more about your worries and concerns?**

**Thank you very much for taking the time to complete this questionnaire.**