

**New Jersey Department of Health  
Office of Minority and Multicultural Health**

**FAITHFUL FAMILIES PARTICIPANT ENTRY SURVEY**

ID Number: \_\_\_\_\_

Faith Community Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Sex:      Female    Male



**TELL ME ABOUT YOU!**

<p><b>1. What is your age group?</b></p> <p><input type="checkbox"/> Under 25</p> <p><input type="checkbox"/> 25 - 34</p> <p><input type="checkbox"/> 35 - 44</p> <p><input type="checkbox"/> 45 - 54</p> <p><input type="checkbox"/> 55 - 64</p> <p><input type="checkbox"/> 65+</p> <p><b>2. Are you Hispanic, Latino/a, or Spanish origin?</b> <i>(One or more categories may be selected.)</i> <b>If Yes, SKIP #3</b></p> <p><input type="checkbox"/> Mexican, Mexican American, Chicano/a</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Another Hispanic, Latino, or Spanish origin</p>	<p><b>3. What is your race?</b> <i>(One or more categories may be selected)</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander</p>
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<p><b>4. What is your highest grade completed in school?</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Grade 6 or below</td> <td><input type="checkbox"/> Grade 12</td> </tr> <tr> <td><input type="checkbox"/> Grade 7</td> <td><input type="checkbox"/> GED</td> </tr> <tr> <td><input type="checkbox"/> Grade 8</td> <td><input type="checkbox"/> Some College</td> </tr> <tr> <td><input type="checkbox"/> Grade 9</td> <td><input type="checkbox"/> Graduated 2-Year College</td> </tr> <tr> <td><input type="checkbox"/> Grade 10</td> <td><input type="checkbox"/> Graduated College</td> </tr> <tr> <td><input type="checkbox"/> Grade 11</td> <td><input type="checkbox"/> Post Graduate</td> </tr> </table>	<input type="checkbox"/> Grade 6 or below	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Grade 7	<input type="checkbox"/> GED	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Graduated 2-Year College	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Graduated College	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Post Graduate	<p><b>5. Programs in which you and your family participate:</b></p> <p><input type="checkbox"/> Child Nutrition (Free/Reduced Lunch)</p> <p><input type="checkbox"/> HeadStart</p> <p><input type="checkbox"/> SNAP (EBT Card)</p> <p><input type="checkbox"/> Food Pantry</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> New Jersey Family Care</p>
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<input type="checkbox"/> Grade 7	<input type="checkbox"/> GED												
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<input type="checkbox"/> Grade 10	<input type="checkbox"/> Graduated College												
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Post Graduate												

**6. Do you have child(ren) living with you?**      Yes      No

**7. Please write the age of your child(ren) living with you:**

Age: \_\_\_\_\_     Age: \_\_\_\_\_     Age: \_\_\_\_\_

Age: \_\_\_\_\_     Age: \_\_\_\_\_     Age: \_\_\_\_\_

**8. How many adults live with you?**     \_\_\_\_\_

## FAITHFUL FAMILIES PARTICIPANT ENTRY SURVEY

(Continued)

### **TELL ME ABOUT WHAT YOU USUALLY DO!**

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are not any wrong answers. If you do not have children, just answer the questions for yourself.

		<b>(Circle one)</b>				
1	How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the time	Always
2	How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the time	Always
3	How often do you run out of food before the end of month?	Never	Seldom	Sometimes	Most of the time	Always
4	How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the time	Always
5	This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the time	Always
6	How often do you thaw frozen foods at room temperature?	Never	Seldom	Sometimes	Most of the time	Always
7	When deciding what to feed your family, how often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the time	Always
8	How often have you prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the time	Always
9	How often do you use the "Nutrition Facts" on the food label to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
10	How often do your children eat something in the morning within 2 hours of waking up?	Never	Seldom	Sometimes	Most of the time	Always
11	How often do you eat meals or snacks with one or more family members?	Never	Seldom	Sometimes	Most of the time	Always
12	On average how many servings of vegetables do you eat per day? Some examples of one serving of vegetables are 1 cup of raw, leafy vegetables like lettuce or greens (about the size of a baseball), ½ cup of chopped vegetables such as carrots (about the size of a computer mouse) or 10 French fries (about the size of a deck of cards.)	None	1	2	3	4+
13	On average, how many servings of fruit do you eat per day? Some examples of one serving of fruit would be one medium apple, orange, pear, or banana, or ½ cup of chopped or canned fruit (about the size of a computer mouse.)	None	1	2	3	4+
14	On a typical day, how many times do you drink sugar-sweetened beverages? (Sugar-sweetened beverages are soft drinks (soda or pop), fruit drinks, sports drink, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added.)	None	1 times/day	2 times/day	3 times/day	4+ times/day
15	How often do you use <i>MyPlate</i> to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
16	How many days per week do you get at least 30 minutes of moderate exercise? Moderate exercise is where your heart beats faster than normal and you can talk, but you can't sing. Examples include fast walking, aerobic class, strength training, and swimming gently.	0	1	2-3	4-5	6-7

# FAITHFUL FAMILIES PARTICIPANT ENTRY SURVEY

(Continued)

**1. How often do you use any of the following?**

- |           |                                |  |   |   |
|-----------|--------------------------------|--|---|---|
| Facebook  | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| Twitter   | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| YouTube   | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| Pinterest | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| Instagram | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |

**2. If you use any of the above, which is your favorite?** \_\_\_\_\_

**3. If you use the above, how do you access your favorite social media (Facebook, Twitter, YouTube, etc.)?**

- Smart phone/tablet
- Home computer or laptop
- Public computer or laptop

**4. If you use the above, how would you like to connect with Faithful Families?**

- Facebook
- Twitter
- YouTube
- Pinterest
- Instagram
- I would not like to receive tips and recipes from Faithful Families

**5. How did you find out about the Faithful Families classes?**

- Facebook
- Personal invitation
- Announcement in my faith community
- Recruitment flier or bulletin insert
- Other, list: \_\_\_\_\_

**PHOTO RELEASE (Optional)**

I, the undersigned, hereby authorize the New Jersey Department of Health (NJDOH) and Grantees to use photographs, video or audio, which I have voluntarily allowed to be taken by NJDOH and/or Grantees. I understand that such use may include but shall not be limited to publications, slide shows, newspaper articles, websites, social media (including but not limited to Facebook, YouTube, Twitter, Instagram) or displays.

I fully understand the comprehensive nature of this release and voluntarily consent to sign it.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Thank you for completing the survey!***