

SNAP-Ed/EFNEP Behavioral Checklist

__Pre __ Post



Name: _____ Date: _____

This is a survey about the ways you plan to fix foods for both yourself and your family. As you read each question, think about the last 2 months. If you live by yourself, answer the question for yourself only.

Please check the best answer to each question:	Do Not Do (1)	Seldom (2)	Sometimes (3)	Most of the time (4)	Almost Always (5)
1. How often do you plan meals ahead of time?					
2. How often do you compare prices before buying food?					
3. How often do you run out of food before the end of the month?					
4. How often do you shop with a grocery list?					
5. How often do you let meat or dairy foods sit out for more than 2 hours?					
6. How often do you thaw frozen foods at room temperature?					
7. When deciding what to feed your family, how often do you think about healthful food choices?					
8. How often do you prepare foods without adding salt?					
9. How often do you use the “Nutrition Facts” on the food label to make food choices?					
10. How often do your children eat something within 2 hours of waking?					