

Culinary Training Participant Survey






Thank you for participating in this Team Nutrition survey as part of your Culinary Training day – you do not have to. But by completing this survey and the follow-up survey (in 3-6 months), you are helping us determine how the Team Nutrition program is doing.

Just so you know:

- Survey responses will not be shared with schools.
- No individual information will be reported.
- Surveys will be securely stored at an LSU AgCenter office.
- Your name is needed for follow-up purposes ONLY.

Please think about your work in the school cafeteria to answer these questions.

On a scale of 1 to 5 where **1 is the lowest** and **5 is the highest...**

How would you rate...		Lowest → Highest				
	1. Your knife skills (mincing, chopping, dicing, knife safety)?	①	②	③	④	⑤
	2. Your measuring skills (measuring cups, measuring spoons, kitchen scales)?	①	②	③	④	⑤
	3. The effort you put into food presentation (making food look good on the line, tray or plate)?	①	②	③	④	⑤
	4. How closely you follow your school's kitchen recipes (usually)?	①	②	③	④	⑤
	5. Your skills at baking bread from scratch?	①	②	③	④	⑤



At work, do you usually...

6.	Use your knife skills	Yes	No	Not Sure
7.	Use your measuring skills	Yes	No	Not Sure
8.	Use your bread baking skills	Yes	No	Not Sure
9.	Try to make foods look good on tray or plate	Yes	No	Not Sure



Do you know...???

10.	How to prep foods for batch cooking?	Yes	No	Not sure
11.	How to keep foods fresh when batch cooking?	Yes	No	Not sure
12.	How to portion foods from batch cooking?	Yes	No	Not sure

13. How can you tell when the food you made is **good**?

Please mark all that apply.



students eat more (throw away less)

the food looks good

kitchen staff or teachers say so

the food tastes good

students say good things about it

I *just know it* when it's good!

14. How **often** do **you** think the food you make is **good**?



- Every day
- Most days
- About half the time
- 1-2 times a week
- Once in a while
- Never

15. In general, at work, what is more important to **you**...?



- To make a meal that is healthy
 - To make a meal that tastes good
 - To make a meal that is healthy and tastes good.
 - To just to do my job.
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Thank-you for your help!

If you are willing to take the follow-up survey in a few months, please write your name and contact information below. This information will ONLY be used for follow-up purposes.

Name: _____

School: _____

School/Work Phone: _____





This next survey is about You or Your Food Habits

Again, thank you for participating – you do not have to. But by completing this survey and the follow-up survey (in 3-6 months), you are helping us determine the value of the Team Nutrition program.

Just so you know:

- Survey responses will not be shared with schools.
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Usually, when you are NOT at work...

	1.	Do you plan your meals ahead of time?	Yes	No
	2.	Do you have enough time to cook?	Yes	No
	3.	Do you have enough energy to cook?	Yes	No
	4.	Are you the primary cook?	Yes	No

5. Usually, how many people eat their meals at your home?

Please include yourself.



___ 1

___ 2-3

___ 4-5

___ 6 or more

6. During the past week, how many meals (breakfast, lunch, or dinner) did you eat that were prepared away from home?



Please **count** fast food places, restaurants, grocery stores, convenience stores, vending machines, food trucks or food stands. Please **do not count** meals at work/school cafeteria or at other people's homes.






___ 1-2

___ 3-4

___ 5-6

___ 7 or more

For the next 5 questions, please think about all the food you ate yesterday -- at home and away from home.

Yesterday , how many times did you eat:	0	1	2	3 or more	don't remember
7. Fruit (fresh, frozen, or canned; not juice) 					
8. Dark green vegetables (like broccoli, greens, romaine, chard, spinach...) 					
9. Orange vegetables (like sweet potatoes, pumpkin, carrots, winter squash) 					
10. Whole grain bread (like whole wheat, rye, oat, or corn; include toast, rolls, pita, tortillas, bread for sandwiches). 					
11. Whole grains or cereals (like grits, oats, brown rice, whole grain pasta, cold whole grain cereals, barley, quinoa) 					

12. In general, at home, what is more important to **you**...?

- To have a meal that is healthy.
- To have a meal that tastes good.
- To have a meal that is healthy and tastes good.
- To just get myself or my family fed.



Please mark your age range:

18-25	26-35	36-45	46-55	56-65	65 or older
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Thanks again for your help!

If you are willing to take the follow-up survey in a few months, please write your name and your school name below. This information will ONLY be used for follow-up purposes. (You can always change your mind).

Name: _____

School: _____

