



Cooking for a Better Start Completion questionnaire



Thank you for taking part in *Cooking for a Better Start*, we hope you've enjoyed it!

We would like to know more about your family's lifestyle. By answering the questionnaire at the start of the programme, this one now and one more in about 6 months, you can help us understand what effect the HENRY programme has on your lifestyle. We hope you'll also let us know what you think of HENRY!

This questionnaire has six sections. We hope it will take about 15 minutes to fill in. **Thank you.**

Please tell us your name and book code so that we can link your answers here with your answers in later HENRY questionnaires:

Name		Date	
ID code			
Email		Mobile	

Please tell us your email address and/or mobile number, so that we can contact you with a follow-up questionnaire in about 6 months' time.

☐ **If you would also like to be added to our mailing list, please tick here. We'll email you now and again with info updates, surveys and fundraising appeals. You can unsubscribe at any time.**

Privacy notice

This data is being collected by your facilitator for HENRY, a registered charity. Your facilitator may work for HENRY or for one of HENRY's partners running the *Cooking for a Better Start* programme – ask your facilitator if you'd like to know more.

This information helps HENRY understand if our programmes are effective. Information about your family lifestyle will be mailed to HENRY's national office, where it is stored securely and confidentially. We use your personal information (name and contact details) to link your questionnaire answers and to send a personalised text or email with the final questionnaire. If you tick the box above, we will also add your email to our mailing list – please note you can contact us to unsubscribe at any time. We will not share your personal data for the purpose of a third party contacting you without your permission.

HENRY is working in partnership with Better Start Bradford and may share some of the information in this questionnaire with them in a secure and anonymous form.

For more information about how HENRY uses your personal data, how long we keep it and who we share it with, and your data rights, please visit www.henry.org.uk/privacypolicy or contact HENRY using the details below:

HENRY is a registered charity and company in England & Wales. Charity number: 1132581, Company number: 6952404.
www.henry.org.uk | info@henry.org.uk | 01865 302973



USING THIS FORM

For the best results, please use a black or dark blue pen.

Follow the instructions on how many circles to fill per question.

Fill the circle completely: Like this: ☒ Not like this: ☐ ☐ ☐

Thank you.

A HOW YOUR FAMILY EATS

1 Think about the last few weeks. How often has your family done the following?

(Please fill one circle in each row.)

	Never / Hardly ever	Sometimes	Often	Very often	Not sure / Not applicable
Sat down together for a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eaten takeaway food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had the TV on at meal times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eaten a home-cooked meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped eating even if food is left on the plate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chosen to eat meals you know are healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



B WHAT YOUR FAMILY EATS**1** On average, how many times do YOU eat the following each day?*(Please fill one circle per row.)*

	Number of times a day							
	0	1	2	3	4	5	6	7+
Fruit and veg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bread, rice, potatoes and pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat, fish, eggs and beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk and dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High fat and sugary snacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar- Sweetened drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2 On average, how many times do your CHILDREN eat the following each day?

(Please fill one circle per row.)

	Number of times a day							
	0	1	2	3	4	5	6	7+
Fruit and veg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bread, rice, potatoes and pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat, fish, eggs and beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk and dairy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High fat and sugary snacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sugar- Sweetened drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



C COOKING SKILLS

1 How confident are you to do the following? *(Please fill one circle in each row.)*

Follow a recipe



1

2

3

4

5

6

7

8

9

10

Peel and chop fruit and vegetables



1

2

3

4

5

6

7

8

9

10

Cook meals on a hob



1

2

3

4

5

6

7

8

9

10

Cook meals in the oven



1

2

3

4

5

6

7

8

9

10

Make healthy desserts



1

2

3

4

5

6

7

8

9

10

Prepare and store food safely



1

2

3

4

5

6

7

8

9

10

Plan for food shopping



1

2

3

4

5

6

7

8

9

10



D ABOUT THE PROGRAMME

1 How do you feel about the *Cooking for a Healthy Family* programme?

(Please fill one circle.)

Awful

Bad

Okay

Good

Great

☐

☐

☐

☐

☐

2 What did you most enjoy about the programme?

(Please keep your answers inside the grey box.)

3 What changes have you made personally, or as a family, during this programme?

(Please keep your answers inside the grey box.)

4 Would you recommend the programme to other families?

(Please fill one circle on the row.)

No

Not sure

Maybe

Probably

Definitely

☐

☐

☐

☐




☐




Overall, how healthy do you think your family's lifestyle is at the moment?

(Please mark your scores from the stepping stones, filling one circle on each row.)

Week 1

									
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Week 6

									
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

We would be very glad to know of anything that you think would make the HENRY group programme even better. *(Please keep your answer within the grey box.)*

Thank you for your help and time

