



## Cooking for a Healthy Family Baseline questionnaire

Welcome to HENRY's *Cooking for a Healthy Family* programme, we hope you enjoy it!

We would like to know more about your family's lifestyle. By answering this questionnaire now, again towards the end of the programme and one last time 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 four 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:

<b>Name</b>	
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<b>Date</b>	
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<b>ID code</b>	
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<b>Email</b>	
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<b>Mobile</b>	
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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 Healthy Family* 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.

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](http://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](http://www.henry.org.uk) | [info@henry.org.uk](mailto:info@henry.org.uk) | 01865 302973



**YOU AND YOUR FAMILY****Have you taken part in any other HENRY programmes or workshops?***Please fill the circle of any HENRY services you have previously taken part in:*

- ☐ workshop(s)
- ☐ 1-to-1 support
- ☐ other: \_\_\_\_\_

**How to fill in this form**For best results, please use **black** or **dark blue** pen

Fill circles completely:

Like this: ● Not like this: ✓ ✗ /

**YOUR FAMILY**

How many children do you have between the following ages?

*(Please fill only one circle per row. If you do not have any children of the age listed, please fill ①.)*

Like this: ● Not like this: ✓ ✗ /

Ages	How many children of this age?					
Less than 1 year	①	②	③	④	⑤	⑥
1 year	①	②	③	④	⑤	⑥
2 years	①	②	③	④	⑤	⑥
3 years	①	②	③	④	⑤	⑥
4 years	①	②	③	④	⑤	⑥
5 years	①	②	③	④	⑤	⑥



**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



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

*(Please fill one circle on the row)*

☹				☹					☺
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

We would be very glad to know anything else you would like to tell us about yourself or your family's lifestyle. *(Please keep your answer within the grey box.)*

**E HOW DID YOU HEAR ABOUT THE HENRY PROGRAMME?**

*(Please fill one circle on the row)*

**1** How did you hear about the HENRY programme?

From a professional	From family or friends	Leaflet	Poster	Website	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2** If you chose "From a professional", please tell us their role. For example, were they a Health Visitor, Social Worker, or something else?

**3** If you chose "Other", please tell us more about how you heard about HENRY:



**F MORE ABOUT YOU**

Thank you for telling us about your family's lifestyle. There are just a few more things we would like to know about you: your sex, age, ethnic background, and postcode.

This personal information will be mailed to HENRY's national office, where it is stored securely and confidentially. For more information on what we do with this information, please see the privacy notice on the next page.

<b>Your age (in years)</b>		<b>Postcode</b>	
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**Sex:**Male ☐Female ☐Prefer not to say ☐**Ethnic background:**

<b>White</b>		<b>Asian</b>	
English/Scottish/Welsh/Northern Irish/British	<input type="radio"/>	Indian	<input type="radio"/>
Irish	<input type="radio"/>	Pakistani	<input type="radio"/>
Polish	<input type="radio"/>	Bangladeshi	<input type="radio"/>
Slovakian	<input type="radio"/>	Chinese	<input type="radio"/>
Romanian	<input type="radio"/>	Any other Asian background	<input type="radio"/>
Czech	<input type="radio"/>		
Gypsy/Roma or Irish Traveller	<input type="radio"/>	<b>Mixed ethnic background</b>	
Any other White background	<input type="radio"/>	Mixed White and Black African	<input type="radio"/>
		Mixed White and Black Caribbean	<input type="radio"/>
		Mixed White and Asian	<input type="radio"/>
<b>Black</b>		Other mixed/multiple ethnic background	<input type="radio"/>
African	<input type="radio"/>		
Caribbean	<input type="radio"/>		
Black British	<input type="radio"/>	<b>Arab</b>	<input type="radio"/>
Any other Black background	<input type="radio"/>	<b>Any other ethnic background</b>	<input type="radio"/>
		<b>Prefer not to say</b>	<input type="radio"/>





## Privacy notice

This data helps us to understand who attends the HENRY programme and how it affects different groups of people. We use this information to improve the programme, make it more accessible, and to help make the case for funding.

This personal information will be mailed to HENRY's national office, where it is stored securely and confidentially. We will only share this information anonymously and with HENRY's trusted academic partners, to research HENRY's impact on families who take part.

For more information about how we use 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](http://www.henry.org.uk/privacypolicy) or contact HENRY using the details below:

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**Thank you for your help and time**

