

Pre / Post Cooking & Food Activity Evaluation Questionnaire

Name: _____

Date: _____

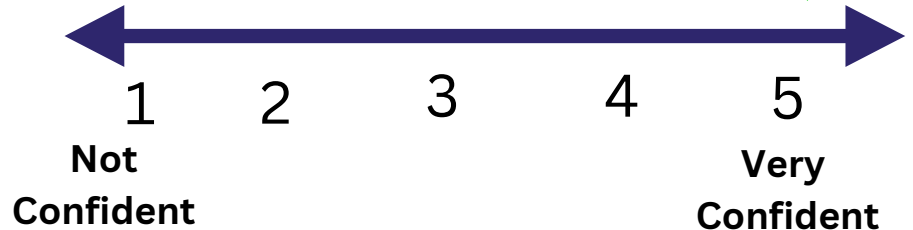
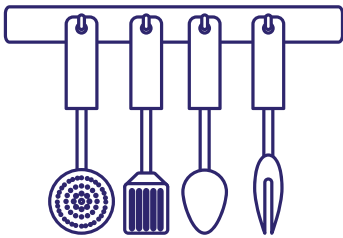
Please tick or circle the relevant answer.

Never Occasionally Always

Do you cook at home?

**If you cook at home,
do you use recipes?**

**Do you regularly eat
with others?**



How confident do you feel about:

Tasting new foods?



Your cooking skills?



Following a recipe?



Thanks for taking the time to complete this questionnaire