Greater Glasgow & Clyde
Cooking class
Pre questionnaire

This course is funded by NHS Greater Glasgow and Clyde so we need collect some information from those taking part. This is so we can report back on who is attending and evaluate the course. We would be grateful if you could complete this questionnaire. When we refer to family it is you any and children and young people in your household.

About you

1. What is your full postcode?

2. Please tell us about you and your family by ticking the table below the sex and age of each member.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
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<td>Child 2</td>
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<td>Child 3</td>
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<td>Any more children or young people</td>
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Please tick if you are pregnant

I AGREE to my details being stored on a confidential database and to information being shared between NHS Greater Glasgow and Clyde and approved partner organisations involved in this programme.

I AGREE to NHS Greater Glasgow and Clyde Health Improvement and/or the University of Glasgow contacting me to invite me to take part in an evaluation of the programme.

If yes, can you please provide a contact name and telephone number below:

Name: ____________________________ Telephone Number: ____________________________

If my child/children are attending, I AGREE to be responsible for their supervision at all time and I understand that I am responsible for their safety.
A typical week in our family

These questions ask about a typical week for you and your children. For each statement tick on the pictures which one best fits at the moment. Don't worry, there are no right or wrong answers, just answer to the best of your knowledge.

### As a family...

1. We eat meals together

2. We eat takeaways and fast food e.g. chips, indian, pizza, McDonalds

3. We eat ready made meals bought from the shops

4. We buy ingredients and cook from scratch

### My child/children...

5. They drink water or squash with no added sugar

6. Drinks full sugar soft drinks and energy drinks e.g. Coke, Im Bru, lucozade, ribena, fruit shoots (This does not include sugar free or ‘diet’ drinks)

7. They eat breakfast everyday

8. They eat crisps and savoury snacks

9. They eat biscuits

10. They eat sweets and chocolate

11. They eat cakes, pudding and pastries

12. They eat chips or potatoes that have been fried or roasted

13. They eat sausages, sausage rolls, meat pies and pastries
14. I think my child/children's portion sizes are...
- Too Big
- Just right
- Too small

15. How many portions of fruit does your child/children have everyday?
- 0
- 1
- 2
- 3
- 4
- 5+

16. How many portions of vegetables does your child/children have everyday?
- 0
- 1
- 2
- 3
- 4
- 5+

17. How much regular soft drink does your child/children typically drink at a time?
- None
- 330ml Can
- 500ml bottle
- 2L bottle
- Small glass
- Average glass
- Pint glass

18. How many biscuits is a typical portion for my child/children?
- 0
- 1
- 2
- 3
- 4
- 5+

19. What does a typical breakfast look like for your child/children?
- Sugar coated or chocolate cereal e.g. coco pop, frostedies, honey nut
- Non sugar coating or chocolate cereals e.g. rice krispies, cornflakes
- Low sugar cereal e.g. porridge, weetabix or shredded wheat
- Toast with low fat spread, eggs, etc
- Toast with butter, jam, chocolate spread or peanut butter etc

20. When you buy food, do you look at any of this information on the label?
- Calories
- Fat
- Sugar
- Portion Size
- Ingredients list