

ID:

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.

	 Male	 Female	 Age
You			
Child 1			
Child 2			
Child 3			
Any more children or young people			


☐

Please tick if you are pregnant

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

☐

Yes
No

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.

☐

Yes
No

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.

☐

Yes
No

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

Never or less
than once a
week

Once a week

2-4 times
a week

5-6 times
a week

Once a
day

Twice a day
or more



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, Irn 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/childrens portion sizes are...



Too Big



Just right



Too small

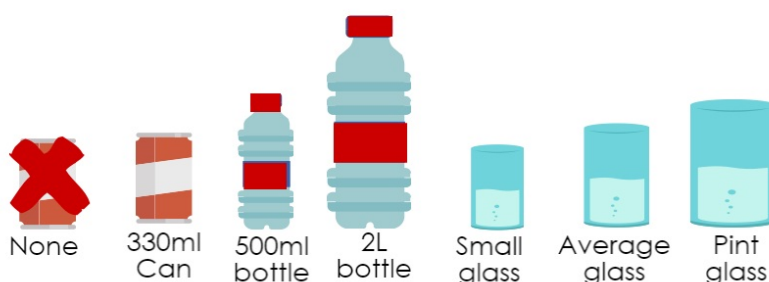
15. How many portions of fruit does your child/children have everyday?



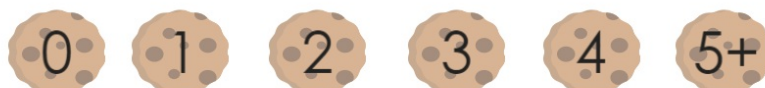
16. How many portions of vegetables does your child/children have everyday?



17. How much regular soft drink does your child/children typically drink at a time?



18. How many biscuits is a typical portion for my child/children?



19. What does a typical breakfast look like for your child/children?



Sugar coated or chocolate cereal e.g. coco pop, frosties, 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

☐ Yes ☐ No

Fat

☐ Yes ☐ No

Sugar

☐ Yes ☐ No

Ingredients list

☐ Yes ☐ No

OUR NUTRITIONAL INFORMATION		
	Typical value per 100g	Per 30g serving
ENERGY	1604 kJ 378kcal	481 kJ 113 kcal
FAT	0.9 g	0.3 g
of which saturates	0.2 g	0.1 g
CARBOHYDRATES	84 g	25 g
of which sugars	8 g	2.4 g
FIBRE	3 g	0.9 g
PROTEIN		

Portion Size

☐ Yes ☐ No

OUR RECIPE

INGREDIENTS: Maize, Sugar, Barley Malt Flavouring, Salt.

