



Name:

Age :

May we contact you in 1 year to help measure the long-term impacts of this program?

If so, please share your email address or phone number. *We will never share or sell your contact information.*

Please fill in a circle for each question.	Never	1-2 times per week	3-4 times per week	5-6 times per week	Every day
1. How many times per week do you cook at home?					
2. How many times per week do you eat the following?					
Herbs and spices					
Nuts and/or seeds					
Whole grains					
Beans					
Vegetables					
Fruits					
Vegetarian-based meals					
Seafood					
3. How often do you exercise per week? (<i>including walking</i>)					



4. When you hear the phrase “The Taste of the Mediterranean,” what comes to mind?

5. If you're don't already cook and eat in a healthy way, what is the biggest obstacle for you?

- Not enough time
- Junk food and sweets
- Don't enjoy cooking
- Too expensive
- Physical difficulties
- Other:

6. What do you hope to get out of this class? (select all that apply)

- Cooking skills
- New recipes
- Tips for healthy shopping
- Cultural history
- Getting healthier
- Nutrition information
- Weight loss
- Tips about healthy living
- Other: