

General Program Intake Form

* Indicates required question

1. Email *

Demographic Information

2. 1. In what city and state do you live? *

3. 2. What is your age? *

4. 3. How many people live in your household, including yourself? *

5. 4. Are you the parent or guardian of any children under age 18? *

Mark only one oval.

Yes

No

6. 5. Do you regularly provide care for any children under age 18? *

Mark only one oval.

Yes

No

7. 6. If you responded yes to questions #4 and/or #5, please confirm the number of children (or type "n/a" if not applicable): *

8. 7. What is the primary language spoken at your home? *

9. 8. What other languages do you speak (type "n/a" if not applicable) *

10. 9. What racial or ethnic group best describes you? *

Mark only one oval.

Black or African American

Asian/ Pacific Islander

American Indian or Alaskan Native

Hispanic

White/ Caucasian

Other

11. 10. Are you of Hispanic or Latina origin? *

Mark only one oval.

Yes

No

12. 11. What is the highest level of education you have completed? *

Mark only one oval.

No schooling completed, or less than 1 year

Nursery, kindergarten, and elementary (grades 1-8)

High school (grades 9-12, no degree)

High school graduate or GED

Some college (1-4 years, no degree)

Associate's degree (including occupational or academic degrees)

Bachelor's degree

Graduate degree

13. 12. How would you describe your current employment status? *

Mark only one oval.

Employed full time

Employed part time

Unemployed and looking for work

Student

Homemaker

Retired

14. 13. What is your approximate monthly income? *

Mark only one oval.

- \$0 - \$999
- \$1,000 - \$1,999
- \$2,000 - \$2,999
- \$3,000 - \$3,999
- \$4,000 - \$4,999
- \$5,000+

Health and Wellness

15. 14. How do you rate your overall health? *

Mark only one oval.

- Excellent
- Good
- Fair
- Poor

16. 15. Do you or does anyone in your household live with a chronic health condition? *

Please check all that apply

Check all that apply.

- No, not applicable
- Diabetes
- Heart disease
- Arthritis
- Asthma
- Other: _____

17. 16. How often do you eat fruits or vegetables as snacks? *

Mark only one oval.

- Everyday
- Often
- Sometimes
- Not often
- Never

18. 17. How often do you eat at least one fruit per day? *

Mark only one oval.

- Everyday
- Often
- Sometimes
- Not often
- Never

19. 18. How often do you eat more than one kind of fruit per day? *

Mark only one oval.

- Everyday
- Often
- Sometimes
- Not often
- Never

20. 19. How often do you eat at least one vegetable per day? *

Mark only one oval.

- Everyday
- Often
- Sometimes
- Not often
- Never

21. 20. How often do you eat more than one kind of vegetable per day, not including corn or potatoes? *

Mark only one oval.

- Everyday
- Often
- Sometimes
- Not often
- Never

22. 21. How often do you eat least 2 or more vegetables as part of your main meal, not including corn or potatoes? *

Mark only one oval.

- Everyday
- Often
- Sometimes
- Not often
- Never

23. 22. How do you rate the healthiness of your eating habits? *

Mark only one oval.

Excellent

Good

Fair

Poor

24. 23. Have your eating behaviors changed since you started working with Tuba Farm? If so, how? *

Survey Submission

If you have decided not to participate, please close your browser window now.

If you are still willing, then click the submit button below.

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