

Appendices

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**Appendix A. Participants' Characteristics and Survey Results Tables***Table 1. Counting Yourself, How Many People Live in Your Household?*

Number of People	Frequency	Percent
Two	48	7.1%
Three	140	20.7%
Four	190	28.1%
Five	147	21.7%
Six	79	11.7%
Seven	37	5.5%
Eight	21	3.1%
Nine	11	1.6%
Ten or more	4	0.5%
<b>Total</b>	<b>677</b>	<b>100%</b>

*Table 2. How Old Are You?*

Age Group (years)	Frequency	Percent
18 - 22	64	9.5%
23 - 27	147	21.7%
28 - 32	162	23.9%
33 - 38	169	25.0%
39 - 44	79	11.7%
45 - 49	51	7.5%
Did not respond	5	0.7%
<b>Total</b>	<b>677</b>	<b>100%</b>

Table 3. Children by Age Group.

Age Group	Yes			No			Did Not Respond	
	n	% of all respondents	Valid Percent	n	% of all respondents	Valid Percent	n	%
0-12 months	214	31.6%	31.7%	461	68.1%	68.3%	2	0.3%
1-4 years	400	59.1%	59.3%	275	40.6%	40.7%	2	0.3%
5-11 years	431	63.7%	63.9%	244	36.0%	36.1%	2	0.3%
<b>Total</b>	677	(N=677)	(N=675)		(N=677)	(N=675)		

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 4. Racial and Ethnic Identification (Choose all that apply\*).

	Yes		No		Did Not Respond	
	n	%	n	%	n	%
<b>Race</b>						
White	495	73.1%	113	16.7%	69	10.2%
Black or African American	37	5.5%	571	84.3%	69	10.2%
American Indian/Alaskan Native/ Native American	21	3.1%	587	86.7%	69	10.2%
Native Hawaiian or Other Pacific Islander	9	1.3%	599	88.5%	69	10.2%
Multi-racial	5	0.7%	603	89.1%	69	10.2%
Asian	2	0.3%	606	89.5%	69	10.2%
<b>Ethnicity</b>						
Hispanic	456	67.4%	218	32.2%	3	0.4%

Total respondents =677

\* Hispanic ethnicity was reported independent of race.

Table 5. What is Your Total Monthly Household Income Before Taxes?

Monthly Income	Frequency	Percent	Valid Percent
Less than or equal to \$2,470	331	48.9%	66.1%
\$2,471 - \$3,108	111	16.4%	22.2%
\$3,109 - \$3,747	30	4.4%	6.0%
\$3,748 - \$4,385	16	2.4%	3.2%
\$4,386 - \$5,023	11	1.6%	2.2%
\$5,024 - \$5,663	2	0.3%	0.4%
Did not respond	176	26.0%	
<b>Total</b>	<b>677</b>	<b>100%</b>	<b>100%</b> (N=501)

Table 6. Does Anyone in Your Family Participate in Food Assistance Programs?

Participation	Frequency	Percent
<b>Valid Responses</b>		
Yes	526	77.7%
No	151	22.3%
<b>Total</b>	<b>677</b>	<b>100%</b>

Table 7. Participation in Food Assistance Programs

This was only asked if a person said “Yes” to “Does anyone in your family participate in food assistance programs?” However, percentages for the entire sample are provided in this table.

Food Assistance Programs	Percent of All Respondents*		Percent of Those on Food Assistance**
	n	%	%
WIC	313	46.2%	59.5%
SNAP or Nutrition Assistance	296	43.7%	56.3%
School lunch/School breakfast	247	36.5%	47.0%
Other	17	2.5%	3.2%
<b>Total</b>		<b>(N=677)</b>	<b>(N=526)</b>

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 8. How Often Do You Cook for Your Family?

Days Per Week	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
5-7 days per week	526	77.7%	78.0%
3-4 days per week	122	18.0%	18.1%
1-2 days per week	16	2.4%	2.4%
Less than 1 day per week	6	0.9%	0.9%
Never	2	0.3%	0.3%
Not sure	2	0.3%	0.3%
<b>Total Valid Responses</b>	674	99.6%	
Did not respond	3	0.4%	
<b>Total</b>	677	100% (N=677)	100% (N=674)

Table 9. Who Prepares Most of the Meals in Your Home?

Meal Preparation	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Yourself (Respondent)	633	93.5%	94.3%
Someone else	34	5.0%	5.1%
Respondent and someone else	4	0.6%	0.6%
<b>Total Valid Responses</b>	671	99.1%	
Did not respond	6	0.9%	
<b>Total</b>	677	100% (N=677)	100% (N=671)

Table 10. Do You or Someone in Your House Plan Meals?

Meal Planning	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Yes	555	82.0%	82.6%
No	117	17.3%	17.4%
<b>Total Valid Responses</b>	672	99.3%	100%
Did not respond	5	0.7%	
<b>Total</b>	677	100% (N=677)	100% (N=672)

Table 11. Frequency of Meal Planning (if “yes” on Table 10)

Frequency of Meal Planning	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Daily	302	44.6%	56.3%
Weekly	142	21.0%	26.5%
Monthly	13	1.9%	2.4%
Not consistently	79	11.7%	14.7%
<b>Total Valid Responses</b>	536	79.2%	100.0%
Did not respond	15	2.2%	
Not Applicable	126	18.6%	
<b>Total</b>	677	100% (N=677)	100% (N=536)

Table 12. Do You Use Recipes When Cooking for Your Family?

Use of Recipes	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Yes	400	59.1%	59.9%
No	268	39.6%	40.1%
<b>Total Valid Responses</b>	668	98.7%	
Did not respond	9	1.3%	
<b>Total</b>	677	100% N=677	100% (N=668)

Table 13. Why Don't You Use Recipes? (if "no" from table 12)

Reasons for Not Using Recipes	Yes			No			Did Not Respond		Not Applicable	
	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	% of all respondents	n	% of all respondents
Do not need them	116	17.1%	50.9%	112	16.5%	49.1%	49	7.2%	400	59.1%
I don't have all the ingredients	35	5.2%	15.4%	193	28.5%	84.6%	49	7.2%	400	59.1%
I don't have all the kitchen equipment or supplies	20	3.0%	8.8%	208	30.7%	91.2%	49	7.2%	400	59.1%
Never tried	33	4.9%	14.5%	195	29.0%	85.5%	49	7.2%	400	59.1%
They don't come out well	16	2.4%	7.0%	212	31.3%	93.0%	49	7.2%	400	59.1%
They take too much time	34	5.0%	14.9%	194	28.7%	85.1%	49	7.2%	400	59.1%
Too hard	22	3.2%	9.6%	206	30.4%	90.4%	49	7.2%	400	59.1%
Total		(N=677)	(N=229)		(N=677)	(N=229)		(N=677)		(N=677)

\*Respondents could choose more than one item, so percentages of "yes" responses did not total 100%.



Table 14. How Often? (if “yes” on Table 12)

Frequency of Recipe Usage	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Always	28	4.1%	7.0%
Most of the time	83	12.3%	20.9%
Some of the time	285	42.1%	71.8%
Never	1	0.1%	0.3%
<b>Total Valid Responses</b>	<b>397</b>	<b>58.6%</b>	
Did not respond	12	1.8%	
Not applicable	268	39.6%	
<b>Total</b>	<b>677</b>	<b>100%</b> (N=677)	<b>100%</b> (N=397)

Table 15. Do You Look for New Recipes? (if “yes” on Table 12)

Search for New Recipes	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Yes	359	53.0%	91.3%
No	34	5.0%	8.7%
<b>Total Valid Responses</b>	<b>393</b>	<b>58.1%</b>	
Did not respond	16	2.3%	
Not applicable	268	39.6%	
<b>Total</b>	<b>677</b>	<b>100.0%</b> (N=677)	<b>100.0%</b> (N=393)

Table 16. Where Do You Typically Look For or Get Cooking Recipes? (If “Yes” on Table 15)

Recipe Sources	Yes			No			Did Not Respond		Not Applicable	
	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	%	n	%
Blogs	46	6.8%	12.6%	320	47.3%	87.4%	7	1.0%	304	44.9%
Cookbooks	109	16.1%	29.8%	257	38.0%	70.2%	7	1.0%	304	44.9%
Family or Friends	179	26.4%	48.9%	187	27.6%	51.1%	7	1.0%	304	44.9%
Magazines	86	12.7%	23.5%	280	41.4%	76.5%	7	1.0%	304	44.9%
Package Labels	52	7.7%	14.2%	314	46.4%	85.8%	7	1.0%	304	44.9%
Pinterest	136	20.1%	37.2%	230	34.0%	62.8%	7	1.0%	304	44.9%
Social Media	190	28.1%	51.9%	176	26.0%	48.1%	7	1.0%	304	44.9%
Television	64	9.5%	17.5%	302	44.6%	82.5%	7	1.0%	304	44.9%
Websites	223	32.9%	60.9%	143	21.1%	39.1%	7	1.0%	304	44.9%
<b>Total</b>		(N=677)	(N=366)		(N=677)	(N=366)		(N=677)		(N=677)

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 17. What Format Helps You Choose a Recipe? (If “Yes” on Table 12)

Recipe Formats	Yes			No			Did Not Respond		Not Applicable	
	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	%	n	%
Written	261	38.6%	71.9%	102	15.1%	28.1%	10	1.4%	304	44.9%
Video	222	32.8%	61.2%	141	20.8%	38.8%	10	1.4%	304	44.9%
Other	5	0.7%	1.4%	358	52.9%	98.6%	10	1.4%	304	44.9%
<b>Total</b>		(N=677)	(N=363)		(N=677)	(N=363)		(N=677)		(N=677)

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 18. Factors of Importance in Recipe Selection (If “Yes” on Table 12)

Recipe Preferences	Very Important			Important			Neutral			Unimportant			Very Unimportant			Did Not Respond		Not Applicable	
	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	% of all respondents	Valid %	n	%	n	%
Availability of ingredients	232	34.3%	63.9%	77	11.4%	21.2%	36	5.3%	9.9%	1	0.1%	0.3%	17	2.5%	4.7%	10	1.5%	304	44.9%
Healthy ingredients	192	28.4%	53.0%	98	14.5%	27.1%	50	7.4%	13.8%	13	1.9%	3.6%	9	1.3%	2.5%	11	1.6%	304	44.9%
Variety of flavors, textures, ingredients	172	25.4%	47.9%	103	15.2%	28.7%	58	8.6%	16.2%	14	2.1%	3.9%	12	1.8%	3.3%	14	2.0%	304	44.9%
Ingredients you already have	169	25.0%	46.4%	109	16.1%	29.9%	63	9.3%	17.3%	6	0.9%	1.6%	17	2.5%	4.7%	9	1.3%	304	44.9%
Have the needed utensils	171	25.3%	47.6%	99	14.6%	27.6%	59	8.7%	16.4%	14	2.1%	3.9%	16	2.4%	4.5%	14	2.0%	304	44.9%
MyPlate food groups	155	22.9%	42.7%	117	17.3%	32.2%	54	8.0%	14.9%	20	3.0%	5.5%	17	2.5%	4.7%	10	1.4%	304	44.9%
Amount of time to prepare	170	25.1%	46.7%	102	15.1%	28.0%	55	8.1%	15.1%	22	3.2%	6.0%	15	2.2%	4.1%	9	1.3%	304	44.9%
Cost of ingredients	167	24.7%	46.4%	92	13.6%	25.6%	70	10.3%	19.4%	8	1.2%	2.2%	23	3.4%	6.4%	13	1.9%	304	44.9%
Includes picture of food	135	19.9%	37.5%	94	13.9%	26.1%	61	9.0%	16.9%	34	5.0%	9.4%	36	5.3%	10.0%	13	1.9%	304	44.9%
Difficulty or ease in making	121	17.9%	33.4%	104	15.4%	28.7%	86	12.7%	23.8%	28	4.1%	7.7%	23	3.4%	6.4%	11	1.6%	304	44.9%
Number of ingredients	124	18.3%	34.4%	84	12.4%	23.3%	91	13.4%	25.3%	31	4.6%	8.6%	30	4.4%	8.3%	13	1.9%	304	44.9%
Taste	249	36.8%	69.4%	65	9.6%	18.1%	25	3.7%	7.0%	7	1.0%	1.9%	13	1.9%	3.6%	14	2.0%	304	44.9%
Video is available	103	15.2%	28.6%	84	12.4%	23.3%	76	11.2%	21.1%	38	5.6%	10.6%	59	8.7%	16.4%	13	1.9%	304	44.9%
WIC foods are included	118	17.4%	32.9%	40	5.9%	11.1%	78	11.5%	21.7%	44	6.5%	12.3%	79	11.7%	22.0%	14	2.1%	304	44.9%
Vegetarian	62	9.2%	17.2%	34	5.0%	9.4%	82	12.1%	22.7%	46	6.8%	12.7%	137	20.2%	38.0%	12	1.7%	304	44.9%

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 19. How Comfortable Are You with Making Substitutions in a Recipe? (If “Yes” on Table 12)

Comfort Level with Recipe Substitutions	Frequency	Percent	Valid Percent
<b>Valid Responses</b>			
Very comfortable	176	26.0%	48.9%
Somewhat comfortable	149	22.0%	41.4%
Uncomfortable	29	4.3%	8.1%
Very uncomfortable	6	0.9%	1.7%
<b>Total Valid Responses</b>	360	53.2%	
Did not respond	49	7.2%	
Not applicable	268	39.6%	
<b>Total</b>	677	100% (N=677)	100% (N=360)

Table 20. Which of These Dried Herbs and Seasonings Do You Use Most Often when Preparing Food? (Choose All that Apply\*).

Dried Herbs	Yes		No		Did Not Respond	
	n	%	n	%	n	%
Basil	312	46.1%	359	53.0%	6	0.9%
Bay leaves	275	40.6%	396	58.5%	6	0.9%
Cayenne pepper	263	38.8%	408	60.3%	6	0.9%
Chili powder	373	55.1%	298	44.0%	6	0.9%
Cinnamon	457	67.5%	214	31.6%	6	0.9%
Crushed red	268	39.6%	403	59.5%	6	0.9%
Cumin	346	51.1%	325	48.0%	6	0.9%
Curry powder	132	19.5%	539	79.6%	6	0.9%
Garlic powder	584	86.3%	87	12.9%	6	0.9%
Ground ginger	166	24.5%	505	74.6%	6	0.9%
Ground mustard	99	14.6%	572	84.5%	6	0.9%
Italian seasoning	288	42.5%	383	56.6%	6	0.9%
Kosher salt	291	43.0%	380	56.1%	6	0.9%
Onion powder	402	59.4%	269	39.7%	6	0.9%
Oregano	486	71.8%	185	27.3%	6	0.9%
Paprika	257	38.0%	414	61.2%	6	0.9%
Rosemary	233	34.4%	438	64.7%	6	0.9%
Sage	4	0.6%	667	98.5%	6	0.9%
Thyme	183	27.0%	488	72.1%	6	0.9%
None	37	5.5%	634	93.6%	6	0.9%
Others	11	1.6%	657	97.0%	9	1.3%

Total respondents =677

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 21. Do You Use Fresh Herbs When Preparing Food?

Use of Fresh Herbs	Frequency	Percent
Yes	560	82.7%
No	117	17.3%
<b>Total</b>	<b>677</b>	<b>100%</b>

Table 22. Fresh Herbs - Which Do You Often Use?

Fresh Herbs	Yes		No		Not Applicable	
	n	%	n	%	n	%
Basil	209	30.9%	351	51.8%	117	17.3%
Chives	255	37.7%	305	45.1%	117	17.3%
Cilantro	502	74.2%	58	8.6%	117	17.3%
Dill	52	7.7%	508	75.0%	117	17.3%
Mint	267	39.4%	293	43.3%	117	17.3%
Oregano	308	45.5%	252	37.2%	117	17.3%
Rosemary	154	22.7%	406	60.0%	117	17.3%
Sage	60	8.9%	500	73.9%	117	17.3%
Thyme	115	17.0%	445	65.7%	117	17.3%
Others	15	2.2%	659	97.3%	3	0.4%

Total respondents =677

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 23. Alphabetical List - Which of These Food Items Do You Routinely Have on Hand?

Foods on Hand	Yes		No		Did Not Respond	
	n	%	n	%	n	%
Baking powder	465	68.7%	211	31.2%	1	0.1%
Baking soda	448	66.2%	228	33.7%	1	0.1%
Balsamic vinegar	177	26.1%	499	73.7%	1	0.1%
Beef (canned)	224	33.1%	452	66.8%	1	0.1%
Black beans (canned)	196	29.0%	480	70.9%	1	0.1%
Black beans (dry)	155	22.9%	521	77.0%	1	0.1%
Broth/ stock/ bouillon cubes	361	53.3%	315	46.5%	1	0.1%
Brown sugar	382	56.4%	294	43.4%	1	0.1%
Butter/ margarine	626	92.5%	50	7.4%	1	0.1%
Canned soups	328	48.4%	348	51.4%	1	0.1%
Cheese	633	93.5%	43	6.4%	1	0.1%
Chicken (canned)	309	45.6%	367	54.2%	1	0.1%

Foods on Hand	Yes		No		Did Not Respond	
	n	%	n	%	n	%
Chickpeas (canned)	80	11.8%	596	88.0%	1	0.1%
Chickpeas (dry)	82	12.1%	594	87.7%	1	0.1%
Chili paste	173	25.6%	503	74.3%	1	0.1%
Cider vinegar	142	21.0%	534	78.9%	1	0.1%
Cooking spray	263	38.8%	413	61.0%	1	0.1%
Corn starch	330	48.7%	346	51.1%	1	0.1%
Corn tortillas	509	75.2%	167	24.7%	1	0.1%
Cornmeal	265	39.1%	411	60.7%	1	0.1%
Distilled white vinegar	195	28.8%	481	71.0%	1	0.1%
Dried soup mixes	245	36.2%	431	63.7%	1	0.1%
Eggs	660	97.5%	16	2.4%	1	0.1%
Flour (white or whole wheat)	556	82.1%	120	17.7%	1	0.1%
Flour tortillas	504	74.4%	172	25.4%	1	0.1%
Fruit (canned)	406	60.0%	270	39.9%	1	0.1%
Greek yogurt	174	25.7%	502	74.2%	1	0.1%
Honey	520	76.8%	156	23.0%	1	0.1%
Hot Sauce	453	66.9%	223	32.9%	1	0.1%
Ketchup	624	92.2%	52	7.7%	1	0.1%
Kidney beans (canned)	124	18.3%	552	81.5%	1	0.1%
Kidney beans (dry)	71	10.5%	605	89.4%	1	0.1%
Lentils (canned)	122	18.0%	554	81.8%	1	0.1%
Lentils (dry)	237	35.0%	439	64.8%	1	0.1%
Mayonnaise	613	90.5%	62	9.2%	2	0.3%
Milk	658	97.2%	18	2.7%	1	0.1%
Mustard	528	78.0%	148	21.9%	1	0.1%
Oats	479	70.8%	197	29.1%	1	0.1%
Olive oil	428	63.2%	248	36.6%	1	0.1%
Pasta sauce	442	65.3%	234	34.6%	1	0.1%
Peanut butter	599	88.5%	77	11.4%	1	0.1%
Pinto beans (canned)	285	42.1%	391	57.8%	1	0.1%
Pinto beans (dry)	291	43.0%	385	56.9%	1	0.1%
Red wine vinegar	87	12.9%	589	87.0%	1	0.1%
Refried beans	369	54.5%	307	45.3%	1	0.1%
Rice	636	93.9%	40	5.9%	1	0.1%
Salmon (canned)	146	21.6%	530	78.3%	1	0.1%
Soy Sauce	449	66.3%	227	33.5%	1	0.1%
Spaghetti or other pastas	584	86.3%	92	13.6%	1	0.1%
Teriyaki	255	37.7%	421	62.2%	1	0.1%
Tomatoes (canned)	455	67.2%	221	32.6%	1	0.1%
Tuna (canned)	535	79.0%	141	20.8%	1	0.1%
Vegetable or canola oil	510	75.3%	166	24.5%	1	0.1%
Vegetables (canned)	472	69.7%	204	30.1%	1	0.1%
White sugar	564	83.3%	112	16.5%	1	0.1%

Foods on Hand	Yes		No		Did Not Respond	
	n	%	n	%	n	%
White wine vinegar	164	24.2%	512	75.6%	1	0.1%
Worcestershire	207	30.6%	469	69.3%	1	0.1%
Yogurt	528	78.0%	148	21.9%	1	0.1%

Total respondents =677

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 24. Alphabetical List by Subgroup - Which of These Food Items Do You Routinely Have on Hand?

Foods on Hand	Yes		No		Did Not Respond	
	n	%	n	%	n	%
<b>Baking Needs</b>						
Baking powder	465	68.7%	211	31.2%	1	0.1%
Baking soda	448	66.2%	228	33.7%	1	0.1%
Brown sugar	382	56.4%	294	43.4%	1	0.1%
Corn starch	330	48.7%	346	51.1%	1	0.1%
Flour (white or whole wheat)	556	82.1%	120	17.7%	1	0.1%
Honey	520	76.8%	156	23.0%	1	0.1%
White sugar	564	83.3%	112	16.5%	1	0.1%
<b>Beans and Legumes</b>						
Black beans (canned)	196	29.0%	480	70.9%	1	0.1%
Black beans (dry)	155	22.9%	521	77.0%	1	0.1%
Chickpeas (canned)	80	11.8%	596	88.0%	1	0.1%
Chickpeas (dry)	82	12.1%	594	87.7%	1	0.1%
Kidney beans (canned)	124	18.3%	552	81.5%	1	0.1%
Kidney beans (dry)	71	10.5%	605	89.4%	1	0.1%
Lentils (canned)	122	18.0%	554	81.8%	1	0.1%
Lentils (dry)	237	35.0%	439	64.8%	1	0.1%
Peanut butter	599	88.5%	77	11.4%	1	0.1%
Pinto beans (canned)	285	42.0%	391	57.5%	1	0.5%
Pinto beans (dry)	291	43.0%	385	56.9%	1	0.1%
Refried beans	369	54.5%	307	45.3%	1	0.1%
<b>Canned goods</b>						
Fruit	406	60.0%	270	39.9%	1	0.1%
Tomatoes	455	67.2%	221	32.6%	1	0.1%
Vegetables	472	69.7%	204	30.1%	1	0.1%
<b>Canned meats</b>						
Beef	224	33.1%	452	66.8%	1	0.1%
Chicken	309	45.6%	367	54.2%	1	0.1%
Salmon	146	21.6%	530	78.3%	1	0.1%
Tuna	535	79.0%	141	20.8%	1	0.1%

Foods on Hand	Yes		No		Did Not Respond	
	n	%	n	%	n	%
<b>Condiments</b>						
Ketchup	624	92.2%	52	7.7%	1	0.1%
Mayonnaise	613	90.5%	62	9.2%	2	0.3%
Mustard	528	78.0%	148	21.9%	1	0.1%
<b>Grains</b>						
Corn tortillas	509	75.2%	167	24.7%	1	0.1%
Cornmeal	265	39.1%	411	60.7%	1	0.1%
Flour tortillas	504	74.4%	172	25.4%	1	0.1%
Oats	479	70.8%	197	29.1%	1	0.1%
Rice	636	93.9%	40	5.9%	1	0.1%
Spaghetti or other pastas	584	86.3%	92	13.6%	1	0.1%
<b>Oils</b>						
Cooking spray	263	38.8%	413	61.0%	1	0.1%
Olive oil	428	63.2%	248	36.6%	1	0.1%
Vegetable canola oil	510	75.3%	166	24.5%	1	0.1%
<b>Refrigerator items</b>						
Butter/margarine	626	92.5%	50	7.4%	1	0.1%
Cheese	633	93.5%	43	6.4%	1	0.1%
Eggs	660	97.5%	16	2.4%	1	0.1%
Greek yogurt	174	25.7%	502	74.2%	1	0.1%
Milk	658	97.2%	18	2.7%	1	0.1%
Yogurt	528	78.0%	148	21.9%	1	0.1%
<b>Sauces</b>						
Chili paste	173	25.6%	503	74.3%	1	0.1%
Hot Sauce	453	66.9%	223	32.9%	1	0.1%
Pasta sauce	442	65.3%	234	34.6%	1	0.1%
Soy Sauce	449	66.3%	227	33.5%	1	0.1%
Teriyaki	255	37.7%	421	62.2%	1	0.1%
Worcestershire	207	30.6%	469	69.3%	1	0.1%
<b>Soups</b>						
Broth/ stock/ bouillon cubes	361	53.3%	315	46.5%	1	0.1%
Canned soups	328	48.4%	348	51.4%	1	0.1%
Dried soup mixes	245	36.2%	431	63.7%	1	0.1%
<b>Vinegars</b>						
Balsamic vinegar	177	26.1%	499	73.7%	1	0.1%
Cider vinegar	142	21.0%	534	78.9%	1	0.1%
Distilled white vinegar	195	28.8%	481	71.0%	1	0.1%
Red wine vinegar	87	12.9%	589	87.0%	1	0.1%
White wine vinegar	164	24.2%	512	75.6%	1	0.1%

Total respondents =677

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.



Table 25. Alphabetical List - Which of These Do You Have in Your Kitchen?

Food Preparation Tools	Yes		No		Did Not Respond	
	n	%	n	%	n	%
Baking sheet	488	72.1%	186	27.5%	3	0.4%
Blender	614	90.7%	60	8.9%	3	0.4%
Can opener	632	93.4%	42	6.2%	3	0.4%
Casserole dish	442	65.3%	232	34.3%	3	0.4%
Chef's knife	497	73.4%	177	26.1%	3	0.4%
Colander	492	72.7%	182	26.9%	3	0.4%
Cutting board	616	91.0%	58	8.6%	3	0.4%
Food processor	195	28.8%	479	70.8%	3	0.4%
Food storage containers	562	83.0%	112	16.5%	3	0.4%
Grater	558	82.4%	116	17.1%	3	0.4%
Grill (outdoor or indoor)	435	64.3%	239	35.3%	3	0.4%
Hot plate	329	48.6%	345	51.0%	3	0.4%
Kitchen scissors	448	66.2%	226	33.4%	3	0.4%
Ladle	487	71.9%	187	27.6%	3	0.4%
Liquid measuring cup	447	66.0%	227	33.5%	3	0.4%
Measuring cups	551	81.4%	123	18.2%	3	0.4%
Measuring spoons	490	72.4%	184	27.2%	3	0.4%
Meat thermometer	245	36.2%	429	63.4%	3	0.4%
Microwave	626	92.5%	48	7.1%	3	0.4%
Mixer (hand or stand)	405	59.8%	268	39.6%	4	0.4%
Mixing bowls	537	79.3%	137	20.2%	3	0.4%
Mixing spoons	529	78.1%	145	21.4%	3	0.4%
Muffin pan	438	64.7%	236	34.9%	3	0.4%
Potato masher	481	71.0%	193	28.5%	3	0.4%
Saucepans	527	77.8%	147	21.7%	3	0.4%
Skillet	552	81.5%	122	18.0%	3	0.4%
Slotted spoon	375	55.4%	299	44.2%	3	0.4%
Slow cooker	452	66.8%	222	32.8%	3	0.4%
Spatula	554	81.8%	120	17.7%	3	0.4%
Steamer	266	39.3%	408	60.3%	3	0.4%
Timer	292	43.1%	382	56.4%	3	0.4%
Toaster	537	79.3%	137	20.2%	3	0.4%
Toaster oven	314	46.4%	360	53.2%	3	0.4%
Tongs	557	82.3%	117	17.3%	3	0.4%
Vegetable peeler	536	79.2%	138	20.4%	3	0.4%
Whisk	531	78.4%	143	21.1%	3	0.4%

Total respondents =677

\*Respondents could choose more than one item, so percentages of "yes" responses did not total 100%.

Table 26. Alphabetical List by Subgroup - Which of These Do You Have in Your Kitchen?

Food Preparation Tools	Yes		No		Did Not Respond	
	n	%	n	%	n	%
<b>Cookware</b>						
Baking sheet	488	72.1%	186	27.5%	3	0.4%
Casserole dish	442	65.3%	232	34.3%	3	0.4%
Muffin pan	438	64.7%	236	34.9%	3	0.4%
Saucepans	527	77.8%	147	21.7%	3	0.4%
Skillet	552	81.5%	122	18.0%	3	0.4%
<b>Kitchen Gadgets</b>						
Colander	492	72.7%	182	26.9%	3	0.4%
Cutting board	616	91.0%	58	8.6%	3	0.4%
Food storage containers	562	83.0%	112	16.5%	3	0.4%
Mixing bowls	537	79.3%	137	20.2%	3	0.4%
Timer	292	43.1%	382	56.4%	3	0.4%
<b>Kitchen Tools</b>						
Can opener	632	93.4%	42	6.2%	3	0.4%
Chef's knife	497	73.4%	177	26.1%	3	0.4%
Grater	558	82.4%	116	17.1%	3	0.4%
Kitchen scissors	448	66.2%	226	33.4%	3	0.4%
Ladle	487	71.9%	187	27.6%	3	0.4%
Liquid measuring cup	447	66.0%	227	33.5%	3	0.4%
Measuring cups	551	81.4%	123	18.2%	3	0.4%
Measuring spoons	490	72.4%	184	27.2%	3	0.4%
Meat thermometer	245	36.2%	429	63.4%	3	0.4%
Mixing spoons	529	78.1%	145	21.4%	3	0.4%
Potato masher	481	71.0%	193	28.5%	3	0.4%
Slotted spoon	375	55.4%	299	44.2%	3	0.4%
Spatula	554	81.8%	120	17.7%	3	0.4%
Tongs	557	82.3%	117	17.3%	3	0.4%
Vegetable peeler	536	79.2%	138	20.4%	3	0.4%
Whisk	531	78.4%	143	21.1%	3	0.4%
<b>Small Appliances</b>						
Blender	614	90.7%	60	8.9%	3	0.4%
Food processor	195	28.8%	479	70.8%	3	0.4%
Grill (outdoor or indoor)	435	64.3%	239	35.3%	3	0.4%
Hot plate	329	48.6%	345	51.0%	3	0.4%
Microwave	626	92.5%	48	7.1%	3	0.4%
Mixer (hand or stand)	405	59.8%	268	39.6%	4	0.4%
Slow cooker	452	66.8%	222	32.8%	3	0.4%

Food Preparation Tools	Yes		No		Did Not Respond	
	n	%	n	%	n	%
Steamer	266	39.3%	408	60.3%	3	0.4%
Toaster	537	79.3%	137	20.2%	3	0.4%
Toaster oven	314	46.4%	360	53.2%	3	0.4%

Total respondents =677

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 27. Which of These Food Preparation Methods Do You Currently Use or Would Like to Use?

Cooking Methods	Currently Use		Would Like to Use		Total	
	n	%	n	%	n	%
Grilling fruits or vegetables	394	58.2%	182	26.9%	576	85.1%
Grilling meat	522	77.1%	89	13.1%	611	90.2%
Roasting or baking fruits or vegetables in the oven	406	60.0%	183	27.0%	589	87.0%
Roasting or baking meat in the oven	504	74.4%	110	16.2%	614	90.6%
Sautéing	458	67.7%	131	19.4%	589	87.1%
Steaming	488	72.1%	130	19.2%	618	91.3%

Total respondents =677

\*Respondents could choose more than one item, so percentages of “yes” responses did not total 100%.

Table 28. Types of Recipes Participants Usually Look For

Categories	Details	n	% of those participants who responded to the question on types of recipes they were looking for (N = 485)
Audience	Kid-friendly	18	4%
	Vegetarian	7	1%
	Family	7	1%
Culturally-specific	Mexican	45	9%
	Italian	17	4%
	Latin/Hispanic	6	1%
	Chinese	4	1%
	Comfort/soul food/homemade	3	1%
	American	2	Less than 1%
	Traditional/good old country	2	Less than 1%
	Amish	1	Less than 1%
Arabic	1	Less than 1%	

Categories	Details	<i>n</i>	% of those participants who responded to the question on types of recipes they were looking for ( <i>N</i> = 485)
	Greek	1	Less than 1%
	Southern	1	Less than 1%
<b>Ingredients</b>	Chicken	59	
	Pasta	29	6%
	Meats	29	6%
	Vegetables	28	6%
	Fruit	13	3%
	Fish and seafood	8	2%
	Rice	2	Less than 1%
	Spices	2	Less than 1%
<b>Preferences</b>	Easy/fast/simple	79	16%
	Healthy and nutritious	71	14%
	Yummy	14	3%
	Variety/unique/different/new	12	2%
	Cheap	5	1%
	Bulk/large amounts	2	Less than 1%
	Fun	2	Less than 1%
<b>Sources of recipes</b>	Videos	5	1%
	Online/internet/websites	4	1%
	Books	1	Less than 1%
	Pictures	1	Less than 1%
	Phone	1	Less than 1%
<b>Preparation method</b>	Baking	20	4%
	Crockpot	12	2%
	Grilling	4	1%
	Oven	4	1%
	Cooking/stove	3	1%
	BBQ	2	Less than 1%
<b>Type of meal</b>	Desserts and pastries	31	6%
	Salads	31	6%
	Dinner/Main Course	17	4%
	Soups	6	1%
	Casseroles	5	1%
	Side dishes	1	Less than 1%
	Snacks	1	Less than 1%

## Appendix B. Screening and Survey Tools in English and Spanish

### Screening Questions in English



## Recipe Survey Screener

~ for screening assistant ~

Hello, I am [name] from Evaluation Strategies. I am wondering if you might be interested in participating in an Arizona Department of Health survey related to recipes. If you are selected to participate, the survey will take less than 15 minutes, and you will receive a \$10 gift card.

Would you be interested in participating?

- Yes [Continue with the screener questions below.]
- No [Thank them for their time; stop].

Question	Yes, Qualifies	No, Doesn't qualify																		
1. What state are you a resident of?	Arizona	OTHER THAN ARIZONA ↓ You must be a resident of Arizona to qualify for this study. Thank for time and effort.																		
2. Do you have children living in your household now? Yes/No	Yes	NO ↓ You must have children under the age of 12 living in your household to qualify for this study. Thank for time and effort.																		
3. How old are the children who live with you? (Choose all that apply.) <input type="radio"/> Birth to 11 years old <input type="radio"/> 12 or above	Birth to 11 years old	ONLY 12 or above ↓ You must have children under the age of 12 living in your household to qualify for this study. Thank for time and effort.																		
4. How old are you? <input type="radio"/> Below 18 years <input type="radio"/> Between 18 and 49 years <input type="radio"/> 50 years or above	Between 18 and 49	BELOW 18 or OVER 49 ↓ You must be between the ages of 18 and 49 to qualify for this study. Thank for time and effort.																		
5. What is your gender, female or male?	Female	MALE ↓ This survey is only for females. Thank for time and effort.																		
6. Counting yourself, how many people live in your household?	_____																			
7. What is your total MONTHLY household income BEFORE taxes?	\$ _____																			
[Screener] Is their monthly income LESS than the dollar amount shown for their household on the table below? Yes/No	Yes	NO ↓ This survey is for a different income level from yours. Thank for time and effort.																		
<table border="1"> <thead> <tr> <th>Number in Household</th> <th>Monthly Household Income before Taxes</th> </tr> </thead> <tbody> <tr><td>2</td><td>\$2,470</td></tr> <tr><td>3</td><td>\$3,108</td></tr> <tr><td>4</td><td>\$3,747</td></tr> <tr><td>5</td><td>\$4,385</td></tr> <tr><td>6</td><td>\$5,023</td></tr> <tr><td>7</td><td>\$5,663</td></tr> <tr><td>8</td><td>\$6,304</td></tr> <tr><td>Each Additional Member Add</td><td>\$642</td></tr> </tbody> </table>		Number in Household	Monthly Household Income before Taxes	2	\$2,470	3	\$3,108	4	\$3,747	5	\$4,385	6	\$5,023	7	\$5,663	8	\$6,304	Each Additional Member Add	\$642	
Number in Household	Monthly Household Income before Taxes																			
2	\$2,470																			
3	\$3,108																			
4	\$3,747																			
5	\$4,385																			
6	\$5,023																			
7	\$5,663																			
8	\$6,304																			
Each Additional Member Add	\$642																			

Yes, the person qualifies. Then say:	No, the person does not qualify. Then say:
This is a survey to find out about what you know, like, think and do about cooking and recipes. Your participation in this survey is up to you. Your choice about taking part will not affect your benefits.	At this time, it appears that you are not eligible to participate in the Recipe Project Survey. Thank you for your time today.

Continue to survey

**STOP**



## Screening Questions in Spanish



¿Le interesaría participar en una breve encuesta de salud de parte del Estado de Arizona relacionado con recetas caseras? Si se le selecciona para participar, la encuesta tomaría menos de 15 minutos y recibirá una tarjeta de regalo de \$10 para usar en Walmart o Safeway. Veamos si es elegible para participar!

### Recipe Survey Screener

~ for participant ~

### Encuesta de Exploración sobre Recetas

~ para el participante ~

1. ¿En cuál estado vive?
2. ¿Tiene niños viviendo en su casa? Sí/No
3. ¿Qué edad tienen los niños que viven con usted? (Escoja todos los que aplican.)
<input type="radio"/> Nacimiento a 11 años de edad <input type="radio"/> 12 años de edad en adelante
4. ¿Qué edad tiene usted?
<input type="radio"/> Menos de 18 años <input type="radio"/> Entre 18 y 49 años <input type="radio"/> 50 años en adelante
5. ¿De cuál sexo es, femenino o masculino?
6. Incluyéndolo(a) a usted ¿cuántas personas viven en su casa?
7. ¿Cuál es en ingreso total MENSUAL en su hogar ANTES de pagar impuestos?

Ahora le podremos informar si es elegible para participar en la encuesta.





## Survey Questions in English



Screener # \_\_\_\_\_ Site: \_\_\_\_\_ Survey Collector: \_\_\_\_\_

Arizona Nutrition Network Recipe Survey																			
1. What is your age?	____/____ [Two digits]																		
2. Does anyone in your family participate in food assistance programs?	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>YES ↓</td> <td><input type="checkbox"/></td> <td>NO</td> </tr> <tr> <td colspan="2">Which one(s)?</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>School lunch/ School breakfast</td> <td colspan="2" rowspan="4" style="background-color: #cccccc;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>SNAP or Nutrition Assistance (formerly known as Food Stamps)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WIC</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	YES ↓	<input type="checkbox"/>	NO	Which one(s)?				<input type="checkbox"/>	School lunch/ School breakfast			<input type="checkbox"/>	SNAP or Nutrition Assistance (formerly known as Food Stamps)	<input type="checkbox"/>	WIC	<input type="checkbox"/>	Other
<input type="checkbox"/>	YES ↓	<input type="checkbox"/>	NO																
Which one(s)?																			
<input type="checkbox"/>	School lunch/ School breakfast																		
<input type="checkbox"/>	SNAP or Nutrition Assistance (formerly known as Food Stamps)																		
<input type="checkbox"/>	WIC																		
<input type="checkbox"/>	Other																		
3. How many of your children do you have in each of these age groups?	<table border="1"> <tr> <td>Infants (Birth to 12 months)</td> <td>____/____ [Two Digits]</td> </tr> <tr> <td>Children (1-4 years of age)</td> <td>____/____ [Two Digits]</td> </tr> <tr> <td>Children (5-11 years of age)</td> <td>____/____ [Two Digits]</td> </tr> </table>	Infants (Birth to 12 months)	____/____ [Two Digits]	Children (1-4 years of age)	____/____ [Two Digits]	Children (5-11 years of age)	____/____ [Two Digits]												
Infants (Birth to 12 months)	____/____ [Two Digits]																		
Children (1-4 years of age)	____/____ [Two Digits]																		
Children (5-11 years of age)	____/____ [Two Digits]																		
4. Do you consider yourself to be Hispanic?	<table border="1"> <tr> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Non-Hispanic</td> </tr> </table>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic																
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic																		
5. What is your race/ethnicity? Tell me all that apply to you.	<table border="1"> <tr> <td><input type="checkbox"/> American Indian/Alaskan Native/Native American</td> <td><input type="checkbox"/> Native Hawaiian or <u>Other</u> Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td></td> </tr> </table>	<input type="checkbox"/> American Indian/Alaskan Native/Native American	<input type="checkbox"/> Native Hawaiian or <u>Other</u> Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American													
<input type="checkbox"/> American Indian/Alaskan Native/Native American	<input type="checkbox"/> Native Hawaiian or <u>Other</u> Pacific Islander																		
<input type="checkbox"/> Asian	<input type="checkbox"/> White																		
<input type="checkbox"/> Black or African American																			
6. How often do you cook for your family?	<table border="1"> <tr> <td><input type="checkbox"/> 5-7 days a week</td> <td><input type="checkbox"/> Less than one day per week</td> </tr> <tr> <td><input type="checkbox"/> 3-4 days a week</td> <td><input type="checkbox"/> Never</td> </tr> <tr> <td><input type="checkbox"/> 1-2 days a week</td> <td><input type="checkbox"/> Not sure</td> </tr> </table>	<input type="checkbox"/> 5-7 days a week	<input type="checkbox"/> Less than one day per week	<input type="checkbox"/> 3-4 days a week	<input type="checkbox"/> Never	<input type="checkbox"/> 1-2 days a week	<input type="checkbox"/> Not sure												
<input type="checkbox"/> 5-7 days a week	<input type="checkbox"/> Less than one day per week																		
<input type="checkbox"/> 3-4 days a week	<input type="checkbox"/> Never																		
<input type="checkbox"/> 1-2 days a week	<input type="checkbox"/> Not sure																		

7. Who prepares most of the meals in your home?

Yourself

Someone else

8. Do you or someone in your house plan meals?

YES ↓

NO

Do you plan:

Daily

Weekly

Monthly

Not consistently

9. Do you use recipes when cooking for your family?

YES

NO: Why not? ↓  
[Choose all that apply.]

Too hard

Never tried

Do not need them

They take too much time

They don't come out well

I don't have all the ingredients

I don't have all the kitchen equipment or supplies

**[SKIP TO Question 14.]**



10. How often do you use recipes when cooking for your family? Always, most of the time, some of the time, or never.

Always

Most of the time

Some of the time

Never

Don't Know/Refused

11. Do you look for new recipes?		YES [Continue to Question 12.]		NO [Skip to Question 16.]
----------------------------------	--	--------------------------------------	--	---------------------------------

12. Where do you typically look for or get cooking recipes?

<input type="checkbox"/> Family or friends	<input type="checkbox"/> Magazines
<input type="checkbox"/> Cookbooks	<input type="checkbox"/> Television
<input type="checkbox"/> Package labels	<input type="checkbox"/> Websites
<input type="checkbox"/> Pinterest	<input type="checkbox"/> Social media
<input type="checkbox"/> Blogs	<input type="checkbox"/> Other [Please identify]

13. What format helps you choose a recipe?

<input type="checkbox"/> Written	<input type="checkbox"/> Other [Please identify]
<input type="checkbox"/> Video	

14. When picking a recipe, how important are the following things? Rate on a scale of 1-5, where 1 is very unimportant, 2 is unimportant, 3 is neutral, 4 is important, and 5 is very important.

	Very Unimportant	Unimportant	Neutral	Important	Very Important
Availability of ingredients	1	2	3	4	5
Amount of time to prepare	1	2	3	4	5
Difficulty or ease of making	1	2	3	4	5
Number of ingredients	1	2	3	4	5
Cost of ingredients	1	2	3	4	5
Ingredients you already have	1	2	3	4	5
Taste: Whether your family will like it	1	2	3	4	5
WIC foods are included	1	2	3	4	5
Video is available to demonstrate how to make	1	2	3	4	5
Includes a picture of the food	1	2	3	4	5
You have the utensils needed to prepare	1	2	3	4	5
Contains healthy ingredients (low salt, low sugar, low sat fat)	1	2	3	4	5
Includes foods from multiple MyPlate food groups	1	2	3	4	5
Uses variety of flavors, textures, ingredients	1	2	3	4	5
Vegetarian	1	2	3	4	5

---

15. How comfortable are you making substitutions for items in a recipe?

Very comfortable                       Uncomfortable

Somewhat comfortable                       Very uncomfortable

---

16. Which of these **DRIED** herbs and seasonings do you use most often when preparing food? [Choose all that apply.]

<input type="checkbox"/> Basil	<input type="checkbox"/> Curry powder	<input type="checkbox"/> Paprika
<input type="checkbox"/> Bay leaves	<input type="checkbox"/> Garlic powder	<input type="checkbox"/> Rosemary
<input type="checkbox"/> Cayenne pepper	<input type="checkbox"/> Ground ginger	<input type="checkbox"/> Sage
<input type="checkbox"/> Chili powder	<input type="checkbox"/> Ground mustard	<input type="checkbox"/> Thyme
<input type="checkbox"/> Cinnamon	<input type="checkbox"/> Italian seasoning	<input type="checkbox"/> None
<input type="checkbox"/> Crushed red pepper flakes	<input type="checkbox"/> Kosher salt	<input type="checkbox"/> Other(s): [Please identify]
<input type="checkbox"/> Cumin	<input type="checkbox"/> Onion powder	
	<input type="checkbox"/> Oregano	

---

17. Do you use <b>FRESH</b> herbs when preparing food? Which do you often use?	<input type="checkbox"/>	Yes ↓	<input type="checkbox"/>	No
	<input type="checkbox"/> Basil <input type="checkbox"/> Chives <input type="checkbox"/> Cilantro <input type="checkbox"/> Dill <input type="checkbox"/> Mint	<input type="checkbox"/> Oregano <input type="checkbox"/> Rosemary <input type="checkbox"/> Sage <input type="checkbox"/> Thyme <input type="checkbox"/> Other(s) [Please identify.]		

18. Which of these food items do you routinely have on hand? [Choose all that apply.]

**Cupboard**

- Peanut butter

**Oils**

- Vegetable or canola oil
- Olive oil
- Cooking spray

**Vinegars**

- Balsamic
- Red wine
- Cider
- White wine
- Distilled white

**Condiments**

- Mustards
- Ketchup
- Mayonnaise

**Sauces**

- Worcestershire
- Soy Sauce
- Teriyaki
- Pasta Sauce
- Hot Sauce
- Chili Paste

**Grains**

- Spaghetti or other pastas
- Oats
- Rice
- Cornmeal
- Corn tortillas
- Flour tortillas

**Canned Meats**

- Tuna
- Salmon
- Chicken
- Beef

**Soups**

- Broth/stock (canned) or bouillon cubes
- Canned soups
- Dried soup mixes

**Beans**

- Refried
- Black  canned  dry
- Pinto  canned  dry
- Kidney  canned  dry
- Chickpeas  canned  dry
- Lentils  canned  dry

**Canned Goods**

- Tomatoes (whole, diced, crushed)
- Vegetables
- Fruits

**Refrigerator**

- Butter/Margarine
- Eggs
- Milk
- Cheese
- Yogurt
- Greek yogurt

**Baking Needs**

- Flour (White or Whole Wheat)
- Baking powder
- Baking soda
- White sugar
- Brown sugar
- Corn Starch
- Honey

19. Which of these do you have in your kitchen? [Choose all that apply.]

**Kitchen Tools**

- Can opener
- Chef's knife
- Grater
- Kitchen scissors
- Ladle
- Measuring cups
- Measuring spoons
- Liquid measuring cup

- Meat thermometer
- Mixing spoons
- Potato masher
- Slotted spoon
- Spatula
- Tongs
- Vegetable peeler
- Whisk

**Small Appliances**

- Blender
- Food processor
- Grill (outdoor or indoor)
- Hot plate
- Slow Cooker (crockpot)
- Microwave
- Mixer (either hand or stand)
- Steamer
- Toaster oven
- Toaster

**Kitchen Gadgets**

- Colander
- Cutting board
- Food storage containers
- Mixing bowls
- Timer

**Cookware**

- Baking sheet
- Casserole dish
- Muffin pan
- Saucepans
- Skillet

20. Which of these food preparation methods do you currently use?

Roasting or baking meat in the oven	<input type="checkbox"/>	Yes	Would you be interested in trying this method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	No →		
Roasting or baking fruits or vegetables in the oven	<input type="checkbox"/>	Yes	Would you be interested in trying this method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	No →		

Grilling meat	<input type="checkbox"/>	Yes		
	<input type="checkbox"/>	No →	Would you be interested in trying this method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grilling fruits or vegetables	<input type="checkbox"/>	Yes		
	<input type="checkbox"/>	No →	Would you be interested in trying this method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steaming	<input type="checkbox"/>	Yes		
	<input type="checkbox"/>	No →	Would you be interested in trying this method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sautéing	<input type="checkbox"/>	Yes		
	<input type="checkbox"/>	No →	Would you be interested in trying this method?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Choose how you want to receive your electronic \$10 Safeway or Walmart gift card:

Email or  Regular mail. Enter your name and appropriate contact information.

21.	First Name, Last Name		
22.	Email Address		
23.	Mailing Address		
24.	City and Zip		
25.	Phone Number (in case we have any problems sending the gift card to you)		
26.	One last question: If you use recipes, what kind of recipes do you usually look for?		

For Staff Only	
Date:	Data Collector Name:
Location:	Time Took to Complete:
Incentive Given:	





Survey Questions in Spanish



Number from Screener \_\_\_\_\_



Site \_\_\_\_\_

**Encuesta de La Red de Nutrición del Estado de Arizona**

1.	¿Qué edad tiene?	____/____ [Dos Dígitos]	
2.	¿Alguien en su familia participa en programas de ayuda con alimentos?	<input type="checkbox"/> SÍ ↓	<input type="checkbox"/> NO
	¿Cuál(es)?		
	<input type="checkbox"/> Almuerzo Escolar/ Desayuno Escolar		
	<input type="checkbox"/> SNAP o Ayuda de Nutrición (antes conocido como Estampillas de Comida)		
	<input type="checkbox"/> WIC		
	<input type="checkbox"/> Otro		
3.	¿Cuántos de sus hijos forman parte de cada grupo de edad?	Bebés (Hasta los 12 meses) _____ [Dos Dígitos]	Niños (1-4 años de edad) _____ [Dos Dígitos]
		Niños (5-11 años de edad) _____ [Dos Dígitos]	
4.	¿Se considera Hispano?	<input type="checkbox"/> Hispano	<input type="checkbox"/> No-hispana
5.	¿Cuál es su raza/grupo étnico? Escoja todos los que apliquen.	<input type="checkbox"/> Indígena Estadounidense/ Indígena de Alaska/Nativo Americano	<input type="checkbox"/> Hawaiano Nativo o de otra isla del Pacífico
		<input type="checkbox"/> Asiático	<input type="checkbox"/> Blanco
		<input type="checkbox"/> Negro o Afroamericano	
6.	¿Cuántos días a la semana cocina para su familia?	<input type="checkbox"/> 5-7 días a la semana	<input type="checkbox"/> Menos de una vez a la semana
		<input type="checkbox"/> 3-4 días a la semana	<input type="checkbox"/> Nunca
		<input type="checkbox"/> 1-2 días a la semana	<input type="checkbox"/> No estoy segura

7. ¿Quién prepara la mayoría de las comidas en su hogar?

Usted  Otra Persona

8. ¿Usted o alguien más planea las comidas en su casa?

<input type="checkbox"/>	SÍ ↓	<input type="checkbox"/>	NO
--------------------------	------	--------------------------	----

Planea:

Diario

Semanal

Mensual

Sin orden específico

9. ¿Al cocinar para su familia usa recetas?

<input type="checkbox"/>	SI	<input type="checkbox"/>	NO: ¿Por qué no? ↓ [Escriba las que pliquen.]
--------------------------	----	--------------------------	--

Es demasiado difícil

Nunca lo he intentado

No las necesito

Se toma demasiado tiempo

No salen bien las comidas

No tengo todos los ingredientes

No tengo el equipo o productos necesarios

**[PASAR a la pregunta 16.]**

10. ¿Qué tan seguido usa recetas al cocinar para su familia? Siempre, la mayoría del tiempo, algunas veces, o nunca?

Siempre

La mayoría del tiempo

Algunas veces

Nunca

No sé/prefiero no contestar

11. ¿Busca recetas nuevas?		SÍ <b>[Siga a pregunta 12.]</b>		NO <b>[Pase a pregunta 16.]</b>
----------------------------	--	------------------------------------	--	------------------------------------

12. ¿Normalmente dónde busca o consigue recetas nuevas?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Familia o amigos</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Revistas</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Libros de cocina</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Televisión</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Etiquetas de Paquetes</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Sitios de Internet</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Pinterest</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Redes Sociales</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Blogs</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Otros [Favor de identificar]</td> </tr> </table>	<input type="checkbox"/> Familia o amigos	<input type="checkbox"/> Revistas	<input type="checkbox"/> Libros de cocina	<input type="checkbox"/> Televisión	<input type="checkbox"/> Etiquetas de Paquetes	<input type="checkbox"/> Sitios de Internet	<input type="checkbox"/> Pinterest	<input type="checkbox"/> Redes Sociales	<input type="checkbox"/> Blogs	<input type="checkbox"/> Otros [Favor de identificar]
<input type="checkbox"/> Familia o amigos	<input type="checkbox"/> Revistas										
<input type="checkbox"/> Libros de cocina	<input type="checkbox"/> Televisión										
<input type="checkbox"/> Etiquetas de Paquetes	<input type="checkbox"/> Sitios de Internet										
<input type="checkbox"/> Pinterest	<input type="checkbox"/> Redes Sociales										
<input type="checkbox"/> Blogs	<input type="checkbox"/> Otros [Favor de identificar]										

13. ¿Qué formato prefiere al escoger recetas?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Escrito</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Otros [Favor de identificar]</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Vídeo</td> <td></td> </tr> </table>	<input type="checkbox"/> Escrito	<input type="checkbox"/> Otros [Favor de identificar]	<input type="checkbox"/> Vídeo	
<input type="checkbox"/> Escrito	<input type="checkbox"/> Otros [Favor de identificar]				
<input type="checkbox"/> Vídeo					

14. ¿Al escoger una receta, qué tan importante son las siguientes cosas? Favor de darles un valor del 1 al 5, el 1 significa no tiene nada de importancia, el 2 poco importante, el 3 neutral, el 4 es importante y el 5 que es muy importante.

	Nada importante	Poco importante	Neutral	Importante	Muy importante
Disponibilidad de ingredientes	1	2	3	4	5
Tiempo requerido para preparación	1	2	3	4	5
Difícil de preparar	1	2	3	4	5
Número de ingredientes	1	2	3	4	5
Costo de los ingredientes	1	2	3	4	5
Ingredientes que ya tiene en casa	1	2	3	4	5
Sabor: Si le gustará a su familia	1	2	3	4	5
Incluye ingredientes de WIC	1	2	3	4	5
Hay un vídeo disponible para ver como se prepara	1	2	3	4	5
Incluye una foto de la comida	1	2	3	4	5
Tiene los utensilios necesarios para prepararla	1	2	3	4	5
Contiene ingredientes sanos (bajos en sodio, azúcar y grasa)	1	2	3	4	5
Incluye ingredientes de varios grupos de "MiPlato"	1	2	3	4	5
Usa una variedad de ingredientes, sabores y texturas	1	2	3	4	5
Es vegetariana	1	2	3	4	5

15. ¿Qué tan cómodo(a) estaría usted al sustituir ingredientes en una receta?

- |   |  |
|---|--|
| <input type="checkbox"/> Muy cómodo(a)  | <input type="checkbox"/> Incómodo(a)     |
| <input type="checkbox"/> Algo cómodo(a) | <input type="checkbox"/> Muy incómodo(a) |

16. ¿Cuál(es) de estas hierbas y especias **SECAS** usa más seguido al cocinar? (Esoja todos los que apliquen.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Albahaca                      | <input type="checkbox"/> Curry en polvo     | <input type="checkbox"/> Paprika                         |
| <input type="checkbox"/> Hojas de laurel               | <input type="checkbox"/> Ajo en polvo       | <input type="checkbox"/> Romero                          |
| <input type="checkbox"/> Pimienta de cayena            | <input type="checkbox"/> Jengibre molido    | <input type="checkbox"/> Tomillo                         |
| <input type="checkbox"/> Chile en polvo                | <input type="checkbox"/> Mostaza molida     | <input type="checkbox"/> Salvia                          |
| <input type="checkbox"/> Canela                        | <input type="checkbox"/> Sazonador italiano | <input type="checkbox"/> Ninguno                         |
| <input type="checkbox"/> Copos de pimienta rojo molido | <input type="checkbox"/> Sal kosher         | <input type="checkbox"/> Otro(s) [Favor de identificar.] |
| <input type="checkbox"/> Comino                        | <input type="checkbox"/> Cebolla en polvo   |  |
|  | <input type="checkbox"/> Orégano            |  |

17. ¿Usa hierbas **FRESCAS** al cocinar?

<input type="checkbox"/> SÍ	<input type="checkbox"/> NO
-----------------------------	-----------------------------

¿Cuál(es) usa?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Albahaca    | <input type="checkbox"/> Orégano                         |
| <input type="checkbox"/> Cebollinos  | <input type="checkbox"/> Romero                          |
| <input type="checkbox"/> Cilantro    | <input type="checkbox"/> Salvia                          |
| <input type="checkbox"/> Eneldo      | <input type="checkbox"/> Tomillo                         |
| <input type="checkbox"/> Hierbabuena | <input type="checkbox"/> Otro(s) [Favor de identificar.] |



18. ¿Cuáles de estos ingredientes normalmente se encuentran en su despensa? [Elija los que apliquen.]

**Alacena**

- Crema de cacahuete

**Aceites**

- Aceite vegetal o de canola
- Aceite de oliva
- Aceite en aerosol

**Vinagres**

- Balsámico       Vino Rojo
- Sidra               Vino Blanco
- Blanco destilado

**Condimentos**

- Mostaza
- Catsup
- Mayonesa

**Salsas**

- Salsa inglesa
- Salsa soya
- Salsa teriyaki
- Salsa para pasta
- Salsa Picante
- Chile en pasta

**Granos**

- Espaguetis u otro pasta
- Avena
- Arroz
- Harina de maíz
- Tortillas de maíz
- Tortillas de harina

**Carne Enlatada**

- Atún
- Salmón
- Pollo
- Res

**Sopas**

- Caldo (enlatado) o en cubito
- Sopas enlatadas
- Mezcla de sopas secas

**Frijoles**

- Refritos       en lata
- Negros       en lata       seco
- Pinto       en lata       seco
- Frijol rojo       en lata       seco
- Garbanzos       en lata       seco
- Lentejas       en lata       seco

**Alimentos Enlatados**

- Tomates (enteros, cortados o machacado)
- Verduras
- Frutas

**Refrigerador**

- Mantequilla/Manteca
- Huevos
- Leche
- Queso
- Yogur
- Yogur Griego

**Necesidades de Repostería**

- Harina (Blanca o integral)
- Polvo para hornear
- Bicarbonato
- Azúcar
- Azúcar Moreno o Mascabado
- Maicena
- Miel

19. ¿Cuáles de estos tiene en su cocina? [Escriba los que apliquen.]

**Accesorios de Cocina**

- Abrelatas
- Cuchillo de chef
- Rallador
- Tijeras de cocina
- Cucharón
- Tazas de medir
- Cuchara para medir
- Taza para medir líquidos

- Termómetro para carne
- Cucharas para mezclar
- Moedor
- Espumadera
- Espátula
- Tenazas
- Pelador
- Batidor

**Electrodomésticos**

- Licuadora
- Procesador de alimentos
- Parrilla (exterior o interior)
- Plancha (o comal)
- Olla eléctrica de cocimiento lento
- Horno de microondas
- Batidora (de mano o con base)
- Base para Vaporera
- Horno tostador
- Tostador

**Útiles de cocina**

- Colador
- Tabla para cortar
- Recipientes para guardar comida
- Tazones para mezclar
- Cronómetro

**Batería de cocina**

- Hoja para hornear
- Charola para hornear
- Molde para panecillos
- Cacerola
- Sartén

20. ¿Cuáles de estas formas de preparación de alimentos utiliza actualmente?

Asar o cocer carne en el horno	Sí	¿Le interesaría intentar este método de preparación?	<input type="checkbox"/> Sí <input type="checkbox"/> No
	No →		
Asar o cocer frutas o verduras en el horno	Sí	¿Le interesaría intentar este método?	<input type="checkbox"/> Sí <input type="checkbox"/> No
	No →		

Asar carne a la parrilla	<input type="checkbox"/>	Sí		
	<input type="checkbox"/>	No →	¿Le interesaría intentar este método?	<input type="checkbox"/> Sí <input type="checkbox"/> No
Asar frutas o verduras a la parrilla	<input type="checkbox"/>	Sí		
	<input type="checkbox"/>	No →	¿Le interesaría intentar este método?	<input type="checkbox"/> Sí <input type="checkbox"/> No
Al vapor	<input type="checkbox"/>	Sí		
	<input type="checkbox"/>	No →	¿Le interesaría intentar este método?	<input type="checkbox"/> Sí <input type="checkbox"/> No
Sofreír	<input type="checkbox"/>	Sí		
	<input type="checkbox"/>	No →	¿Le interesaría intentar este método?	<input type="checkbox"/> Sí <input type="checkbox"/> No

¿De qué manera le gustaría recibir su tarjeta de regalo de \$10 para usar en Safeway o Walmart?  
 Correo Electrónico o  Correo Tradicional

Favor de anotar su nombre e información.

21.	Nombre, Apellido		
22.	Correo Electrónico		
23.	Domicilio		
24.	Ciudad y Código Postal		
25.	Numero telefónico (En caso de que haya algún problema al enviarle su tarjeta)		
26.	Última pregunta, ¿Si usa recetas, qué tipo de recetas busca normalmente?		

For Staff Only	
Date:	Data Collector Name:
Location:	Time Took to Complete:
Incentive Given:	









Photographs for Recipe Survey in English





**Recipe Survey**  
**Photos**

Use the following photographs to help survey participants identify choices. You may have the participant (a) verbally give answers or (b) use an erasable marker on this card. If they use an erasable marker, be sure to transfer responses to their survey sheet and erase the cards before administering the next survey.

**16.** Which of these **DRIED** herbs and seasonings do you use most often when preparing food? [Choose all that apply.]

 <input type="checkbox"/> Basil	 <input type="checkbox"/> Cumin	 <input type="checkbox"/> Onion powder
 <input type="checkbox"/> Bay leaves	 <input type="checkbox"/> Curry powder	 <input type="checkbox"/> Oregano
 <input type="checkbox"/> Cayenne pepper	 <input type="checkbox"/> Garlic powder	 <input type="checkbox"/> Paprika
 <input type="checkbox"/> Chili powder	 <input type="checkbox"/> Ground ginger	 <input type="checkbox"/> Rosemary
 <input type="checkbox"/> Cinnamon	 <input type="checkbox"/> Ground mustard	 <input type="checkbox"/> Sage
 <input type="checkbox"/> Crushed red pepper flakes	 <input type="checkbox"/> Italian seasoning	 <input type="checkbox"/> None
	 <input type="checkbox"/> Kosher salt	

**17.** Do you use **FRESH** herbs when preparing food? If yes, looking at this list which do you often use? [Choose all that apply.]

 <input type="checkbox"/> Basil	 <input type="checkbox"/> Oregano
 <input type="checkbox"/> Chives	 <input type="checkbox"/> Rosemary
 <input type="checkbox"/> Cilantro	 <input type="checkbox"/> Sage
 <input type="checkbox"/> Dill	 <input type="checkbox"/> Thyme
 <input type="checkbox"/> Mint	<input type="checkbox"/> + Other(s) Please identify

<b>19.</b> Which of these do you have in your kitchen? [Choose all that apply.]	
<b>Kitchen Tools</b>	 <input type="checkbox"/> Meat thermometer
 <input type="checkbox"/> Can opener	 <input type="checkbox"/> Mixing spoons
 <input type="checkbox"/> Chef's knife	 <input type="checkbox"/> Potato masher
 <input type="checkbox"/> Grater	 <input type="checkbox"/> Slotted spoon
 <input type="checkbox"/> Kitchen scissors	 <input type="checkbox"/> Spatula
 <input type="checkbox"/> Ladle	 <input type="checkbox"/> Tongs
 <input type="checkbox"/> Measuring cups	 <input type="checkbox"/> Vegetable peeler
 <input type="checkbox"/> Measuring spoons	 <input type="checkbox"/> Whisk
 <input type="checkbox"/> Liquid measuring cups	

Small Appliances	
 <input type="checkbox"/> Blender	 <input type="checkbox"/> Microwave
 <input type="checkbox"/> Food processor	 <input type="checkbox"/> Mixer (either hand or stand)
 <input type="checkbox"/> Grill (outdoor or indoor)	 <input type="checkbox"/> Steamer
 <input type="checkbox"/> Hot plate	 <input type="checkbox"/> Toaster oven
 <input type="checkbox"/> Slow Cooker (crockpot)	 <input type="checkbox"/> Toaster
Kitchen Gadgets	Cookware
 <input type="checkbox"/> Colander	 <input type="checkbox"/> Baking sheet
 <input type="checkbox"/> Cutting board	 <input type="checkbox"/> Casserole Dish
 <input type="checkbox"/> Food storage containers	 <input type="checkbox"/> Muffin pan
 <input type="checkbox"/> Mixing bowls	 <input type="checkbox"/> Saucepans
 <input type="checkbox"/> Timer	 <input type="checkbox"/> Skillet

Definitions – which can be used by the survey assistant	
Roasting or baking in the oven	To cook by dry heat in the oven.
Grilling	To cook on a grill over intense heat.
Steaming	To cook in steam, usually in a microwave or in a pot on the stove. A small amount of water is placed in a pot or bowl while a steamer basket or rack holds the vegetables. Only a small amount of water is used—the items to be cooked are not submerged in water. The water is heated and makes steam. The heat of the steam in the covered pot or bowl cooks the vegetables.
Sautéing	To cook and/or brown food in a small amount of hot fat.

Photographs for Recipe Survey in Spanish











**Fotos para la  
Encuesta de  
Recetas**

Use las siguientes fotos para que los participantes identifiquen sus opciones. El participante puede (a) contestar verbalmente o (b) usar un marcador fácil de borrar en esta hoja. Si usa un marcador que se borra, asegúrese que las respuestas se transfieran a la hoja de la encuesta que corresponde al participante y que se borran sus respuestas de esta hoja antes de volver a presentar la encuesta.

**16.** ¿Cuál(es) de estas hierbas y especias **SECAS** usa más seguido al cocinar? (Elija todos los que apliquen.)

 <input type="checkbox"/> <u>Albahaca</u>	 <input type="checkbox"/> <u>Comino</u>	 <input type="checkbox"/> <u>Cebolla en polvo</u>
 <input type="checkbox"/> <u>Hojas de laurel</u>	 <input type="checkbox"/> Curry en polvo	 <input type="checkbox"/> Orégano
 <input type="checkbox"/> <u>Pimienta de cayena</u>	 <input type="checkbox"/> Ajo en polvo	 <input type="checkbox"/> <u>Paprika</u>
 <input type="checkbox"/> Chile en polvo	 <input type="checkbox"/> <u>Jengibre molido</u>	 <input type="checkbox"/> <u>Romero</u>
 <input type="checkbox"/> Canela	 <input type="checkbox"/> Mostaza molida	 <input type="checkbox"/> Salvia
 <input type="checkbox"/> <u>Copos de pimienta roja picada</u>	 <input type="checkbox"/> <u>Sozonador Italiano</u>	 <input type="checkbox"/> <u>Ninguna</u>
	 <input type="checkbox"/> <u>Sal Kosher</u>	

**17.** ¿Usa hierbas y especias **FRESCAS** al cocinar? (Ecoja todos los que aplican.)

 <input type="checkbox"/> <u>Albahaca</u>	 <input type="checkbox"/> <u>Orégano</u>
 <input type="checkbox"/> <u>Cebollinos</u>	 <input type="checkbox"/> <u>Romero</u>
 <input type="checkbox"/> <u>Cilantro</u>	 <input type="checkbox"/> <u>Salvia</u>
 <input type="checkbox"/> <u>Eneldo</u>	 <input type="checkbox"/> <u>Tomillo</u>
 <input type="checkbox"/> <u>Menta</u>	<p style="text-align: center;"><b>+</b></p> <input type="checkbox"/> <u>Otro(s) favor de identificar</u>

<b>19.</b> ¿Cuáles tiene en su cocina? [Escriba los que apliquen.]	
<b>Accesorios de Cocina</b>	 <input type="checkbox"/> Termómetro para carne
 <input type="checkbox"/> Abrelatas	 <input type="checkbox"/> Cuchara para mezclar
 <input type="checkbox"/> Cuchillo de chef	 <input type="checkbox"/> Moledor
 <input type="checkbox"/> Rallador	 <input type="checkbox"/> Espumadera
 <input type="checkbox"/> Tijeras de cocina	 <input type="checkbox"/> Espátula
 <input type="checkbox"/> Cucharón	 <input type="checkbox"/> Tenazas
 <input type="checkbox"/> Tazas de medir	 <input type="checkbox"/> Pelador
 <input type="checkbox"/> Cucharas para medir	 <input type="checkbox"/> Batidor
 <input type="checkbox"/> Taza para medir líquidos	

Electrodomésticos	
 <input type="checkbox"/> Licuadora	 <input type="checkbox"/> Horno de microondas
 <input type="checkbox"/> Procesador de alimentos	 <input type="checkbox"/> Batidora (de mano o con base)
 <input type="checkbox"/> Parilla (exterior o interior)	 <input type="checkbox"/> Base para Vaporera
 <input type="checkbox"/> Plancha (o comal)	 <input type="checkbox"/> Horno tostador
 <input type="checkbox"/> Olla eléctrica de cocimiento lento	 <input type="checkbox"/> Tostador
Útiles de cocina	Batería de cocina
 <input type="checkbox"/> Colador	 <input type="checkbox"/> Charola para hornear
 <input type="checkbox"/> Tabla	 <input type="checkbox"/> Cacerola para hornear
 <input type="checkbox"/> Recipientes para guardar comida	 <input type="checkbox"/> Molde para Pancillos
 <input type="checkbox"/> Recipiente para mezclar	 <input type="checkbox"/> Cacerola
 <input type="checkbox"/> Cronómetro	 <input type="checkbox"/> Sartén

Definiciones – que puede usar el auxiliar de la encuesta	
Asar o cocer en el horno	Cocinar en el horno.
Asar	Cocinar en la parrilla a temperaturas elevadas.
Cocinar al vapor	Cocinar al vapor. Normalmente en el microondas o en una olla, cazuela o cacerola sobre la estufa. Una cantidad pequeña de agua es puesta en una olla, cazuela o cacerola mientras una canasta de metal sostiene los vegetales. Sólo se usa una pequeña cantidad de agua - los alimentos que se van a cocinar no se sumergen en el agua. El agua se calienta y produce vapor. El mismo vapor en la olla, cazuela o cacerola cocina los vegetales.
Sofreír	Cocinar o dorar usando una pequeña cantidad de grasa.