

NUTRITION AND COOKING KNOWLEDGE AND SELF-EFFICACY AMONG
ADOLESCENTS ENROLLED IN A SUMMER COOKING CAMP

by

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Abstract

Background: Limited opportunities to gain knowledge regarding nutrition and food preparation techniques currently exist in the school system. Dietetic interns taught adolescents enrolled in a university-hosted summer cooking camp how to prepare foods from scratch, use basic knife skills, meal plan and combine common kitchen ingredients to make budget-friendly meals and healthy snacks. Dietetic students taught nutrition lessons about reading nutrition labels, protein, sodium, nutrient density, added sugars, whole grains, vitamin C and iron.

Objectives: 1) Describe cooking/nutrition knowledge and self-efficacy in adolescents; 2) describe the correlation between caregiver cooking/nutrition efficacy and adolescent cooking/nutrition knowledge prior to education.

Design: Following IRB approval, a convenience sample of 7th-9th grade adolescents enrolled in a five-day cooking camp and their caregivers were recruited to participate in the study. **Methods:** Adolescent participants completed pre- and post-camp surveys to measure cooking/nutrition knowledge, experience and self-efficacy. One caregiver per adolescent completed a pre-camp survey to measure cooking experience and confidence. Frequency of family meals and home-meal preparation was measured for all participants.

Results: Adolescent participants (n=23) were 12.8 \pm 0.95 years. Participants were 74% (n=17) female and 26% (n=6) male. Caregiver confidence of cooking ability using basic ingredients and adolescent pre-camp cooking confidence ($r=0.547$, $p=0.001$) were positively correlated.

Adolescent participants reported that they were able to perform the following tasks pre- and post-camp, respectively: Cook raw meat and poultry (52%, n=12; 96%, n=22); Cook dried beans (9%, n=2; 100%, n=23); Use food preparation methods to prevent food borne illness (52%, n=12;

96%, n=22); Shop for foods to stay on a budget (61%, n=14; 96%, n=22); Use the nutrition facts label (78%, n=18; 100%, n=23).

Conclusions: A cooking camp is an effective approach to provide adolescents with cooking/nutrition education and improve their self-efficacy related to meal preparation.

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Chapter I

Introduction

No matter the changes occurring in the world, food is at the center of our lives, for better or worse. Six of the ten leading causes of death in the United States are diet-related, hence the importance of nutrition. In this study, an adolescent summer cooking camp was hosted to see the impact on cooking and nutrition knowledge. The goal of teaching children cooking skills and nutritional information to better prepare them for food decisions they will make tomorrow and ten years down the road. During this study's preparation, research was conducted to evaluate past programs aimed at adolescent cooking and nutrition interventions.

Cooking interventions are most effective at younger ages, as when comparing children, teenagers, and adults.¹ Lavelle et al. reported that children had positive cooking attitudes and identified as “cooks,” increasing their self-efficacy. After learning cooking skills, child learners continued cooking at home and purchased fewer ultra-processed foods associated with poor health outcomes. This study shows the importance of learning cooking skills as a method of promoting nutrition knowledge and overall health.

Chapter II

Literature Review

Nutrition and cooking knowledge are both important life skills for all ages, but these skills are not typically taught in schools. While there are some programs in place to educate children on this important information, these courses are not universally available. One example of a nutrition education program is Cooking Matters for Kids. This program educates children on both nutrition and culinary skills to encourage healthy eating and self-efficacy.² The Cooking Matters program was assessed and showed that participants' average self-efficacy improved from 34.4 to 36.2 after six 2-hour sessions each consisting of a nutrition education lesson and a cooking activity.² Additionally, 44% of participants had improved attitudes around healthy eating. However, one drawback of the program was that the overall effect size was only 0.17, which is relatively small.²

Another systemic review showed that cooking programs can have an impact on food preferences and overall behaviors around food.³ This review examined a total of eight articles which showed an array of results. Two of the studies within the review by Gibbs et al. and Quinn et al., respectively, found that children were more likely to try new foods if they were a part of the growing or cooking process.^{3,4,5} Another study showed that confidence in cooking significantly increased in individual children who participated in cooking classes.^{3,6} Overall, the results showed that fruit and vegetable consumption increased after participating in a cooking program.^{3,6} The information presented in this systematic review proves that cooking classes serve as an appropriate method of improving confidence and self-efficacy levels.

Bennett et al. showed that when children are introduced to cooking skills earlier in life, they are more likely to have a higher quality diet.⁷ This means that caregivers can play an important role in the development of a balanced diet, as they are responsible for introducing their children to many of the foods that they eat. Involving children and adolescents in the food preparation process is also a valuable role of the caregiver. As seen in other studies, when children are more involved in the preparation process, they have a higher likelihood of trying new foods.^{3,4,5} Specifically, this study showed that cooking interventions in schools can result in a more positive relationship with food.⁷ One specific study within this review took place in Texas and showed that children in the intervention group who participated in a cooking program had a significantly higher vegetable intake compared to the control group.^{7, 8}

More specifically researchers evaluated how frequently adolescents are involved in the food preparation process based on their sex and socioeconomic status. Neves et al. used a 12-question survey to gather data from 835 adolescents between the ages of 14 and 19.⁹ The results of the study found that 86% of the adolescents wished to learn more about food preparation, showing that many adolescents are interested in being involved in cooking at home.⁹ Further, the results of the survey showed that of the adolescents who were involved in the cooking process, who were a majority female, related cooking being a traditionally female household task.⁹ Additionally, in families of lower socioeconomic status, adolescents were more likely to prepare meals alone for the entire family.⁹

Caregivers also play a valuable role in child and adolescent development around meal-time beyond introducing new foods and involving their children in food preparation processes. The frequency of family meals at home can be a predictor of engagement in risky behaviors for adolescents according to a study conducted by Levin et al.¹⁰ The risky behaviors studied

included cigarette use, alcohol use, cannabis use, fighting, bullying, and sexual activity.⁶ The results showed that all participating adolescents had reduced likelihood of engaging in cigarette use, alcohol use, cannabis use, and bullying with more frequent family meals.¹⁰ Additionally, adolescent girls were also less likely to participate in fighting and sexual activity when the frequency of family meals was higher.¹⁰ This study shows that consuming family meals can be beneficial for the overall health and wellbeing of adolescents beyond just the provision of a nutritious, balanced meal.

As the typical family meal tends to be more nutritious than meals eaten out, such as fast food, increased family meal frequency can also affect physical health by reducing the incidence of overweight and obesity.¹¹ A longitudinal study conducted by Mahmood et al. indicated that children at risk for Type 2 Diabetes were less likely to be overweight or obese when family dinners were consumed more frequently according to the baseline and two year follow-up questionnaires completed by parents.¹¹ Even though this data did not outline the types of shows that were consumed at the family dinners, it still suggests that family dinners at home are inherently more healthy than consuming take-out meals or dining out.

Hodges et al. studied 250 children's nutrition knowledge by having them complete a questionnaire comprised of questions from the FoodMASTER Initiative Project and the Health Education Assessment Project.¹² The results showed that participants answered an average of 11.82 out of questions correctly.¹² These results suggest that nutrition education should have a larger place in schools and public health. The study had participants complete the nutritional knowledge survey one time and did not include questions assessing cooking skills or confidence.

Many studies exist on the connections between cooking and nutrition interventions and adolescent wellbeing and lifestyle outcomes. One such study was conducted on the efficacy of

cooking education interventions on athletic performance in adolescents.¹³ This study showed that adolescent participants demonstrated improved adherence to the Mediterranean diet with 47% adhering to the diet following the education sessions compared to 21% before.¹³ Another study of a cooking intervention on mental health.¹³ The results of this study showed that immediately following the cooking intervention, adolescents were more likely to have improved mental health, positive outlook on cooking, increased involvement in cooking, and improved cooking self-efficacy.¹³ A year after the intervention, no effect on mental health was noted; however, positive outlooks on cooking and improved self-efficacy still existed.¹³

CHAPTER III

METHODS

Study Design

This study was a descriptive correlational design in which a cooking camp, Foodie Frog Cooking Camp, was held for rising 7th-9th grade students. Survey data from the adolescents both pre- and post-camp was analyzed. A one-time caregiver survey was also analyzed. All participants in this study were recruited by their registration for the Foodie Frog Cooking Camp via TCU Extended Education. The data collected was used to establish a correlation. The caregiver surveys were released to the caregiver who registered the student for camp. Adolescent surveys were administered as hard copy, paper surveys for the student participants on the first and last days of camp. The caregivers were given a QR code with the link to the survey when they picked up their student from camp and it was shared via email to the caregiver that signed up the student for camp. The term “caregiver” is used for any person responsible for the student participating in the camp, whether it is a legal guardian, or grandparent. For the students, the surveys were distributed on the first day of camp, prior to the cooking and nutrition education, and on the last day of camp, after cooking and nutrition education. The student surveys were conducted in the Annie Richardson Bass building with researchers monitoring the students to prevent collaboration. The caregiver surveys were taken independently by participants on their own.

In the caregiver survey, food security questions, demographics and cooking confidence questions were included. For the students, the survey was over nutrition knowledge and cooking knowledge. The nutrition knowledge included questions regarding the food nutrition facts labels. The cooking survey included questions about confidence levels in food handling, knowledge of cooking methods and how often the students cook at home. The TCU Institutional Review Board approved the study protocol and all caregivers provided written informed consent.

Participants

Since this camp was hosted at TCU during the summer, the TCU Extended Education team handled all camp registration; therefore, caregivers signed up their student through the TCU Extended Education website. There was no outside advertisement. Caregivers registered student participants for camp. The students were entering 7th-9th grade in the fall. There were no exclusion criteria.

Protocol

The surveys were adapted from multiple peer-reviewed surveys. The surveys are included in appendix A. On the first day of the camp, prior to intervention, all student participants filled out the pre-camp survey. Students were in a large classroom and researchers monitored them as they took the survey could complete it without rushing. The students followed the same protocol in the post-camp survey completed after the final day of camp. The caregiver survey was taken at any point and was not monitored by the researchers. Caregivers were given a QR code as they picked up their students and were encouraged to take the survey. The caregivers took the survey on their own time; therefore, there could have been collaboration with partners, children, and others. All participants were incentivized with a \$25 Walmart gift card if they completed the pre- and post-camp surveys, and their caregiver completed the caregiver survey. The incentive of a gift card was offered to all participants prior to the study's conduct, via the informed consent forms and through the camp instructors on the first day.

Statistical Analyses

Data collected from the surveys was entered into SPSS for Windows, Version 27 (IBM, Inc. Armonk NY). Frequencies were established from nominal and ordinal values. Averages were

established for scale values. The level of significance used in the test was $p < 0.05$. Correlations were determined using

CHAPTER IV

RESULTS

Demographics

The average age of adolescent participants (n=23) was 12.8 \pm 0.95 years. Of these participants, 74% (n=17) female were and 26% (n=6) were male. The average adult participant (n=22) was 38.2 \pm 12.2 years. 65.2% (n=15) of adolescent participants were white, 13.0% (n=3) participants were black or African American and 26.7% (n=5) were two or more races.

Family Mealtime

About 72% (n=16) of adolescent participants answered that most of the meal planning and preparation is done by the mother/stepmother, 18.2% (n=4) selected father/stepfather and 9.1% (n=2) participants answered both mother/stepmother and father/stepfather. On average, adolescent participants helped prepare meals 1-6 times per week. The average number of dinners eaten at home with family was 6.1 nights per week for adolescent participants and 4.6 nights per week for adult participants.

Adolescent Participant Cooking Skills and Attitudes

There were multiple positive increases in skills from pre- to post-camp surveys. The percentage of students reported ability to cook raw meat/poultry, cook dried beans, prevent foodborne illnesses, shop on a budget and use a nutrition facts label increased from pre-camp to post-camp. The results can be found in Figure 1.

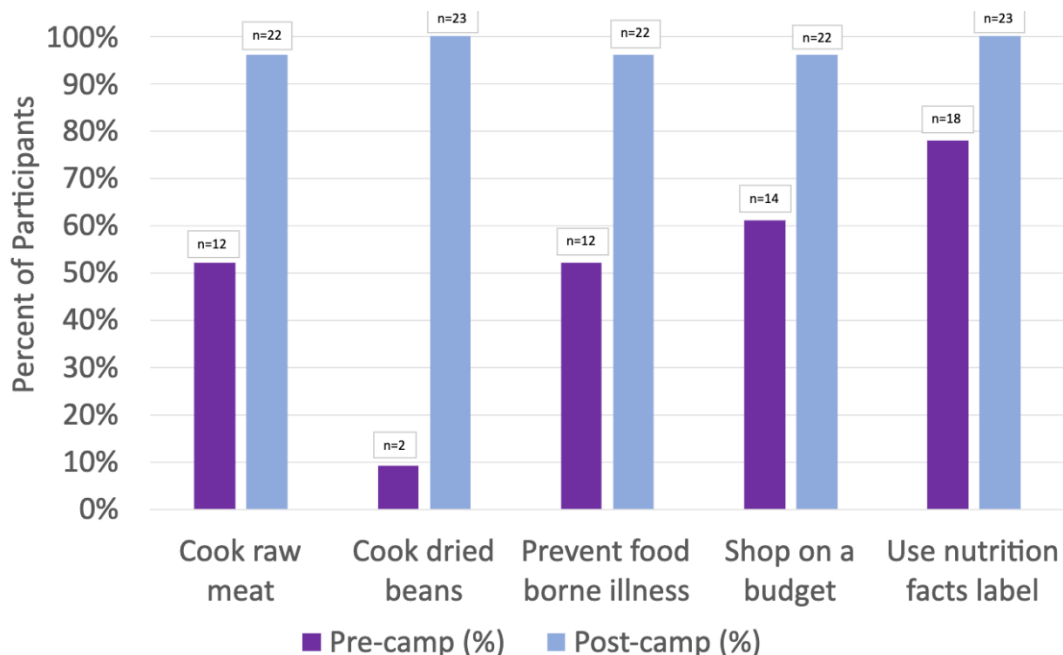


Figure 1: Student self-reported ability to perform tasks pre- and post-camp.

There were significant increases in student reported confidence pre- and post-camp all with a p-value of $<.54$ for following a recipe, trying new foods, and knife safety. Student confidence in tasks pre- and post-camp can be found in Figure 2.

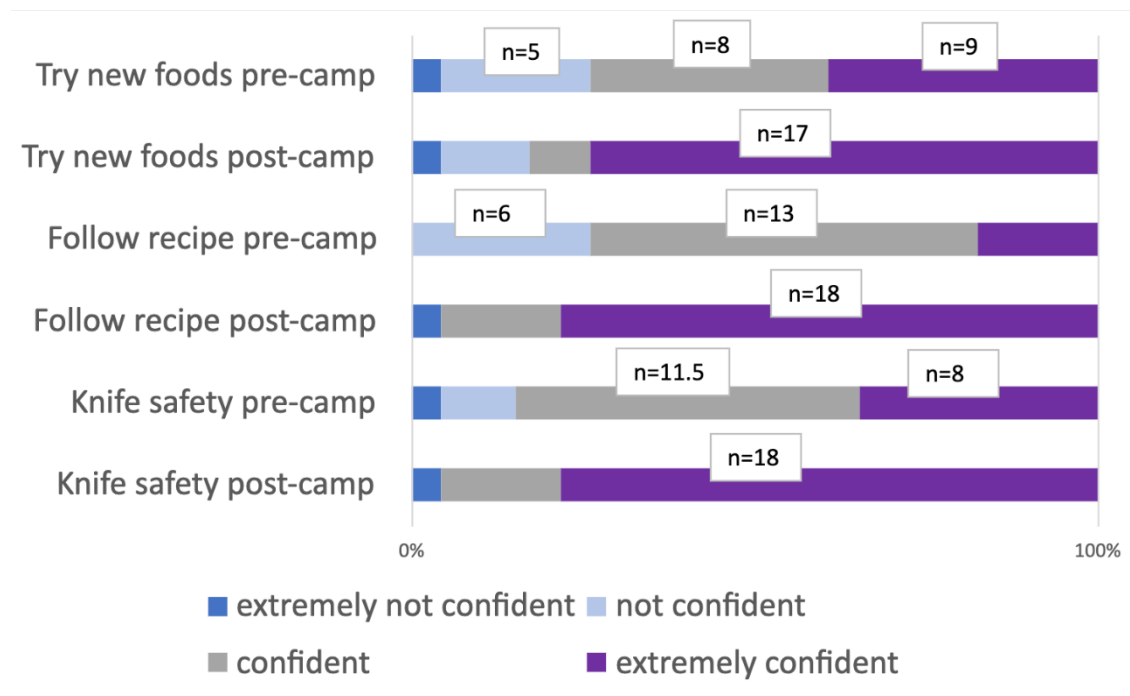


Figure 2: Student self-reported confidence in performing tasks pre- and post-camp.

Almost 48% (n=11) of adolescent participants answered “strongly agree” in the pre-camp survey when asked if they like to cook. In the same survey, 39.1% (n=9) participants answered “agree” and 13.0% (n=3) answered “neither agree nor disagree.” Post-camp, adolescent participants 69.6% (n=16) of students answered, “strongly agree” and 30.4% (n=7) selected “agree.”

Adolescent Participant Nutrition Knowledge

Approximately 17% (n=4) of adolescent participants correctly determined the amount of protein per container on nutrition facts label pre-camp compared to 43.5% (n=10) post-camp. Outside of the protein per container question, there was insignificant data for nutrition knowledge. Most participants had high scores in the pre- and post-camp surveys.

Caregiver Results

Sixty-four percent (n=16) of caregivers strongly agreed that they understand food labels, 28% (n=7) agreed and 8% (n=2) disagreed. As for preparing meals and eating healthy, 72% (n=18) of caregivers strongly agreed, and 28% (n=7) of caregivers agreed. 56% (n=14) of parents felt extremely confident in meal planning, 32% (n=8) felt confident and 12% (n=3) felt neutral. Caregivers reported their confidence about shopping on a budget: 32% (n=8) felt very confident, 44% (n=11) felt confident and 24% (n=6) felt neutral. There was a positive correlation between number of nights per week of family dinner and how often caregivers prepare dinner with a significance level of $\alpha=0.05$ ($r=.431, p=.031$). There was a positive correlation between caregiver reported confidence in being able to cook with basic ingredients and adolescent reported confidence on the pre-camp survey ($r=.547, p=.007$).

CHAPTER V

DISCUSSION & CONCLUSIONS

Findings

The data collected from the adolescent participants showed improved cooking skills, nutrition knowledge, and improved self-efficacy related to cooking. Students grew in their abilities to cook raw meat, dry beans, prevent foodborne illnesses and more. These areas of growth are relevant life-long skills that adolescents can continue to use. One reason middle school students were chosen was that they are entering an age where they are more likely to be left at home while their parents work, meaning food preparation skills are often necessary but lacking in this age group. Another key finding was students increased cooking skills confidence, such as knife skills and preparing new foods from a recipe. There was also a reported increase in their enjoyment of cooking.

Regarding adolescent participant nutrition knowledge, there was no significant change in knowledge when asked questions about the nutrition facts label, except for an increase in the number of students able to recognize grams of protein per container. The adolescent participants were able to read basic nutrition information from the nutrition facts label but were challenged when asked questions derived from the nutrition facts label but with extra steps. For example, determining the total amount of protein, given the amount of protein per serving and number of servings. There was an insignificant increase of correct answers when asked to determine nutrient sources high on a nutrition facts label. Throughout the camp, graduate dietetics students presented nutrition education to adolescent participants.

The positive correlation between the caregivers' reported confidence of cooking with basic ingredients and the adolescents' pre-camp cooking confidence displayed the relationship between child cooking skills, knowledge and self-efficacy to caregiver cooking skills, knowledge, and self-

efficacy that we hypothesized; this was the only significant data related to said relationship. The mean frequency of eating dinner at home with family reported by adolescent participants was 6.14 nights/week. Considering the adolescent participants' age, there were expected mealtime conflicts such as evening sports, rehearsals and other extracurriculars. This average of 6.14 nights per week is encouraging, as families that eat meals together are seen to protect children from obesity, decrease risky behaviors and improve academic achievement.¹¹ Caregiver participants reported an average of 4.6 nights of dinner at home per week. The discrepancy could be related to adolescent participants' perspectives of dinner at home looking different than parents.

Previous studies

This study found similar results as Lavelle et al. in that adolescents had increased self-efficacy and positive cooking attitudes, but this study was not longitudinal.¹ The results of this study had similar findings to the self-efficacy improvement as the cross-sectional study by Soldavini et al.² In the systematic review by Hersch et al two studies found children participating in cooking programs were more willing to try new foods, which this study also found.^{3,4,5}

Strengths and Limitations

This study had high participation, with all but one student attending the camp completing the pre- and post-camp survey and caregiver survey. The five-day period of the cooking camp seemed an appropriate and effective time of intervention. The students were organized into groups of four with two instructors per group, which allowed for the students and instructors to build trustworthy relationships and improve self-efficacy.

While there was some diversity in age, race and gender, greater diversity would be interesting for future studies. A limitation of this study was that all participants were paying full tuition to be at the camp. This limited the variety of socioeconomic classes and backgrounds of the students. The sample size of this study created significant results, but it was small. The study

was limited by physical space and number of instructors and had to cap enrollment at 24 students. Areas for future research based on these limitations would be increased diversity, providing some scholarships and increasing the sample size.

As mentioned previously, the nutrition knowledge changes of the pre- and post-camp surveys were not significant. To better assess the effectiveness of nutrition education, it would be useful to include lesson-related questions in future studies.

Conclusion

This study showed that a week-long intervention on middle-school aged children was effective in improving cooking skills, knowledge, and self-efficacy, as predicted. It also showed a significant relationship between caregiver and student cooking skills, knowledge, and self-efficacy, as predicted. Unfortunately, nutrition knowledge was not significantly improved.

Future studies should investigate different age groups to see if learning is more effective in other age groups. A larger population size could increase the significance of the findings. Further research should be done on nutritional knowledge in this age group, particularly before and after interventions. Future studies could compare food-secure versus food-insecure students to compare the groups pre-camp knowledge as well as the effectiveness of the intervention on the two groups. It would be interesting to do a follow-up survey six weeks after the camp with the participants to see if the improved skills remained and if factors like preparing meals with caregivers changed.

References

1. Lavelle F, Spence M, Hollywood L, et al. Learning cooking skills at different ages: a cross-sectional study. *The International Journal of Behavioral Nutrition and Physical Activity*. 2016;13(1):119-119. doi:10.1186/s12966-016-0446-y
2. Soldavini J, Taillie LS, Lytle LA, Berner M, Ward DS, Ammerman A. Cooking Matters for Kids improves attitudes and self-efficacy related to healthy eating and cooking. *J Nutr Educ Behav*. Mar 2022;54(3):211-218. doi:10.1016/j.jneb.2021.09.004
3. Hersch D, Perdue L, Ambroz T, Boucher JL. The impact of cooking classes on food-related preferences, attitudes, and behaviors of school-aged children: a systematic review of the evidence, 2003-2014. *Prev Chronic Dis*. Nov 6 2014;11:E193. doi:10.5888/pcd11.140267
4. Gibbs L, Staiger PK, Johnson B, Block K, Macfarlane S, Gold L, et al. Expanding children's food experiences: the impact of a school-based kitchen garden program. *J Nutr Educ Behav*. 2013;45(2):137-46. doi:10.1016/j.jneb.2012.09.004
5. Quinn L, Horacek T, Castle J. The impact of Cookshop on the dietary habits and attitudes of fifth graders. *Topics Clin Nutr*. 2003;18(1):42-8. doi:10.1097/00008486-200301000-00006
6. Caraher M, Seeley A, Wu M, Lloyd S. When chefs adopt a school? An evaluation of a cooking intervention in English primary schools. *Appetite* 2013;62:50-9. doi:10.1016/j.appet.2012.11.007
7. Bennett AE, Mockler D, Cunningham C, Glennon-Slattery C, Johnston Molloy C. A review of experiential school-based culinary interventions for 5-12-year-old children. *Children (Basel)*. Nov 23 2021;8(12)doi:10.3390/children8121080
8. Davis J.N., Pérez A., Asigbee F.M., Landry M.J., Vandyousefi S., Ghaddar R., Hoover A., Jeans M., Nikah K., Fischer B., et al. School-based gardening, cooking and nutrition intervention increased vegetable intake but did not reduce BMI: Texas sprouts - a cluster randomized controlled trial. *Int. J. Behav. Nutr. Phys. Act*. 2021;18:1-14. doi: 10.1186/s12966-021-01087-x.
9. Neves FS, Martins CA, Fontes VS, et al. Involvement of Brazilian adolescents in home cooking: An exploratory analysis (EVA-JF Study). *Nutrition (Burbank, Los Angeles County, Calif)*. 2023;110:111998-111998. doi:10.1016/j.nut.2023.111998
10. Levin KA, Kirby J, Currie C. Adolescent risk behaviours and mealtime routines: does family meal frequency alter the association between family structure and risk behaviour? *Health Education Research*. 2012;27(1):24-35. doi:10.1093/her/cyr084
11. Mahmood L, Gonzalez-Gil EM, Makrilakis K, et al. Cross-sectional and longitudinal associations between family meals frequency and children's overweight/obesity in families at high risk of type 2 diabetes: The Feel4Diabetes-study. *Pediatric Obesity*. 2023;18(4):e13000-n/a. doi:10.1111/ijpo.13000
12. Hodges C, Roseno A, Duffrin MW, Stage VC. Middle school nutrition knowledge tool development and evaluation in North Carolina. *Nutr Food Sci*. 2017;47(3):332-345. doi:10.1108/nfs-06-2016-0079
13. Philippou E, Middleton N, Pistos C, Andreou E, Petrou M. The impact of nutrition education on nutrition knowledge and adherence to the Mediterranean diet in adolescent competitive swimmers. *Journal of science and medicine in sport*. 2017;20(4):328-332. doi:10.1016/j.jsams.2016.08.023

14. Kuroko S, Black K, Chryssidis T, et al. Immediate and longer-term effects of an intensive adolescent cooking intervention on mental well-being and cooking self-efficacy, attitudes and involvement. *Proceedings*. 2019;8(1):43. doi:10.3390/proceedings2019008043
15. Snuggs S, Harvey K. Family mealtimes: a systematic umbrella review of characteristics, correlates, outcomes and interventions. *Nutrients*. 2023;15(13):2841. 2023; doi:10.3390/nu15132841.

Appendix A

Foodie Frog Camp Survey [Pre-Camp]

Name: _____

1. Age: _____
2. Grade for upcoming school year: _____
3. Sex (Please circle one): Female Male
4. What is your race?
 - a. White
 - b. Black or African American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander
 - f. Two or more races
5. What is your ethnicity?
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
6. Who does the most planning or preparing meals where in your home?
 - a. Mother/Stepmother
 - b. Father/Stepfather
 - c. Grandmother
 - d. Grandfather
 - e. I do
 - f. Brother(s) or Sister(s)
 - g. Other person: _____ (fill in blank)
 - h. I don't know
7. How often are you involved in preparing/making food?
 - a. More than once per day
 - b. Once each day
 - c. 2-6 times per week
 - d. Once per week
 - e. Once per month
 - f. Rarely/never
8. Do you prepare/make food with others? (excluding this class) Please circle one.
 - a. **Yes, often** (If often, circle who you usually make meals with.)
 - a. Mother/Stepmother
 - b. Father/Stepfather
 - c. Grandmother
 - d. Grandfather
 - e. Brother(s) or Sister(s)
 - f. Other: _____ (fill in blank)
 - b. **Sometimes** (If sometimes, circle who you usually make meals with.)
 - a. Mother/Stepmother
 - b. Father/Stepfather
 - c. Grandmother
 - d. Grandfather

- e. Brother(s) or Sister(s)
 f. Other: _____ (fill in blank)
 c. No, never or almost never

9. **Who is the main person that has taught you about preparing foods? (Circle ONE.)**

- a. Mother/Stepmother
 b. Father/Stepfather
 c. Grandmother
 d. Grandfather
 e. Brother(s) or Sister(s)
 f. Other: _____ (fill in blank)

10. **During a typical week, how many evenings do you eat dinner with your family at home?**

11. **During a typical week, how many evenings do you prepare or help prepare dinner? _____**

12. **For each statement below, circle how much you agree or disagree with the statement.**

I have no problem reading and understanding food labels.	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree
Cooking or preparing meals helps me eat healthier.	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree
I like to cook.	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree

13. **Answer each question. How confident you feel about your ability to complete each activity.**

How confident do you feel about	Confidence			
being able to cook using basic ingredients?	extremely confident	confident	not confident	extremely not confident
following a recipe?	extremely confident	confident	not confident	extremely not confident
tasting foods that you have not eaten before?	extremely confident	confident	not confident	extremely not confident
preparing new foods from a recipe?	extremely confident	confident	not confident	extremely not confident
preparing foods from scratch without a recipe?	extremely confident	confident	not confident	extremely not confident
using a knife safely to prepare foods?	extremely confident	confident	not confident	extremely not confident

14. For each task listed, choose if you can or cannot do the task at this time. Then choose how difficult or easy each task is.

Task	Ability		Difficulty -This task is			
	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Help make a meal.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a meal on my own.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a meal with fruit.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a meal with vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Wash fruits or vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Peel fruits or vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Cut fruits or vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Safely use a knife.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a vegetable salad.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Cook raw meat or poultry.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Cook dried beans.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Wash fruits or vegetables	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use a can opener to open a can.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Measure dry ingredients like flour, sugar or uncooked rice.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Measure liquid ingredients like oil or milk.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Mix ingredients.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Follow directions on a recipe.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use a stove with burners on top.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use an oven.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use a microwave.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Wash hands before preparing food.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy

Use food preparation methods to prevent food borne illness.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Plan a meal on my own.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Shop for foods to stay on a budget.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use the Nutrition Facts Label.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy

Use the Nutrition Facts Label to answer the next 5 questions.

15. How many servings are in the entire container of the food? _____ servings

16. How many calories are in one serving of the food in the container? _____ calories

17. What is the serving size of the food? _____

18. How many grams of protein is in the entire container of the food? _____ g

19. This food is a high source of which nutrients? (Circle all that apply.)

- a. Total Fat
- b. Saturated Fat
- c. Cholesterol
- d. Sodium
- e. Total Carbohydrate
- f. Dietary Fibers
- g. Added Sugar
- h. Vitamin D
- i. Calcium
- j. Iron
- k. Potassium

20. What are you most excited about learning during Foodie Frog Camp?

Foodie Frog Camp Survey [Post-Camp]

Name: _____

1. For each statement below, circle how much you agree or disagree with the statement.

I have no problem reading and understanding food labels.	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree
Cooking or preparing meals helps me eat healthier.	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree
I like to cook.	strongly agree	agree	neither agree nor disagree	disagree	strongly disagree

2. Answer each question. How confident you feel about your ability to complete each activity.

How confident do you feel about	Confidence			
being able to cook using basic ingredients?	extremely confident	confident	not confident	extremely not confident
following a recipe?	extremely confident	confident	not confident	extremely not confident
tasting foods that you have not eaten before?	extremely confident	confident	not confident	extremely not confident
preparing new foods from a recipe?	extremely confident	confident	not confident	extremely not confident
preparing foods from scratch without a recipe?	extremely confident	confident	not confident	extremely not confident
using a knife safely to prepare foods?	extremely confident	confident	not confident	extremely not confident

3. For each task listed, choose if you can or cannot do the task at this time. Then choose how difficult or easy each task is.

Task	Ability		Difficulty -This task is			
	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Help make a meal.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a meal on my own.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a meal with fruit.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a meal with vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Wash fruits or vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy

Peel fruits or vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Cut fruits or vegetables.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Safely use a knife.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Make a vegetable salad.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Cook raw meat or poultry.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Cook dried beans.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Wash fruits or vegetables	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use a can opener to open a can.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Measure dry ingredients like flour, sugar or uncooked rice.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Measure liquid ingredients like oil or milk.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Mix ingredients.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Follow directions on a recipe.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use a stove with burners on top.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use an oven.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use a microwave.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Wash hands before preparing food.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use food preparation methods to prevent food borne illness.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Plan a meal on my own.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Shop for foods to stay on a budget.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy
Use the Nutrition Facts Label.	I can do this now.	I cannot do this yet.	very hard	hard	easy	very easy

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Use the Nutrition Facts Label to answer the next 5 questions.

4. How many servings are in the entire container of the food? _____ servings
5. How many calories are in one serving of the food in the container? _____ calories
6. What is the servicing size of the food? _____
7. How many grams of protein is in the entire container of the food? _____ g
8. This food is a high source of which nutrients? (Circle all that apply.)
 - a. Total Fat
 - b. Saturated Fat
 - c. Cholesterol
 - d. Sodium
 - e. Total Carbohydrate
 - f. Dietary Fibers
 - g. Added Sugar
 - h. Vitamin D
 - i. Calcium
 - j. Iron
 - k. Potassium
9. What are the most important things you learned during Foodie Frog camp?
10. What was your favorite part of Foodie Frog camp this week?

Parent Consents and Survey - Foodie Frog Cooking Camp

Parental Consent Form for Child Participation

1. Title of Research: Cooking skills and nutrition knowledge among adolescents enrolled in Foodie Frog summer cooking camp

Principal Investigator: Gina Jarman Hill, PhD, RD, LD

Co-investigators: Claire Shaia and Wallace Ann Whatley

Overview: We are asking you to allow your child to take part in a research study. The following information is being presented to help you and your child decide whether or not your child should participate in a research study.

When we use the term “you” in this section, we are referring to you. When we use the term “your child”, we are referring to the child in your care who is attending the Foodie Frog cooking camp.

Study Details: This study is being conducted at Texas Christian University (TCU). Campers who participate will take a survey on the TCU campus. Parents/caregivers who take part will take an online survey for a parent/caregiver.

At the beginning of the camp, your child will complete a 10-20-minute survey about their current cooking skills and nutrition knowledge. At the end of the camp, they will retake the same survey.

You will complete a 10-minute online survey prior to or during the camp. The survey includes demographic questions and questions about your own personal cooking experiences.

Participants: Your child is being asked to take part because they are attending the Foodie Frogs Cooking Camp. If you and child decide to be in this study, your child will be one of up to 24 kids who participate in this research study at TCU.

Voluntary Participation: Your child’s participation is voluntary. Your child does not have to participate and may stop participating at any time. If your child chooses to not complete the study and does not want to complete the surveys at the beginning and end of the camp, they can still attend the camp and will not lose any benefit of camp attendance.

However, they will not be to receive the \$40 gift card for study participation. If a parent/caregiver does not complete the parent/caregiver survey, your child will not receive the \$40 gift card at the end of camp. (Both parent and child must complete the surveys in order for the child to receive the \$40 gift card.)

Confidentiality: Even if we publish the findings from this study, we will keep your study information private and confidential. Anyone with authority to look at your records must keep them confidential.

What is the purpose of the research?

The purposes of this study are to:

1. Compare cooking skills and nutrition knowledge at the beginning and the end the cooking camp.
2. Learn about the relationship between kids' and parents' cooking skills and nutrition knowledge.
3. Learn about the relationship between how often families eat together and how much kids know about cooking and nutrition.

What is my child's involvement for participating in this study?

Your child will be complete a cooking skills and nutrition knowledge survey at the beginning and end of the camp. It should take about 10-20 minutes on the first day and 10-20 minutes on the last day of camp to complete the survey.

Are there any alternatives and can I withdraw?

Your child does not have to participate in this research study. Your child should only take part in this study if your child wants to volunteer. You nor your child should feel that there is any pressure to take part in the study. You and your child are free to participate in this research or withdraw at any time.

What are the risks to my child for participating in this study and how will they be minimized?

We don't believe there are any risks from participating in this research that are different for risk that your child encounters in everyday life.

2. What are the benefits for participating in this study? Your child might benefit from being in this study because he or she will be able to evaluate their learning over the course of the week.

The potential benefit of the research is to help researchers find areas where kids need nutrition knowledge and cooking skills. This will help professional better aim nutrition and cooking education for kids.

Will I be compensated for participating in this study?

Your child will each receive a \$40 gift card on the last day of camp for your and your child's participation.

What are the costs to me for my child to be a part of the study?

To participate in the research, you/ your child will not need to pay. There will be no additional

costs to you as a result of being in this study.

How will my child's confidentiality be protected? Every effort will be made to limit the use and disclosure of your child's personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. Your child's records may be reviewed by authorized University personnel or other individuals who will be bound by the same provisions of confidentiality.

Your child's information or samples collected as part of the research, even if identifiers are removed, will NOT be used or distributed for future research studies.

We may publish what we learn from this study. If we do, we will not include your child's name. We will not publish anything that would let people know who your child is.

Participants who are citizens of and/or reside in the European Economic Area (EEA)

Data collected for this research will be stored at the Department of Nutritional Sciences in the Annie Richardson Bass Building, located at the Texas Christian University in the United States.

The following information may be used and disclosed to others:

- Your research records

Your personal information collected for this research will be kept as long as it is needed to conduct this research. Once your participation in the research is over, your information will be stored in accordance with applicable policies and regulations. Your permission to use your personal data will not expire unless you withdraw it in writing. You may withdraw or take away your permission to use and disclose your information at any time. You do this by sending written notice to the Principal Investigator at the following address:

Department of Nutritional Sciences % Gina Hill

TCU Box 298600

Fort Worth, TX 76129

While we are conducting the research study, we cannot let you see or copy the research information we have about you. After the research is completed, you have a right to see the information about you, as allowed by TCU policies.

If you have concerns about the use or storage of your personal information, you have a right to lodge a complaint with the data supervisory authority in your country.

The GDPR gives you certain rights with regard to Your Data Record. You have the right to request access to, or rectification or erasure of, Your Data Record. You also have the right to object to or restrict our Data Processing of Your Data Record. Finally, you have a right to request that we move, copy or transfer Your Data Record to another organization.

You can gain access to your records by contacting the Principal Investigator. For a complete

description of Texas Christian University's privacy of information policy, you may access it at <http://www.tcu.edu/privacy.asp>. For any questions or concerns regarding your data privacy, please contact Mr. Aaron Munoz, Data Protection Officer at Texas Christian University at a.v.munoz@tcu.edu.

* 3. Unless otherwise described elsewhere in this consent form, there is no limit on the length of time we will keep Your Data Record for this research because it may be analyzed for many years. We will also retain Your Data Record to comply with our legal and regulatory requirements. We will keep it as long as it is useful, unless you decide you no longer want to take part. You are allowing access to this information indefinitely as long as you do not withdraw your consent.

You may withdraw your consent at any time. If you withdraw your consent, this will not affect the lawfulness or our collecting, use and sharing of Your Data Record up to the point in time that you withdraw your consent. Even if you withdraw your consent, we may still use Your Data Record that has been anonymized so that the data no longer identifies you. In addition, we may use and share Your Data Record that has been pseudonymized (by removal of your name and certain other identifiers so that the data does not directly identify you) as permitted by applicable law for purposes of: (a) public health (e.g., ensuring high standards quality and safety of health care and/or of medicinal products or medical devices), (b) scientific or historical research or statistical analysis as permitted by applicable European Union or European Union Member State laws and (c) archiving in the public interest. Further, we will maintain Your Data Record in fully identifiable form if required by law.

What will happen to the information collected about me after the study is over?

We will not keep your research data to use for future research or other purpose. Your name and other information that can directly identify you will be deleted from the research data collected as part of the project.

We will not share your research data with other investigators.

Who should I contact if I have questions regarding the study?

You can contact Dr. Gina Hill at g.jarman@tcu.edu or (817) 257-7309 with any questions that you have about the study.

Who should I contact if I have concerns regarding my rights as a study participant?

Dr. Brie Diamond, Chair, TCU Institutional Review Board, (817) 257-6152, b.diamond@tcu.edu; or

Dr. Floyd Wormley, Associate Provost of Research, research@tcu.edu

For online studies only: By selecting "Agree to participate" below, you are agreeing to be in

this study. Make sure you understand what the study is about before you agree. You will be given a copy of this document for your records upon request. If you have any questions about the study after you agree to participate, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree for [my child OR the person named below] to take part in this study.

Child's name:

* 4. Choose "I agree to participate."

I agree to participate.

* 5. Consent to Use Data for Future Research

I agree that my child's information may be shared with other researchers for future research studies that may be similar to this study or may be completely different. The information shared with other researchers will not include any information that can directly identify my child. Researchers will not contact me for additional permission to use this information.

Yes

No

* 6. Consent to be Contacted for Participation in Future Research

I give the researchers permission to keep my contact information and to contact me for future projects.

Yes

No

7. Informed Consent to Participate in Research

Title of Research: Cooking skills and nutrition knowledge among adolescents enrolled in Foodie Frog summer cooking camp

Principal Investigator: Gina Jarman Hill, PhD, RD, LD

Co-investigators: Claire Shaia and Wallace Ann Whatley

When we use the term "you" in this section, we are referring to you. When we use the term "your child", we are referring to the child in your care who is attending the Foodie Frog cooking camp.

Study Details: This study is being conducted at Texas Christian University (TCU). Campers

who participate will take a survey on the TCU campus. Parents/caregivers who take part will take an online survey for a parent/caregiver.

At the beginning of the camp, your child will complete a 10-20 minute survey about their current cooking skills and nutrition knowledge. At the end of the camp, they will retake the survey.

You will complete a 10-minute online survey prior to or during the camp. The survey includes demographic questions and questions about your own personal cooking experiences.

Participants: You are being asked to take part because you have a child between the 7th-9th grade level in school. We want to see what food and nutrition knowledge this age group has. If you decide to be in this study, your child will be one of 24 participants in this research study at TCU.

Voluntary Participation: You and your child's participation are voluntary. You do not have to participate and may stop your participation at any time. If you decide to stop participating, your child will not receive the \$40 gift card incentive.

Confidentiality: Even if we publish the findings from this study, we will keep your information private and confidential. Anyone with authority to look at your records must keep them confidential.

What is the purpose of the research? The purposes of this study are to:

1. Compare cooking skills and nutrition knowledge at the beginning and the end the cooking camp.
2. Learn about the relationship between kids' and parents' cooking skills and nutrition knowledge.
3. Learn about the relationship between how often families eat together and how much kids know about cooking and nutrition.

What is my involvement for participating in this study?

In this study, you will fill out a short survey before or during the Foodie Frog camp. This survey will be available online. The survey will take about 10-15 minutes to complete.

Are there any alternatives and can I withdraw?

You do not have to participate in this research study.

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time.

What are the risks for participating in this study and how will they be minimized?

There are some psychological risks you might experience from being in this study. These include possible parent/guardian embarrassment when filling out the survey questions about skills, knowledge or income. These risks will be minimized by keeping the surveys

confidential.

What are the benefits of participating in this study?

You will not directly benefit from participating in this study. However, it will help researchers better understand the relationship between parent and child cooking skills and nutrition knowledge.

Will I be compensated for participating in this study?

Your child will receive a \$40 gift card for your participation and for them completing the pre- and post-camp surveys.

What are my costs to participate in the study?

There is no cost for you to participate in this study.

8. Is there any conflict of interest?

There are no conflicts of interest to disclose in this study.

How will my confidentiality be protected?

Every effort will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy. Your records may be reviewed by authorized University personnel or other individuals who will be bound by the same provisions of confidentiality.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

Participants who are citizens of and/or reside in the European Economic Area (EEA)

Data collected for this research will be stored at the Nutritional Sciences Department in Annie F Bass, located at the Texas Christian University in the United States.

The following information may be used and disclosed to others:

- Your research records
- Your contact information, including your name, e-mail address and your mailing address
- Your ethnic or racial background

Your personal information collected for this research will be kept as long as it is needed to conduct this research. Once your participation in the research is over, your information will be stored in accordance with applicable policies and regulations. Your permission to use your personal data will not expire unless you withdraw it in writing. You may withdraw or take away your permission to use and disclose your information at any time. You may contact Dr. Gina Hill by phone at (817) 257-7309 or by email at g.jarman@tcu.edu.

While we are conducting the research study, we cannot let you see or copy the research information we have about you. After the research is completed, you have a right to see the information about you, as allowed by TCU policies.

If you have concerns about the use or storage of your personal information, you have a right to lodge a complaint with the data supervisory authority in your country.

The GDPR gives you certain rights with regard to Your Data Record. You have the right to request access to, or rectification or erasure of, Your Data Record. You also have the right to object to or restrict our Data Processing of Your Data Record. Finally, you have a right to request that we move, copy or transfer Your Data Record to another organization.

You can gain access to your records by contacting the Principal Investigator. For a complete description of Texas Christian University's privacy of information policy, you may access it at <http://www.tcu.edu/privacy.asp>. For any questions or concerns regarding your data privacy, please contact Mr. Aaron Munoz, Data Protection Officer at Texas Christian University at a.v.munoz@tcu.edu.

Unless otherwise described elsewhere in this consent form, there is no limit on the length of time we will keep Your Data Record for this research because it may be analyzed for many years. We will also retain Your Data Record to comply with our legal and regulatory requirements. We will keep it as long as it is useful, unless you decide you no longer want to take part. You are allowing access to this information indefinitely as long as you do not withdraw your consent.

* 9. You may withdraw your consent at any time. If you withdraw your consent, this will not affect the lawfulness or our collecting, use and sharing of Your Data Record up to the point in time that you withdraw your consent. Even if you withdraw your consent, we may still use Your Data Record that has been anonymized so that the data no longer identifies you. In addition, we may use and share Your Data Record that has been pseudonymized (by removal of your name and certain other identifiers so that the data does not directly identify you) as permitted by applicable law for purposes of: (a) public health (e.g., ensuring high standards quality and safety of health care and/or of medicinal products or medical devices), (b) scientific or historical research or statistical analysis as permitted by applicable European Union or European Union Member State laws and (c) archiving in the public interest. Further, we will maintain Your Data Record in fully identifiable form if required by law.

What will happen to the information collected about me after the study is over?

We will not keep your research data to use for future research or other purpose. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project.

We will not share your research data with other investigators.

Who should I contact if I have questions regarding the study or concerns regarding my rights as a study participant?

You can contact Gina Jarman Hill at g.jarman@tcu.edu or 817-257-7309 with any questions that you have about the study.

Dr. Brie Diamond, Chair, TCU Institutional Review Board, (817) 257-6152, b.diamond@tcu.edu; or Dr. Floyd Wormley, Associate Provost of Research, research@tcu.edu

By selecting "Agree to participate" below, you are agreeing to be in this study. Make sure you understand what the study is about before you agree. You will be given a copy of this document for your records upon request. If you have any questions about the study after you agree to participate, you can contact the study team using the information provided above.

I agree.

* 10. By signing this document, you are agreeing to your child's participation in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree for [my child OR the person named below] to take part in this study.

* 11. Parent/Legally Authorized Representative Name and Relationship to Participant

* 12. Consent to Use Data for Future Research

I agree that my information may be shared with other researchers for future research studies that may be similar to this study or may be completely different. The information shared with other researchers will not include any information that can directly identify me. Researchers will not contact me for additional permission to use this information.

- Yes
 No

* 13. Consent to be Contacted for Participation in Future Research

I give the researchers permission to keep my contact information and to contact me for future projects.

- Yes
 No

14. Your Age

15. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
 Asian / Pacific Islander
 Black or African American
 White / Caucasian
 Native Hawaiian or Other Pacific Islander
 Two or more races

16. What is your ethnicity?

- Hispanic or Latino
 non Hispanic or Latino

17. Who does the most planning or preparing meals in your home?

- mother, stepmother or mother figure
 father, stepfather or father figure
 grandmother
 grandfather
 sibling(s) of child attending camp
 child attending camp

18. Is your household a single-parent or two-parent household?

- Single-parent
- Two-parent

19. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

20. What is the highest level of school your partner or spouse living in the same household has completed or the highest degree your partner/spouse living in the same household has received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree
- I do not live with a partner or spouse.

21. What is your approximate average household income before taxes?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000-\$174,999
- \$175,000-\$199,999
- \$200,000 and up

22. During a typical week, how many evenings does your family eat dinner together at home?

23. During a typical week, how many evenings do you prepare or help prepare dinner?

24. I have no problem reading and understanding food labels.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

25. Cooking or preparing meals helps my family eat healthier.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

26. I like to cook.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

27. How confident do you feel about being able to cook from basic ingredients?

- Extremely confident
- Confident
- Not confident
- Extremely not confident

28. How confident do you feel about following a recipe?

- Extremely confident
- Confident
- Not confident
- Extremely not confident

29. How confident do you feel about preparing new foods from a recipe?

- Extremely confident
- Confident
- Not confident
- Extremely not confident

30. How confident do you feel about preparing foods from scratch without a recipe?

- Extremely confident
- Confident
- Not confident
- Extremely not confident

31. How confident do you feel about planning a meal on your own?

- Extremely confident
- Confident
- Not confident
- Extremely not confident

32. How confident do you feel about shopping for foods to stay on a budget?

- Extremely confident
- Confident
- Not confident
- Extremely not confident

33. Why did you choose to send your child to cooking camp?