

Consent for Food and Nutrition Education

Welcome! During our time together we may share information on

- * keeping food safe,
- * buying food,
- * making healthy meals,
- * being active, and
- * the advantages of breastfeeding.

We hope that you will come to all of the sessions.

We will ask you to fill out a form with information about you and your family. You do not have to give us the information and you can still participate. However, the information will help us meet your needs. We will ask you to fill out the form when you begin the sessions and when you end the sessions. We may also ask you to fill out a form after 5-6 sessions.

We will put your information with information we collect from other people across New York State. This will help us see if the sessions are helpful, and how to make the sessions better.

Only staff that work with the nutrition program will see the information on these forms. We will keep the forms in a locked cabinet. In 6 years, we will destroy the forms.

I understand the above statements and agree to participate in the program.

____ Yes ____ No

Staff from Cornell University may contact you by phone a few months after the sessions end. If they do, they will ask questions about how you are doing and how the sessions affected you and your family.

I understand the above statement and agree to participate in the follow-up phone call.

____ Yes ____ No

Signature

Date

If you have any questions regarding your rights as a participant in this study, you may contact the Institutional Review Board for Human Participants (IRB) at irbhp@cornell.edu or 607-255-5138, or visit their web site, www.irb.cornell.edu. You will be given a copy of this form for your records.

This consent form was approved by the IRB on 03/04/2008

Tell me about you!

Educator: _____

ID: _____

Name: _____ Date ____/____/____

Address: _____

City: _____ New York Zip: _____ Phone number: _____

Age: _____ Sex: ____Female ____Male

Are you pregnant? ____Yes ____No Are you breastfeeding? ____Yes ____No

Where do you live? ____Farm ____Suburbs of Large City
____Small Town ____In a Large City
____Large Town or Small City

What is your highest grade completed in school?

____ 8th grade or less ____Some College
____ 9th grade ____2 Year College Graduate
____ 10th grade ____4 Year College Graduate
____ 11th grade ____Post 4 Year Graduate
____ 12th grade or GED

Approximate household income per month?

____\$ 0 to \$ 500 ____\$1,501 to \$2,000
____\$ 501 to \$1,000 ____\$2,001 to \$2,500
____\$1,001 to \$1,500 ____over \$2,500

Do you have children less than 20 years of age? ____Yes ____No

If yes, do your children live with you? ____Yes ____No

If you have children, what are their ages? _____

How many adults live with you? _____

More about you!

What is your Ethnicity? ___Hispanic/Latino ___Non-Hispanic/Latino

What is your Race? More than one can be selected

- ___White
___Black or African American
___American Indian/Alaskan Native
___Hawaiian Native or Other Pacific Islander
___Asian
___Other: _____

Programs that you and your family participate in?

- ___School Lunch/Breakfast
___Food Distribution Program on Indian Reservations
___Use your Benefit Card when you buy food
___Head Start
___Temporary Assistance for Needy Families
___Emergency Food Assistance Program (TEFAP)
___WIC
___Applied for Food Stamps
___CACFP Child Care
___Child or Family Health Plus
___Medicare
___Emergency Dining Site/Soup Kitchen
___EvenStart
___FMNP Farmers' Markets
___Food Cooperatives
___Food Pantry
___HEAP Home Energy Assistance
___Medicaid
___PCAP Prenatal Care Assistance
___Senior Dining Sites
___Social Security Disability
___Supplemental Security Income
___Workforce Development
Other: _____

Do you take vitamins or other nutritional supplements? ___Yes ___No

If "yes" list type: _____

How much money did you spend on food last month? \$ _____

Please include Food Stamps, WIC, eating away from home, etc.

How active are you?

- ___ I am active less than 30 minutes each day.
___ I am active between 30 and 60 minutes each day.
___ I am active more than 60 minutes each day.

