

WE GOT THE BEET REGISTRATION

Summer 2018

ADULT PROGRAMS
WEDNESDAYS & SATURDAYS
10AM-12PM

ABOUT YOU

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

WHAT IS YOUR AGE?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

ARE YOU:

- Male
- Female
- Other

DO YOU CONSIDER YOURSELF:

- Underweight
- A healthy weight
- Overweight
- Obese

WHAT BEST DESCRIBES YOUR RACE/ETHNICITY? [Check all that apply]

- American Indian, Alaskan Native
- Black or African American
- Hispanic or Latino
- Asian or Pacific Islander
- White or Caucasian
- Other _____

WHAT IS YOUR HEIGHT & WEIGHT?

_____ Feet _____ Inches
_____ Pounds

HOW OFTEN DO YOU VISIT LYNCHBURG COMMUNITY MARKET?

- Never
- Almost never
- Once a month
- Twice per month
- Once per week
- Twice per week

YES / NO Did you know SNAP can be used at Lynchburg Community Market?

YES / NO Did you fill out a **WE GOT THE BEET** registration form for your child/children?

If yes, please list names in the space below:

THE ANNUAL INCOME FOR MY HOUSEHOLD IS

- Less than \$10,000
- \$10,000-\$19,000
- \$20,000-\$29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000-\$69,000
- \$70,000 or more

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

- 1- Just me
- 2
- 3
- 4
- 5
- 6
- 7
- 8+

SELECT THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED

- Less than 12 years
- High school graduate/GED
- Some college
- College graduate
- Advanced degree

CHECK ALL PROGRAMS THAT YOU AND YOUR FAMILY PARTICIPATE IN

- SNAP Benefits (VA EBT Card)
- Head Start
- Food Banks/Pantries
- Free & Reduced Price School Meals
- WIC
- None of these

FOOD AND YOU

This is not a test. These are questions about the ways you plan and fix food. There are no wrong answers. Check the response that best describes how you usually do things.

IN THE LAST 30 DAYS, I...

NEVER SOMETIMES OFTEN VERY OFTEN ALMOST ALWAYS

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Shopped with a grocery list. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerated or froze foods within 2 hours after serving. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ate leaner cuts of meat, instead of fattier cuts of meat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ate whole grains (like whole wheat bread) instead of refined grains (like white or enriched bread). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read the nutrition facts label before buying a food item. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canned, froze, or dried fresh fruits or vegetables. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was able to afford to eat healthier foods. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Had enough food for me and my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tried a new kind of food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was able to get my family to be more active. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EACH DAY, I...

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Eat 2 cups of fruit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eat 3 or more cups of vegetables. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk, play with my kids, play sports, or do another type of physical activity for at least 30 minutes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How much of your plate should be filled with fruits & vegetables?

- A. None
- B. A Quarter (1/4)
- C. Half (1/2)
- D. Three Quarters (3/4)
- E. All

Which of these is the healthiest drink?

- A. Orange Juice
- B. Milk
- C. Water
- D. Soda

Why is it important to eat fiber?

- A. Helps build strong muscles
- B. Helps you sleep at night
- C. Helps with your digestion
- D. Helps your eyesight

How many times did you buy food at a corner store or convenience store in the past week?

- 0-1
- 2-3
- 4-5
- 6-7

Circle all good sources of protein.

(circle all that apply)

- beans
- bread
- carrots
- chicken
- eggs
- fish
- grapes
- nuts
- peanut butter
- potatoes
- squash
- strawberries

How did you hear about **WE GOT THE BEET?**

- Coming to the market
- Participated last year
- Bus advertisement
- Poster located at _____
- School registration form for my child
- I saw The Beet at _____
- From friends/ family/ neighbors or others
- Social Media
- Radio
- Other _____

Why are too many fats, sugars, and salts bad for your heart?
