

Cortland County Eat Well Play Hard Community Projects Parents Assessment

If you have MS Word on your computer, you can open this document, type your answers, and e-mail it back to rsmith@cortland-co.org. If not, you can print it out and fill it in, and mail it to Eat Well Play Hard, 60 Central Avenue B25, Cortland NY 13045.

Name (Optional) _____

Date: _____

1. Are you: ___Married ___Single or ___Divorced
2. Highest grade of school completed? _____
3. What is your estimated annual income for your household? _____
4. How many children do you have? _____
5. How old are your children? ___M/F ___M/F ___M/F ___M/F ___M/F
6. What grades are your children in? _____
7. What part of Cortland County do you live? _____
8. Do you feel that overweight/obesity and physical activity is a problem for Cortland County? Yes/ No
9. What kind of milk do the children in your household usually drink?
Whole 2% 1% Skim

My child does not drink milk:

(explain) _____

10. How many servings of fruits do your children eat daily? (Juice included)

Please specify if fresh, frozen, canned, juice

None One Two Three Four Five

11. How many servings of vegetables do your children eat daily?

None One Two Three Four Five

12. Please check each kind of cheese you routinely purchase:

_____ American

_____ Cheddar

_____ Low fat Cheddar

_____ Mozzarella

_____ Part-skim mozzarella

_____ other, please describe

