Evaluation for the *Community Kitchen* session for health educators:

**Community Kitchen**: A community-based cooking program where small groups of people come together to prepare meals and take food home for themselves or for their families. In a community kitchen every member contributes by planning, preparing, and cooking food.

1. Do you feel that a *Community Kitchen* is a good way to reach your clients,

-With information about cooking and healthy eating: Yes/No

-As a way to bring people together to socialize: Yes/No

1. Do you run *Community Kitchens* as part of your programming?
   1. Yes
   2. No
2. How confident do you feel to run a *Community Kitchen* on your own as part of your regular programming?
   1. Not at all confident
   2. Somewhat confident
   3. Very confident

Please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What types of training opportunities would you like to attend to help you run a *Community Kitchen* on your own, as part of your regular programming? (select all that apply)
   1. Examples of sessions you could use (e.g. Super Soups, Cooking with Vegetables, etc)
   2. Equipment demonstrations
   3. Food preparation demonstrations
   4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What supports would be helpful to run a *Community Kitchen* on your own, as part of your regular programming? (select all that apply)
3. Recipes (including sodium-reduced, fat-reduced, etc)
4. Dietitian consults (healthy recipes, food safety, nutrition education, etc)
5. Additional kitchen equipment such as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What is a “good” turnout for a *Community Kitchen*?
8. 1 to 3 people
9. 4 to 6 people
10. 7 to 10 people
11. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. How is the cost of running a *Community Kitchen* covered (Select all that apply)?
13. Program budget
14. Participant Fees
15. Donation
16. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. What do you include as part of your *Community Kitchen* Sessions (Select all that apply)?
    1. hand washing
    2. food safety
    3. food storage
    4. equipment demonstrations
    5. healthy eating information
    6. diabetes information
    7. other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Tell us what makes a successful *Community Kitchen* that members want to come out to?

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1. If you were asked a food or nutrition question that you did not know the answer to, how would you get the information? (Select all that apply)
   1. *Eat Right Ontario (1-877-510-5102)*
   2. Other staff member
   3. Community Elder
   4. Dietitian
   5. Nurse
   6. Internet
   7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are there other topics that you would like some training on?

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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