

Food Safety Survey

Your views on the quality and effectiveness of Extension programs are extremely important. Please take a few minutes to tell us about your thoughts upon completing this program. Your answers will help us better meet your needs. Please do not write your name on this form so that your responses are anonymous.

Please answer each question below by shading in a bubble. Thank you!

MARKING INSTRUCTIONS

CORRECT: INCORRECT:

- As a results of this program, my knowledge of food safety practices has increased. Yes No
- For each practice listed below, please indicate how often you do it now, and whether that is more often than you did before the program.

Food Handling Practices	How often you do this now?				Is this more often than before the program?	
	Always	Most of the time	Sometimes	Rarely or Not at all	Yes	No
Wash your hands with soap and warm running water <u>before</u> preparing food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash utensils and surfaces that have touched raw poultry or meat in hot soapy water <u>before using again</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refrigerate or freeze foods <u>within 2 hours after serving</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Separate</u> raw meat, poultry, and fish <u>from</u> vegetables, fruits and prepared products.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Thaw</u> frozen meat in the <u>refrigerator</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Check</u> the "sell-by" or expiration dates to make sure food can be used <u>before</u> it spoils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- You are: Female Male
- Your age: Under 18 30-34 45-49 60-64 75+
 18-24 35-39 50-54 65-69
 25-29 40-44 55-59 70-74
- Highest level of education obtained:
 Some high school or less Vocational or technical degree Bachelor degree
 High school graduate of GED Some college Post-graduate degree
- How do you describe yourself? (*select one only*)
 African American (non-Hispanic) Hispanic White (non-Hispanic) Multi-Racial
 Asian American Native American Other
- Your comments: