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## **APPENDIX A**

### **Demographic and Food Safety Information**

**APPENDIX A**  
**Demographic Information from Family Record**

**Homemaker (First) (MI) (Last)**  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**Age:** \_\_\_\_\_

**Sex:**  
Female \_\_\_\_\_  
Male \_\_\_\_\_

**Race: Check the category you identify with**  
\_\_\_\_\_ White (non-Hispanic)  
\_\_\_\_\_ Black (non-Hispanic)  
\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander

**Place of Residence: circle number**  
1 Farm  
2 Towns under 10,000 & rural non-farm  
3 Towns & Cities 10,000 to 50,000  
4 Suburbs of Cities over 50,000  
5 Central Cities over 50,000

<b>Household Members: Children by Age</b>	<b>Age</b>
<b>List First Name of Children (through Age 19)</b>	<b>(Years)</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Number of Other Adults in Household** \_\_\_\_\_

**Total Household Income Last Month \$** \_\_\_\_\_

Complete on each family at ENTRY into EFNEP/SCNEP and again at EXIT. Program Assistant should fill in shaded items.

1. PA's Name & ID#:			2. Check: ENTRY _____ EXIT _____								
3. Unit ID: _____	5. Enrolled in EFNEP before? (circle Yes OR No)    Yes    No		7. Age: _____		8. Sex: Female _____ Male _____						
4. Homemaker's ID: _____	6. If Yes, did you receive a Certificate of Completion?    Yes    No										
Homemaker (First) (MI) (Last) a) Name _____ b) Street _____ c) City _____ Zip _____ d) Phone _____			*10. Chronic Diseases/Conditions (Check those that apply) <input type="checkbox"/> Diabetes (sugar) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Osteoporosis <input type="checkbox"/> High Cholesterol/Triglycerides <input type="checkbox"/> Overweight <input type="checkbox"/> Other _____								
11. Race: Check the category you identify with 1-00 <input type="checkbox"/> White (non-Hispanic) 2-00 <input type="checkbox"/> Black (non-Hispanic) 3-00 <input type="checkbox"/> Am Indian/Alaskan Native 4-00 <input type="checkbox"/> Hispanic 5-00 <input type="checkbox"/> Asian or Pacific Islander		12. Place of Residence: circle number 1 Farm 2 Towns under 10,000 & rural non-farm 3 Towns & Cities 10,000 to 50,000 4 Suburbs of Cities over 50,000 5 Central Cities over 50,000		13. Total Household Income Last Month: \$ _____ Homemaker works outside home    Yes    No							
14. Household Members: Children by Age List First Name of Children (through Age 19)		Age (Years)	15. Number of Other Adults in Household _____ (do not count Homemaker)								
1.			16. Lesson type (Check one): 1 <input type="checkbox"/> Group    3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Individual    4 <input type="checkbox"/> Other Total number of lessons received (AT EXIT): _____								
2.											
3.											
4.											
5.											
6.											
7.											
			17. SUBGROUP CODES: (see page 3)								
			<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								

18. Entry Date:	<b>Complete this section only when homemaker graduates or drops from program</b>			
19. Programs/agencies from which Family received assistance at ENTRY: (Circle YES or NO)	20. Exit Date:		22. Did your family get help from one or more of programs below, due to referral or suggestion by EFNEP/SCNEP Program Assistant? Yes _____ No _____ If YES, check all that apply: <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Commodities (TEFAP) <input type="checkbox"/> Head Start <input type="checkbox"/> Child Nutrition <input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other _____	
	21. Exit Reason: (circle)			
WIC/CSFP                      Yes    No	1 Educational Objective Met			
Food Stamps                      Yes    No	2 Returned to School			
Commodities (TEFAP)            Yes    No	3 Took Job			
Head Start                      Yes    No	4 Family Concerns			
Child Nutrition                      Yes    No	5 Staff Vacancy			
AFDC/TANF                      Yes    No	6 Moved			
Other                              Yes    No	7 Lost Interest			
(Food Stamp Eligible/but not receiving)	8 Other			
Any other benefits: _____				

## FOOD PRACTICE CHECKLIST

Date Taken:	Check if answers were written in by Program Assistant <input type="checkbox"/>	<b>Check One</b>	Entry <input type="checkbox"/>	Exit <input type="checkbox"/>	Other <input type="checkbox"/>	No. ____
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This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are no wrong answers. If you do not have children, just answer the questions for *yourself*. For these questions, think about how you usually do things.

Please put a check [✓] in the box that best answers each question.	(1) Never	(2) Seldom	(3) Some-Times	(4) Most of the time	(5) Almost Always
(1) How often do you plan meals ahead of time?					
(2) How often do you compare prices when you buy food?					
(3) How often do you run out of food before the end of the month?					
(4) How often do you shop with a grocery list?					
(5) This question is about <i>meat</i> and <i>dairy</i> foods: How often do you let these foods sit out of the refrigerator for more than two hours?					
(6) How often do you thaw frozen food at room temperature?					
(7) When deciding what to eat, how often do you think about healthy food choices?					
(8) How often have you prepared foods without adding salt?					
(9) How often do you use the "Nutrition Facts" on the food label to make food choices?					
(10) How often do you eat something in the morning within 2 hours of waking up?					



## ATTACH ADDITIONAL CHECKLIST, IF USED

### SUBGROUP CODES

A	EFNEP Participant	R	Household Receives Food Stamps
B	FSNEP (SCNEP) Participant	S	Participant Not Receiving Food Stamps
O	Participant is Aged 65 or over	T	Participant is non English speaking
P	Participant is Aged 40-64	U	Participant has a chronic disease or condition
Q	Participant is a male	V	Participant has job outside home



**Additional FBC Questions for Older Participants  
And Those With No Young Children**

<b>Participant's Name:</b> _____ <b>Participant's ID#:</b> _____ <b>Date form completed:</b> _____	Check ( ✓ ) if answers were written in by: <b>Program Assistant</b>	Check Entry one: <b>Other</b>	Exit No. _____
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This is a survey about ways you plan and fix foods for yourself and what you think about health issues. As you read each question, think about the recent past. This is not a test. There are no wrong answers.

<b>For these questions, think about how you usually do things. Please put a check ( ✓ ) in the box that best answers each question.</b>	<b>Never (1)</b>	<b>Seldom (2)</b>	<b>Some- times (3)</b>	<b>Most of the time (4)</b>	<b>Almost Always (5)</b>
1. I feel it is too expensive to eat a lot of nutritious foods.					
2. How often do you read food labels to choose foods with less salt or sodium?					
3. How often do you fix meals that include a <i>variety</i> of foods?					
4. How often do you use low-fat milk (2% milk), or very low-fat milk (1%), or skim milk?					
5. How often do you eat (or serve) <i>more than one type</i> of fruit in a day?					
6. How often do you eat (or serve) <i>more than one type</i> of vegetable in a day?					
7. How often do you wash your hands in warm soapy Water before preparing food?					
<b>Please put a check ( ✓ ) in the box that best answers each question.</b>	<b>Not very much (1)</b>	<b>Some- what (2)</b>	<b>Very much (3)</b>		
8. When your doctor or a trained professional, tells you to eat certain foods, how likely are you to follow that advice?					
9. To what extent do you like to cook and prepare meals?					
<b>Respond by checking under True/Yes or False/No:</b>	<b>True/Yes</b>	<b>False/No</b>			
10. Do you feel that <i>what you eat</i> will have an effect on your health?					
11. In the past year, did you eat less than you felt you should because there wasn't enough money to buy food?					
12. Do you sometimes eat the same things for several days because you only have those foods and cannot buy more?					

Homemaker's ID #: _____	Check ( ✓ ) if answers were written in by Program Assistant	(circle one) G1 G2
Extension Unit #: _____		
Date form completed: _____		

**Demographic and Food Safety Information**

**Chronic Disease/Conditions** *(check all that apply)*

- Cancer  
 Gastritis/ulcers  
 Immune disorders (i.e. Aids, Liver Disease, etc.)

**Education** *(check only one)*

- <12 years  
 High School diploma  
 Some college or vocational training  
 B.S. or other advanced degree

**How would you describe your vision?** *(check only one)*

- Poor                       Fair                       Good                       Excellent

**How would you describe your hearing?** *(check only one)*

- Poor                       Fair                       Good                       Excellent

**How many meals do you prepare a day?** \_\_\_\_\_

**Do you have help in preparing daily meals?** *(check only one)*

- Yes, Always                       Yes, Most of the time                       No, Never

**Do you rely on public transportation and/or a friend or family member for getting to the grocery store?** *(check only one)*

- Yes, Always                       Yes, Most of the time                       No, Never

**Have you ever been diagnosed by a physician as having food poisoning?**                       Yes  No

**Have you ever received food safety instruction/training (for example attended Home Economics or food safety/sanitation classes or worked in a restaurant)?**                       Yes  No

**How concerned are you about food safety?** *(check only one)*

- Not At All                       Somewhat                       Moderately                       Very

Please check your level of concern about each of the following food safety issues

	Not At All	Somewhat	Moderately	Very
Bacteria/germs in food				
Pesticides on food				
Food preservatives				

## **APPENDIX B**

### **Observation of Food Safety Practices Checklist**

**APPENDIX B**

Homemaker's ID #: _____	(circle one) G1 G2
Extension Unit #: _____	
Date form completed: _____	
Seen only in a Group _____	

**Observation of Food Safety Practices Checklist  
(Pre and Post)**

Please put a check (✓) in the box that best answers each question.	YES	NO	No Opportunity to Observe
Kitchen counters are clean			
Cleaning agents and other chemicals stored separate from food			
Sufficient food storage space (i.e. refrigerator, freezer, cabinets)			
Presence of animals in the kitchen			
Presence or signs of roaches, mice, rats, etc. in kitchen			
Animals petted or touched during meal preparation			
Hands washed prior to food preparation			
Frozen food thawed at room temperature			
Fresh fruits and vegetables rinsed before use			
Food cooked to proper temperatures			
Food cooled appropriately			
Food stored in appropriate covered containers			
Leftovers reheated			
Presence of moldy and spoiled foods			
Utensils, cookware, and kitchen counters cleaned and sanitized			
Temperature of participants refrigerator			

## **APPENDIX C**

### **Food Safety Knowledge and Practices Questionnaires**

## APPENDIX C

Homemaker's ID #: _____	Check ( ✓ ) if answers were written in by Program Assistant	(circle one) G1 G2
Extension Unit #: _____		
Date form completed: _____		

### Food Safety Knowledge Questionnaire (Pre and Post)

*Please answer all of the questions. Check only one response per question.*

- 1. At the grocery store, select refrigerated and frozen foods:**
  - before visiting the produce section.
  - first.
  - just prior to checkout.
  - anytime while grocery shopping.
  - Don't know
- 2. To ensure best quality and safety when buying food items:**
  - purchase food products before the "sell by" and "expiration" dates.
  - purchase cans of food that are badly dented.
  - select frozen and refrigerated items first.
  - All of the above.
  - Don't know
- 3. When buying cold food at the grocery store and the trip home takes longer than \_\_\_\_\_, place the cold food in a cooler packed in ice for the trip.**
  - 30 minutes
  - 2 hours
  - 3 hours
  - 4 hours
  - Don't know
- 4. To ensure food safety and food quality, what temperature should the inside of your refrigerator be?**
  - Below 32°F
  - 32°F to 40°F
  - 41°F to 50°F
  - Over 50°F
  - Don't know



5. **What is the recommended time of refrigerator storage of ground meats?**
- 24 hours or less
  - 2 days
  - 3 days
  - More than 3 days
  - Don't know
6. **The recommended time for washing your hands before preparing food, or after handling raw meat is:**
- 5 seconds
  - 10 seconds
  - 20 seconds
  - Any amount of time is acceptable
  - Don't know
7. **Frozen food should not be thawed:**
- at room temperature.
  - under cold running water.
  - in the refrigerator.
  - as part of the cooking process.
  - Don't know
8. **To decrease the risk of food poisoning, fresh fruits and vegetables should be:**
- rinsed under cold running water before eating.
  - free of slime, mold and off-colors.
  - stored in a separate area in the refrigerator away from raw meat and poultry.
  - All of the above.
  - Don't know
9. **Doneness of meat, poultry and vegetable dishes can best be determined by:**
- color.
  - texture.
  - meat thermometer.
  - smell.
  - Don't know

*Please answer all of the questions. Check only one response per question.*

10. **Potentially unsafe foods (for example, meat, poultry, fish, eggs, or dairy products) should be kept out of the temperature *Danger Zone* of:**
- 10°F to 40°F
  - 40°F to 140°F
  - 140°F to 212°F
  - 212°F or above
  - Don't know
11. **Potentially unsafe foods (for example, meat, poultry, fish, eggs, or dairy products) should not be held at room temperature longer than:**
- 2 hours.
  - 4 hours.
  - 6 hours.
  - Any amount of time is acceptable
  - Don't know
12. **Leftovers (for example, meatloaf, meat-vegetable soup, fried chicken, etc.) should be stored:**
- in shallow containers and placed in the refrigerator immediately.
  - in large containers and placed in the refrigerator immediately.
  - in large containers held at room temperature and cooled later.
  - All of the above.
  - Don't know
13. **Leftovers (for example, meatloaf, meat-vegetable soup, fried chicken, etc.) can be safely stored for:**
- 2 to 3 days.
  - 4 to 5 days.
  - 6 to 7 days.
  - more than 7 days.
  - Don't know
14. **Leftovers (for example, meatloaf, meat-vegetable soup, fried chicken, etc.) should be reheated to an internal temperature of:**
- 100°F
  - 125°F
  - 145°F
  - 165°F
  - Don't know

*Please answer all of the questions. Check only one response per question.*

**15. Which of the following practices are adequate for cleaning cutting boards, utensils, and counter tops after contact with raw meat or poultry:**

- wipe with a kitchen sponge.
- rinse with warm water.
- wash with hot soapy water, rinse, sanitize with a bleach solution, and air-dry.
- All of the above
- Don't know

Homemaker's ID #: _____	Check ( ✓ ) if answers were written in by Program Assistant	(circle one) G1 G2
Extension Unit #: _____		
Date form completed: _____		

**Food Safety Practices Questionnaire  
(Pre and Post)**

Please put a check (✓) in the box that best answers each question.	(1) Never	(2) Some- times	(3) Most of the time	(4) Always or Almost Always
1. When food shopping, how often do you select refrigerated and frozen foods first?				
2. How often do you buy foods past the "sell by" or "expiration" date?				
3. How often do you buy or (use) badly dented cans or torn packages of food?				
4. How often do you go directly home after food shopping?				
5. How often do you store ground meats in the refrigerator for longer than 1 day?				
6. How often do you check the internal temperature inside your refrigerator?				
7. How often do you wash fresh fruits and vegetables before eating?				
8. How often do you use a thermometer to check internal temperatures of cooked meat, poultry, and vegetable dishes?				
9. How often do you cool cooked food to room temperature prior to refrigerating?				
10. How often do you separate large quantities of leftovers (for example, meatloaf, meat-vegetable soup, fried chicken, etc.) into smaller containers before refrigerating?				
11. How often do you store leftovers (for example, meatloaf, meat-vegetable soup, fried chicken, etc.) for longer than 3 days?				
12. How often do you reheat leftovers (for example, meatloaf, meat-vegetable soup, fried chicken, etc.)?				
13. How often do you wash and sanitize cutting boards, utensils, and the kitchen counter after cutting raw meat or poultry?				

**APPENDIX D**

**Video Evaluation Form**

**APPENDIX D**  
**Video Evaluation Form**

The following questions should be answered only by participants viewing *From Store to Fork: Safe Food Guidelines For Older Adults*.

**1. Overall, how do you rate the video?** (*circle only one*)

**Poor**

**Excellent**

1 2 3 4 5 6

**2. What did you like best about the video?**

**3. What did you like the least about the video?**

**4. The length of the video was:** (*check only one*)

\_\_\_\_\_ Too short

\_\_\_\_\_ Just Right

\_\_\_\_\_ Too long

## **APPENDIX E**

### **Schedule and Guidelines for Program Assistants Administering the Food Safety Study**

## Schedule for Program Assistants Administering the Food Safety Study

### First Visit (Enrollment)

- Inform program participants about the research project.
- Ask program participants to read and sign the Informed Consent Form.
- Ask program participants to complete the Family Record and complete the Demographic and Food Safety Information Form.

### Second Visit

Ask program participants to complete the Food Safety Practices Pre-Test and The Food Safety Questions Pre-Test.

### Fourth Visit

Teach the **Food Safety Lesson** (Third Lesson) to the program participants using *The Healthy Futures Series* **or** *The Healthy Futures Series* and the video *From Store To Fork: Safe Food Guidelines For Older Adults*

#### Group One

*\*Healthy Futures Series*

#### Group Two

*\*Healthy Futures Series and  
From Store to Fork: Safe Food Guidelines For Older Adults*

Ask participants assigned to Group Two to complete the Video Evaluation Form after viewing the video.

### Fifth Visit

Ask program participants to complete the Food Safety Questions Post-Test.

### Eighth Visit

Ask program participants to complete the Food Safety Practices Post-Test.

### Tenth Visit

Ask program participants to complete Family Record again.

Program Assistants may complete the Observation of Food Safety Practices Checklist anytime prior to teaching the food safety lesson and anytime after the food safety lesson has been completed. Please follow the above schedule.



## Guidelines for Program Assistants Administering the Food Safety Study

**Please read all of the following instructions for the research project carefully before administering materials.** If you have any questions please contact Crystal Rasnake at crrasnak@vt.edu or (540) 951-4126.

### **STEP 1 (First Visit)**

Identify eligible participants for the study. To be eligible participants must be:

- 50 years or older
- Newly enrolled in the program
- Functionally independent in the home
- Understand the English language

Ask participants to complete the *Family Record* (including the FBC Questions) and sign the *Informed Consent Form* during the first visit. Also, ask participants to complete the *Demographic and Food Safety Information Form*. If necessary, read family record, questionnaire and informed consent form to the participants. Materials from participants that do not meet the criteria of the study will be destroyed once returned to the State EFNEP/SCNEP Office. **Remember: Participants of SCNEP have the right to decline participation in the study.** Also, reassure participants that all information collected will be kept strictly confidential and will not become a part of the participant's SCNEP records. If requested, participants can receive a summarized copy of the study.

Prior to the second visit, randomly assign participants to one of two groups. Try to have an equal number as possible in each group. Please indicate which group participants are assigned to by circling G1(Group 1) or G2 (Group 2) on all forms and questionnaires.

#### Group One

*Healthy Futures Series-Food Safety Lesson*

#### Group Two

*Healthy Futures Series-Food Safety Lesson and  
From Store to Fork: Safe Food Guidelines For Older Adults*

Also, fill in the homemakers ID #, extension unit #, date, and assign the participants to the appropriate group at the top of each of the questionnaires.

### **Please note:**

**All pre-test questionnaires are printed on beige/tan paper and all post-test questionnaires are printed on gray paper.**

## **STEP 2 (Second Visit)**

Distribute the *Food Safety Questions Pre-Test* and the *Food Safety Practices Pre-Test* to each participant. Following completion of the questionnaires, the *Healthy Futures Series Lessons* may be taught in any order. **However, please teach the Food Safety Lesson as the Third Lesson.**

### **Please note:**

Questionnaires may be read to the participants. However, be careful not to give away the answers. **Participants have the right to refuse to answer any questions.**

## **STEP 3**

Please make observations of participant's food safety practices in the home **before** and **after** teaching the food safety lesson and complete the *Observation of Food Safety Practices Checklist*. **Please do not fill this form out directly in front of the participants.** If no opportunity exists to observe participants food safety practices (i.e. participants are taught in a group setting) please indicate this by simply checking the item "Seen only in a group" on the check sheet. If no opportunity exists to observe a behavior(s), check the "No opportunity to observe" column on the check sheet. Each program assistant will be given a refrigerator thermometer to test the temperature of the participant's refrigerator. **Participants have the right to refuse to have observations recorded.** If this occurs, continue completing the questionnaires and write "refused" on the form.

## **STEP 4 (Fourth Visit)**

Teach the Food Safety Lesson (Third Lesson) to the participants using *The Healthy Future Series* **or** *The Healthy Futures Series* and the video *From Store To Fork: Safe Food Guidelines For Older Adults*.

### Group One

*\*Healthy Futures Series-Food Safety Lesson*

### Group Two

*\*Healthy Futures Series-Food Safety Lesson and  
From Store to Fork: Safe Food Guidelines For Older Adults*

When teaching the lessons to participants assigned to Group Two use the video at the end of the lesson to reinforce the information taught in the *Healthy Futures Series Food Safety Lesson*. After participants have viewed the video, please use the *Video Discussion Questions* sheet as a guide to facilitate a brief 5-10 minute discussion of key points in the video. Also, ask participants to complete the *Video Evaluation Form*.

**\*For purposes of consistency in this research project use only the materials (handouts and visuals) designated as part of the *Healthy Futures Series Food Safety Lesson*.**

**The *Healthy Futures Series* includes the following publications:**

348-725	<i>Keeping Food Safe</i> (Wisconsin EFNEP)
348-726	<i>Storing My Groceries</i>
348-727	<i>Using Safe Food Handling Labels</i>
348-728	<i>Get Rid of Garbage and Trash</i>

**DO NOT USE ANY ADDITIONAL MATERIALS THAT ARE NOT APART OF THIS SERIES.**

All food safety publications are available in sufficient quantities and should be given to each program participant.

**STEP 5 (Fifth Visit)**

Ask participants to complete the *Food Safety Questions Post-Test*.

**STEP 6 (Eighth Visit)**

Ask participants to complete the *Food Safety Practices Post-Test*.

**STEP 7 (Tenth Visit)**

Ask participants to repeat completing the *Family Record* before exiting the program. Make photocopies of the participants' *Family Record* entry and exit (**please copy the entire form including the FBC questions**). To ensure confidentiality remove participant's name on the *Family Record* photocopy with a marker. Return the Family Records and all completed questionnaires after completion of the study to:

State EFNEP/SCNEP Office  
101 Wallace Annex, VPI&SU  
Blacksburg, VA 24061-0228  
Attention: Crystal Rasnake

## Video Discussion Guide

The following questions should be used by Program Assistants to facilitate a discussion regarding the *From Store To Fork: Safe Food Guidelines For Older Adults* video. Please discuss these items with participants in the order listed.

1. At the grocery store what food safety guidelines should be followed when selecting food?
  - Vegetables and fruits are free of slime, mold growth and off-colors
  - Packaging is intact
  - Canned food items are not be badly dented
  - Food should be fresh and not past the "expiration" or "sell by" dates
  - Refrigerated food is cold to the touch
  - Frozen foods are solid with no evidence of thawing
2. How long can meats, including ground meats, poultry, and fish be stored in the refrigerator? In the freezer?
  - Refrigerator storage - 24 hours ground meats, poultry and fish; 3 days other meats
  - Freezer storage - 4 months ground meats; 6 to 9 months meats/fish; poultry 12 months
3. Describe safe ways to thaw frozen meat, poultry and fish.
  - In the refrigerator
  - In the microwave
  - Under cold running water
  - Continue or extend the cooking time
4. Describe how to determine doneness of meat, poultry, fish and vegetable dishes.
  - Use a meat thermometer to measure proper internal temperature
  - Meat and poultry juices run clear
  - Fish should flake from the bone
5. Describe safe methods for properly storing leftovers.
  - Separate into clean shallow containers, cover and refrigerate immediately
  - Discard leftovers after 3 days in the refrigerator
6. Describe how to prevent cross-contamination of food.
  - Wash hands before preparing food and after handling raw food products
  - Clean and sanitize food contact surfaces (i.e. cutting boards), dishware, and utensils
  - Store fruits and vegetables separate from raw meats
  - Never place cooked food on dishware previously used for raw food

**APPENDIX F**

**SCNEP Participant Informed Consent Form**

**APPENDIX F**  
**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY**

**Informed Consent for Participants of Investigative Projects**

**Title of Project:** Food Safety Knowledge and Practices of Older Adult Participants of The Smart Choices Nutrition Education Program

**Investigators:** Crystal M. Rasnake, Dr. Tim Roberts and Dr. Ruby H. Cox

**I. Purpose of Research**

The purpose of this study is to determine the food safety knowledge and practices of the older adult participants of the Smart Choices Nutrition Education Program (SCNEP) in Virginia. Questionnaires will be used to assess participant's knowledge and practices of food safety before and after a food safety lesson. Food handling practices of participants who receive the food safety lessons in the home will also be observed. Approximately 300 to 500 participants will be observed and will complete the questionnaires.

**II. Procedures**

The questions in the survey will assess participant knowledge of food safety and their self-reported food handling practices in the home. Questionnaires will be given in the lessons prior to the SCNEP food safety lesson. The knowledge questionnaire will be given again one lesson after the food safety lesson to determine changes in food safety knowledge. Upon exit of the SCNEP program participants will be asked to fill out the practice questionnaire again to assess changes in food safety behaviors. The Program Assistants will also make observations of participants' food safety practices in the home before and after the food safety lesson. Participants are expected to answer questionnaires as accurately and honestly as possible.

### **III. Risks**

There are no known risks associated with participating in this research project.

### **IV. Benefits**

This study will provide valuable information on the level of food safety knowledge and practices of older adults participants of SCNEP. The results will be helpful in developing future food safety lessons for SCNEP. Benefits to the participant may include an increase in food safety knowledge and safe food handling practices. No promise or guarantee of benefits is being made to encourage the participant to participate in this study.

### **V. Extent of Confidentiality**

All results will be kept strictly confidential and each participant will be assigned an identification number (ID). At no time will the researchers release the list of each participant's assigned ID number to anyone other than individuals working on the study without the participant's written consent. Information obtained from the questionnaires will not become part of the participant's SCNEP record.

### **VI. Compensation**

No compensation will be provided for participation in the study.

### **VII. Freedom to Withdraw**

At any time, the participant is free to withdraw from the study for any reason. Participants may decline to answer any questions they do not feel comfortable answering.

### **VIII. Approval of Research**

This research project has been approved, as required, by the Institution Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University and by the Department of Human Nutrition, Foods and Exercise.

**IX. Subject’s Responsibilities**

I voluntarily agree to participate in this study. I have the following responsibilities:

- I will answer the questions as accurately and honestly as possible
- I will complete the SCNEP Program
- If I do not understand a question or directions, I will ask the Program Assistant

**X. Subject’s Permission**

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Should I have any questions about this research or its conduct, I may contact:

Crystal M. Rasnake  
Investigator, Virginia Tech

(540) 951-4126  
Phone

Dr. Tim Roberts  
Faculty Advisor, Virginia Tech

(540) 231-3464  
Phone

Dr. Ruby H.Cox  
State EFNEP/SCNEP Coordinator, Virginia Tech

(540) 231-7156  
Phone



**APPENDIX G**  
**Additional Tables**

## APPENDIX G

FSNEP participants' level of concern for food safety issues for Group 1 at baseline.

	Not At All	Somewhat	Moderately	Very
<b>Food Safety</b>	0	15	22	43
<b>Bacteria/germs in food</b>	1	10	21	43
<b>Pesticides on food</b>	3	17	17	37
<b>Food preservatives</b>	4	23	18	30

FSNEP participants' level of concern for food safety issues for Group 2 at baseline.

	Not At All	Somewhat	Moderately	Very
<b>Food Safety</b>	4	13	21	38
<b>Bacteria/germs in food</b>	3	12	11	45
<b>Pesticides on food</b>	6	12	15	37
<b>Food preservatives</b>	5	16	18	31

**Food safety knowledge, practices and observations scores at baseline.**

	<b>Group 1</b>		<b>Group 2</b>	
	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>
<b>Knowledge Scores</b>	7.1481	3.2562	7.2381	3.3061
<b>Average Practice Score</b>	2.9596	0.3476	3.0433	0.3564
<b>Observations Score</b>	9.4194	3.3444	9.9375	0.6269