**Cooking for One or Two**

Appendixes

Contents

Appendix A: Venue checklist 3

Appendix B: Cooking for One or Two toolkit Equipment list 6

Appendix C: Enrolment and attendance form 8

Appendix D: Waiting list 9

Appendix E: Participant pack 10

Appendix F: Evaluation tools 13

# Appendix A: Venue checklist

|  |
| --- |
| Cooking for One or Two venue checklist |
| Venue Name: | Contact person: |
| Venue Address: | Contact Ph: |
| Date of Inspection: | Inspection by: |
| Cost for hire Y / N  | $ |

|  | *Tick One* | Comments |
| --- | --- | --- |
| Acceptable | NOT acceptable |
| **CAR PARK** |
| Sufficient spaces for cars  |  |  |  |
| Close to facility |  |  |  |
| Walk way clear of slips/trips/falls risks |  |  |  |
| Facility public transport |  |  |  |
| **ACCESS/EGRESS – FACILITY** |
| Condition of ramp(s) |  |  |  |
| Condition of stairs |  |  |  |
| Floor Condition (slip/trip/fall risks) |  |  |  |
| **GENERAL LIGHTING** |
| Adequate illumination over work points |  |  |  |
| Good natural lighting |  |  |  |
| **KITCHEN/WORK AREAS** |
| Floor Condition (slip/trip/fall risks) |  |  |  |
| Sufficient number of Power Points (5 outlets needed close to work benches) |  |  |  |
| Kitchen sink/wash-up area |  |  |  |
| Kitchen hand-wash area |  |  |  |
| Rubbish Bins available |  |  |  |
| Refrigerator space |  |  |  |
| Boiling water available |  |  |  |
| **STORAGE** |
| Sufficient space |  |  |  |
| Shelving height (manual handling risk?) |  |  |  |
| Lockable cupboards (available for use?) |  |  |  |
| **AMENITIES** |
| Toilets and wash room |  |  |  |
| Supply of soap and towels |  |  |  |
| Floor Condition (slip/trip/fall risks) |  |  |  |
| **FIRE**  |
| Extinguishers in place, clearly marked for type of fire and recently serviced |  |  |  |
| Exit points clearly marked |  |  |  |
| Exit doors easily opened from inside |  |  |  |
| Exits clear of obstructions |  |  |  |
| Fire blanket |  |  |  |
| **EMERGENCY EVACUATION** |
| Adequate direction notices for fire exits |  |  |  |
| Exit doors easily opened from inside |  |  |  |
| Exits clear of obstructions |  |  |  |
| Floor Condition (slip/trip/fall risks) |  |  |  |
| **PERSONAL SECURITY** |
| Potential security risks – to/from car park |  |  |  |
| Potential security risks – in building |  |  |  |
| Escape routes |  |  |  |
| Support available |  |  |  |
| **MEDICAL EMERGENCY** |
| Telephone dial-out |  |  |  |
| Medical support nearby |  |  |  |
| **ELECTRICAL** |
| Condition of plugs, sockets or switches  |  |  |  |
| Earth leakage protection? |  |  |  |

# Appendix B: Cooking for One or Two toolkit Equipment list

|  |
| --- |
| Cooking for One or Two toolkit Equipment list  |
| Electrical appliances |  |  |  |
| 1x Hot plate |  | 1x Conventional oven and grill  |  |
| 1x Banquet fry pan Teflon coated  |  | 1x 8-10 litre Urn |  |
| 1x Large wok Teflon coated  |  | 1x Electric whisk |  |
| Pots, pans, saucepans etc.  |
| 1x Teflon coated 24cm 8 litre Pot with lid |  | 1x Teflon coated 20 cm Saucepan with lid |  |
| 6x Steel bowls (2x large, 2x medium, 2x small) |  | 2x Steel colanders |  |
| 2x Pyrex oven dishes |  | 2x Baking tray to fit oven |  |
| 1x Steel steamer or electric steamer |  |  |  |
| Cutting boards  |
| 2x Green boards |  | 2x Red boards |  |
| 2x Blue boards |  | 2x Yellow boards |  |
| 2x Glass heat proof mats  |  | 1x Chux Cloth |  |
| Crockery and cutlery |
| 20x Dinner plates |  | 20x Soup/Dessert bowls |  |
| 20x Side plates |  | 20x Mugs/Cups |  |
| 20x Forks |  | 20x Knives  |  |
| 20x Dessert spoons  |  | 20x Teaspoons  |  |
| Extras |
| Duct tape |  | Electrical cords |  |
| ELCB Protected power Outlets  |  |  |  |
| Miscellaneous  |
| 4x Cooks knives (Chefs) |  | 4x Vegetable knives  |  |
| 3x Wooden spoons  |  | 2x Measuring cup sets |  |
| 2x Measuring spoon sets |  | 4x Tongs (Teflon tipped) |  |
| 1x Soup ladle (Teflon coated) |  | 1x Set of salad servers  |  |
| 2x Thermometers |  | 1x Sharpening steel |  |
| 2x Hand Whisks  |  | 2x Teflon Lifters  |  |
| 1x Spatula Teflon/ Plastic  |  | 3x Serving spoons Teflon Coated  |  |
| 1x Vegetable masher plastic or teflon |  | 2x Pastry brush  |  |
| 1x Bread knife  |  | 6x vegetable peelers  |  |
| 2x Graters  |  | 1x Juicer |  |
| 1x Timer |  | 1x Scissors |  |
| 2x Can openers  |  | 4x Table cloths |  |
| 10x Tea towels  |  | 3x Salt and pepper shaker sets  |  |
| 1x oven its pair |  | 1x First Aid kit  |  |
| 1x Fire blanket |  | 2x Water jugs  |  |
| 1x White board |  | 1x White board eraser  |  |
| 6x White board markers |  | 12x pens and pencils  |  |
| 12x name tags  |  | 1 litre washing up liquid  |  |
| 1x Dish Brush/ pot scrub and cloth |  | 1x Packet of serviettes  |  |
| 1x Box of disposable gloves |  | 2x packets paper towel |  |

# Appendix C: Enrolment and attendance form

|  |  |
| --- | --- |
| Cooking for One or Two enrolment and attendance form |  |
| Location: | Session attendance y/n? |
|  | Date | Name | Address | Phone | Food allergy | Info pack sent y/n? | Payment received y/n? | 1 | 2 | 3 | 4 | 5 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |

# Appendix D: Waiting list

|  |
| --- |
| Cooking for One or Two waiting list |
| Location: |
|  | Date | Name | Address | Phone | Food allergy | Information pack sent y/n? | Payment received y/n? |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |

# Appendix E: Participant pack

|  |
| --- |
| Cooking for One or Two payment details  |
| Please pay by cash no later than one week before the program. With the following details:Amount: $\_\_\_\_\_\_\_\_**To:** The Cooking for One or Two Program Mailing Details: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Please feel free to contact your facilitator if you would like to discuss the payment process further. |

|  |
| --- |
| Cooking for One or Two participant consent form  |
| Cooking for One or Two is a five-session cooking skills program for older people living within the community. In each session the group cooks an easy, quick and nourishing meal, including a main meal and dessert. The group then enjoys the meal together. A brief healthy lifestyle module is included in each session, aimed at providing the participants with information on healthy ageing.  |
|  | Participant exclusion criteriaRecipes used in the Cooking for One or Two program meet the Australian Dietary Guidelines and are low in fat and generally low in glycemic index. They are suitable for people need to follow a diet for heart health and diabetes.The recipes used in the program may not be suitable for individuals who have a food allergy, food chemical intolerance or who have coeliac disease and need to avoid gluten. In this case you may wish to attend to obtain cooking skills and learn more about healthy eating however if you have the special dietary requirements mentioned above, we will not be able to advise you on your particular diet requirements or adapt recipes used for individuals. |  |
| The facilitator and/or assistant will be responsible for the purchasing of food and will be at each session to assist with the setting up and cleaning.Your participation will involve:* A small fee to cover the cost of the ingredients.
* Taking an active part in the meal preparation.
* Following safety instructions.
* Being videotaped/photographed (possibility).
* Providing feedback by questionnaire to assess the effectiveness of the program.

Any data collected will be treated confidentially and will be collated so that no individual can be identified. Your participation is completely voluntary and you may withdraw from completing the questionnaires or being photographed/taped at any time if you so desire, even if you have signed the consent form. |
| Your signature will indicate that you:1. Agree to follow safety instructions given by the facilitators and assist the facilitators to identify any hazards.2. Will inform the facilitators of any injuries or illness prior to the session and of any illness or injury that occurs during the session.3. Agree to be videotaped/ photographed while participating in the cooking course. 4. Agree to complete evaluation questionnaires up to two months post-program.Your details: |
| Name: |  |  |
| Address: |  |  |
|  |  |  |
| Home Phone: | ( ) | Mobile: |  |  |
|  |  |  |
| Signature:  |  | Date  |  **/ /** |  |
|  |  |  |
| Facilitator signature: |  | Date:  |  **/ /** |  |
|  |  |
| In case of an emergency please provide a contact person: |
| The Contacts’ Name: |  |  |
| The contacts’ Phone Number(s): |  |  |
| The Contacts’ Address: |  |  |
| Your relationship to the contact: |  |  |

|  |
| --- |
| Program outline |
| Session | Meal | Discussion topic |
| One | Beef stir-fry with riceApple bread and butter pudding | Food safetyPractical cooking tips |
| Two | Beef and gnocchi casserolePita pizzasPears with crusty crumble | Risk factors for malnutritionCreating a dinner from basics in your cupboard |
| Three | Vegetable casserole with steamed fish and crusty breadBanana berry split | Healthy Eating (Australian Guide to Healthy Eating) |
| Four | Rissoles with sweet potato mash and green saladFruit strudel with vanilla yoghurt | Healthy Lifestyle |
| Five | Pumpkin, potato and parsley soupQuiche with green salad Pear and sultana rice pudding | Healthy eating on a budgetSafe food storage |

# Appendix F: Evaluation tools

|  |
| --- |
| Cooking for One or Two evaluation survey (Session One) |

**How to complete this survey**

|  |
| --- |
| If the facilitator would like to evaluate the program, please use the following survey. The purpose of this survey is to evaluate changes over time. |

*Please answer every question you can. If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.*

*Please read the instructions above each question* ***very carefully****.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS**(Use a black/blue pen)**Cross the boxes like this:**

|  |
| --- |
| How many recipes have you cooked from the Recipes for Life cookbook?(*Mark one only)* |
| 0 | 🞎 |
| 1–2 | 🞎 |
| 3–4 | 🞎 *You would mark this one if you have cooked 3 or 4 recipes* |
| 4–5 | 🞎 |
| 6 or more | 🞎 |

**Correct mistakes like this:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(Mark one on each line*) | **One other person** | **Two other people** | **Three or more** | **I live alone** |
| Who lives with you? | 🞎 | 🞎 | 🞎 | 🞎 |

*If you make a mistake simply scribble it out and clearly mark the correct answer with a cross*If you need help to answer any questions, please ask the facilitator or assistant |

|  |
| --- |
| The following questions are about you |

|  |  |
| --- | --- |
| **1** | **How old are you?\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| **2** | **What is your gender?** |
|  | *(Please only mark one option)* | Yes |
|  | Female  | 🞏 |
|  | Male | 🞏 |
|  |  |
| 3 | *Which of the following best describes your housing situation? Do you live in:* |
|  | *(Please only mark one option)* |
|  | A house | 🞏 |
|  | A flat / unit / apartment / villa / townhouse | 🞏 |
|  | Mobile home / caravan / cabin / houseboat | 🞏 |
|  | Retirement village / self care unit | 🞏 |
|  | Nursing Home | 🞏 |
|  | Hostel | 🞏 |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 🞏 |
|  |  |  |
| **4** | **Who lives with you?**  |
|  | *(Please mark all that apply)* |
|  | No one, I live alone | 🞏 |
|  | Spouse or partner | 🞏 |
|  | Own children | 🞏 |
|  | Other family members | 🞏 |
|  | Non-family members | 🞏 |
|  |  |
| **5** | **Does your household cook for one or two people?**  |
|  | *(Please only mark one option)* |
|  | Yes | 🞏 |
|  | No | 🞏 |
|  |  |
| **6** | **Who does most of the cooking in your household?**  |
|  | *(Please only mark one option)* |
|  | I do | 🞏 |
|  | My spouse or partner | 🞏 |
|  | A family member other than my spouse or partner | 🞏 |
|  | A non-family member | 🞏 |
|  | I don’t eat at home | 🞏 |

|  |
| --- |
| The following questions are about health and behaviour[[1]](#footnote-1) |

|  |  |
| --- | --- |
| **7a** | **Have you lost weight recently without trying?** |
|  | *(Please only mark one option)* |
|  | Yes (0) | 🞏 |
|  | Unsure (2) | 🞏 |
|  | No (0) | 🞏 |
|  |  |
| **7b** | **If you answered yes to question 7a, how much weight have you lost (kg)?** |
|  | *(Please only mark one option)* |
|  |  | Yes |
|  | 1–5 | 🞏 (1) |
|  | 6–10 | 🞏 (2) |
|  | 11–15 | 🞏 (3) |
|  | >15 | 🞏 (4) |
|  | Unsure | 🞏 (5) |
|  |  |
| **8** | **Have you been eating poorly because of a decreased appetite?**  |
|  | *(Please only mark one option)* |
|  | Yes (2) | 🞏 |
|  | No (0) | 🞏 |

Total Score (7a + 7b + 8)= \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **9** | **How many serves of vegetables do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | A serve = ½ cup cooked green or orange vegetables or dried beans, 1 cup of green leafy or raw salad vegetables, ½ a medium potato. | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **10** | **How many serves of breads, cereals, rice and pasta do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | A serve = 1 slice of bread, ½ cup rice, pasta or noodles, ½ cup of porridge, ⅔ cup cereal flakes or ¼ cup of muesli | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **11** | **How many serves of milk, yoghurt of cheese do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | A serve = 250ml of milk, 2 slices of cheese, 1 small carton of yoghurt | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **12** | **How many serves of fruit do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | 1 medium piece of fruit, 2 small pieces of fruit, 1 cup of diced fruit, ½ cup of fruit juice | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

|  |
| --- |
| The following questions are about your skills and confidence in cooking |

|  |  |
| --- | --- |
| **13** | **How would you rate your confidence in the following** |
|  | *(Please mark one on each line)* |
|  |  | Poor | Fair | Good | Very good | Excellent |
|  | a Cooking skills? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | b Use a variety of cooking methods i.e. baking; stir frying, grilling, steaming, microwaving and blending? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | c Your ability to chop appropriately with a knife? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | d Your ability to understand and follow a recipe? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **14** | **Please describe your current confidence in your cooking skills before completing the program** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| The following questions are about your social networks and social engagement |

|  |  |
| --- | --- |
| **15** | **How many social interactions are you participating in per week?**  |
|  | *(Please only mark one option)* |
|  |  | Yes |
|  | 0 per week  | 🞏 |
|  | 1–2 per week | 🞏 |
|  | 3–4 per week  | 🞏 |
|  | >5 per week | 🞏 |
|  |  |
| **16** | **How many times have you participated in the Cooking for One or Two program?**  |
|  | *(Please only mark one option)* |
|  |  | Yes |
|  | This is my first time  | 🞏 |
|  | Second time | 🞏 |
|  | Third time  | 🞏 |
|  | Fourth time (or more) | 🞏 |

**Thank you for taking the time to complete this survey.**

|  |
| --- |
| Cooking for One or Two evaluation survey(Session Five and Eight weeks post-program) |

**How to complete this survey**

|  |
| --- |
| If the facilitator would like to evaluate the program, please use the following survey. The purpose of this survey is to evaluate changes over time. |

*Please answer every question you can. If you are unsure about how to answer a question, mark the response for the closest answer to how you feel.*

*Please read the instructions above each question* ***very carefully****.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS**(Use a black/blue pen)**Cross the boxes like this:**

|  |
| --- |
| How many recipes have you cooked from the Recipes for Life cookbook?(*Mark one only)* |
| 0 | 🞎 |
| 1–2 | 🞎 |
| 3–4 | 🞎 *You would mark this one if you have cooked 3 or 4 recipes* |
| 4–5 | 🞎 |
| 6 or more | 🞎 |

**Correct mistakes like this:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *(Mark one on each line*) | **One other person** | **Two other people** | **Three or more** | **I live alone** |
| Who lives with you? | 🞎 | 🞎 | 🞎 | 🞎 |

*If you make a mistake simply scribble it out and clearly mark the correct answer with a cross*If you need help to answer any questions, please ask the facilitator or assistant |

|  |
| --- |
| The following questions are about health and behaviour[[2]](#footnote-2) |

|  |  |
| --- | --- |
| **1a** | **Have you lost weight recently without trying?** |
|  | *(Please only mark one option)* |
|  | Yes (0) | 🞏 |
|  | Unsure (2) | 🞏 |
|  | No (0) | 🞏 |
|  |  |
| **1b** | **If you answered yes to question 1a, how much weight have you lost (kg)?** |
|  | *(Please only mark one option)* |
|  |  | Yes |
|  | 1–5 | 🞏 (1) |
|  | 6–10 | 🞏 (2) |
|  | 11–15 | 🞏 (3) |
|  | >15 | 🞏 (4) |
|  | Unsure | 🞏 (5) |
|  |  |
| **2** | **Have you been eating poorly because of a decreased appetite?**  |
|  | *(Please only mark one option)* |
|  | Yes (2) | 🞏 |
|  | No (0) | 🞏 |

Total Score (1a + 1b + 2)= \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **9** | **How many serves of vegetables do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | A serve = ½ cup cooked green or orange vegetables or dried beans, 1 cup of green leafy or raw salad vegetables, ½ a medium potato. | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **10** | **How many serves of breads, cereals, rice and pasta do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | A serve = 1 slice of bread, ½ cup rice, pasta or noodles, ½ cup of porridge, ⅔ cup cereal flakes or ¼ cup of muesli | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **11** | **How many serves of milk, yoghurt of cheese do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | A serve = 250ml of milk, 2 slices of cheese, 1 small carton of yoghurt | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **12** | **How many serves of fruit do you usually eat each day?** |
|  | *(Please only mark one option)* |
|  | 1 medium piece of fruit, 2 small pieces of fruit, 1 cup of diced fruit, ½ cup of fruit juice | None | 1 serve | 2-3 serves | 4 serves | 5 serves or more |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **7** | **Since completing the program, describe the ways in which the variety in your diet has increased or decreased?** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| The following questions are about your skills and confidence in cooking |

|  |  |
| --- | --- |
| **8** | **How would you rate your confidence in the following:** |
|  | *(Please mark one on each line)* |
|  |  | Poor | Fair | Good | Very good | Excellent |
|  | a Cooking skills? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | b Use a variety of cooking methods i.e. baking; stir frying, grilling, steaming, microwaving and blending? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | c Your ability to chop appropriately with a knife? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  | d Your ability to understand and follow a recipe? | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
|  |  |
| **9** | **Since completing the program, please describe your confidence in cooking has changed:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **10** | **Since completing the program, please describe how your cooking ability has changed:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| The following questions are about your social networks and social engagement |

|  |  |
| --- | --- |
| **11** | **How many social interactions are you participating in per week?**  |
|  | *(Please only mark one option)* |
|  |  | Yes |
|  | 0 per week  | 🞏 |
|  | 1–2 per week | 🞏 |
|  | 3–4 per week  | 🞏 |
|  | >5 per week | 🞏 |
|  |  |
| **12** | **Since completing the program, please describe any changes in your social interactions:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| The following questions are related to the *Recipes for Life* cookbook |

|  |  |
| --- | --- |
| **14** | **How many recipes have you cooked from the *Recipes for Life* cookbook?** |
|  | *(Please only mark one option)* |
|  |  | None | 1–2 | 3–4 | 4–5 | 6 or more |
|  |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**Thank you for taking the time to complete this survey.**

1. (<http://www.health.qld.gov.au/nutrition/resources/hphe_mst_pstr.pdf>) [↑](#footnote-ref-1)
2. <http://www.health.qld.gov.au/nutrition/resources/hphe_mst_pstr.pdf> [↑](#footnote-ref-2)