Utilization Barriers

*Note: Question numbering refers to the unique item identifiers referenced in the user’s guidance documents. Feel free to note these unique identifiers and then modify the numbering as needed. Delete this note and any additional notes as well, prior to using.*

**The following questions ask about your household's cooking skills and equipment.

U1.** In the last 12 months, (I/we) did not have access to a refrigerator, freezer, or other way to keep food from spoiling.

* Never true
* Sometimes true
* Often true
* Don't know

**U2.** In the last 12 months, (I/we) did not have a way to cook meals (e.g., stove, oven, microwave, hot plate or other appliance).

* Never true
* Sometimes true
* Often true
* Don't know

**U3.** In the last 12 months, (I/we) did not have the kitchen tools or utensils needed to cook meals (e.g., pots, pans, a stirrer, can opener, knife, spoons/forks, or other utensils).

* Never true
* Sometimes true
* Often true
* Don't know

**U4.** In the last 12 months, (I/we) did not have a clean and sanitary area to prepare meals.

* Never true
* Sometimes true
* Often true
* Don't know

**U5.** In the last 12 months, (I/we) did not know how to select healthy foods from the food options (I/we) had.

* Never true
* Sometimes true
* Often true
* Don't know

**U6.** In the last 12 months, (I/we) did not know how to make homemade meals from the food options (I/we) had (e.g., “meals from scratch” or meals without pre-made items).

* Never true
* Sometimes true
* Often true
* Don't know

**U7.** In the last 12 months, (I/we) could not make a healthy meal from the food options (I/we) had.

* Never true
* Sometimes true
* Often true
* Don't know

**U8.** In the last 12 months, (I/we) did not have time to cook meals.

* Never true
* Sometimes true
* Often true
* Don't know