

Appendix 3: Participant goal setting activity

Basic Information

Name: _____ Email (if applicable): _____

Address: _____

Telephone Number(s): _____

Family Details

Number of adults in your household: _____

Number of children in your household and their age(s): _____

Number of people you wish to cook for: _____

Would you like to see childcare provided at the collective kitchen? Yes _____ No _____

If yes, how many children would you need childcare for? _____

Are there any allergies, food intolerances or dietary restrictions in your family?

Yes _____ No _____ If yes, what are they? _____

Would you like food allergies, food intolerances and dietary restrictions considered when choosing recipes? Yes _____ No _____

Community Kitchen Questions

Why are you interested in joining a collective kitchen? _____

What are your goals for participating in a collective kitchen? _____

Would you like to be involved in choosing recipes? Yes _____ No _____

What kind of meals would you like to make in this collective kitchen? _____

Would you like to be involved in grocery shopping? Yes _____ No _____

When are you available to meet for the collective kitchen?

- Monday to Friday during the day Saturday
 Monday to Friday in the evening Sunday

What type of cooking schedule will work for you?

- Meet once a week Meet once a month
 Meet twice a week for one week of the month Meeting every other month
 Meet twice a month Other: _____

Other comments: _____

Thank you for your interest in the collective kitchen program. Some of these items will be discussed as a group with your leader. Please note – your leader will try to incorporate as many of your preferences as possible into the collective kitchen program.