

## Kaiser Permanente’s *Food for Our Members* Study

Thank you for considering Kaiser Permanente’s Food for Our Members study. If you agree to participate in this study, Kaiser Permanente researchers ask that you complete this one-time survey. Researchers will connect your survey with information in your medical record.

Your participation is voluntary, and you may opt out of the study at any time. If you would like to participate in this study, please choose from the following:

1. Complete this one-time survey and return using the enclosed postage paid envelope, OR
2. Complete the survey over the phone by calling **Tina Kimpo**, Senior Research Assistant, at **303-614-1250**. If you choose this option, we recommend using the paper version to follow along during the call.

**If you choose to complete this survey, this means you agree to be enrolled in the study.**

If you are not interested in participating in this study, please call **303-614-1250** or email us at [kpbevell@kp.org](mailto:kpbevell@kp.org) with your name and study ID (found at the top right of this survey).

**If we don’t hear from you in a few weeks, we will follow up with a phone call. Thank you!**

### Instructions:

Check the box that best represents your response. **Please answer all questions.**

**Note:** Some of the questions have multiple parts (a, b, c, etc.), please be sure to answer each part.

### Survey:

		Excellent	Very Good	Good	Fair	Poor
-----Multiple part question-----	1. In general:					
	a. Would you say your health is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Would you say your quality of life is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. How would you rate your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. How would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In the **last 6 months**, have you or someone in your household received information in the **MAIL** from Hunger Free Colorado (also known as the Food Resource Hotline)?
- Yes, received information in the mail
  - No, did not receive information in the mail
  - Don't know | Prefer not to answer
3. In the **last 6 months**, did you speak to someone from Hunger Free Colorado by **PHONE**?
- Yes, ONCE
  - Yes, TWICE or more
  - No, did not receive phone contact
  - Don't know | Prefer not to answer

**NOTE:** If you did not receive any information by phone or mail from Hunger Free Colorado, please skip to question #15.

The following questions relate to state or federal food programs you may have used before and after contact with Hunger Free Colorado:

		Yes	No	Don't know (Or prefer not to answer)
Multiple part question	4. In the 6 months <b>BEFORE</b> you had contact with Hunger Free Colorado, did you use any of the following <b>state or federal</b> programs to get the food you need?			
	a. Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Food stamps (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Emergency Food Assistance Program (TEFAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Free or reduced price school breakfast or lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Summer Food Service Program (SFSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. WIC program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	Don't know (Or prefer not to answer)
Multiple part question	5. <b>AFTER</b> you had contact with Hunger Free Colorado, did you use any of the following <b>state or federal</b> programs to get the food you need?			
	a. Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Food stamps (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Emergency Food Assistance Program (TEFAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Free or reduced price school breakfast or lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Summer Food Service Program (SFSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. WIC program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions relate to different local or community sponsored food programs you may have used before and after contact with Hunger Free Colorado:

6. In the 6 months <b>BEFORE</b> you had contact with Hunger Free Colorado, how often did you use any of the following <b>local or community</b> programs to get the food you need?		Never	One time only	Less than once a week	More than once a week	Don't know (Or prefer not to answer)
Multiple part question	a. Congregate meal sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Farmer's Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Food pantry / Food bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. <b>AFTER</b> you had contact with Hunger Free Colorado, how often did you use any of the following <b>local or community</b> programs to get the food you need?		Never	One time only	Less than once a week	More than once a week	Don't know (Or prefer not to answer)
Multiple part question	a. Congregate meal sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Farmer's Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Food pantry / Food bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following questions relate to your level of satisfaction with Hunger Free Colorado:**

8. How satisfied are you with the **new food resources** provided by Hunger Free Colorado?
- Extremely satisfied
  - Very satisfied
  - Somewhat satisfied
  - Not at all satisfied
9. How satisfied were you with the **information** that Hunger Free Colorado provided to you about sources to obtain the food you need?
- Extremely satisfied
  - Very satisfied
  - Somewhat satisfied
  - Not at all satisfied
10. How satisfied were you with the **help** that Hunger Free Colorado gave you in obtaining the food you need?
- Extremely satisfied
  - Very satisfied
  - Somewhat satisfied
  - Not at all satisfied

**The next set of questions relate to food concerns AFTER your interaction with Hunger Free Colorado:**

11. Since you had contact with Hunger Free Colorado, the food that you bought just didn't last, and you didn't have money to get more.
- Often true
  - Sometimes true
  - Never true
  - Don't know (Or prefer not to answer)
12. Since you had contact with Hunger Free Colorado, you haven't been able to afford to eat balanced meals.
- Often true
  - Sometimes true
  - Never true
  - Don't know (Or prefer not to answer)

13. Since you had contact with Hunger Free Colorado, you worried that your food would run out before you had any money to buy more?
- Often true
  - Sometimes true
  - Never true
  - Don't know (Or prefer not to answer)
14. Since you had contact with Hunger Free Colorado, you shared information about food resources (provided by Hunger Free Colorado) with a friend or family member?
- Often true
  - Sometimes true
  - Never true
  - Don't know (Or prefer not to answer)

**The next set of questions asks about barriers that might prevent you from getting the food you need.**

15. <u>In the past 6 months</u> , please tell us whether the statement was often true, sometimes true, or never true.	<b>Often true</b>	<b>Sometimes True</b>	<b>Never True</b>	<b>Don't know</b> (Or prefer not to answer)
a. I didn't have a place to store my food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I didn't have a refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I didn't have a stove to cook my food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I didn't have the gas or electricity to cook my food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I didn't have transportation to pick up my food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I didn't feel comfortable asking for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I was frustrated by all the requirements and paperwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-----Multiple part question-----

		<b>Not hard at all</b>	<b>Somewhat hard</b>	<b>Very hard</b>	<b>Not applicable</b>
Multiple part question	16. <u>In the past <b>6 months</b></u> , how hard was it for you to pay for the <u>very basics</u> like housing, heating, medical care and medications?				
	a. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Utility bills (electric, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Medical needs (medicine, doctor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next four questions refer to your housing/living situation:**

17. Was there a time over the **last 12 months** when you were not able to pay the mortgage or rent on time?
- Yes  
 No  
 I prefer not to answer
18. How many places have you lived over the **last 12 months**?
- \_\_\_\_\_
19. Was there a time over the **last 12 months** when you did not have a steady place to sleep or slept in a shelter (including now)?
- Yes  
 No  
 I prefer not to answer
20. Have you moved in with anyone OR allowed someone to move in with you in the **past 12 months** to share household expenses?
- Yes  
 No  
 I prefer not to answer

**The remaining survey questions address a few general topics:**

21. How satisfied are you with **Kaiser Permanente's** efforts to connect you with food resources?

- Extremely satisfied
- Very satisfied
- Somewhat satisfied
- Not at all satisfied
- Not applicable (N/A)

22. What is your current work situation? **Check all that apply**

- Unemployed seeking work
- Part time or temporary work
- Full time work
- Student
- Retired
- Disabled
- Other— Please write in: \_\_\_\_\_
- I prefer not to answer this question

23. How do you describe yourself? **Check all that apply**

- Asian
- American Indian/Alaskan Native
- Black/African American
- Native Hawaiian
- Pacific Islander
- White
- Hispanic or Latino
- I prefer not to answer this question
- Other: (please write other race or ethnicity here): \_\_\_\_\_

24. What was the highest grade or level of school that you have completed?

- 8<sup>th</sup> grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate (i.e. B.A.; B.S.)
- More than a 4-year college degree
- I prefer not to answer this question

25. What is your total household income per year?

- None
- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- More than \$75,000
- I prefer not to answer this question

**Thank you for completing the survey!**

**Completed survey:** If you completed this survey on your own, please send it back using the postage paid envelope.

**Phone survey:** If you choose to complete the survey over the phone with a study team member, you can use this version to follow along and call 303-614-1250. If your call goes to voicemail, please leave a message with the best days and times of day to call you back.

**Not interested:** If you know now that you aren't interested, please call 303-614-1250 or email [kpbewell@kp.org](mailto:kpbewell@kp.org), leaving your name and study ID (top of this survey).

If we don't hear from you in a week or two, we will follow up with a phone call.

We sincerely appreciate your time and participation!