

Kaiser Permanente's *Food for Our Members* Study

Survey #1

A study team member will call you in a few days to describe this study and to see if you want to participate. If you know now you'd like to participate, you can complete this survey and mail it to us using the postage paid envelope.

If you choose to complete this survey, this means you agree to be enrolled in the study and to be contacted 2 more times by mail and/or telephone to complete 2 more surveys.

If you know now that you aren't interested, please call 303-614-1250 or email us at kpbewell@kp.org providing your name and study ID (top of this 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 we don't hear from you in a few days, we will follow up with a phone call. Thank you!

Date: _____

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

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

2. How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Often
- Always

3. Do you have someone you could call if you need help?

- Yes
- No

4. Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than 7 days	Nearly every day
a. Little interest in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have any <u>concerns</u> about the following living situations:	Yes	No
a. Condition of housing	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of more permanent housing	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to pay for housing or utilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling safe	<input type="checkbox"/>	<input type="checkbox"/>
e. Other concerns	<input type="checkbox"/>	<input type="checkbox"/>

Write other concerns below:

6. Are you a primary caregiver for a child under the age of 18?

- Yes
- No

7. How hard is it for you to pay for the <u>very basics</u> like food, housing, heating, medical care and medications?	Not hard at all	Somewhat hard	Very hard
a. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Utility bills (electric, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical needs (medicine, doctor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Has anyone <u>from Kaiser contacted</u> you to offer help with any of these concerns?	Yes	No
a. Food	<input type="checkbox"/>	<input type="checkbox"/>
b. Housing	<input type="checkbox"/>	<input type="checkbox"/>
c. Utility bills (electric, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical needs (medicine, doctor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Debts	<input type="checkbox"/>	<input type="checkbox"/>

9. Has anyone <u>outside of Kaiser contacted</u> you to offer help with any of these concerns?	Yes	No
a. Food	<input type="checkbox"/>	<input type="checkbox"/>
b. Housing	<input type="checkbox"/>	<input type="checkbox"/>
c. Utility bills (electric, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical needs (medicine, doctor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Debts	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your current work situation?

- 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

11. Has lack of transportation kept you from:	Yes	No
a. Getting to medical appointments?	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting your medications?	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting to meetings (such as community or social meetings)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting to work or volunteer activities?	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting things needed for daily living (such as household items, groceries)?	<input type="checkbox"/>	<input type="checkbox"/>

12. When you buy food from a grocery store or supermarket, how important is nutrition to you?

- Not at all important
- Not too important
- Somewhat important
- Very important

13. In the past 3 months, how often have you worried that your food would run out before you had any money to buy more?

- Never
- Sometimes
- Often
- Very often

14. In the past 3 months, the food you bought just didn't last and you didn't have money to buy more.

- Never
- Sometimes
- Often
- Very often

15. Please tell me how often in the <u>past 3 months</u> you have done any of the following things:	Never	Sometimes	Often
a. Taken smaller doses of a medicine to make the medicine last longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Skipped doses to make the medicine last longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spent less money on food, heat or other basic needs so that you would have money for medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In the past 12 months, how many times did you decide not to fill or refill a prescription because it was too expensive?

- None
- 1 time
- 2 times
- 3-4 times
- 5-9 times
- 10 or more times
- Don't know

17. Do you use any kind of tobacco, including cigarettes, cigars, a pipe, snuff, or chewing tobacco?
- Yes
 - No, I quit
 - No, I have never used tobacco
18. How many days a week do you usually have a drink containing alcohol?
- Never drink
 - Less than once a week
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
19. How many drinks containing alcohol do you have on a typical day when you are drinking?
(1 drink= 12 oz. can of beer, 5 oz. glass of wine, or 1.5 oz. shot of hard liquor).
- Never drink
 - Less than one drink
 - 1 drink
 - 2 drinks
 - 3 drinks
 - 4 or more drinks
20. In the past 12 months, how often have you used an illegal drug or a prescription medication for non-medical reasons?
- Never
 - Sometimes
 - Often
 - Very often
21. What is your current marital status?
- Married
 - Live with spouse or partner
 - Divorced
 - Separated
 - Widowed
 - Single

22. 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): _____
23. What language are you most comfortable speaking?
- English
 - Language other than English (write language here): _____
 - I prefer not to answer this question
24. What was the highest grade or level of school that you have completed?
- 8th 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. Which of the following best describes your current living situation?
- Live independently in own home
 - Live independently in own home (may get some help with meals, household chores and personal care)
 - Live in a home with a relative or friend who helps with meals and household chores
 - Live in a senior/retirement or Assisted Living facility where meals and household help are routinely provided by paid staff (or could be requested)
 - Live in a facility such as a nursing home which provides meals and 24-hour nursing care
 - Other (write in): _____

26. 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

End of survey

If you completed this survey on your own, please send it back to us using the postage paid envelope.

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We sincerely appreciate your time and participation!