

Kaiser Permanente's *Food for Our Members* Study

Survey #2

Thank you for participating in Kaiser Permanente's Food for Our Members study. As a participant in this study, you agreed to allow Kaiser Permanente to contact you for two additional surveys; at three months and again at 12 months.

We appreciate your response to the first survey. You will find that some of the questions in Survey #2 are similar to Survey #1.

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

1. Complete the survey and return using the enclosed postage paid envelope,
2. OR, 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 feel we have contacted you in error, or if you are no longer interested in taking part in our study, please call **303-614-1250** or email us at 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!

Date: _____

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.

| | | Excellent | Very Good | Good | Fair | Poor |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Multiple part question | 1. In general: | | | | | |
| | 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

- Never
- Rarely
- Sometimes
- Often
- Always
- Do not wish to answer

Multiple part question

| 3. 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 in my home | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other | <input type="checkbox"/> | <input type="checkbox"/> |

Write other concerns below:

Multiple part question

| 4. Since our last survey, how hard has it been 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 | Not applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Utility bills (electric, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Medical needs (medicine, doctor, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Debts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Multiple part question

| 5. Since our last survey, has anyone <u>from Kaiser contacted</u> you to offer help with any of these concerns? | Yes | No | Not applicable |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |

| | | | | |
|------------------------|---|--------------------------|--------------------------|--------------------------|
| Multiple part question | 6. Since our last survey, has anyone <u>outside of Kaiser contacted</u> you to offer help with any of these concerns? | Yes | No | Not applicable |
| | 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"/> |

| | | | | |
|------------------------|---|--------------------------|--------------------------|--------------------------|
| Multiple part question | 7. Since our last survey, has lack of transportation kept you from: | Yes | No | Not applicable |
| | a. Getting to medical appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Getting your medications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Getting to meetings (such as community or social meetings)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Getting to work or volunteer activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Getting things needed for daily living (such as household items, groceries)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For the following statements, please tell us whether the statement was often true, sometimes true, or never true for you:

8. In the past 3 months, the food that I bought just didn't last, and I didn't have money to get more.
- Often true
 - Sometimes true
 - Never true
 - Don't know
 - Do not wish to answer
9. In the past 3 months, I couldn't afford to eat balanced meals.
- Often true
 - Sometimes true
 - Never true
 - Don't know
 - Do not wish to answer

10. In the past 3 months, did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money or food?

- Yes
- No
- Don't know
- Do not wish to answer

→ If you answered **yes** to the above question,

10a. How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know
- Do not wish to answer

11. In the past 3 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

12. In the past 3 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

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, have you used any of the following sources to get the food you need?

Check all that apply

- Congregate meals
- Commodity Supplemental Food Program (CSFP)
- Farmer's Market
- Food pantry
- Meals on Wheels
- Mobile feeding service
- Food stamps (SNAP)
- Soup Kitchen
- Emergency Food Assistance Program (TEFAP)
- WIC program
- Other

| 15. During the <u>past 3 months</u> , are any of the following true for you? | | Yes | No | Don't Know |
|--|---|--------------------------|--------------------------|--------------------------|
| Multiple parts | a. I took less medicine to save money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. I skipped medication doses to save money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. I delayed filling a prescription to save money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. During the past 3 months, was there any time when you needed prescription medicines but didn't get them because you couldn't afford it?

- Yes
- No
- Don't know
- Do not wish to answer

→ If you answered **yes** to the above question,

16a. In the past 3 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
- Do not wish to answer

17. In the last 3 months, how often did you put off paying for one item in order to pay for something else? Please select a response for each trade-off listed below:

Multiple part question

| Put off paying for this item: | To pay for this item: | Never | Rarely | Sometimes | Often |
|-------------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Food | Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing | Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Food | Utility bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Utility bills | Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Food | Medical needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medical Needs | Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. Do you live in...

- An apartment
- A house/townhouse/condo
- Residential treatment/supervised housing
- Government housing (army, etc.)
- Mobile home/trailer
- A shelter/transitional living situation
- Room/rented room
- Car
- No steady place to sleep at night
- Hotel/motel
- Don't know
- Do not wish to answer
- Other: _____

Skip to question #20

19. Do you own your own home? (The home is under your name)

- Yes
- No
- Do not wish to answer

20. In the past **three years**, how many places, including your current place, have you lived for one week or longer?

#

Please list the number of places you have lived for one week or longer (including your current place), in the last three years.

- Do not wish to answer

21. Did you move because you could no longer afford that home?

- Yes
- No
- Do not wish to answer

22. Have you moved in with anyone in the last 12 months to share household expenses?

- Yes
- No
- Do not wish to answer

23. Have you ever been homeless at any time in the last 12 months?

- Yes
- No
- Do not wish to answer

The following section asks about your energy expenses and utilities. IF living in a shelter or other type of institution, you may skip the rest of the survey.

24. In the past 12 months did your house or apartment receive energy assistance?

- Yes
- No
- Do not wish to answer

25. In the last 12 months has the gas or electric company sent you a letter threatening to shut off the gas or electricity in your house or apartment for not paying bills?

- Yes
- No
- Do not wish to answer

26. In the last 12 months has the gas, electric, or oil company shut off or refused to deliver gas, electricity, or oil for not paying bills?

- Yes
- No
- Do not wish to answer

27. In the last 12 months were there any days that your house or apartment was not heated or cooled because you couldn't pay the bills?

- Yes
- No
- Do not wish to answer

28. In the last 12 months have you ever used a cooking stove to heat your house or apartment because you couldn't pay the bills? [Not including a time the stove was used for heat during a power outage]

- Yes
- No
- Do not wish to answer

| |
|---|
| Thank you for completing Survey #2 |
|---|

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

If you know now that you aren't interested, please call 303-614-1250 or email kpbevell@kp.org, leaving 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.

We sincerely appreciate your time and participation!