

Food on the Move Survey

Main Survey Portion

CUSTOMID: \${e://Field/SURVEY_ID}

English

YOB

DEMOGRAPHICS

To start, I am going to ask you a series of questions about yourself. All of these questions are voluntary.

[RE-ENTER BIRTH YEAR OR ASK PARTICIPANT:]

In what year were you born?

Loyalty Card Holder

Does this customer already have a loyalty card?

- ☐ Yes
- ☐ No
- ☐ Unknown

Gender

What is your gender identity? Please select all that apply.

- ☐ Man
- ☐ Woman
- ☐ Transgender man
- ☐ Transgender woman
- ☐ Genderqueer/non-binary, neither exclusively man nor woman
- ☐ Another gender identity (Please describe)
- ☐ DON'T KNOW
- ☐ REFUSED

Ethnicity

Are you of Hispanic, Latino or Spanish origin or descent?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Race

Which of the following best describes your race...? Please tell me all that apply. (SELECT ALL)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian, or
- ☐ Other Race (Please Describe)

☐ DON'T KNOW☐ REFUSED

Household Size

How many people, including you, are part of your household? By household, I mean your family and other people who live with you and with whom you share food and/or food expenses. Please include yourself and any babies and small children.

☐ HOUSEHOLD SIZE ☐ DON'T KNOW☐ REFUSED

How many are adults age 50 or older?

How many are adults age 18 to 49?

How many are children between the ages of 5 and 17?

How many are children under 5 years of age?

[INT NOTE: Total must equal the answer to the previous question. Enter 77 or 99 if skipped.]

# ADULTS 50+	<input type="text" value="0"/>
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# ADULTS 18 TO 49	<input type="text" value="0"/>
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# CHILDREN 5 TO 17	<input type="text" value="0"/>
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# CHILDREN UNDER 5	<input type="text" value="0"/>
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Total	<input type="text" value="0"/>
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Household Income

Was your annual household income more than \$30,000 last year?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Was your annual household income more than \$40,000 last year?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Was your annual household income more than \$51,000 last year?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Was your annual household income more than \$61,000 last year?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Was your annual household income more than \$71,000 last year?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Was your annual household income more than \$166,000 last year?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

U.S. Residency

Were you born outside of the United States of America?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

In what country were you born?

- ☐ COUNTRY
- ☐ DON'T KNOW

☐ REFUSED

Educational Attainment

What is the highest grade or level of school you have completed or the highest degree you have received?

- ☐ LESS THAN HIGH SCHOOL DEGREE
- ☐ HIGH SCHOOL DEGREE OR EQUIVALENT (e.g. GED)
- ☐ COLLEGE DEGREE OR MORE
- ☐ OTHER (Please Describe)
- ☐ DON'T KNOW
- ☐ REFUSED

Health Insurance Status

Do you currently have any form of health insurance, including public programs like Medicare and Medicaid?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Are you currently on Medicare?

[INT NOTE: Medicare is a national health insurance program for Americans aged 65 and older, younger people with some disability status as determined by the Social Security Administration, as well as people with end stage renal disease and amyotrophic lateral sclerosis (ALS or Lou Gehrig's

disease).]

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Are you currently on Medicaid?

[INT NOTE: Medicaid is a federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, including nursing home care and personal care services.]

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Employment Status

Are you currently employed?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Retirement Status

Are you currently retired?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Disability Benefits

Do you currently receive disability benefits?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Veteran Status

Are you a U.S. military veteran?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

SNAP Enrollment

The next question is about SNAP, the Supplemental Nutrition Assistance Program, also known as the Food Stamp Program. Do you participate in the SNAP program?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

How long have you been receiving EBT, food stamps, or SNAP benefits?

- ☐ I just started
- ☐ Less than a year
- ☐ More than a year

SNAP Benefits

Do you feel that your SNAP benefits give you enough money to feed your family each month?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

How many weeks do your SNAP benefits usually last during an average month? Would you say...

- ☐ About 1 week or less
- ☐ About 2 weeks
- ☐ About 3 weeks, or

- ☐ The entire month
- ☐ DON'T KNOW
- ☐ REFUSED

Previous_customer

Have you shopped with Food on the Move before?

- ☐ Yes
- ☐ No

Food Insecurity Intro

FOOD STATUS

These next questions are about the food eaten in your household in the past 12 months, since [NAME OF CURRENT MONTH] of last year and whether you were able to afford the food you need.

I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months — that is, since last [NAME OF CURRENT MONTH].

Food Insecurity 1

The first statement is "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that...

- ☐ Often
- ☐ Sometimes, or
- ☐ Never true for you in the last 12 months
- ☐ DON'T KNOW
- ☐ REFUSED

Food Insecurity 2

The second statement is “(I/we) couldn't afford to eat balanced meals.” Was that...

- ☐ Often
- ☐ Sometimes, or
- ☐ Never true for you in the last 12 months
- ☐ DON'T KNOW
- ☐ REFUSED

Food Insecurity 3

In the last 12 months, since last [NAME OF CURRENT MONTH], did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

How often did this happen...?

- ☐ Almost every month
- ☐ Some months but not every month, or
- ☐ Only 1 or 2 months
- ☐ DON'T KNOW
- ☐ REFUSED

Food Insecurity 4

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Food Insecurity 5

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

BRFSS 2011 Fruit and Vegetable Module INTRODUCTION

FRUIT AND VEGETABLE CONSUMPTION

These next questions are about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned. Please think about all meals, snacks, and food consumed at home and away from home. I will be asking how often you ate or drank each one. You can respond per day, per week or per month: for example, once a day, twice a week, three times a month, and so forth.

[INT NOTE: if respondent responds less than once per month, put “0” times per month. If respondent gives a number without a time frame, ask: “was that per day, week, or month?”]

BRFSS 2011 Fruit and Vegetable Module FRUIT JUICE

During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice.

- ☐ PER DAY
- ☐ PER WEEK
- ☐ PER MONTH
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

[INT NOTE: Do not include fruit drinks with added sugar or other added sweeteners like Koolaid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, PowerAde, or yogurt drinks. Do not include fruit juice drinks that provide 100% daily vitamin C but include added sugar. Do not include vegetable juices such as tomato and V8 if respondent provides but include in “other vegetables” question. DO include 100% pure juices including orange, mango, papaya, pineapple, apple, grape (white or red), or grapefruit. Only count cranberry juice if the perception is that it is 100% juice with no sugar or artificial sweetener added. 100% juice blends such as orange-

pineapple, orange-tangerine, cranberry-grape are also acceptable as are fruit-vegetable 100% blends. 100% pure juice from concentrate (i.e., reconstituted) is counted.]

BRFSS 2011 Fruit and Vegetable Module FRUIT

During the past month, not counting juice, how many times per day, week, or month did you eat fruit?
Count fresh, frozen, or canned fruit .

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

READ ONLY IF NECESSARY: “Your best guess is fine. Include apples, bananas, applesauce, oranges, grape fruit, fruit salad, watermelon, cantaloupe or musk melon, papaya, lychees, star fruit, pomegranates, mangos, grapes, and berries such as blueberries and strawberries.”

[INT NOTE: Each time a fruit is eaten it counts as one time.]

INT NOTE: Do not count fruit jam, jelly, or fruit preserves. Do not include dried fruit in ready-to-eat cereals. Do include dried raisins, cran-raisins if respondent tells you - but due to their small serving size they are not included in the prompt. Do include cut up fresh, frozen, or canned fruit added to yogurt, cereal, jello, and other meal items. Include culturally and geographically appropriate fruits that are not mentioned (e.g. genip, soursop, sugar apple, figs, tamarind, bread fruit, sea grapes, carambola, longans, lychees, akee, rambutan, etc.).]

BRFSS 2011 Fruit and Vegetable Module BEANS

During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

READ ONLY IF NECESSARY: "Include round or oval beans or peas such as navy, pinto, split peas, cow peas, hummus, lentils, soy beans and tofu. Do NOT include long green beans such as string beans, broad or winged beans, or pole beans."

[INT NOTE: Include soybeans also called edamame, tofu (bean curd made from soybeans), kidney, pinto, hummus, lentils, black, black-eyed peas, cow peas, lima beans and white beans. Include bean burgers including garden burgers and veggie burgers. Include falafel and tempeh.]

BRFSS 2011 Fruit and Vegetable Module DARK GREENS

During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach?

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

[INT NOTE: Each time a vegetable is eaten it counts as one time.]

[INT NOTE: Include all raw leafy green salads including spinach, mesclun, romaine lettuce, bok choy, dark green leafy lettuce, dandelions, komatsuna, watercress, and arugula. Do not include iceberg (head) lettuce if specifically told type of lettuce. Include all cooked greens including kale, collard greens, choys, turnip greens, mustard greens.]

BRFSS GUSNIP EXTENSION

During the past month, how often did you eat any kind of FRIED POTATOES like French fries, tater tots, hash brown potatoes, or other fried potatoes?

- ☐ Per Day
- ☐ Per Week
- ☐ Per Month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

During the past month, how often did you eat any OTHER KIND OF POTATOES that aren't fried, like baked, boiled, mashed, or potatoes used in soups and stews?

- ☐ Per Day
- ☐ Per Week
- ☐ Per Month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

During the past month, how often did you eat other VEGETABLES that were not deep-fried? These are vegetables like carrots, broccoli, collards, green beans, corn, or other vegetables that are not deepfried. INCLUDE canned, frozen, or fresh vegetables. ALSO INCLUDE vegetables that are raw, boiled, broiled, baked, grilled, stir-fried, or microwaved.

- ☐ Per Day
- ☐ Per Week
- ☐ Per Month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

During the past month, how often did you eat packaged or homemade SALSA made with tomato?

- ☐ Per Day
- ☐ Per Week
- ☐ Per Month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

During the past month, how often did you eat PIZZA? INCLUDE frozen pizza, fast food pizza, and homemade pizza.

- ☐ Per Day
- ☐ Per Week
- ☐ Per Month
- ☐ NEVER
- ☐ DON'T KNOW

☐ REFUSED

During the past month, how often did you eat TOMATO SAUCE in recipes such as spaghetti, lasagna, or other dishes? DO NOT INCLUDE tomato sauce on pizza.

- ☐ Per Day
- ☐ Per Week
- ☐ Per Month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

BRFSS 2011 Fruit and Vegetable Module ORANGE VEGETABLES

During the past month, how many times per day, week, or month did you eat orange- colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots?

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

READ ONLY IF NECESSARY: "Winter squash have hard, thick skins and deep yellow to orange flesh. They include acorn, buttercup, and spaghetti squash."

[INT NOTE: Include all forms of carrots including long or baby-cut. Include carrot-slaw (e.g. shredded carrots with or without other vegetables or fruit). Include all forms of sweet potatoes including baked,

mashed, casserole, pie, or sweet potatoes fries. Include all hard-winter squash varieties including acorn, autumn cup, banana, butternut, buttercup, delicate, hubbard, kabocha (Also known as an Ebisu, Delica, Hoka, Hokkaido, or Japanese Pumpkin; blue kuri), and spaghetti squash. Include all forms including soup. Include pumpkin, including pumpkin soup and pie. Do not include pumpkin bars, cake, bread or other grain-based desert-type food containing pumpkin (i.e. similar to banana bars, zucchini bars we do not include).]

BRFSS 2011 Fruit and Vegetable Module OTHER VEGETABLES

Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes.

- ☐ Per day
- ☐ Per week
- ☐ Per month
- ☐ NEVER
- ☐ DON'T KNOW
- ☐ REFUSED

READ ONLY IF NEEDED: "Do not count vegetables you have already counted and do not include fried potatoes."

[INT NOTE: Include corn, peas, tomatoes, okra, beets, cauliflower, bean sprouts, avocado, cucumber, onions, peppers (red, green, yellow, orange); all cabbage including American-style coleslaw; mushrooms, snow peas, snap peas, broad beans, string, wax-, or pole-beans. Include any form of the vegetable (raw, cooked, canned, or frozen). Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish. Do include tomato juice if respondent did not count in fruit juice. Include culturally and geographically appropriate vegetables that are not mentioned (e.g. daikon, jicama, oriental cucumber, etc.). Do not include rice or other grains.]

Nutrition-Related Chronic Diseases Intro

HEALTH STATUS

Next we're going to ask you a series of questions about your personal health. Has your doctor or health professional ever told you that you had any of the following diseases or health conditions...? Please tell me yes or no for each of the diseases or health conditions as I read them aloud.

Diabetes

Diabetes (high blood glucose/sugar)?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Prediabetes

Prediabetes (Prediabetes means your blood glucose/sugar is higher than normal, but not yet diabetes.)?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Gestational Diabetes

Gestational diabetes (or pregnancy diabetes)?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Hypertension

Hypertension (high blood pressure)?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

High Cholesterol

High cholesterol?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Heart Disease

Heart disease or a heart attack?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Stroke

Stroke or mini-stroke?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Overweight

Overweight or obese?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Asthma

Asthma or COPD (chronic obstructive pulmonary disease)?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Cancer

Cancer?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Physical Activity Current Level Intro

Next, I will be asking you questions about your physical activity. Physical activity or exercise includes such activities as walking rapidly, riding a bicycle, jogging or running, swimming or any activity in which your body works or the effort is equal to these activities. During the physical activity your heart rate and breathing should increase. We are looking for activities that last for at least 10 minutes or more with no breaks.

Physical Activity Current Level-Days and Minutes

How many days per week do you do physical activity or exercise?

- ☐ 0 or No days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days

Approximately how many minutes do you participate in physical activity each of those day(s)?

Physical Activity - Stages of Change

Please answer the following physical activity questions about yourself:

[INT NOTE: If they need a reminder of what Physical activity or exercise includes: activities as walking rapidly, riding a bicycle, jogging or running, swimming or any activity in which your body works or the effort is equal to these activities. During the physical activity your heart rate and breathing should increase. We are looking for activities that last for at least 10 minutes or more with no breaks.]

I am currently physically active.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

I intend to become more physically active in the next 6 months.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Physical Activity - Regular

For activity to be regular it must add up to a total of 150 minutes a week. For example, you could go for a 30-minute walk, 5 days a week. During this physical activity your heart rate and breathing increases.

I currently engage in regular physical activity for at least 30 minutes a day and for at least 5 days a week.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Family Diabetes

Do you have a mother, father, sister or brother with diabetes, yes or no?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Increase Thirst_Urination

In the past few months, have you experienced an increase in thirst or urination, yes or no?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Height

What is your height?

Weight

Please choose the range that best describes your weight in pounds.

- ☐ Less than 119 pounds (54 kg)
- ☐ 119-142 pounds (54-64 kg)
- ☐ 143-190 pounds (65-86 kg)
- ☐ More than 191 pounds (87 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 124 pounds (56 kg)
- ☐ 124-147 pounds (56-67 kg)
- ☐ 148-197 pounds (68-89 kg)
- ☐ More than 198 pounds (90 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 128 pounds (58 kg)
- ☐ 128-152 pounds (58-68 kg)
- ☐ 153-203 pounds (69-92 kg)
- ☐ More than 204 pounds (93 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 132 pounds (60 kg)
- ☐ 132-157 pounds (60-71 kg)
- ☐ 158-210 pounds (72-95 kg)
- ☐ More than 211 pounds (96 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 136 pounds (62 kg)
- ☐ 136-163 pounds (62-74 kg)
- ☐ 164-217 pounds (75-98 kg)
- ☐ More than 218 pounds (99 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 141 pounds (64 kg)
- ☐ 141-168 pounds (64-76 kg)
- ☐ 169-224 pounds (77-101 kg)
- ☐ More than 225 pounds (102 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 145 pounds (66 kg)
- ☐ 145-173 pounds (67-78 kg)
- ☐ 174-231 pounds (79-105 kg)
- ☐ More than 232 pounds (105 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 150 pounds (68 kg)
- ☐ 150-179 pounds (68-81 kg)

- ☐ 180-239 pounds (82-108 kg)
- ☐ More than 240 pounds (109 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 155 pounds (70 kg)
- ☐ 155-185 pounds (70-84 kg)
- ☐ 186-246 pounds (85-111 kg)
- ☐ More than 247 pounds (112 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 159 pounds (72 kg)
- ☐ 159-190 pounds (72-86 kg)
- ☐ 191-254 pounds (87-115 kg)
- ☐ More than 255 pounds (116 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 164 pounds (74 kg)
- ☐ 164-196 pounds (74-89 kg)
- ☐ 197-261 pounds (90-118 kg)
- ☐ More than 262 pounds (119 kg)

- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 169 pounds (77 kg)
- ☐ 169-202 pounds (77-92 kg)
- ☐ 203-269 pounds (93-122 kg)
- ☐ More than 270 pounds (123 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 174 pounds (79 kg)
- ☐ 174-208 pounds (79-94 kg)
- ☐ 209-277 pounds (95-126kg)
- ☐ More than 278 pounds (126 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 179 pounds (81 kg)
- ☐ 179-214 pounds (81-97 kg)
- ☐ 215-285 pounds (98-129 kg)
- ☐ More than 286 pounds (130 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 184 pounds (83 kg)
- ☐ 184-220 pounds (83-100 kg)
- ☐ 221-293 pounds (101-133 kg)
- ☐ More than 294 pounds (133 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 189 pounds (86 kg)
- ☐ 189-226 pounds (86-103 kg)
- ☐ 227-301 pounds (104-137 kg)
- ☐ More than 302 pounds (137 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 194 pounds (88 kg)
- ☐ 194-232 pounds (88-105 kg)
- ☐ 233-310 pounds (106-141 kg)
- ☐ More than 311 pounds (141 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 200 pounds (91 kg)
- ☐ 200-239 pounds (91-108 kg)
- ☐ 240-318 pounds (109-144 kg)
- ☐ More than 319 pounds (145 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

Please choose the range that best describes your weight in pounds.

- ☐ Less than 205 pounds (93 kg)
- ☐ 205-245 pounds (93-111 kg)
- ☐ 246-327 pounds (112-148 kg)
- ☐ More than 328 pounds (149 kg)
- ☐ DON'T KNOW
- ☐ REFUSED

General Health

In general, would you say your health is...

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair, or
- ☐ Poor
- ☐ DON'T KNOW
- ☐ REFUSED

Physical health

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

[INT NOTE: Only accepts 0-30, no half days allowed.]

- ☐ # OF DAYS
- ☐ DON'T KNOW
- ☐ REFUSED

Mental Health

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

[INT NOTE: Only accepts 0-30, no half days allowed.]

- ☐ # OF DAYS
- ☐ DON'T KNOW
- ☐ REFUSED

Unhealthy Days

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- ☐ # OF DAYS
- ☐ DON'T KNOW

☐ REFUSED

Intentional Weight Loss

In the past month, have you been intentionally trying to lose weight or to keep from gaining weight?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

Ease of Food Purchase per Doctor

How easy or difficult is it for you to buy the food you need to follow doctor's recommendations for your condition(s)?

- ☐ VERY DIFFICULT
- ☐ DIFFICULT
- ☐ NEUTRAL
- ☐ EASY
- ☐ VERY EASY
- ☐ DON'T KNOW
- ☐ REFUSED

Medication Adherence Questions

During the past 12 months, were you prescribed medication by a doctor or other health professional?

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

During the past 12 months, were any of the following true for you? Please tell me yes or no as I read each of the statements aloud.

You skipped medication doses to save money.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

You took less medicine to save money.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

You delayed filling a prescription to save money.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

You asked your doctor for a lower cost medication to save money.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

You bought prescription drugs from another country to save money.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

You used alternative therapies to save money.

- ☐ NO
- ☐ YES
- ☐ DON'T KNOW
- ☐ REFUSED

COVID-19 Questions

The coronavirus (COVID-19) has made it hard for me and others in my household to make ends meet

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

- ☐ Disagree
- ☐ Strongly Disagree

The coronavirus (COVID-19) has made it hard for me and others in my household to get fresh fruits and vegetables

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly Disagree

Have you or anyone you know been diagnosed with the coronavirus (COVID19)? If so, who? Check all that apply.

- ☐ No, I don't know anyone
- ☐ Yes, myself
- ☐ Yes, family
- ☐ Yes, friend(s)
- ☐ Yes, other

Since the coronavirus (COVID-19) outbreak have you or anyone in your household gotten free groceries from a food pantry, food bank, church, or other place that helps with free food?

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW

EPOS Customer Info

Lastly, I am going to ask for your name and contact information. With this information, we will be able to send you updates about the market and look you up in the system if you forget your loyalty card.

What is your first and last name? Do you have a preferred name?

First Name

Last Name

Preferred Name

What is your date of birth? (MM/DD/YYYY)

What is your phone number? (XXX-XXX-XXXX)

What is your e-mail address?

What is your home address?

Address Name
(Location)

Address Line 1

Address Line 2

Town

State

Zip Code

How would you like to receive communication from Food on the Move? Please tell me all that apply.

[INT NOTE: Be sure they provide information above for all of the communication forms selected here.]

☐ E-mail

☐ Text

☐ Mail

☐ None

EPOS Customer Card

[PLEASE ENTER LOYALTY CARD NUMBER]

LOYALTY CARD NUMBER

LOYALTY CARD NUMBER

Re-Enter LOYALTY CARD NUMBER

RECORD MARKET LOCATION

- ☐ Charlesgate Apartments
- ☐ Hillcrest Village Apartments
- ☐ Saint Elizabeth's Place
- ☐ Forand Manor

[FILL OUT BASED ON ABOVE OR ASK] Is this person a resident at this market location?

- ☐ Yes
- ☐ No

The last question is about other programs and activities offered by other partners during the Food on the Move market.

What programs would you be interested in having at the market? Please tell me all that apply.

- ☐ Cooking demonstrations
- ☐ Nutrition education
- ☐ Health and wellness activities
- ☐ Volunteer activities
- ☐ Other (Please describe)
- ☐ None

GIVE LOYALTY CARD AND HANDOUT TO PARTICIPANT.

Here is your loyalty card. Please present this at checkout every time you visit a Food on the Move market. Similar to programs at CVS and Stop and Shop, the cashier can scan your card at checkout. If you forget your loyalty card, they can lookup your number using the contact information you provided. By using your loyalty card, you will receive one point for every two dollars you spend at the market.

After you collect 100 points, you will receive \$5 off your next purchase. You may start using this on your next visit to the market. Do you have any questions about how to use the loyalty card?

Thank you for participating in our survey! We look forward to seeing you at the Food on the Move markets.

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