

**POMP 5 CONGREGATE MEALS
EXTENDED CORE SURVEY
(PHONE VERSION: April 19, 2004)**

I would like to ask you some questions about the nutrition program that you receive.

1. During a typical week, how many days do you eat at the [NAME OF NUTRITION SITE]?

Enter # of days per week in this space. |__|

2. Please tell me how many meals you eat every day, including meals provided at a nutrition site?

- | | |
|-------------------------|---|
| 1 meal..... | 1 |
| 2 meals..... | 2 |
| 3 meals..... | 3 |
| More than 3 meals..... | 4 |
| Other..... | 5 |
| [Please describe _____] | |

3. Think about the meal you get at the [NAME OF NUTRITION SITE] compared to all the other food you usually eat each day. Please tell me whether the meal you get from the nutrition program is:

- | | |
|---|---|
| Less than 1/3 of the food you usually eat each day..... | 1 |
| About 1/3 of the food you usually eat each day..... | 2 |
| About 1/2 of the food you usually eat each day..... | 3 |
| More than 1/2 of the food you usually eat each day..... | 4 |

4. Now think about the days when you don't have a meal at the [NAME OF NUTRITION SITE]. Do you eat:

- | | |
|-------------------------------------|---|
| About the same amount of food?..... | 1 |
| More food?..... | 2 |
| Less food?..... | 3 |

For Office Use:		
Agency: _____	State: _____	Self Administered <input type="checkbox"/>
Client ID: _____	Date: _____	Telephone <input type="checkbox"/>
		Other <input type="checkbox"/>

5. Let's talk about the period of time about a month before you started the nutrition program. I am going to read a number of ways you may have gotten your meals during that time. Please tell me whether this was true most of the time, sometimes, or almost never.

CHECK THIS BOX, IF RESPONDENT DOES NOT REMEMBER.

	[READ EACH STATEMENT & REPEAT RESPONSES AS NEEDED]	Most of the time	Sometimes	Almost never
a.	I cooked for myself.	1	2	3
b.	Family or friends provided me with meals.	1	2	3
c.	I ate at restaurants.	1	2	3
d.	I ate meals that were easy to fix like sandwiches, microwavable meals, or soups.	1	2	3
e.	I ate meals that were ready to eat right out of the package.	1	2	3
f.	I skipped meals or ate less food.	1	2	3
g.	I saved food from other meals.	1	2	3
h.	Other, please explain _____			

6. Now I'm going to read some things that many people do for meals on the days when the [NAME OF NUTRITION SITE] is not open, such as on weekends or holidays. Please tell me whether this was true for you most of the time, sometimes, or almost never.

		Most of the time	Sometimes	Almost never
a.	Family or friends provide me with meals.	1	2	3
b.	I eat meals that are easy to fix like sandwiches, microwavable meals, or soups.	1	2	3
c.	I eat meals that are ready to eat right out of the package.	1	2	3
d.	I use the emergency packs they provide (Emergency packs are for days when delivery is cancelled because of inclement weather.)	1	2	3
e.	I skip meals or eat less food.	1	2	3
f.	I save food from other meals.	1	2	3
g.	Other, please explain _____			

7. Do you always have enough money or food stamps to buy the food you need?

- Yes..... 1
- No..... 2

Please answer the following questions by circling the response that best represents the amount and type of food you usually eat.

8. How many servings of **fruit** do you usually eat every day?
(1 serving = 1 piece; 1/2 cup chopped, cooked, or canned fruit; or 3/4 cup of juice)

- 0 servings..... 1
- 1 serving..... 2
- 2 servings..... 3
- 3 or more servings..... 4

9. When you eat the congregate meals, do you usually eat the **fruit** that is provided?

- Yes..... 1
- No..... 2

10. How many servings of **potatoes** do you usually eat each day?
(1 serving = 1 small baked potato; 1/2 c mashed or boiled; 10 french fries; 1/2 c hashed browns)
- 0 servings..... 1
 1 serving..... 2
 2 servings..... 3
 3 or more servings..... 4
11. When you eat the congregate meals, do you usually eat the **potatoes** that are provided?
- Yes..... 1
 No..... 2
12. Other than potatoes, how many servings of **vegetables** do you usually eat every day?
(1 serving = 1 cup raw salad greens; 1/2 cup cooked or chopped raw vegetables; or 3/4 cup juice)
- 0 servings..... 1
 1 serving..... 2
 2 servings..... 3
 3 or more servings..... 4
13. Other than potatoes, when you eat the congregate meals, do you usually eat the **vegetables** that are provided?
- Yes..... 1
 No..... 2
14. How many servings of **bread, cereal, rice, pasta, noodles, and tortillas** do you usually eat every day? (1 serving = 1 piece bread or tortilla; or 1/2 cup cereal, rice, pasta, noodles)
- 0 servings..... 1
 1 – 2 servings..... 2
 3 – 5 servings..... 3
 6 or more servings..... 4
15. When you eat the congregate meals, do you usually eat the **bread, cereal, rice, pasta, noodles, or tortillas** that are provided?
- Yes..... 1
 No..... 2

16. How many servings of **milk, cheese, yogurt, and calcium rich soy products** do you usually eat every day? (1 serving = 1 cup milk or yogurt; or 1 piece or slice of cheese)

- 0 servings..... 1
- 1 serving..... 2
- 2 servings..... 3
- 3 or more servings..... 4

17. When you eat the congregate meals, do you usually eat the **milk, cheese, yogurt, or calcium rich soy products** that are provided?

- Yes..... 1
- No..... 2

18. How many servings of **meat, chicken, fish, and eggs** do you usually eat every day? (1 serving = 1 small piece, such as a small chicken breast, hamburger patty, or fish fillet; or 2-3 eggs)

- 0 servings..... 1
- 1 serving..... 2
- 2 servings..... 3
- 3 or more servings..... 4

19. When you eat the congregate meals, do you usually eat the **meat, chicken, fish, or eggs** that are provided?

- Yes..... 1
- No..... 2

20. How many servings of **nuts, soy products, and beans (such as baked beans, pintos, kidney beans, lima beans soybeans, or black-eyed peas)** do you usually eat every day? (1 serving = 1-2 cups of beans or tofu; 4-6 tablespoons of peanut butter; and 1/2-1cup of nuts)

- 0 servings..... 1
- 1 serving..... 2
- 2 servings..... 3
- 3 or more servings..... 4

21. When you eat the congregate meals, do you usually eat the **nuts, soy products, or beans** if they are provided?

- Yes..... 1
- No..... 2

22. Think about all the **water** or other non-alcoholic fluids you usually drink. How many glasses do you usually drink per day?

- 0 servings..... 1
- 1 – 4 glasses..... 2
- 5 – 7 glasses..... 3
- 8 or more glasses..... 4

23. I'm going to read some statements about the nutrition program. Please choose one of the following options: yes, definitely; yes, I think so; I'm not sure; no, I don't think so; or no, definitely not.

As a result of the nutrition program.....

	[READ EACH STATEMENT & REPEAT RESPONSES AS NEEDED]	Yes definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not	Not applicable
a.	I eat a healthier variety of food.	1	2	3	4	5	-1
b.	I am better able to follow the special diet that is prescribed by my doctor or dietitian.	1	2	3	4	5	-1
c.	I eat less salt (sodium).	1	2	3	4	5	-1
d.	I eat less high fat foods.	1	2	3	4	5	-1
e.	I can achieve or maintain a healthy weight.	1	2	3	4	5	-1
f.	I believe my health has improved and I feel better.	1	2	3	4	5	-1
g.	I am less hungry throughout the day.	1	2	3	4	5	-1
h.	I can continue to live in my own home.	1	2	3	4	5	-1

24. Now I want you to think of all the nutrition education information you have received through the nutrition program. I am going to read some statements about the nutrition education information and I want you to choose one of the following options: yes, definitely; yes, I think so; I'm not sure; no, I don't think so; or no, definitely not. [IF THE RESPONDENT HAS NOT PARTICIPATED IN ANY NUTRITION EDUCATION AT THE SITE, CIRCLE NOT APPLICABLE.]

As a result of the nutrition education information I received...

	[READ EACH STATEMENT & REPEAT RESPONSES AS NEEDED]	Yes definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not	Not applicable
a.	I make healthier food choices.	1	2	3	4	5	-1
b.	I handle or store food more safely.	1	2	3	4	5	-1
c.	I have shortened the time I let cooked food stay outside the refrigerator.	1	2	3	4	5	-1
d.	I know what to eat for my health conditions.	1	2	3	4	5	-1

25. Would you recommend this program to your friends, neighbors, and relatives?

- Yes..... 1
- No..... 2
- Not Sure..... 3

26. Now I'm going to read a list of services that may be offered through the nutrition program. Please tell me which of these you have received.

	Yes	No
a. Case Management	1	2
b. Legal Help	1	2
c. Nutrition Counseling	1	2
d. Transportation	1	2
e. Help with shopping	1	2
f. Help with personal care	1	2
g. Help with housekeeping	1	2
h. Help with cooking	1	2
i. Help getting benefits like food stamps and other public assistance	1	2
j. Help paying for prescription drugs	1	2
k. None	1	2
l. Other (Describe) _____	1	2

27. Have your social opportunities increased since you became involved with the nutrition program at [NAME OF NUTRITION SITE]?

- Yes..... 1
- No..... 2

28. How would you rate nutrition program overall? Would you say....

- Excellent..... 1
- Very Good 2
- Good..... 3
- Fair, or..... 4
- Poor..... 5

29. In general, would you say your health is excellent, very good, good, fair, or poor?

- Excellent..... 1
- Very Good 2
- Good..... 3
- Fair, or..... 4
- Poor..... 5

30. Do you have any suggestions that would make the nutrition program better?
[RECORD SUGGESTIONS VERBATIM]
