

POMP 4 NUTRITION QUESTIONNAIRE
HOME DELIVERED MEALS PROGRAM CLIENTS
 April 18, 2003

1. Where did you first hear of the home delivered meals program?

- Family 1
- Friends 2
- Physician..... 3
- Community organization..... 4
- Media..... 5
- Social worker or Case manager 6
- Hospital 7
- State or local office for the aging 8
- Other (Describe)_____ 9

2. How often do you receive the home delivered meals?

- Once a month or less 1
- 2 to 3 times a month..... 2
- 1-2 times a week..... 3
- 3-4 times a week..... 4
- 5 times a week 5
- More than 5 times a week 6

3. Would you like to participate more in the home delivered meals program?

No..... 1

(Skip to Question #4)

Yes..... 2

3a. Why don't you receive more meals? **(Check all that apply)**

- A. Meals not offered more often. 1
- B. Financial..... 1
- C. Don't want neighbors to know I'm
receiving home delivered meals..... 1
- D. I can't get my special diet..... 1
- E. Other (Describe)_____ 1

<u>Office Use Only:</u>		Page 1 of 7
Client ID: _____	Interview was: <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Mail	
Type of Service: <input type="checkbox"/> Congregate Meals	<input type="checkbox"/> Home Delivered Meals	
Service Enrollment Date: _____	Survey Date: _____	

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4. How would you rate the home delivered meals program overall?

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

The following questions are about your eating habits.

5. About how many meals do you eat every day?

- 1 meal..... 1
- 2 meals..... 2
- 3 meals..... 3
- More than 3 meals..... 4

6. How many servings of **fruit** do you usually eat every day? (One serving = 1 piece; ½ cup chopped, cooked, or canned fruit; or ¾ cup of juice)

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

7. When you eat the home delivered meals, do you usually eat the **fruit** that is provided?

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

8. How many servings of **vegetables** do you usually eat every day? (One serving = 1 cup raw leafy greens; ½ cup cooked or chopped raw vegetables; or ¾ cup juice)

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

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9. When you eat the home delivered meals, do you usually eat the **vegetables** that are provided?

Yes 1
No..... 2

10. How many servings of **bread, rice, pasta, noodles**, and **tortillas** do you usually eat every day? (One serving = 1 piece bread or tortilla; or ½ cup cereal, rice, pasta, noodles.)

0 servings..... 1
1 – 2 servings 2
3 - 5 servings 3
6 or more servings 4

11. When you eat the home delivered meals, do you usually eat the **bread, rice, pasta, noodles**, or **tortillas** that are provided?

Yes 1
No..... 2

12. How many servings of **milk, cheese, yogurt**, and **calcium rich soy products** do you usually eat every day? (One 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

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

Yes 1
No..... 2

14. How many servings of **meat, chicken, fish**, and **eggs** do you usually eat every day?

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

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15. When you eat the home delivered meal, do you usually eat the **meat, chicken, fish,** or **eggs** that are provided?

- Yes 1
No..... 2

16. 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?

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

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

- Yes 1
No..... 2

18. 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

19. Think about the **amount** of food you eat from the home delivered meals. On the days you eat a home delivered meal, what portion of all the foods you eat in a day does this meal represent?

- Less than 1/3 1
Between 1/3 and 1/2 2
About 1/2 3
More than 1/2 4

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Now think about the foods you receive from the home delivered meals program.

How satisfied are you.....	Very Satisfied	Somewhat Satisfied	Not Too Satisfied	Not At All Satisfied
20. with the way the food tastes ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21. with the way the food smells ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22. that the hot foods are hot and the cold foods are cold ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23. with the way the food looks ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24. with the variety of foods?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

25. How often would you say that your meals arrive about the time you expect them to?
- All the time..... 1
 - Almost all the time 2
 - Some of the time 3
 - Almost never 4
 - Never 5
 - Does not apply..... 6

The next questions ask about your participation in the home delivered meal program.

As a result of participating in this home delivered meals program . . .	Yes Definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not	Not applicable
26. I eat more balanced meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
27. It is easier to keep the special diet that is prescribed by my doctor or dietitian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
28. I am better able to avoid high sodium, or high fat foods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
29. I can maintain my weight.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
30. I have something to look forward to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
31. I can continue to live in my own home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
32. I would recommend this program to my friends, neighbors, and relatives.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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33. Which of the following services are available to you? **(Check all that apply)**

- A. Assistance in getting other services (including legal help) 1
- B. Nutrition Counseling 1
- C. Transportation 1
- D. Help with shopping 1
- E. Help getting benefits like food stamps
and other public assistance 1
- F. Income tax preparation help 1
- G. Insurance Counseling [SHIP, State Health Insurance Program] 1
- H. None 1
- I. Other (Describe) _____ 1

34. Which of the following services have you **used** since you have been in the home delivered meals program? **(Check all that apply)**

- A. Assistance in getting other services (including legal help) 1
- B. Nutrition Counseling 1
- C. Transportation 1
- D. Help with shopping 1
- E. Help getting benefits like food stamps
and other public assistance 1
- F. Income tax preparation help 1
- G. Insurance Counseling [SHIP, State Health Insurance Program]..... 1
- H. None 1
- I. Other (Describe) _____ 1

35. What additional services would you use if they were offered?
(Check all that apply)

- A. Assistance in getting other services (including legal help) 1
- B. Nutrition Counseling 1
- C. Transportation 1
- D. Help with shopping 1
- E. Help getting benefits like food stamps
and other public assistance 1
- F. Income tax preparation help 1
- G. Insurance Counseling [SHIP, State Health Insurance Program]..... 1
- H. None 1
- I. Other (Describe) _____ 1

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36. Do you have any suggestions that would make the home delivered meals program better?

The last few questions are about you.

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

- Yes 1
No 2

38. Are you physically able to shop for yourself?

- Yes 1

[Skip to Question #39]

- No 2

38a. IF NO, do you have someone who can shop for you?

- Yes 1
No 2

39. Are you physically able to cook for yourself?

- Yes 1

[Skip to Question #40]

- No 2

39a. If no, do you have someone who can cook for you?

- Yes 1
No 2

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

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

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.