

**Alameda County Community Food Bank and St. Mary's Center**

**A Study of Food Insecurity Among Elderly Mercy Brown-Bag Program Recipients**

**CLIENT SURVEY**

Hello, my name is\_\_\_\_\_. I am a volunteer with the Alameda County Community Food Bank (ACCFB), St. Mary's Center (SMC), and Mercy Brown Bag. With your permission, I would like to ask you about your experiences with the Mercy Brown-Bag Program and how food assistance programs can help you. We are hoping to gain some insights about the struggles which seniors on limited incomes face. Your answers will remain anonymous, unless you choose otherwise. You may refuse to participate in all or part of ACCFB and SMC's study.

**Individual Demographic Questions:** Now, I am going to ask you several questions. I want to remind you that this study is voluntary, and if at any time you want to take a break and/or stop the survey, please let me know.

1. Do you participate in the Mercy Brown-Bag Program? Yes\_\_\_ No\_\_\_

If yes, please continue with survey.

If no, thank you for your time. It is very much appreciated.

2. How long have you participated in the Mercy Brown-Bag Program (Years)? \_\_\_\_\_

3. How did you hear about the Mercy Brown-Bag Program? \_\_\_\_\_

4. Ethnicity? Please circle all that apply.

- a. African-American
- b. Asian/Pacific Islander
- c. Caucasian (Hispanic/Latino)
- d. Caucasian (Non-Hispanic/Non-Latino)
- e. Hispanic/Latino
- f. Native American
- g. Other(s)\_\_\_\_\_

5. a. Sex M/F/Other\_\_\_\_\_

b. Age D.O.B.\_\_\_\_\_

6. Marital Status:

- a. Single
- b. Married/Partnered
- c. Separated
- d. Divorced
- e. Widowed
- f. Other\_\_\_\_\_

7. How many people are in your household?

If one (yourself), please continue to question 10.

If more than one and there are additional member(s) of your household, please continue to question 8.

8. Please complete the following information, for each additional member(s) of your household.

- a. Sex M/F/Other \_\_\_\_\_
- b. Age D.O.B. \_\_\_\_\_
- c. Relationship: c1. Spouse/Partner c2. Child c3. Other Relative c4. Non-Relative

- a. Sex M/F/Other \_\_\_\_\_
- b. Age D.O.B. \_\_\_\_\_
- c. Relationship: c1. Spouse/Partner c2. Child c3. Other Relative c4. Non-Relative

- a. Sex M/F/Other \_\_\_\_\_
- b. Age D.O.B. \_\_\_\_\_
- c. Relationship: c1. Spouse/Partner c2. Child c3. Other Relative c4. Non-Relative

- a. Sex M/F/Other \_\_\_\_\_
- b. Age D.O.B. \_\_\_\_\_
- c. Relationship: c1. Spouse/Partner c2. Child c3. Other Relative c4. Non-Relative

9. Including yourself, are there more than five-member(s) of your household? Yes\_\_\_ No\_\_\_

If no, please continue to question 10.

If yes, how many member(s) are in your household? \_\_\_\_\_

10. What is the highest level of education you have completed?

- a. Less than High School
- b. Completed High School or G.E.D.
- c. Completed non-college level business or technical school
- d. Some college (two-years)
- e. Completed college (B.A. or B.S.)

11. Please tell me about the kind of place where you live now? Please circle one.

- a. House
- b. Mobile home/trailer
- c. Apartment
- d. Room
- e. With friends/family
- f. Homeless, living in shelter or mission
- g. Homeless, living on streets
- h. Car, van or camper

12. Do you?  
a. Own the place you live in  
b. Rent the place you live in  
c. Live for free with someone else  
d. Other\_\_\_\_\_

13. Do you receive Section 8 or Public Housing?  
Yes\_\_\_ No\_\_\_

14. Please tell me if you have each of the following, in the place where you live now?  
a. A location where you can prepare a meal Yes\_\_\_ No\_\_\_  
b. A working telephone Yes\_\_\_ No\_\_\_

15. Do you have access to each of the following?  
a. A location where you can prepare a meal Yes\_\_\_ No\_\_\_  
b. A working telephone Yes\_\_\_ No\_\_\_

16. Do you have a car that runs? Yes\_\_\_ No\_\_\_

If yes, please continue to question 18.  
If no, please continue to question 17.

17. Do you have access to a car that runs? Yes\_\_\_ No\_\_\_

If no, how did you get here today? Please circle all that apply.

- a. Drove myself  
b. Walked  
c. Received a ride from family  
d. Received a ride from a friend  
e. Bus  
f. BART  
g. Taxi-Cab  
h. Senior transportation program  
i. Other\_\_\_\_\_

18. What was your household's main source of income last month?

- a. Employment
- b. Social Security
- c. S.S.I.(Supplementary Social Security)
- d. S.S.D.I. (Disability)
- e. G.A.(General Assistance)
- f. Pension
- g. Unemployment Compensation
- h. Worker's Compensation
- i. Alimony
- j. Relative(s)
- k. Friend(s)
- l. Other(s)\_\_\_\_\_
- m. Unsure
- n. Refused

19. What is your total monthly income? \_\_\_\_\_

20. Do you receive S.S.I. benefits?

Yes\_\_\_ No\_\_\_

If no, please continue to question 22.  
If yes, please continue to question 21.

21. What is the basis for you to receive your S.S.I. benefits? Please circle all that apply.

- a. Mental Disability
- b. Physical Disability
- c. Age
- d. Blindness
- e. Other\_\_\_\_\_

22. Would you say that your own health is?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor
- f. Unsure
- g. Refused

23. Do you have any of the following kinds of health insurance?

- |  |        |       |
|--|--------|-------|
| a. Medicare                            | Yes___ | No___ |
| b. State Medical Assistance (Medi-Cal) | Yes___ | No___ |
| c. Veterans Administration (VA)        | Yes___ | No___ |
| d. County health Insurance             | Yes___ | No___ |
| e. Private health insurance            | Yes___ | No___ |

24. If no, why not? \_\_\_\_\_

25. Do you have any unpaid medical or hospital bills? Yes\_\_\_ No\_\_\_

26. Have you been refused medical treatment in the last twelve-months because you could not pay, or because you had Medi-Cal or Medicaid?

Yes\_\_\_

No\_\_\_

Not refused but have a hard time finding medical providers that accept Medi-Cal or Medicaid\_\_\_

**Food Security Questions:** Now, I am going to read you several statements that people have made about their food situation.

27. In the last twelve-months, “The food I bought just did not last, and I didn’t have money to get more.” Was that?

- a. Often true for you
- b. Sometimes true for you
- c. Never true for you
- d. Don’t know
- e. Refused

28. In the last twelve-months, “I could not afford to eat balanced meals.” Was that?

- a. Often true for you
- b. Sometimes true for you
- c. Never true for you
- d. Don’t know
- e. Refused

29. In the last twelve-months, did you ever cut the size of your meals or skip meals because there was not enough money for food?

- a. Yes
- b. No
- c. Don’t know
- d. Refused

30. If yes, how often did this happen?

- a. Every month
- b. Almost every month
- c. Some months but not every month
- d. Only one or two-months
- e. Refused

31. In the last twelve-months, did you ever eat less than you felt you should because there was not enough money to buy food?

- a. Yes
- b. No
- c. Don't know
- d. Refused

32. In the last twelve-months, were you ever hungry but did not eat because you could not afford enough food?

- a. Yes
- b. No
- c. Don't know
- d. Refused

33. In the last twelve-months, did you ever not eat for a whole day because there was not enough money for food?

- a. Yes
- b. No
- c. Don't know
- d. Refused

34. In the last twelve-months have you had to choose between?

- |   |        |       |
|---|--------|-------|
| a. Paying for food or paying for medication and/or medical-care | Yes___ | No___ |
| b. Paying for food or paying for rent                           | Yes___ | No___ |
| c. Paying for food or paying for utilities                      | Yes___ | No___ |
| d. Paying for food or paying for transportation                 | Yes___ | No___ |
| e. Paying for food or in-home supportive services               | Yes___ | No___ |

35. In addition to the Mercy Brown-Bag Program, in the last twelve-months have you participated in any of the following supplemental food programs?

- |                           |        |       |
|---------------------------|--------|-------|
| a. Free-meal programs     | Yes___ | No___ |
| b. Low-cost meal programs | Yes___ | No___ |
| c. Food-voucher programs  | Yes___ | No___ |
| d. SHARE                  | Yes___ | No___ |
| e. Other_____             |        |       |

36. If yes, how often did this happen?

- a. Every month
- b. Almost every month
- c. Some months but not every month
- d. Only one or two-months
- e. Refused

37. Does the food you receive from the Mercy Brown-Bag Program sustain you until the next distribution?

- a. Yes
- b. No
- c. Don't know
- d. Refused

38. Without the Mercy Brown-Bag Program, could you afford the following?

- a. Medication and/or medical-care Yes\_\_\_ No\_\_\_
- b. Rent Yes\_\_\_ No\_\_\_
- c. Utilities Yes\_\_\_ No\_\_\_
- d. Transportation Yes\_\_\_ No\_\_\_
- e. In-home supportive services Yes\_\_\_ No\_\_\_
- f. Food Yes\_\_\_ No\_\_\_

39. Are you familiar with the food stamp program? Yes\_\_\_ No\_\_\_

40. If you were eligible for the food stamp program would you apply? Yes\_\_\_ No\_\_\_

41. If no, what is the reason(s) why not? Please circle all that apply:

- a. Stigma
- b. Accessibility
- c. Time
- d. "Not worth it"
- e. Other\_\_\_\_\_

42. Do you ever feel discouraged about your life? Yes\_\_\_ No\_\_\_

43. How often do you feel discouraged about your life?

- a. Often
- b. Sometimes
- c. Never
- d. Don't know
- e. Refused

44. Do you feel that if you were guaranteed three-meals per day, that you might feel less discouraged? Yes\_\_\_ No\_\_\_

45. Do you receive food stamps? Yes\_\_\_ No\_\_\_

If no, please continue to question 42.

If yes, what is your monthly food stamp amount? \_\_\_\_\_

46. Do you feel that approximately \$50.00 in food stamps added to your monthly income would make a positive impact on your life? Yes\_\_\_ No\_\_\_

47. If you could receive \$50.00 in food stamps added to your monthly income. Would you apply? Yes\_\_\_ No\_\_\_

48. If you could receive \$50.00 in food stamps, but it would take at least three-hours, two-office visits and require filling out nine-pages once per year, would you still apply? Yes\_\_\_ No\_\_\_

49. Do you feel that the food you receive from the Mercy Brown-Bag Program makes a positive impact on your life? Yes\_\_\_ No\_\_\_

50. Would you be willing to be contacted again, for an in depth, follow-up interview? Yes\_\_\_ No\_\_\_

51. If yes, would you have some time now for additional questions, or is there a better time to contact you again in the future? \_\_\_\_\_

52. Please complete and sign the attached informed consent form. Thank you very much.

**02/03**

**Alameda County Community Food Bank and St. Mary's Center**

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**INFORMED CONSENT FORM**

Thank you for agreeing to complete an in depth, follow up interview. Alameda County Community Food Bank (ACCFB) and St. Mary's Center (SMC) are searching for clients who are willing to share their survival stories of struggling with the pressures of not having enough food. ACCFB and SMC want to use these stories along with the data we have collected, to support the effort to raise public awareness to the fact that there is hunger in our communities, and to create solutions to hunger.

**If you choose to be interviewed you are allowing ACCFB and SMC to use this information (YOUR SURVEY AND TESTIMONIAL) and giving ACCFB and SMC permission to the following (PLEASE INITIAL ALL THAT APPLY):**

- \_\_\_\_ **1. Recording your interview.**
- \_\_\_\_ **2. Using excerpts and/or quotes from your interview.**
- \_\_\_\_ **3. Interviewing you at your home.**
- \_\_\_\_ **4. Taking photographs of you and/or your home.**
- \_\_\_\_ **5. The press may choose to interview you.**

**If you agree to what you have initialed above, please sign and date below:**

**NAME (PRINT):** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE:** We may not need to complete an in depth, follow-up interview. In addition, if we do not use your entire story, we might need to use some parts such as excerpts and/or quotes from the information you have provided.

Thank you for taking the time to share your story to support the effort to raise public awareness to the fact that there is hunger in our communities, and to create solutions to hunger.

**02/03**

**INTERVIEWER: Possible questions for follow-up, in depth story gathering are:**

1. What is your average day like?
2. Are your living conditions better or worse than last year at this time?
3. Is there anything else you would like to tell us about your living conditions and/or your life?
4. What would have to change to improve your living conditions and/or your life?
5. Have things in your life ever been different?
6. What happened to change that?
7. Do you have a dream(s) for yourself?

**02/03**