

For researchers use only:

Date Taken \_\_\_\_\_

Agency \_\_\_\_\_

Code \_\_\_\_\_

Type of interview: Self-Administered

## CLIENT SURVEY

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### (PLEASE READ)

The following survey is a research project being done by Anna Martin, a graduate student at CSU, Sacramento. She is working in collaboration with Billie Westernoff, Community Services Coordinator from Human Resources Council, Inc. and under the supervision of Kim Stumph, Family and Consumer Sciences Advisor from UC Cooperative Extension in Calaveras County. The reason for the survey is to find out if food and food assistance in Calaveras County is adequate and accessible.

This survey is confidential. You won't be asked to give your name and the information will not be used to determine your eligibility or benefits for any program. You don't have to answer any of these questions if you don't want to, but we'd appreciate as much information as you can give us.

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**Instructions: Please read questions and check your response. You may have additional comments or concerns regarding a question. Please write these in the space next to the question.**

1. What was your age at your last birthday? \_\_\_\_\_

2. Your sex is:       male     female

3. What is your ethnic background? (Check one)

White (non-Hispanic)

Black (non-Hispanic)

American Indian/Alaskan Native

Hispanic

Asian or Pacific Islander

4. Do you live in Calaveras County? (Check one and answer questions that apply)

Yes: A. In what city (or part of the county)? \_\_\_\_\_

B. How long have you lived here? \_\_\_\_ years \_\_\_\_ months

**NOT REQUIRED BUT WOULD BE HELPFUL**

**Your address is:**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

No: A. Where do you live? \_\_\_\_\_

**If transient, please check here.**

5. What is your occupation? \_\_\_\_\_

Your spouse or partner's occupation? \_\_\_\_\_

6. What kind of housing do you have? (Check one)

Own house (not mobile home)       Rent House (not mobile home)

Own Mobile Home       Rent Mobile Home

Rent room/with kitchen       Rent room/no kitchen

Rent apartment       Hotel/Motel

Shelter/Mission       Car/Van

Live with family/friends       RV

Other: \_\_\_\_\_

7. Do you live by yourself? (check one)

Yes **IF YES, SKIP TO QUESTION 10.**

No

8. How many people live in your house, apartment, etc. including yourself? \_\_\_\_\_

9. What are the ages of the people who live in your house, apartment, etc. not including yourself?

- What are the ages of your children under 19 living in your home?

Boys \_\_\_\_\_

Girls \_\_\_\_\_

- What are the ages of the other adult “family” members over 19 (spouse, children, relatives) living in your home?

Females \_\_\_\_\_

Males \_\_\_\_\_

- What are the ages of the “non-family” adults and/or children living in your home?

Females \_\_\_\_\_

Males \_\_\_\_\_

**If no other adults, check here.**

10. Are you or anyone in your household in poor health?  Yes  No

How many people (include yourself)? # \_\_\_\_\_ Adults # \_\_\_\_\_

\_\_\_\_\_ Children

If yes, briefly explain:

\_\_\_\_\_

11. Are you or anyone in your household . . . ?

Pregnant? . . . .  yes  no    How many people? \_\_\_\_\_ (include yourself)

Breastfeeding . . .  yes  no    How many people? \_\_\_\_\_ (include yourself)

12. Are you or is anyone in your household disabled?  Yes  No

How many people (include yourself)? # \_\_\_\_\_ Adults # \_\_\_\_\_ Children

If yes, briefly explain:

\_\_\_\_\_

\_\_\_\_\_

13. Do you or anyone in your household regularly use any of the following food programs?

(Check all that apply)

- Senior Nutrition Sites                       Senior Brown Bag  
 Meals On Wheels                               School Breakfast /Lunch Program  
 Summer Food Program (children)    SHARE  
 Commodity Program                           WIC  
 Home Delivered Meals for Persons with Aids  
 Other: \_\_\_\_\_

14. Do you or anyone in your household get food stamps?

- Yes (answer the following question)

How many weeks worth of food can you usually buy with your stamps? # \_\_\_\_\_ weeks

**(Skip to question 15 if you answered YES)**

- No (please answer the following questions)

- Have you ever applied for food stamps?    Yes    No
- What are the reasons you are not getting food stamps (or haven't applied)?

**Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> don't need them            | <input type="checkbox"/> do not want to apply           |
| <input type="checkbox"/> applied/turned down        | <input type="checkbox"/> scared to apply                |
| <input type="checkbox"/> don't think I am qualified | <input type="checkbox"/> not worth the trouble/red tape |
| <input type="checkbox"/> waiting for stamps         | <input type="checkbox"/> don't have transportation      |
| <input type="checkbox"/> language barriers          | <input type="checkbox"/> don't know about food stamps   |
| <input type="checkbox"/> embarrassment/pride        | <input type="checkbox"/> other_                         |
| <input type="checkbox"/> can't fill out forms       |   |

15. Do you or other members of your household need public transportation to meet your work requirement?       Yes       No

16. What are your or your household's monthly sources of income? (**your best estimate**)

\$ _____ Employment (Salary)	\$ _____ TANF (AFDC)
\$ _____ SSI (Disability)	\$ _____ General Assistance
\$ _____ Unemployment Insurance	\$ _____ Food Stamps
\$ _____ Pension	\$ _____ Social Security
\$ _____ Child Support	\$ _____ Other

17. How much does your household spend each month on the following items?  
(your **best estimate**)

\$ \_\_\_\_\_ Rent

\$ \_\_\_\_\_ House or Mobile Home Payment

\$ \_\_\_\_\_ Gas

\$ \_\_\_\_\_ Electric

\$ \_\_\_\_\_ Propane

\$ \_\_\_\_\_ Water

\$ \_\_\_\_\_ Sewer

\$ \_\_\_\_\_ Wood

\$ \_\_\_\_\_ Garbage

\$ \_\_\_\_\_ Food

\$ \_\_\_\_\_ Telephone

\$ \_\_\_\_\_ Car payment

\$ \_\_\_\_\_ Transportation costs (Do you have a car?  Yes  No)

\$ \_\_\_\_\_ Regular medical expenses not covered by insurance

\$ \_\_\_\_\_ Insurances (all insurances such as car, house, rental)

\$ \_\_\_\_\_ Credit card payments

\$ \_\_\_\_\_ Other

\$ \_\_\_\_\_ Other

\$ \_\_\_\_\_ Other

18. Are you or anyone in your household putting off medical or dental care because you can't afford it?

Yes  No If yes, please describe \_\_\_\_\_

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19. Do you do any cooking?  Yes  No

**IF HOMELESS: WHAT KIND OF EQUIPMENT AND HEAT SOURCE DO YOU USE?**

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20. Do you have the following appliances where you are now living? (check all that apply)

stove  hotplate  oven  
 refrigerator  freezer  other heating/cooking source  
 microwave  other: \_\_\_\_\_

21. How often do you have hot meals? (check one)

daily  
 most days  
 once in a while  
 hardly ever

22. Where do you or other members of your household do most of your grocery shopping? (check one)

supermarket (for example--Mar Val, Savemart) Which ones? \_\_\_\_\_  
 discount store/warehouse buying (Costco, Canned Food Store, etc.)  
 convenience market (7-11, AM-PM, etc.)  
 small, local grocery store—(Treats, “Mom and Pop type”, etc.)  
 health food store  
 farmer's market  
 other: \_\_\_\_\_

23. Why do you or other members of your household shop there? (check all that apply)
- convenient location
  - good selection of foods
  - lower price
  - accepts food stamps/vouchers
  - no transportation to get anywhere else
  - other: \_\_\_\_\_
24. How do you or other members of your household usually get to the grocery store? (check all that apply)
- own car
  - bus
  - cab
  - walk
  - go in friend's car
  - don't shop
  - other: \_\_\_\_\_
25. Would any of the following things be helpful to you or other members of your household? (check all that apply)
- tips on getting the most for your money at the grocery store
  - information on money-saving recipes and cooking techniques
  - recipes and information for using government commodity foods
  - healthy eating information
  - food safety information
  - help with reading or understanding forms or instructions
  - help with reading or writing skills
  - help with budgeting tasks (for example--balancing your checkbook, making a budget)
  - information about how to grow a garden
  - information about government programs and services for which you may be eligible
  - other: \_\_\_\_\_

26. While living in Calaveras County, do you now or have you ever needed emergency food for yourself or other members of your household? (Check one)

Yes     No

**If yes, answer the following and then go on to question #27.**

- Where did you go to get the food? \_\_\_\_\_
- Is today the first time you have received food assistance? (check one)  yes  no
- If not, when was the first time you received food assistance? \_\_\_\_\_ (year)
- In the last 12 months, how many times have you received food? (check one)
  - 1-2 times     3-5 times     6-8 times     9-12 times     more than 12 times
- In the last 12 months, how many times have you needed food assistance **but not received it?** (check one) )
  - 1-2 times     3-5 times     6-8 times     9-12 times     more than 12 times
- Briefly explain the reason you did not receive food assistance.

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**If no, skip to question # 33.**

27. How did you first find out about the emergency food sources you used or are currently using? (Check One)

- Calaveras Works & Human Services
- WIC program
- police/probation department
- other government agency
- church
- medical/dental clinic
- word-of-mouth
- seeing it passing by
- advertisements
- Public Health
- Human Resources Council
- E.A.R.S.
- Head Start/State Preschool
- Healthy Start
- Other: \_\_\_\_\_

28. What happened or happened in the past that has made it necessary for you to seek emergency food? (check all that apply)

- recent job loss
- aid late
- ran out of food stamps
- unusual expenses this month
- money stolen
- continued unemployment
- aid temporarily discontinued
- applying for aid but have not received it yet
- separation from spouse
- other—Please, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. What problems did you have now or in the past getting to the emergency food site? (check all that apply)

- no transportation
- no gas money
- health problems
- no childcare
- had to ask neighbor/relative for ride
- distance I had to travel
- embarrassment/pride
- spouse or other family member did not want me to come
- I had no problems.
- other: \_\_\_\_\_



**This last set of questions is about food eaten in your household. As before, your name is not asked and answers will be kept confidential.**

33. Which of these statements best describes the food eaten in your household in the last 12 months, that is, since \_\_\_\_\_ (current month) of last year? (check one)
- We always have enough to eat and the kinds of food we wanted. (Skip to question #34)
- We have enough to eat but NOT always the KINDS of food we want. (Complete Box 2 below and then go on to question #34)
- We sometimes don't have ENOUGH to eat. (Complete Box 1 below and then go on to question #34)
- OFTEN we don't have enough to eat. (Complete Box 1 below and then go on to question #34)
- Don't know or prefer not to answer (Skip to question #34)

## **BOX 1**

Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason WHY YOU DON'T ALWAYS HAVE ENOUGH TO EAT.

YES	NO	DON'T KNOW	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough money for food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too hard to get to the store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On a diet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No working stove available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not able to cook or eat because of health problems

## **BOX 2**

Here are some reasons why people don't always have the kinds of food they want or need. For each one, please tell me if that is a reason WHY YOU DON'T ALWAYS HAVE THE KINDS OF FOOD YOU WANT OR NEED.

YES	NO	DON'T KNOW	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not enough money for food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Too hard to get to the store
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On a diet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kinds of food (I/we) want not available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good quality food not available

**We would like to know more about your concerns in obtaining food in the last 12 months. The following are statements that people have made about their food situation. Please answer the questions for your household by putting a check in the appropriate box.**

34. **“We worried whether our food would run out before we got money to buy more.”** Was that often true, sometimes true, or never true for your household in the last 12 months?
- Often true
  - Sometimes true
  - Never true
  - Don’t know or prefer not to answer
35. **“The food that we bought just didn’t last, and we didn’t have money to get more.”** Was that often true, sometimes true, or never true for your household in the last 12 months?
- Often true
  - Sometimes true
  - Never true
  - Don’t know or prefer not to answer
36. **“We couldn’t afford to eat balanced meals.”** Was that often true, sometimes true, or never true for your household in the last 12 months?
- Often true
  - Sometimes true
  - Never true
  - Don’t know or prefer not to answer
37. **“We relied on only a few kinds of low-cost food to feed our child/children because we were running out of money to buy food.”** Was that often true, sometimes true, or never true for your household in the last 12 months?
- Often true
  - Sometimes true
  - Never true
  - Don’t know or prefer not to answer
  - I/We have no children in our home

38. **“We couldn’t feed our child/children a balanced meal, because we couldn’t afford that.”** Was that often true, sometimes true, or never true for your household in the last 12 months?
- Often true
  - Sometimes true
  - Never true
  - Don’t know or prefer not to answer
  - I/We have no children in our home
39. **“Our child /children were not eating enough because we just couldn’t afford enough food.”** Was that often true, sometimes true, or never true for your household in the last 12 months?
- Often true
  - Sometimes true
  - Never true
  - Don’t know or prefer not to answer
  - I/We have no children in our home
40. In the last 12 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 for food?”
- Yes
  - No
  - Don’t know

**If yes, how often did this happen?**

- Almost every month
  - Some months but not every month
  - Only 1 or 2 months
  - Don’t know
41. In the last 12 months, did **you ever eat less than you felt you should** because there wasn’t enough money to buy food?
- Yes
  - No
  - Don’t know

42. In the last 12 months, were **you** ever **hungry but didn't eat** because you couldn't afford enough food?
- Yes
  - No
  - Don't know
43. In the last 12 months, did **you lose weight** because you didn't have enough money for food?
- Yes
  - No
  - Don't know
44. In the last 12 months, did **you or other adults** in your household **ever not eat for a whole day** because there wasn't enough money for food?
- Yes
  - No
  - Don't know

**If yes, how often did this happen?**

- Almost every month
  - Some months but not every month
  - Only 1 or 2 months
  - Don't know
45. In the last 12 months, did you **ever cut the size of your child/children's meals** because there wasn't enough money for food?
- Yes
  - No
  - Don't know
  - I/We have no children in our home

46. In the last 12 months, did your **child/children ever skip meals** because there wasn't enough money for food?
- Yes
  - No
  - Don't know
  - I/We have no children in our home

**If yes, how often did this happen?**

- Almost every month
  - Some months but not every month
  - Only 1 or 2 months
  - Don't know
47. In the last 12 months, was your **child/children ever hungry** but you just couldn't afford more food?
- Yes
  - No
  - Don't know
  - I/We have no children in our home
48. In the last 12 months, did your **child/children ever not eat for a whole day** because there wasn't enough money for food?
- Yes
  - No
  - Don't know
  - I/We have no children in our home

# **Thank you for your participation.**

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“Food-Security/Hunger Core Module: 3-Stage Design, with Screeners”, USDA, Food and Consumer Service, 7/28/97.  
“Emergency Food Client Questionnaire”, University of California Expanded Food and Nutrition Education Program, 1987.