

Food Access Survey

(Interviewer Instructions: Do not read words written in parentheses (). They are the instructions for each question.)

Hello. Have you seen this poster before? (Show "Hunger in Shasta County" flyer.) I'm a volunteer with The Food Group, and we want to learn more about the food access issues in our county. Would you mind taking about 10 minutes to answer a few questions for us? We won't ask for your name or share your information with others. And, we'd like to give you this free water bottle after we finish for helping us out. (If declines, politely try again. If still declines end survey with "Thank You.")

Q1 1. Which of the following, if anything, stops your family from buying the food you need? (Read each choice. Check all that apply.)

<i>Nothing. You can afford all the food you need. (End Survey Now.)</i> <input type="checkbox"/>	<i>Utilities (If checked read) How much do you pay on average per month?</i> \$_____ <input type="checkbox"/>	<i>Cost of Child support</i> <input type="checkbox"/>	<i>Being treated poorly at stores</i> <input type="checkbox"/>
<i>Rent (If checked read) How much do you pay per month? \$_____</i> . <input type="checkbox"/>	<i>Medical bills / Prescription costs</i> ... <input type="checkbox"/>	<i>Cost of Day care</i> <input type="checkbox"/>	<i>Other:</i> _____ - _____ - _____ - _____ - <input type="checkbox"/>
		<i>Getting transportation to stores</i> <input type="checkbox"/>	

Q2 2. I'm going to read a list of food assistance programs. Which of these, if any, have you or those in your household used in the last year? (Read each choice. Check all that apply.)

<i>Food stamps</i> <input type="checkbox"/>	<i>Shelter that provides food</i> <input type="checkbox"/>	<i>Summer food service program such as at a school or community center</i> <input type="checkbox"/>	<i>Other:</i> _____ - _____ - _____ - _____ - <input type="checkbox"/>
<i>Food banks / food pantries</i> <input type="checkbox"/>	<i>School lunch and/or breakfast program</i> <input type="checkbox"/>	<i>Nutrition program for the elderly</i> <input type="checkbox"/>	<i>None (Go to #5)</i> <input type="checkbox"/>
<i>WIC</i> <input type="checkbox"/>			
<i>Commodities</i> <input type="checkbox"/>			

Q3 3. How many days or weeks does the food you get from the assistance program usually feed your family? (Check a box on one row or the other.)

	<i>One</i>	<i>Two</i>	<i>Three</i>	<i>Four</i>	<i>Five</i>	<i>Six</i>
How many days does the food last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many weeks does the food last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 4. Which of the following problems, if any, did you have in using the food assistance program? (Read each choice. Check all that apply. Then GO TO #6.)

<i>The application process was hard</i> ... <input type="checkbox"/>	<i>It was hard to get to the food assistance program named:</i> _____ <input type="checkbox"/>	<i>You were treated poorly when applying for assistance</i> <input type="checkbox"/>	<i>There was a barrier to your language:</i> _____ <input type="checkbox"/>
<i>The food provided was not of good quality and/or variety</i> <input type="checkbox"/>		<i>You were treated poorly when using assistance</i> <input type="checkbox"/>	<i>Other:</i> _____ <input type="checkbox"/>
			<i>No problems</i> <input type="checkbox"/>

Q5 5. (Ask only if Q2 answer was "None".) Why haven't you used a food assistance program in the last year? (Read each choice. Check all that apply.)

<i>Not eligible because of income or assets.....</i> <input type="checkbox"/>	<i>Other people need benefits more than you do</i> <input type="checkbox"/>	<i>Don't want to go through the application process because it is too long / too hard to complete.....</i> <input type="checkbox"/>	<i>Don't want to go through the application process because other: __-</i> <input type="checkbox"/>
<i>Not eligible due to disability</i> <input type="checkbox"/>	<i>Don't know how to apply</i> <input type="checkbox"/>	<i>Don't want to go through the application process because it asks too many personal questions.....</i> <input type="checkbox"/>	_____ - <input type="checkbox"/>
<i>Because of your citizenship or someone in your household.....</i> <input type="checkbox"/>	<i>It's too hard to get to the place where you go to apply.....</i> <input type="checkbox"/>		Other: _____ - <input type="checkbox"/>
	<i>It's too hard to get to the place where you get assistance .</i> <input type="checkbox"/>		_____ - <input type="checkbox"/>

Q6 6. How would you rate your general health? Excellent, Good, Fair or Poor? (Check only one.)

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
How would you rate your general health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 7. Do you currently have health insurance? (Check only one.)

	<i>Yes</i>	<i>No</i>
Do you currently have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

8. I'm going to read you a list of places. How often do you eat food made at each of these places? Please respond with: less than once a week, 1-2 times a week, 3-4 times a week, 5-6 times a week, or at least once a day. (Read each place listed, one at a time. Repeat choices as needed. Check only one box in each row.)

Q8 8. How often do you eat food made at each of these places?

	<i>Less than once a week</i>	<i>1-2 times a week</i>	<i>3-4 times a week</i>	<i>5-6 times a week</i>	<i>At least once a day</i>
How often do you eat food made at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at a Fast Food / Take out Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at a Sit-down Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at a School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at a Convenience store / gas station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at a Church / community service organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at a Workplace cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you eat food made at an other place: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 9. The next few questions deal with buying and preparing food at home.

Are you familiar enough with the food bought and prepared at your home to answer some questions?	<i>Yes</i>	<i>No (Skip to #15)</i>
	<input type="checkbox"/>	<input type="checkbox"/>

Q10 10. I'm going to read you a list of places. Of the food you make at home, how much of it comes from each of these places? Please respond with : None, some, most or all. (Read each place listed, one at a time. Repeat choices as needed. Check only one box in each row.)

	<i>None</i>	<i>Some</i>	<i>Most</i>	<i>All</i>
How much of the food you make at home comes from a Supermarket / grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the food you make at home comes from a Convenience store / gas station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the food you make at home comes from a Farmer's market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the food you make at home comes from a Food bank / food pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the food you make at home comes from a Garden (home or community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the food you make at home comes from a Church / community service organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the food you make at home comes from other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 11. What is the name of the store where you buy most of the food that you make at home? (Read each choice. Check only one store name.)

<i>Food Max/Food 4 Less</i> <input type="checkbox"/>	<i>Raley's</i> <input type="checkbox"/>	<i>Ray's Food Place</i> ... <input type="checkbox"/>	<i>Other:</i> _____ - <input type="checkbox"/>
<i>Safeway</i> <input type="checkbox"/>	<i>Holiday Market</i> <input type="checkbox"/>	<i>Reeds Market</i> <input type="checkbox"/>	_____ <input type="checkbox"/>
	<i>Sentry Market</i> <input type="checkbox"/>	<i>WinCo</i> <input type="checkbox"/>	

Q12 12. Why do you buy most of your food there? Is it because.....(Read each choice. Check all that apply.)

<i>Low prices</i> <input type="checkbox"/>	<i>It's on the way to / from somewhere you usually go</i> <input type="checkbox"/>	<i>They treat you well there</i> <input type="checkbox"/>	<i>Other:</i> _____ - <input type="checkbox"/>
<i>Good selection / quality</i> <input type="checkbox"/>	<i>It's near the bus stop or other public transportation</i> <input type="checkbox"/>	<i>They accept food stamps / WIC vouchers / other method of payment:</i> _____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<i>It's close to home</i> ... <input type="checkbox"/>			_____ <input type="checkbox"/>

Q13 13. How do you usually get there? (Read each choice. Check only one.)

<i>Bus</i> <input type="checkbox"/>	<i>You pay someone \$_____ to drive you there</i> <input type="checkbox"/>	<i>Ride free in someone else's vehicle</i> <input type="checkbox"/>	<i>Walk</i> <input type="checkbox"/>
<i>Own vehicle</i> <input type="checkbox"/>		<i>Bike</i> <input type="checkbox"/>	<i>Other:</i> _____ - <input type="checkbox"/>
			_____ <input type="checkbox"/>

14. I'm going to read you a list of characteristics related to food. At the store where you buy food most often, how would you rate each of these following characteristics? Please respond with: poor, average, or very good. (Read each characteristic listed, one at a time. Repeat choices as needed. Check only one box in each row.)

Q14 14. How would you rate each of these following characteristics?

	<i>Poor</i>	<i>Average</i>	<i>Very good</i>	<i>(Not applicable)</i>
How would you rate the Quality and freshness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the Selection of fruits / veggies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the Selection of meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the Prices of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the way you are treated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate how easy it is to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 15. How often do you eat fruit or vegetables ? (Read each choice. Check only one.)

	<i>once a week or less</i>	<i>2-4 times a week</i>	<i>once a day</i>	<i>2-4 times a day</i>	<i>5 or more times a day</i>
Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 16. Which of the following problems, if any, stops you from eating the fruits and vegetables you want? (Read each choice. Check all that apply.)

<i>Prices are too expensive.....</i>	<input type="checkbox"/>	<i>Fruits and vegetables you want are unavailable where you shop.....</i>	<input type="checkbox"/>	<i>Not enough time to prepare fruits and vegetables.....</i>	<input type="checkbox"/>	<i>Not enough fruits and vegetables to feed everyone in your home.....</i>	<input type="checkbox"/>
<i>Stores are too hard to get to.....</i>	<input type="checkbox"/>	<i>Not enough time to shop for fruits and vegetables.....</i>	<input type="checkbox"/>	<i>No kitchen equipment to prepare / store fruits and vegetables.....</i>	<input type="checkbox"/>	<i>Nothing.....</i>	<input type="checkbox"/>
<i>Fruits and vegetables are of poor quality where you shop.....</i>	<input type="checkbox"/>			<i>You don't like fruits and vegetables.....</i>	<input type="checkbox"/>	<i>Other: _____</i>	<input type="checkbox"/>
						<i>_____</i>	<input type="checkbox"/>
						<i>_____</i>	<input type="checkbox"/>

Q17 17. Please answer YES or NO. Which of following options would help you eat more fruits and vegetables? (Read each option. Check only one response in each row.)

	<i>Yes</i>	<i>No</i>
More stores accepting food stamps / WIC vouchers	<input type="checkbox"/>	<input type="checkbox"/>
Free or low cost shuttle to local stores / markets	<input type="checkbox"/>	<input type="checkbox"/>
New / improved supermarket nearby	<input type="checkbox"/>	<input type="checkbox"/>
Better variety and quality where you shop	<input type="checkbox"/>	<input type="checkbox"/>
More fruit and veggie choices at restaurants / fast food places	<input type="checkbox"/>	<input type="checkbox"/>
Nearby Farmer's Market	<input type="checkbox"/>	<input type="checkbox"/>
Food buying co-op where food is bought in bulk by a group of people for a discount	<input type="checkbox"/>	<input type="checkbox"/>
Coupons / price discounts	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Q18 18. What is your current housing status? Are you... (Read each choice. Check only one.)

A home owner..... <input type="checkbox"/>	Staying for free at someone else's home..... <input type="checkbox"/>	Staying at a shelter <input type="checkbox"/>	Other: _____ - <input type="checkbox"/>
Renting..... <input type="checkbox"/>	Living in a hotel / motel..... <input type="checkbox"/>	Living in an automobile..... <input type="checkbox"/>	_____ - <input type="checkbox"/>
		Homeless..... <input type="checkbox"/>	(Decline to answer) <input type="checkbox"/>

Q19 19. Which of the following appliances do you have to cook or store food? (Read each choice. Check all that apply.)

Do you have a Refrigerator..... <input type="checkbox"/>	Do you have a Oven..... <input type="checkbox"/>	Do you have a BBQ / outdoor grill.. <input type="checkbox"/>	Other: _____ - <input type="checkbox"/>
Do you have a non electric ice box..... <input type="checkbox"/>	Do you have a Hotplate / burner / stovetop..... <input type="checkbox"/>	Do you have a Toaster oven..... <input type="checkbox"/>	_____ - <input type="checkbox"/>
Do you have a Freezer..... <input type="checkbox"/>	Do you have a Crock pot..... <input type="checkbox"/>	Do you have a Deep fat fryer..... <input type="checkbox"/>	None..... <input type="checkbox"/>
Do you have a Microwave..... <input type="checkbox"/>		Do you have a Rice cooker..... <input type="checkbox"/>	

Q20 20. How many children in your household do you provide for on a daily basis and without pay? (Check only one box. If it is "0", go to #22.)

0..... <input type="checkbox"/>	4..... <input type="checkbox"/>	8..... <input type="checkbox"/>	12..... <input type="checkbox"/>
1..... <input type="checkbox"/>	5..... <input type="checkbox"/>	9..... <input type="checkbox"/>	13..... <input type="checkbox"/>
2..... <input type="checkbox"/>	6..... <input type="checkbox"/>	10..... <input type="checkbox"/>	14..... <input type="checkbox"/>
3..... <input type="checkbox"/>	7..... <input type="checkbox"/>	11..... <input type="checkbox"/>	

Q21 21. How many of these children are in: (Read each choice. Check one box per row.)

	0	1	2	3	4	5	6	7	8 or more
Preschool: 0-4 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school: K-6th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle school: 7th-8th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school: 9th-12th grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 22. What is your marital status? Are you...: (Read each option. Check only one.)

Married..... <input type="checkbox"/>	Single, not living with a significant other..... <input type="checkbox"/>	Divorced..... <input type="checkbox"/>	(Decline to answer) <input type="checkbox"/>
Single, but living with a significant other..... <input type="checkbox"/>	Widowed..... <input type="checkbox"/>	Separated..... <input type="checkbox"/>	

Q23 23. How many people, including yourself, relatives, non-relatives, roommates, etc., currently live in your household? (Check only one box.)

1..... <input type="checkbox"/>	5..... <input type="checkbox"/>	9..... <input type="checkbox"/>	13..... <input type="checkbox"/>
2..... <input type="checkbox"/>	6..... <input type="checkbox"/>	10..... <input type="checkbox"/>	14..... <input type="checkbox"/>
3..... <input type="checkbox"/>	7..... <input type="checkbox"/>	11..... <input type="checkbox"/>	15..... <input type="checkbox"/>
4..... <input type="checkbox"/>	8..... <input type="checkbox"/>	12..... <input type="checkbox"/>	

Q24 (Number in Household from # 23: _____.) If you add up the incomes of all current members of your household during the past year, is the amount more than \$ _____? (Read the appropriate income from the tables below. Check only Yes or No.)

# in Household	Income	# in Household	Income
1	8,980	9.....	34,100
2	12,120	10.....	37,240
3	15,260	11.....	40,380
4	18,400	12.....	43,520
5	21,540	13.....	46,660
6	24,680	14.....	49,800
7	27,820	15.....	53,930
8	30,960		

Q24
 Yes..... No.....

Q25 **25. How old are you?**
 17 or Younger 22-30..... 46-55..... 65 or more.....
 18-21..... 31-45..... 56-64..... (Decline to answer)

Q26 **26. Of the following options, which best describes your current employment status? Are you...: (Read options. Check only one.)**
 Working - full time .. Unemployed..... Retired..... (Decline to answer)
 Working - Part time Disabled Homemaker, without a paying job

Q27 **27. How many adults 18 or older, including yourself (if applicable), currently live in your household? (Check only one.)**
 How many adults 18 or older (including yourself if applicable) currently live in your household? None 1 2 3 4 5 or More

Q28 **28. How many people in your household, including yourself (if applicable), are working full time? (Check only one.)**
 How many people in your household, (including yourself if applicable), are working full time? None 1 2 3 4 5 or More

Q29 **29. What is your zip code? (Check only one.)**
 96001 96013..... 96056..... Homeless.....
 96002..... 96019..... 96073..... Other: _____
 96003..... 96022..... 96087.....
 96007..... 96028..... 96088.....
 96008..... 96051..... Don't know.....

Q30 30. What is your ethnic background? (Check only one.)

White..... <input type="checkbox"/>	American Indian / Alaska Native..... <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
African American / Black..... <input type="checkbox"/>	Mien <input type="checkbox"/>	Hispanic / Latino..... <input type="checkbox"/>	(Decline to answer) <input type="checkbox"/>
	Laotian <input type="checkbox"/>	More than one race <input type="checkbox"/>	

Q31 31. (Note gender. Check only one.)

Male Female

Here is your free water bottle for participating. Thank you! (Give water bottle to interviewee. End survey now.)

POST INTERVIEW NOTES: Name of Interviewer: _____ Phone #: (____) _____
 Name of survey site: _____

Q32 32. Office Use Only -- Location of survey site:

Anderson..... <input type="checkbox"/>	French Gulch..... <input type="checkbox"/>	Oak Run <input type="checkbox"/>	Shasta Lake <input type="checkbox"/>
Bella Vista <input type="checkbox"/>	Hat Creek..... <input type="checkbox"/>	Old Station <input type="checkbox"/>	Shingletown..... <input type="checkbox"/>
Big Bend..... <input type="checkbox"/>	Igo <input type="checkbox"/>	Olinda..... <input type="checkbox"/>	Summit City..... <input type="checkbox"/>
Burney..... <input type="checkbox"/>	Johnson Park <input type="checkbox"/>	Palo Cedro <input type="checkbox"/>	Sweet Brier..... <input type="checkbox"/>
Cassel..... <input type="checkbox"/>	Keswick..... <input type="checkbox"/>	Platina <input type="checkbox"/>	Viola <input type="checkbox"/>
Castella <input type="checkbox"/>	Lakehead <input type="checkbox"/>	Project City..... <input type="checkbox"/>	Whiskeytown..... <input type="checkbox"/>
Central Valley..... <input type="checkbox"/>	Millville..... <input type="checkbox"/>	Redding..... <input type="checkbox"/>	Whitmore..... <input type="checkbox"/>
Cottonwood..... <input type="checkbox"/>	Montgomery Creek..... <input type="checkbox"/>	Round Mountain..... <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Fall Rivers Mills..... <input type="checkbox"/>	O'Brien <input type="checkbox"/>	Shasta <input type="checkbox"/>	

Q33 33. Please note observed disabilities

Deaf..... <input type="checkbox"/>	Physical disability: _____ <input type="checkbox"/>	Mentally confused .. <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Blind <input type="checkbox"/>	_____ <input type="checkbox"/>	Language barrier: _____ <input type="checkbox"/>	
	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	

Comments\Notes