# Participant-Level Survey Produce Prescription Projects - Baseline 

Resource Prepared by<br>Gretchen Swanson Center for Nutrition

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## Consent Statement:

Thank you for your willingness to participate in this survey. If you are an adult (at least 18 years of age) and currently participating in Southeast Missouri Food Bank's Produce Prescription Program, you are eligible for this survey. If you complete this survey, it will be included in a research study evaluating the program.

Participation in this study is voluntary and anonymous. Your name and contact information will not be linked with your responses. You can choose to not answer any questions you do not want to answer and/or you can stop at any time. We will protect the information that you provide by not attaching your name to your responses and safely storing this information. The information provided will be combined with responses from other individuals. You may contact our Health Programs Coordinator at erobbins@semofoodbank.org if you have any questions about this research. You may also contact a representative at Mercy with any questions about your involvement in this study at angela.head@mercy.net. By participating in this survey, you agree to your survey responses being part of a research study.

Unique ID: $\qquad$

1. How are you taking this survey today?
$\square$ Someone read me the questions in person
$\square$ Someone read me the questions over the phone/zoom
$\square$ I took the survey in-person, but I read the questions to myself
$\square$ I took the survey at home using an electronic link
ㅁ Prefer not to answer
2. Please write the name of the clinic where you received your referral:

The first set of questions is about your participation in the Supplemental Nutrition Assistance Program (SNAP) and about your participation in the Produce Prescription Program.
3. In the last 30 days, have you or anyone in your household received EBT, food stamps or SNAP benefits?

ㅁ Yes
$\square$ No $\rightarrow$ Go to Question 5
$\square$ Don't know/Prefer not to answer $\rightarrow$ Go to Question 5
4. How long have you been receiving EBT, food stamps, or SNAP benefits?
$\square$ I just started

- Less than a year
- More than a year
$\square$ Don't know/Prefer not to answer

5. How many times have you used SNAP to get fruits and vegetables?

ㅁ I have never used it/them

- 1-2 times

ㅁ 3-10 times
ㅁ More than 10 times
$\square$ Don't know/Prefer not to answer

The next set of questions is about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.
6. During the past month, how often did you drink 100\% PURE FRUIT JUICES such as orange, apple, grape, etc.?

DO NOT INCLUDE fruit-flavored drinks with added sugar like Capri-Sun, Sunny D, or other fruit-flavored drinks.
$\square$ Never

- 1 time last month
- 2-3 times last month

ㅁ 1 time per week
ㅁ 2 times per week

- 3-4 times per week
- 5-6 times per week
$\square 1$ time per day
- 2-3 times per day
- 4-5 times per day
$\square 6$ or more times per day
- Don't know/Prefer not to answer

7. During the past month, how often did you eat FRUIT like apples, bananas, oranges, melon, or any other fruit?

INCLUDE fresh, frozen, canned, or dried fruit.
DO NOT INCLUDE juices.
ㅁ Never

- 1 time last month
- 2-3 times last month
$\square 1$ time per week
- 2 times per week

ㅁ 3-4 times per week
ㅁ 5-6 times per week
$\square 1$ time per day
$\square 2$ or more times per day

- Don't know/Prefer not to answer

8. During the past month, how often did you eat a GREEN LEAFY OR LETTUCE SALAD, with or without other vegetables?

ㅁ Never

- 1 time last month

ㅁ 2-3 times last month
$\square 1$ time per week

- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
$\square 2$ or more times per day
$\square$ Don't know/Prefer not to answer

9. During the past month, how often did you eat any kind of FRIED POTATOES like French fries, tater tots, hash brown potatoes, or other fried potatoes?

ㅁ Never

- 1 time last month

ㅁ 2-3 times last month
$\square 1$ time per week

- 2 times per week

ㅁ 3-4 times per week

- 5-6 times per week
- 1 time per day
$\square 2$ or more times per day
$\square$ Don't know/Prefer not to answer

10. During the past month, how often did you eat any OTHER KIND OF POTATOES that aren't fried, like baked, boiled, mashed, or potatoes used in soups and stews?

ㅁ Never
ㅁ 1 time last month
ㅁ 2-3 times last month
$\square 1$ time per week

- 2 times per week

ㅁ 3-4 times per week

- 5-6 times per week
- 1 time per day
$\square 2$ or more times per day
ㅁ Don't know/Prefer not to answer

11. During the past month, how often did you eat refried beans, baked beans, pinto beans, black beans, beans in soup, or any other type of COOKED BEANS?

INCLUDE canned or dry beans. DO NOT INCLUDE green beans or string beans.

## ㅁ Never

- 1 time last month
$\square$ 2-3 times last month
$\square 1$ time per week
- 2 times per week

ㅁ 3-4 times per week

- 5-6 times per week
- 1 time per day
$\square 2$ or more times per day
- Don't know/Prefer not to answer

12. During the past month, how often did you eat other VEGETABLES that were not deep-fried? These are vegetables like carrots, broccoli, collards, green beans, corn, or other vegetables that are not deepfried.

INCLUDE canned, frozen, or fresh vegetables.
ALSO INCLUDE vegetables that are raw, boiled, broiled, baked, grilled, stir-fried, or microwaved.

- Never
- 1 time last month
- 2-3 times last month
$\square 1$ time per week
$\square 2$ times per week
- 3-4 times per week
- 5-6 times per week
$\square 1$ time per day
$\square 2$ or more times per day
$\square$ Don't know/Prefer not to answer

13. During the past month, how often did you eat packaged or homemade SALSA made with tomato?

ㅁ Never

- 1 time last month

ㅁ 2-3 times last month
$\square 1$ time per week

- 2 times per week
- 3-4 times per week
- 5-6 times per week
- 1 time per day
$\square 2$ or more times per day
- Don't know/Prefer not to answer

14. During the past month, how often did you eat PIZZA?

INCLUDE frozen pizza, fast food pizza, and homemade pizza.
$\square$ Never

- 1 time last month

ㅁ 2-3 times last month
$\square 1$ time per week
ㅁ 2 times per week
ㅁ 3-4 times per week

- 5-6 times per week
- 1 time per day
$\square 2$ or more times per day
$\square$ Don't know/Prefer not to answer

15. During the past month, how often did you eat TOMATO SAUCE in recipes such as spaghetti, lasagna, or other dishes?

DO NOT INCLUDE tomato sauce on pizza.
ㅁ Never

- 1 time last month

ㅁ 2-3 times last month
$\square 1$ time per week

- 2 times per week
- 3-4 times per week

ㅁ 5-6 times per week

- 1 time per day
$\square 2$ or more times per day
$\square$ Don't know/Prefer not to answer

The next set of questions is about the food eaten in your household in the last 30 days, and whether you were able to afford the food you need.
16. The food that we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 30 days?
$\square$ Often true

- Sometimes true
$\square$ Never true
$\square$ Don't know/Prefer not to answer

17. We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for your household in the last 30 days?
$\square$ Often true
ㅁ Sometimes true
ㅁ Never true
$\square$ Don't know/Prefer not to answer
18. In the last 30 days, 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
$\square$ No $\rightarrow$ Go to Question 20
$\square$ Don't know/Prefer not to answer $\rightarrow$ Go to Question 20

19. In the last 30 days, how many days did this happen?
$\qquad$ days
20. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
$\square$ No
$\square$ Don't know/Prefer not to answer

21. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

ㅁ Yes
$\square$ No
$\square$ Don't know/Prefer not to answer

The last section is about you.
22. Would you say that in general your health is poor, fair, good, very good, or excellent?
$\square$ Poor

- Fair
$\square$ Good
$\square$ Very good
- Excellent
$\square$ Don't know/Prefer not to answer

23. What is your age?
$\square$ Age:
$\square$ Don't know/Prefer not to answer
24. How do you describe yourself?
$\square$ Man
$\square$ Non-binary/third gender
ㅁ Woman
$\square$ Prefer to self-describe:
$\square$ Prefer not to answer
25. Are you of Hispanic, Latino/a, or Spanish origin?

ㅁ Yes
$\square$ No
$\square$ Prefer not to answer
26. How would you describe your racial or ethnic background? Check all that apply.
$\square$ American Indian or Alaska Native
$\square$ Asian
$\square$ Black or African American
$\square$ Native Hawaiian
$\square$ Other Pacific Islander

- White

ㅁ Other race: $\qquad$
$\square$ Don't know/not sure
$\square$ Prefer not to answer
27. What is the zip code where you currently live?
$\square$ Enter 5-digit zip code:

- Don't know/Prefer not to answer

You have completed the survey. Please return your survey to the program staff. Thank you for your participation!

