

## FOOD STAMPS AND FOOD SECURITY

*INTERVIEWER: Read this form to the participant and record their answers.*

*ASK PARTICIPANT: Do you live in a retirement center, personal care home, assisted living facility or other place where your meals are provided each day? YES or NO.*

***If yes, do not administer this questionnaire.***

<b>ID:</b>	1-4	<b>2. County:</b>	5-7	<b>3. Date (M/D/Y):</b>	8-13
<b>4. Age:</b>	14-16	<b>5. Male(0) Female(1)</b>	17	<b>6. White(1) Black(2) Hispanic(3) Other(4)</b>	18
<b>Circle One</b>					
CMeals. Do you have meals at a Senior Center? If yes, how many meals do you receive each week?				No or less than 1 time per week (0) Meals each week: 1 2 3 4 5 6 7 or more	19
HDMeals. Do you receive home-delivered meals? If yes, how many meals do you receive each week?				No or less than 1 time per week (0) Meals each week: 1 2 3 4 5 6 7 or more	20
FS1. Do you currently receive food stamps? <i>If no, skip to FSA.</i>				No (0) Yes (1)	21
If you are currently receiving food stamps, do you have any questions or concerns about receiving your food stamps? <b>(Interviewer write answers here and follow up to address concerns):</b>					
FS2. If you currently receive food stamps, how long have you been receiving food stamps?				Don't receive food stamps (0) 1 to < 6 months (1) 6 to < 12 months (2) 12 months or more (3)	22
<b>FSA.</b> If you are not receiving food stamps, please let me know why you are not receiving them. <i>If receiving food stamps, then skip to question FSC.</i>					
FS3. I applied and was not eligible.				No (0) Yes (1) Not applicable (8)	23
FS4. I have too much income or assets.				No (0) Yes (1) Not applicable (8)	24
FS5. It is too much trouble or too hard to apply.				No (0) Yes (1) Not applicable (8)	25
FS6. I don't know how to apply.				No (0) Yes (1) Not applicable (8)	26
FS7. I don't want to apply.				No (0) Yes (1) Not applicable (8)	27
FS8. Other reason (explain):				No (0) Yes (1) Not applicable (8)	28
<b>FSB.</b> If you are not receiving food stamps, would you like some assistance in applying for them? <b>(Interviewer should follow up to provide assistance and/or referral).</b>				No (0) Yes (1) Not applicable (8)	29
<b>FSC.</b> Next I'm going to ask some questions about your ability to obtain enough food during the past month. These questions are being asked to see if there are some ways that we can help you make sure you have enough food. <b>(Interviewer should follow up to provide assistance and/or referral to food bank or food stamp office).</b>					
FS9. In the past month, have you received food from a food pantry or food bank?				No (0) Yes (1)	30
FS10. In the past month, did you ever have no food in the house and no money or food stamps to buy food?				No (0) Yes (1)	31
FS11. In the past month, did you have to choose between buying food and buying medications?				No (0) Yes (1)	32
FS12. In the past month, did you have to choose between buying food and paying rent or utility bills?				No (0) Yes (1)	33
FS13. In the past month, did you skip one or more meals? <b>If yes, was it because:</b>				No (0) Yes (1)	34
FS14. You had no food in the house.				No (0) Yes (1) Not applicable (8)	35
FS15. You had no money or food stamps to buy food?				No (0) Yes (1) Not applicable (8)	36
FS16. You had no way to get to the store to buy food?				No (0) Yes (1) Not applicable (8)	37
FS17. You were not hungry or had a poor appetite?				No (0) Yes (1) Not applicable (8)	38
FSSum. FS10+FS11+FS12+(1 if FS13 AND FS14 AND FS15 all are YES). Maximum score is 4.					39

Questions FS10-12 (and 13 with adaptation) from the National Evaluation of the ENP, 1993-95  
[www.aoa.dhhs.gov/aoa/nutreval/fulltext/v1ch2a1.html](http://www.aoa.dhhs.gov/aoa/nutreval/fulltext/v1ch2a1.html)