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Surveys

Putting Food on The Table: Addressing food security among isolated older adults during COVID-19

2021

Baseline Survey

Putting Food on The Table Project
Sheridan College

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Putting Food on the Table Baseline Survey

This survey is intended to understand the food security, nutritional risk, social connectivity, movement within the community, and use of technology among older adults during the COVID-19 pandemic.

1. What is your age? (select one)
 - a. 50-54
 - b. 55-59
 - c. 60-64
 - d. 65-69
 - e. 70-79
 - f. 80-89
 - g. 90+
 - h. Prefer not to answer
2. What gender do you identify as? (select one)
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to answer
3. What is your marital status? (select one)
 - a. Single
 - b. Married/living with a partner in common-law relationship
 - c. Divorced/Separated
 - d. Widowed
 - e. Prefer not to answer
4. Do you live alone? (select one)
 - a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “No” to Question 4, go to Question 5. Otherwise, go to Question 6.

5. Who lives in your household with you? (select all that apply)
 - a. Husband, Wife or Partner
 - b. Child or children
 - c. Grandchild or grandchildren
 - d. Other family member or members
 - e. Friend or friends
 - f. Roommate or roommates

- g. Prefer not to answer
- 6. What is your preferred language to receive services in? (select one)
 - a. It is _____
 - b. Prefer not to answer
- 7. What is your cultural/ethnic background? (select one)
 - a. It is _____
 - b. Prefer not to answer
- 8. What is your postal code? (select one)
 - a. It is _____
 - b. Prefer not to answer
- 9. Do you have access to transportation? (select one)
 - a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “Yes” to Question 9, go to Question 10. Otherwise, go to Question 11.

- 10. What kind of transportation do you have access to? (select all that apply)
 - a. Car
 - b. Bike
 - c. Public transportation
 - d. Specialized service (e.g. accessible transportation)
 - e. Another person drives me
 - f. Other (e.g., mobility scooter)
 - g. Prefer not to answer
- 11. Has your weight changed in the last 6 months? (select one)
 - a. Yes, I *gained* more than 10 pounds.
 - b. Yes, I *gained* 6 to 10 pounds.
 - c. Yes, I *gained* about 5 pounds.
 - d. No, my weight stayed within a few pounds.
 - e. Yes, I *lost* about 5 pounds.
 - f. Yes, I *lost* 6 to 10 pounds.
 - g. Yes, I *lost* more than 10 pounds.
 - h. I don't know how much I weigh or if my weight has changed.
 - i. Prefer not to answer
- 12. Do you skip meals? (select one)
 - a. Never or rarely
 - b. Sometimes
 - c. Often
 - d. Almost every day

- e. Prefer not to answer
13. How would you describe your appetite? (select one)
- a. Very good
 - b. Good
 - c. Fair
 - d. Poor
 - e. Prefer not to answer
14. How many servings of vegetables and fruit do you eat in a day? *Vegetables and fruit can be canned, fresh or frozen.* (select one)
- a. Five or more
 - b. Four
 - c. Three
 - d. Two
 - e. Less than two
 - f. Prefer not to answer
15. How much fluid do you drink in a day? *Examples are water, tea, coffee, herbal drinks, juice and soft drinks, but NOT alcohol.* (select one)
- a. Eight or more cups
 - b. Five to seven cups
 - c. Three to four cups
 - d. About two cups
 - e. Less than two cups
 - f. Prefer not to answer
16. Do you cough, choke, or have pain when swallowing foods OR fluids? (select one)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often or always
 - e. Prefer not to answer
17. Do you eat one or more meals a day with someone? (select one)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often or always
 - e. Prefer not to answer
18. Which statement best describes meal preparation for you? (select one)
- a. I enjoy cooking most of my meals.
 - b. I *sometimes* find cooking a chore.
 - c. I *usually* find cooking a chore.

- d. I'm *satisfied* with the quality of food prepared by others.
 - e. I'm *not satisfied* with the quality of food prepared by others.
 - f. Prefer not to answer
19. How often do you have problems getting your groceries? (Problems can be poor health or disability, limited income, lack of transportation, weather conditions, or finding someone to shop) (select one)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often or always
 - e. Prefer not to answer
20. Do you have access to enough food? (select one)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often or always
 - e. Prefer not to answer
21. Do you worry about having enough to eat? (select one)
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often or always
 - e. Prefer not to answer
22. Do you have special food restrictions? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer

If you responded "Yes" to Question 22, go to Question 23. Otherwise, go to Question 24.

23. Which food restrictions do you have? (all that apply)
- a. Vegan
 - b. Vegetarian
 - c. Kosher
 - d. Halal
 - e. Diabetic
 - f. Celiac
 - g. Allergies/intolerances/sensitivities
 - h. Other – please describe _____

- i. Prefer not to answer

The following questions are to learn about your satisfaction with the food package you currently receive from Food for Life. We would like to be able to improve the service you receive, although this is dependent on many factors, and is not guaranteed.

24. How satisfied are you with the current food package you receive from Food for Life? (select one)
- a. Unsatisfied
 - b. Neutral
 - c. Satisfied
 - d. Very satisfied
 - e. Prefer not to answer
25. Do you need additional food in your package from Food for Life? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “Yes” to Question 25, go to Question 26. Otherwise, go to Question 27.

26. What additional food do you need? (select one)
- a. Please describe what additional food you need

 - b. Prefer not to answer
27. Are there items that you get too much of or too often? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “Yes” to Question 27, go to Question 28. Otherwise, go to Question 29.

28. What items do you get too much of? (select one)
- a. Please describe what items you get too much of

 - b. Prefer not to answer
29. Do you need different selections in your package from Food for Life? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “Yes” to Question 29, go to Question 30. Otherwise, go to Question 31.

30. What different selections you need? (select one)
- Please describe what different selections you need

 - Prefer not to answer
31. Is the food you receive from Food for Life packaged in the best way for you? (select one)
- Yes
 - No
 - Prefer not to answer

If you responded “Yes” to Question 31, go to Question 32. Otherwise, go to Question 33.

32. How would you prefer the food you receive from Food for Life packaged? (select all that apply)
- I would like more food items cut up (e.g. chopped carrots, cubed squash)
 - I would like a meal kit
 - I would like frozen microwavable meals
 - Other _____
 - Prefer not to answer
33. What kitchen appliances do you use? (select all that apply)
- Oven
 - Stovetop
 - Microwave
 - Toaster oven
 - Other _____
 - Prefer not to answer
34. If we could provide any of the following, would they be something you would enjoy? (Select all that apply)
- Puzzles
 - Cards and stamps
 - Personal hygiene items (e.g. toothpaste, comb, etc.)
 - Crosswords
 - Toilet paper
 - Jar opener
 - Cleaning supplies
 - Hand sanitizer
 - A face mask
 - Gloves
 - Other _____
 - Prefer not to answer
35. Do you receive any other food supports other than Food for Life? (select one)

- a. Yes
- b. No
- c. Prefer not to answer

If you responded “Yes” to Question 35, go to Question 36. Otherwise, go to Question 37.

36. What other food supports do you receive? (select one)
- a. Please describe these supports _____
 - b. Prefer not to answer
37. Do you have any difficulty seeing (even when wearing glasses or contact lenses)? (select one)
- a. No
 - b. Sometimes
 - c. Often
 - d. Always
 - e. Prefer not to answer
38. Do you have any difficulty hearing (even when using a hearing aid)? (select one)
- a. No
 - b. Sometimes
 - c. Often
 - d. Always
 - e. Prefer not to answer
39. Do you have any difficulty walking, using stairs or doing other physical activities? (select one)
- a. No
 - b. Sometimes
 - c. Often
 - d. Always
 - e. Prefer not to answer
40. Do you have any difficulty using your hands or fingers? (select one)
- a. No
 - b. Sometimes
 - c. Often
 - d. Always
 - e. Prefer not to answer
41. Do you have any difficulty learning, remembering or concentrating? (select one)
- a. No
 - b. Sometimes
 - c. Often
 - d. Always

- e. Prefer not to answer
42. Do you have any other health problem or long-term condition that has lasted or is expected to last for six months or more? (select one)
- a. Yes
 - b. Likely
 - c. Unsure
 - d. Unlikely
 - e. No
 - f. Prefer not to answer
43. How comfortable are you leaving your home during the pandemic? (select one)
- a. Very comfortable
 - b. Somewhat comfortable
 - c. Neutral/ not sure
 - d. Uncomfortable
 - e. Very uncomfortable
 - f. Prefer not to answer
44. How often do you leave your home to get groceries and other supplies? (select one)
- a. Every day or almost every day
 - b. 2-3 times a week
 - c. Once a week
 - d. Less than once a week
 - e. Prefer not to answer
45. Do you have anyone who helps you get groceries and other supplies? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “Yes” to Question 45, go to Question 45. Otherwise, go to Question 46.

46. How often does someone help you get groceries and other supplies? (select one)
- a. Every day or almost every day
 - b. 2-3 times a week
 - c. Once a week
 - d. Less than once a week
 - e. Prefer not to answer
47. Do you have anyone who socializes with you? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer

If you responded “Yes” to Question 47, go to Question 48. Otherwise, go to Question 50.

48. How often does someone socialize with you? (select one)
- a. Every day or almost every day
 - b. 2-3 times a week
 - c. Once a week
 - d. Less than once a week
 - e. Prefer not to answer
49. How do you socialize with others? (select all that apply)
- a. By phone
 - b. In-person visit
 - c. Video call (e.g. Zoom)
 - d. Social media
 - e. Text message
 - f. Email
 - g. Letters
 - h. Prefer not to answer
50. How often do you leave your home for recreation or socializing (while keeping a safe distance)? (select one)
- a. Every day or almost every day
 - b. 2-3 times a week
 - c. Once a week
 - d. Less than once a week
 - e. Prefer not to answer
51. How much of a risk do you believe COVID-19 is to your health, safety and wellbeing? (select one)
- a. High risk
 - b. Somewhat high risk
 - c. Neutral/ not sure
 - d. Low risk
 - e. Completely safe
 - f. Other: _____
 - g. Prefer not to answer
52. How do you feel your wellbeing has changed since the pandemic lockdown? (select one)
- a. It has stayed the same
 - b. It is better
 - c. It is worse
 - d. Prefer not to answer
53. Which poses the greater risk: staying home or going out? (select one)

- a. Staying home
 - b. Going out
 - c. Neutral/unsure
 - d. Prefer not to answer
54. What have you missed the most due to COVID-19? (select one)
- a. Working
 - b. Volunteering
 - c. Seeing friends
 - d. Seeing family
 - e. Regular weekly activities (e.g. sports, hobby groups)
 - f. Outings
 - g. Other _____
 - h. Prefer not to answer
55. What is your preferred method of accessing information? (select one)
- a. Friends and family
 - b. Newspaper
 - c. Internet
 - d. Faith group
 - e. Physician or other health provider
 - f. Other _____
 - g. Prefer not to answer
56. Which technologies do you use? (select all that apply)
- a. Telephone
 - b. Email
 - c. Internet
 - d. Text messaging
 - e. Video calls (e.g. Zoom, Facetime)
 - f. Social media
 - g. Prefer not to answer
57. Do you have consistent access to the internet? (select one)
- a. Yes
 - b. No
 - c. Prefer not to answer
58. How comfortable are you learning new technological platforms (e.g. Zoom)? (select one)
- a. Very comfortable
 - b. Comfortable
 - c. Neutral/ don't know
 - d. Uncomfortable
 - e. Very uncomfortable

f. Prefer not to answer

59. Is there anything else that you would like to share about how you are doing?
