

Sheridan College

SOURCE: Sheridan Institutional Repository

Surveys

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

2021

Follow-Up Survey

Putting Food on The Table Project
Sheridan College

Follow this and additional works at: https://source.sheridancollege.ca/centres_elder_food_surveys



Part of the [Food Studies Commons](#)

SOURCE Citation

Table Project, Putting Food on The, "Follow-Up Survey" (2021). *Surveys*. 2.
https://source.sheridancollege.ca/centres_elder_food_surveys/2



This work is licensed under a [Creative Commons Attribution-NonCommercial-No Derivative Works 4.0 License](#). This Survey is brought to you for free and open access by the Putting Food on The Table: Addressing food security among isolated older adults during COVID-19 at SOURCE: Sheridan Institutional Repository. It has been accepted for inclusion in Surveys by an authorized administrator of SOURCE: Sheridan Institutional Repository. For more information, please contact source@sheridancollege.ca.

Participant Code: _____

Putting Food on the Table Follow-up Survey

This survey is intended to capture the impact of the changes to the food package, and includes additional measures about technology use during the pandemic.

Food and Nutrition

1. Has your weight changed in the last 6 months? (select one)
 - Yes, I *gained* more than 10 pounds
 - Yes, I *gained* 6 to 10 pounds
 - Yes, I *gained* about 5 pounds
 - No, my weight stayed within a few pounds
 - Yes, I *lost* about 5 pounds
 - Yes, I *lost* 6 to 10 pounds
 - Yes, I *lost* more than 10 pounds
 - I don't know how much weight or if my weight changed
 - Prefer not to answer
2. Do you skip meals? (select one)
 - Never or rarely
 - Sometimes
 - Often
 - Prefer not to answer
3. How would you describe your appetite? (select one)
 - Very good
 - Good
 - Fair
 - Poor
 - Prefer not to answer
4. Do you cough, choke, or have pain when swallowing foods OR fluids? (select one)
 - Never
 - Rarely
 - Sometimes
 - Often or always
 - Prefer not to answer
5. How many pieces or servings of fruit or vegetables do you eat in a day? *Vegetables and fruit can be canned, fresh, or frozen.* (select one)
 - Five or more
 - Four
 - Three
 - Two
 - Less than two

Participant Code: _____

- Prefer not to answer

Participant Code: _____

6. 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)
 - Eight or more cups
 - Five to seven cups
 - Three to four cups
 - About two cups
 - Less than two cups
 - Prefer not to answer
7. Do you eat one or more meals a day with someone? (select one)
 - Never or rarely
 - Sometimes
 - Often
 - Always
 - Prefer not to answer
8. Which statement best describes meal preparation for you? (select one)
 - I enjoy cooking most of my meals.
 - I *sometimes* find cooking a chore.
 - I *usually* find cooking a chore.
 - I'm *satisfied* with the quality of food prepared by others.
 - I'm *not satisfied* with the quality of food prepared by others.
 - Prefer not to answer
9. 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)
 - Never
 - Rarely
 - Sometimes
 - Often or always
 - Prefer not to answer
10. Do you have access to enough food? (select one)
 - Never
 - Rarely
 - Sometimes
 - Often or always
 - Prefer not to answer
11. Do you worry about having enough to eat? (select one)
 - Never
 - Rarely
 - Sometimes
 - Often or always
 - Prefer not to answer

Participant Code: _____

12. Considering the food package you receive from Food for Life over the last month, please tell us how satisfied you are with each of the elements below.

	Very unsatisfied	Somewhat unsatisfied	Somewhat satisfied	Very satisfied	Does not apply
The hours of delivery or when I pick up my food package					
The amount of food I receive					
The quality of food I receive (e.g. it doesn't go bad fast)					
The variety of food I receive					
The amount of fresh produce I receive (e.g. fruits and vegetables)					
The amount of protein I receive (e.g. meats, beans, plant-based proteins)					
The amount of dairy items I receive (e.g. yogurt, cheese)					
The way the food I receive is packaged (e.g. in bags)					
The overall service I receive					

Participant Code: _____

13. Considering the food package you receive from Food for Life over the last month, how much do you agree with the following statements?

	Strongly disagree	Mostly disagree	Mostly agree	Strongly agree	Does not apply
I'm unable or unsure how to prepare the food I receive					
The food I receive is appropriate for my culture and/or beliefs					
The food I receive is appropriate for my dietary needs					
I believe that eating fresh foods has a positive impact on my health					
The food I receive increases my access to fresh healthy food items					
Receiving fresh food items positively impacts my overall health					
Being able to access food from Food for Life helps me stretch my budget so I have money for bills and other things					
This program has met my food needs					
I will continue to receive my Food for Life package.					

14. Do you receive any other food supports other than Food for Life?

- Yes
- No
- Prefer not to answer
- If Yes: Please describe
- _____

Participant Code: _____

Health and Wellbeing

15. Do you have any NEW health problems that have emerged within the last 6 months?

- Yes
- Unsure
- No
- Prefer not to answer
- If Yes, please describe _____

16. How comfortable are you leaving your home during the pandemic? (select one)

- Very comfortable
- Somewhat comfortable
- Neutral/ not sure
- Uncomfortable
- Very uncomfortable
- Prefer not to answer

17. How often do you leave your home to get groceries and other supplies? (select one)

- Every day or almost every day
- 2-3 times a week
- Once a week
- Less than once a week
- Prefer not to answer

18. How often does someone help you get groceries and other supplies? (select one)

- Every day or almost every day
- 2-3 times a week
- Once a week
- Less than once a week
- Never
- Prefer not to answer

19. How often does someone socialize with you? (select one)

- Every day or almost every day
- 2-3 times a week
- Once a week
- Less than once a week
- Never
- Prefer not to answer

20. How do you connect with others? (select all that apply)

- Phone
- In-person visit
- Video call (e.g. Zoom)
- Text messaging
- Email
- Letters

Participant Code: _____

- Social media
- Prefer not to answer
- Other _____

21. How often do you leave your home for recreation or socializing (while keeping a safe distance)?

(select one)

- Every day or almost every day
- 2-3 times a week
- Once a week
- Less than once a week
- Never
- Prefer not to answer

22. How much of a risk do you believe COVID-19 is to your health, safety, and wellbeing? (select

one)

- High risk
- Somewhat high risk
- Neutral/not sure
- Low risk
- Completely safe
- Prefer not to answer

23. How do you feel your wellbeing has changed since the start of the pandemic? (select one)

- It has stayed the same
- It is better
- It is worse
- Prefer not to answer

24. Which poses the greater risk – staying home or going out? (select one)

- Staying home
- Going out
- Neutral/unsure
- Prefer not to answer

Participant Code: _____

25. What have you missed the most due to COVID-19? (select all that apply)

- Working
- Volunteering
- Seeing friends
- Seeing family
- Regular weekly activities (e.g. sports, hobby groups)
- Outings
- Other _____
- Prefer not to answer

Accessing Information

26. How often do you use these technologies and services?

Technology or Service	Never	Daily	Weekly	Less than weekly	Prefer not to answer
Smart phone					
Internet					
Video calling (e.g. Zoom)					
Social media (e.g. Facebook, Instagram)					
Online shopping for groceries					
Online shopping for non-grocery items					
Online streaming (watching movies online)					
Online social activities (e.g. online bridge, online games)					
A fitness/activity tracker app					
Telehealth services					

Participant Code: _____

27. How has your use of these technologies and services changed since the start of COVID?

Technology or Service	It has not changed	It has increased	It has decreased	Prefer not to answer	N/A
Smart phone					
Internet					
Video calling (e.g. Zoom)					
Social media (e.g. Facebook, Instagram)					
Online shopping for groceries					
Online shopping for non-grocery items					
Online streaming (watching movies online)					
Online social activities (e.g. online bridge, online games)					
A fitness/activity tracker app					
Telehealth services					

28. What are your barriers to using these technologies and services, if any? (select all that apply)

Technology or Service	No barrier	Don't want it	Can't afford it	Don't know how to use it	Mental or physical accessibility barrier	Prefer not to answer	N/A
Smart phone							
Internet							
Video calling (e.g. Zoom)							
Social media (e.g. Facebook, Instagram)							
Online shopping for groceries							
Online shopping for non-grocery items							
Online streaming (watching movies online)							
Online social activities (e.g. online bridge, online games)							
A fitness/activity tracker app							
Telehealth services							

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