Food Security Questionnaire

Food insecurity is the lack of reliable access to sufficient quantities of affordable, nutritious food. There are many reasons why one is food insecure, including immediate lack of funds, inability to get to an appropriate grocery store, lack of time to shop. This survey is designed to assess your food insecurity for the previous 3 months. The questions are from the USDA’s standard survey. We hope to use the responses to design programs to decrease food insecurity.

Name ____________________________________________

What year are you currently in? 1st 2nd 3rd 4th

Including yourself, how many people are in your household? ______________________

Ages of household members: _______________________________________________________

Since you started medical school, was there ever a time when you did not have enough food?
1. Yes
2. No

In the last 3 months, the food I bought just did not last, and I didn’t have money to get more. Was that:
1. Often true
2. Sometimes true
3. Never true
4. Do not want to answer

In the last 3 months, I could not afford to eat balanced meals. Was that:
1. Often true
2. Sometimes true
3. Never true
4. Do not want to answer

In the last 3 months, did you ever cut the size of your meals or skip meals because there wasn’t enough money for food?
1. Yes
2. No
   If yes, how often did this happen
   1. Almost every month
   2. Some months but not every month
   3. DK

In the past 3 months, did you ever eat less than you felt you should because there wasn’t enough money for food?
1. Yes
2. No

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In the last 3 months, were you ever hungry but didn’t eat because there wasn’t enough money for food?

1. Yes
2. No

If you answered “often true” or “sometimes true” or “yes” to any of the questions, please indicate the reasons for your responses (you can check as many as you like):

- I did not have sufficient money for food
- I was not able to get to a store that sold the food I wanted
- I did not have enough time to grocery shop.
- I am not able to cook for myself (do not know how, do not have cookware, etc).

Other reason(s): ____________________________

________________________________________

________________________________________
Nutrition quiz for cooking program

Name ___________________________ date ______________

1. The health benefits of extra virgin olive oil are due to
   a. the high monounsaturated fat content (specifically oleic acid)
   b. the phenol content
   c. cold pressing of the olives

2. The health benefits of extra virgin olive oil start at
   a. 2 tablespoons a day  
   b. 1 tablespoons a day  
   c. Weekly use of at least some olive oil

3. A serving of vegetables is
   a. 1 cup
   b. ½ cup most vegetables and 1 cup of salad greens
   b. what would fit on about ¼ of a typical dinner plate

4. The difference between fresh and frozen vegetables is
   a. fresh tend to be more expensive, but they are higher in nutrients so worth the cost.
   b. fresh and frozen vegetables are comparable in most nutrients, but frozen ones tend to have a
      higher phytonutrient content.
   c. frozen vegetables are lower in nutrients.

5. The healthiest way to prepare vegetables to ensure you get all the phytonutrients into your body is
   a. to microwave them and serve immediately
   b. serve raw
   c. cook them into a fat

6. The most expensive component of most groceries bills is
   a. fruits and vegetables
   b. dairy products
   c. meat

7. Eating more protein than you need for a day results in:
   a. lower body weight as it is easier to lose weight by eating more protein
   b. a higher body weight as excess dietary protein is stored as fat
   c. greater skeletal muscle size and strength.

8. The food groups that supply protein in a vegan diet are: ________________________________

9. A diet that would improve health should contain lean meat and low-fat dairy products.
   True   False

10. Cooking vegetables with olive oil will decrease the health benefits found in olive oil.
    True   False

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### Using a cooking program to improve eating behavior, nutrition knowledge, and food security

**Baseline**

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**What race do you consider yourself?**
- White/ cauc.
- Black/AA
- Hispanic
- Asian
- Native Am.
- Other

1. **How many days each week do you purchase your lunch meal?**
   - All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 ____ 1 _____ 0 _____

2. **Where do you typically buy it?**
   - Fast food
   - Hospital cafeteria
   - Vending machine
   - Pizza
   - Other

3. **How many of your lunches each week include at least one vegetable (this can include salads)?**
   - All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 ____ 1 _____ 0 _____

4. **How many days each week do you usually eat dinner at home**
   - All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 ____ 1 _____ 0 _____

5. **How many nights in a typical week do you have take-out for dinner?**
   - All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 ____ 1 _____ 0 _____

6. **Where do you typically buy it?**
   - Fast food
   - Hospital cafeteria
   - Vending machine
   - Pizza
   - Other

7. **How many of your dinner meals each week usually at least one vegetable (including salads)?**
   - All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 ____ 1 _____ 0 _____

8. **How often do you eat red meat (steaks, ground beef as hamburger, meatloaf, meatballs)?**
   - Weekly (frequency) _____ less than weekly but monthly _____ less than monthly _____

9. **Do you currently use extra virgin olive oil at home?**
   - Yes _____ no _____
   - If yes, brand(s) used
   - Meals per week with olive oil

9. **How many meals each week do you eat that do not include meat/ chicken/ seafood? (vegetarian-type)**
   - All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 ____ 1 _____ 0 _____

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Using a cooking program to improve eating behavior, nutrition knowledge, and food security

FU Group: AMS

Name ________________________________  date _______________

1. How many days each week do you purchase your lunch meal?

   All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 _____ 1 ____ 0 _____

2. Where do you typically buy it? Fast food ____________ hospital cafeteria ______
   vending machine ____________  pizza ____________  Other ______________________

3. How many of your lunches each week include at least one vegetable (this can include salads)?

   All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 _____ 1 ____ 0 _____

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8. How often do you eat red meat (steaks, ground beef as hamburger, meatloaf, meatballs)?

   Weekly (frequency) ______ less than weekly but monthly _____ less than monthly ______

Do you currently use extra virgin olive oil at home?  Yes __________  no __________

If yes, brand(s) used __________________________  meals per week with olive oil ________

9. How many meals each week do you eat that do not include meat/ chicken/ seafood? (vegetarian-type)

   All 7 days: _____ 6 _____ 5 _____ 4 _____ 3 _____ 2 _____ 1 ____ 0 _____
Compared to before you participated in the 4-week cooking program, do you -

10. **buy**: more less about the same amount **of vegetables**

Do you **eat** more less about the same amount **of vegetables**

Have you tried any new vegetables? Yes no if yes, which __________________________

11. Do you **buy** more less about the same amount of meat?

Do you **eat** more less about the same amount of meat

12. Do you use the recipes (including your variations on the recipes) from the program? Yes no

   If yes, how often in a week do you use them? __________________________

13. Have you noticed any change in the amount of money you spend for food since you started the program?

   I spend: more less about the same

   Comments / any other changes due to study participation?

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________