

For researchers use only:

Date Taken\_\_\_\_\_

Agency\_\_\_\_\_

Code\_\_\_\_\_

Type of interview: Self-Administered

## CLIENT SURVEY

### (PLEASE READ)

The following survey is a research project being done by Constance Lestienne. She is working with the Hunger Commission. The reason for the survey is to find out if food and food assistance in Sacramento County is adequate and accessible.

This survey is confidential. You will not be asked to give your name and the information will not be used to determine your eligibility or benefits for any program. You do not have to answer any of these questions if you do not want to, but we would appreciate as much information as you can give us.

It will take you about 10 minutes to answer this survey

**Instructions: Please read questions and check your response. You may have additional comments or concerns regarding a question. Please write these in the space next to the question.**

1. Is today the first time you go to a food closet or a soup kitchen?  yes  no

### IF YES SKIP TO QUESTION #2

### If No answer the following questions:

- When did you start receiving food assistance? \_\_\_\_\_ (years) \_\_\_\_\_ (months) ago
- Where do you go to get free food?  
 Food closets  Soup kitchens  Other\_\_\_\_\_
- In the last 12 months, how many times have you received food? (check one)  
 never  1-2 times  3-5 times  6-8 times  
 9-12 times  more than 12 times
- In the last 12 months, how many times have you needed food assistance **but not received it?** (Check one )  
 never  1-2 times  3-5 times  6-8 times  
 9-12 times  more than 12 times
- Briefly explain the reason you did not receive food assistance.

2. How did you find out about the emergency food sources you are currently using?

(Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Flyers                           | <input type="checkbox"/> Police/probation department  |
| <input type="checkbox"/> Called Infoline                  | <input type="checkbox"/> School   |
| <input type="checkbox"/> Church                           | <input type="checkbox"/> Sacramento County Department of Human Assistance (DHA) or Department of Health & Human Services (DHHS) |
| <input type="checkbox"/> Friends / relatives / co workers | <input type="checkbox"/> Seeing it passing by   |
| <input type="checkbox"/> Head Start/preschool             | <input type="checkbox"/> WIC program  |
| <input type="checkbox"/> Healthy Families                 |   |
| <input type="checkbox"/> Clinic                           |   |
| <input type="checkbox"/> Other: _____                     |   |

3. What happened now or in the past that has made it necessary for you to seek emergency food? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Applying for Food Stamp or other aid but have not received it yet | <input type="checkbox"/> Unusual expenses this month |
| <input type="checkbox"/> Aid late  | <input type="checkbox"/> Money stolen                |
| <input type="checkbox"/> Aid temporarily discontinued                                      | <input type="checkbox"/> Recent job loss             |
| <input type="checkbox"/> Ran out of food or money to buy food                              | <input type="checkbox"/> Continued unemployment      |
| <input type="checkbox"/> Ran out of food stamps  | <input type="checkbox"/> Separation from spouse      |
| <input type="checkbox"/> Other—Please, describe _____                                      |  |

4. What problems did you have now or in the past getting to an emergency food site? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> I had no problems                     | <input type="checkbox"/> I had no time   |
| <input type="checkbox"/> Distance I had to travel              | <input type="checkbox"/> No childcare  |
| <input type="checkbox"/> Embarrassment/pride                   | <input type="checkbox"/> No gas money  |
| <input type="checkbox"/> Had to ask neighbor/relative for ride | <input type="checkbox"/> No transportation                                     |
| <input type="checkbox"/> Health problems                       | <input type="checkbox"/> Spouse or other family member did not want me to come |
| <input type="checkbox"/> Other: _____                          |  |

5. Do you live in Sacramento County? (Check one and answer questions that apply)

Yes A. In what Zip code area? \_\_\_\_\_

B. How long have you lived here? \_\_\_\_\_ years \_\_\_\_\_ months

No A. Where do you live? \_\_\_\_\_

6. What kind of housing do you have? (Check one)

Own house (not mobile home)

Rent room/no kitchen

Rent house (not mobile home)

Hotel/Motel

Own apartment

Shelter/Mission

Rent apartment

Live with family/friends

Own Mobile Home

Car/Van

Rent Mobile Home

Street

Rent room/with kitchen

Other: \_\_\_\_\_

If homeless, please check here

7. Do you live by yourself? (Check one)

Yes **IF YES, SKIP TO QUESTION 10.**

No

8. How many people live in your home including yourself? \_\_\_\_\_

9. How many people in your household are in each age category (including yourself)?

• Children under 1 year: \_\_\_\_\_ child (children)

• Children between 1 and 5: \_\_\_\_\_ child (children)

• Children between 6 and 17: \_\_\_\_\_ child (children)

• Adults between 18 and 59 \_\_\_\_\_ adult(s)

• Adults 60 and over: \_\_\_\_\_ adult(s)

If no other adults, check here.

10. Are you or anyone in your household in poor health?

Yes How many people (include yourself)?

# \_\_\_\_\_ Adults # \_\_\_\_\_ Children

Briefly explain: \_\_\_\_\_

No

11. Are you or anyone in your household

Pregnant?  yes How many people? \_\_\_\_\_ (include yourself)

no

Breastfeeding?  yes How many people? \_\_\_\_\_ (include yourself)

no

12. Are you or anyone in your household disabled?

Yes How many people (include yourself)?

# \_\_\_\_\_ Adults # \_\_\_\_\_ Children

Briefly explain: \_\_\_\_\_

No

13. Are you or anyone in your household putting off medical or dental care because you can't afford it?

Yes How many people (include yourself)? \_\_\_\_\_ people.

Briefly explain: \_\_\_\_\_

No



16. What is your household's main source of income? (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Child Support      | <input type="checkbox"/> Social Security        |
| <input type="checkbox"/> Employment         | <input type="checkbox"/> SSI                    |
| <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> TANF (AFDC)            |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Unemployment insurance |
| <input type="checkbox"/> Pension            |   |
| <input type="checkbox"/> Other: _____       |   |

17. How much does your household spend on food every month? \$ \_\_\_\_\_ per month

18. Do you or anyone in your household regularly use any of the following food programs?  
(Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Senior Nutrition Sites          | <input type="checkbox"/> Food Opportunities    |
| <input type="checkbox"/> Senior Brown Bag                | <input type="checkbox"/> Commodity Program     |
| <input type="checkbox"/> Home Delivered Meals            | <input type="checkbox"/> WIC                   |
| <input type="checkbox"/> School Breakfast /Lunch Program | <input type="checkbox"/> Free food in day care |
| <input type="checkbox"/> Summer Food Program (children)  | <input type="checkbox"/> Food Stamp            |
| <input type="checkbox"/> Other: _____                    |  |

19. Do you or anyone in your household get food stamps?

Yes ( please answer the following question)

With your food stamps, you can buy food for your household for how many weeks?  
#\_\_\_\_\_ weeks

No (please answer the following questions)

• Have you ever applied for food stamps?  Yes  No

• What are the reasons you are not getting food stamps (or haven't applied)?

**Check all that apply**

Applied/turned down

Language barriers

Can't fill out forms

Not worth the trouble/red tape

Don't need them

Scared to apply

Don't think I am qualified

Want to save the benefits for later

Don't know about food stamps

Don't want to take them from others who need them more

Don't have transportation

Waiting for stamps

Do not want to apply

Embarrassment/pride

Other\_\_\_\_\_

20. Do you have access to a place where you can cook?

Yes

No

21. Where do you buy most of your groceries?

(Check one)

Supermarket (for example—Raley's, Savemax) Which ones?\_\_\_\_\_

Discount store/warehouse buying (Costco, Canned Food Store, etc.)

Small, local grocery store—(“Mom and Pop type”, etc.)

Convenience market (7-11, AM-PM, etc.)

Health food store

Farmers' market

Other:\_\_\_\_\_

22. Why do you or other members of your household shop there? (Check all that apply)

- Accepts food stamps/vouchers
- Convenient location
- Good selection of foods
- Lower price
- No transportation to get anywhere else
- Other: \_\_\_\_\_

23. How do you or other members of your household usually get to the grocery store?

(Check all that apply)

- Own car
- Borrowed car
- Go in friend's car
- Cab
- Other: \_\_\_\_\_
- Public transportation
- Bike
- Walk
- Don't shop

24. Are you growing fruits or vegetables?

- in your own garden?  Yes  No
- in a community garden?  Yes  No

Would you like to have a plot in a community garden?  Yes  No

25. Do you need “Tips on getting the most for your money at the grocery store”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

26. Do you need “Information on money-saving recipes and cooking techniques”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

27. Do you need “Recipes and information for using government commodity foods”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

28. Do you need “Healthy eating information”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

29. Do you need: “Help with reading or understanding forms or instructions”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

30. Do you need “Help with reading or writing skills”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

31. Do you need “Help with budgeting tasks” (for example--balancing your checkbook, making a budget)?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

32. Do you need “Information about how to grow a garden”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

33. Do you need “Information about government programs and services for which you may be eligible”?

- Yes, I need this information.
- No, I already have this type of information.
- No, but I know where to get this information
- No, I don't need this type of information.

34. How “healthy” or “nutritious” would you say is the food you eat? (Check one)

- Very poor       Poor       Fair / good       Excellent

35. What is your age?\_\_\_\_\_

36. Your sex is:       male     female

37. What is your ethnic background? (Check one)

- White (non-Hispanic)  
 Black (non-Hispanic)  
 Hispanic  
 American Indian/Alaskan Native  
 Asian or Pacific Islander  
 Other:\_\_\_\_\_

38. What is your immigration status in America?

- American citizen  
 Legal immigrant or refugee  
 Undocumented

**This last set of questions is about food eaten in your household. As before, your name is not asked and answers will be kept confidential.**

**We would like to know more about your concerns in obtaining food in the last 12 months. The following are statements that people have made about their food situation. Please answer the questions for your household by putting a check in the appropriate box.**

39. The first statement is, **“The food that I/we bought just didn’t last, and we didn’t have money to get more.”** Was that often true, sometimes true, or never true for your household in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don’t know or prefer not to answer

40. **“I/We couldn’t afford to eat balanced meals.”** Was that often true, sometimes true, or never true for your household in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don’t know or prefer not to answer

41. In the last 12 months, 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
- No
- Don’t know or prefer not to answer

**If yes, how often did this happen?** --almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don’t know or prefer not to answer

42. In the last 12 months, did **you** ever **eat less than you felt you should** because there wasn't enough money to buy food?

- Yes
- No
- Don't know or prefer not to answer

43. In the last 12 months, were **you** ever **hungry but didn't eat** because you couldn't afford enough food?

- Yes
- No
- Don't know or prefer no to answer

**We thank you for taking this survey**