

FARMACY X

Post-Program Survey

Survey instrument adapted with permission from Share our Strength, Cooking Matters and FVRx Open Hand, Georgia.

For FARMacy program staff use only:

Participant Name: _____ Participant MRN #: _____

Date (MM/DD/YY): ____/____/____ WVU Extension ID # _____

County where FARMacy is held: _____ Name of Clinic/Site _____

Part 1: Your Food Environment

1. "There were times during the past 3 months when we worried our food would run out before we had money to buy more."

Often true

Sometimes true

Never true

2. "There were times during the past 3 months, when the food we bought just didn't last and we didn't have money to get more."

Often true

Sometimes true

Never true

3. Where do you usually get fresh fruits and vegetables? (*please choose one*)

Super store (such as Walmart)

Grocery store (Kroger, Piggly Wiggly, IGA, Shop n' Save, etc).....

Convenience store/gas station

Farmer's market

Roadside farm stand

Food pantry

Part 2: Your Food Habits

<i>How often do you usually eat...</i>	Not at all	Once a week or less	More than once a week	Once a day	More than once a day
4.. ...fruit (consider all types such as apples, bananas, oranges, pears, melons, and all varieties such as canned, fresh, frozen).	<input type="checkbox"/>				
5.. ...colorful salad-type vegetables such as lettuce, peppers, tomatoes, cucumbers, carrots, etc.?	<input type="checkbox"/>				
6.. ...dark green vegetables such as broccoli, spinach, collards, kale, etc.?	<input type="checkbox"/>				
7.. ...fast food meals or pre-made meals (such as a pizza or TV dinner, etc)?	<input type="checkbox"/>				

Part 3: Attitudes and Beliefs

	Rarely	Sometimes	Most of the time			
8. I can afford to buy fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9.. During the past 7 days, how many times did you or someone else in your household cook your evening meal at home?						
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
How confident are you that you can...	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident	N/A
10. Use basic cooking skills , like cutting fruits and vegetables, measuring out ingredients, or following a recipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey!