

# FARMACY X

## Pre-Program Survey

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 Background**

- 1. What is your gender?
  - Male .....
  - Female.....
  - Transgender .....
  - Non-binary/third gender .....
  - A gender not listed here .....
  
- 2. Are you Hispanic or Latino?
  - Yes .....
  - No .....
  
- 3. What is your race? *(please check all that apply)*
  - Asian or Asian American .....
  - American Indian/Alaskan Native .....
  - Black/African American or Caribbean American .....
  - Hawaiian/Pacific Islander.....
  - White/Caucasian.....
  - Other *(please specify: \_\_\_\_\_)* .....

4. What is the highest grade or year of school you completed? *(pick one)*
- Less than a high school degree.....
  - High school or GED certificate .....
  - Some college/technical school, but have not graduated .....
  - Two-year college or technical school degree .....
  - Four-year college or technical school degree.....
  - More than four-year college degree.....
5. Please choose the answer that represents your monthly household or family income from all sources after taxes? *(pick one)*
- Less than \$1,000 .....
  - Between \$1,000 -\$2,000.....
  - Between \$2,000-3,000.....
  - More than \$3,000 .....
  - Don't Know/prefer not to answer .....
6. Are you eligible for, or have you or anyone that lives with you participated in any of the following programs in the last year? *(check all that apply)*
- WIC .....
  - Food Stamps (SNAP) .....
  - Free or reduced-price school meals .....
  - Free summer meals .....
  - Head Start .....
  - Food Pantry.....
  - Did not participate in any of these programs.....
  - Don't know/refused to answer.....
7. What is your employment status? *(pick one)*
- Working full-time .....
  - Working part-time .....
  - Retired .....
  - Student .....
  - Not employed/Homemaker .....
  - On disability .....
  - Other (please specify) \_\_\_\_\_

8. What type(s) of health insurance do you currently have *(please check all that apply)*

I do not have health insurance .....

Medicaid .....

Do you participate in either of the following managed care organizations?

Unicare/Anthem .....

Aetna Better Health.....

The Health Plan of the Upper Ohio Valley .....

Don't know .....

Medicare .....

Do you participate in either of the following Medicare plans?

Part A (hospital insurance) .....

Part B (medical insurance) .....

Part C (Medicare Advantage/managed care) .....

Part D (prescription drug coverage) .....

Don't know .....

Military (ex: TriCare, VA, CHAMP) .....

PEIA.....

Private Insurance (ex: Highmark Blue Cross Blue Shield) .....

Other private insurance (please specify) \_\_\_\_\_

## Part 2: Your Food Environment

9. Where do you usually get fresh fruits and vegetables for food? *(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 3: 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
10. ...fruit (consider all types such as apples, bananas, oranges, pears, melons, and all varieties such as canned, fresh, frozen).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ...colorful salad-type vegetables such as lettuce, peppers, tomatoes, cucumbers, carrots, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ...dark green vegetables such as broccoli, spinach, collards, kale, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ...fast food meals or pre-made meals (such as a pizza or TV dinner, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 4: Attitudes and Beliefs

	Rarely	Sometimes	Most of the time					
14. I can afford to buy fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15. 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
<b>How confident are you that you can...</b>	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident	N/A		
16. Use <b>basic cooking skills</b> , 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!**