

FARMACY X

Pre-Program Survey

For FARMacy program staff use only:

Participant MRN #: _____ WVU Extension ID #: _____

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

Name: _____

Date: __/__/____

Date of Birth (DOB): __/__/____

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
How confident are you that you can...	Not at all confident	Not very confident	Neutral	Somewhat confident	Very confident	N/A		
16. 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!