## **EXHIBIT C: PRE-INTERVENTION QUESTIONS (HEALTH AND WELLNESS)**

1.	Code	ed Name of Patient #						
2.	Inte	rviewer:						
3.	Date	e of Pre-Intervention Interview:mm/dd/yyyy						
4.	Read Informed Consent							
	•	1□ Yes 0□ No						
5.	Agre	eed to Informed Consent						
		1□ Yes 0□ No						
ŝ.	Stud	ly Participant						
		1□ Yes 0□ No						
th	ree q	you for agreeing to answer these questions. It is likely that you were asked these first questions before, but we would like to ask them to you again.						
Fc	od In	nsecurity Trigger Questions)						
	1.	Are you worried that your food will run out before you have money to buy more?						
		1□ Yes 0□ No 2□ Declined to Answer						
	2.	In the last 2 months, have you run out of food that you bought, and didn't have money to get more?						
		1□ Yes 0□ No 2□ Declined to Answer						
	3.	I am not always physically able to:						
		1. Shop 3□ Cook 4□ Feed Myself 5□						
		2. $0\square$ No difficulty with these ADL/IADLs						
		3. 2□ Declined to Answer						
	4.	Thinking about money for food, do you have enough money to pay for food each month?						
		1□ Yes 0□ No						
	5.	Thinking about what money you have for food, what applies?						
		1□ I ask family for food						
		2□ I ask friends for food						
		3□ I ask strangers for money for food						
		$4\square$ I go to the food pantry for food						
		5□ Other, please specify:*						

6.	Have you eaten	today or last evening in the last 12 hours?
	1□ Yes	0□ No
6	Sa. If No, how mai	ny hours is it since you last ate?# hours
e	6b. If Yes or No?	
		tain food for you most recent meal?
	-	tht it at a grocery
	J	tht it at a convenience store
	_	given this food at a food pantry
	•	mily provided me with food
	•	nd provided me with food
		nded a group congregate meal site
		ve home delivered meals
		, Please specify
	,	, ,
7.		I in grocery or convenience or food pantry, did someone help you?
	1□ Yes	0□ No – I was able to get it myself
	7a. If yes,	who helped you?
8.	Regarding the fo	ood that you do eat, which of the following statements is most true:
	1 I can	eat whatever I want, I am not on any special kind of diet
	2 My d	octor has told me that there are things that I should not eat and I <b>am able</b> to keep
		liet that my doctor wants me to be on
		loctor has told me that there are things that I should not eat, but I <b>am unable</b> to be
	•	the diet that my doctor wants me to be on.
	4 I do n	not know what I should or should not eat
9.	As to shopping f	for food, which of the following statements is most true:
		able to go to the store or food pantry and obtain my food
	2 Some	etimes, I can go to the store or food pantry and other times, I must rely on others
	to shop fo	or my food
	3 I am	not able to go to the store or food pantry and obtain my food and must rely on
	others to s	shop for my food
10	. As to cooking fo	ood, which of the following statements is most true:
	_	able to cook food
		etimes, I am able to cook food and other times, I must rely on others
	to co	ok my food
	3 Lami	not able to cook food and must rely on others to cook my food

you live.	which of the following describes where
1 I live in a home or apartment	
2 I live in an apartment in a senior building	
3 I live in a supportive or assisted living residence	
4 I live with friends	
5I stay with friends	
6 I live with family	
7 I do not have a permanent place to stay	
8 I am homeless	
9 Other, specify:*	
These next set of questions focus on your feelings and (Questions taken from the PROMIS Global Health Tool)	bout your health.
12. In general, would you say your health is:	
5Excellent 4Very Good 3Good 2	Fair 1Poor
13. In general, how would you rate your physical health?	
5Excellent 4Very Good 3Good 2	Fair 1Poor
14. In general, how would you rate your mood and your ability	
5Excellent 4Very Good 3Good 2	Fair 1Poor
(Question from the UCLA Loneliness Scale (R-UCLA) – Three Item Lor	nalinass Scala)
15. How often do you feel that you lack companionship?	Tellitess Scale)
13. How often do you reer that you lack companionship.	
1Hardly ever 2Some of the Time 3	3Often
16. How often do you fool left out?	
16. How often do you feel left out?	
1 Hardly ever 2 Some of the Time	3 Often
= <u></u>	<u></u> 9,00.
17. How often do you feel isolated from others?	
1Hardly ever 2Some of the Time	3Often
(N-4-A Questions)	
18. On a weekly basis do you participate in social activities or a	
support groups, cultural performances, group meals, exerci	se classes?
1Yes 0No 2Declined to answer	
<del></del>	
18a. If Yes, what activity (ies) do you participate?	
19. Would you say that you often feel that a lack of companion	-
0 Yes 1 No 2 Declined to answe	er

<b>20.</b> Is	it diffic	ult or im	possib	le for y	you to le	eav	ve your home without assista	nce?		
	0	_Yes	1	_No	2_		_Declined to answer			
21. D	o you s	ee or talk	to fri	ends at	t least o	nc	e a week?			
	-						_Declined to answer			
(Question f	from th	e Diener	Satisfa	action	with Life	e S	cale)			
	t you						about a scale of one (1) to ') being that you strongly			
		l <b>itions of</b> per would	-			:				
	Strongly Agree 2 Somewhat Strongly Agree 3 Agree 4 Neither Agree or Disagree Somewhat Strongly Disagree 7 Strongly Disagree									
22.1.		· ·			Wildt Otro	(יפיי	y Dioagros - 7 Ottorigly Dioagro			
		sfied with	•							
What		r would y								
			_				Strongly Agree 3Agree 4_ngly Disagree 7 Strongly Disagree	•		
24. Sc	far, I h	nave gott	en the	impor	tant thi	ng	s I want in life			
What	numbe	r would y	you giv	e it? _						
	1	Strongly	/ Agree	2	_ Somew	/hat	Strongly Agree 3Agree 4_	Neither Agree or Disagree		
	5	Disagre	e 6	Sor	mewhat S	tror	ngly Disagree 7 Strongly Disa	agree		
Now for r	-	_		_			ppointments do you have sch	andulad with aither your		
prin	nary ca	re physic	ian, do	octor o	r clinic c	or v	•	al or occupational therapy or		
We will als	o be ca	lling you	again	in abo	ut eight	t (8		and services you are receiving. y similar questions as part of 199-9043 if you have any		
Interviewe interventio			ı wher	e this p	participo	ant	t was referred. This informati	ion will be part of the post-		
26. W	/here w	as the pa	articipo	ant ref	erred fo	r n	utrition related services (che	ck all that apply):		
		d Pantry	1	- 3	, .		2□ Congregate Dining Site	3□ Home Delivered Meals		
4	l□ Mat	her Lifew	ays Te	lephor	ne Topic	S	5□ AgeOptions Program	6□ Government Programs		