

EXHIBIT D: POST INTERVENTION QUESTIONS

IDENTIFIERS

1. Code Name #: _____
2. Interviewer: _____
3. Date of Post Interview/Decision to Close: mm/dd/yyyy
4. Study Participant?

 1 Yes 0 No 2 Unable to locate

Hello, I am from AgeOptions, the Suburban Area Agency on Aging. As you may remember about eight (8) weeks ago, you agreed to answer some follow-up questions regarding food. Is this a good time for us to ask you these questions? Many of these questions may sound familiar to you, but we would like to ask them again.

At this time,

(Food Insecurity 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 No difficulty with these ADL/IADLs
3. 2 Declined to Answer

4. **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 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

6a. If No, how many hours is it since you last ate? _____ # hours

6b. If Yes or No?

Where did you obtain food for you most recent meal?

- 1 I bought it at a grocery
- 2 I bought it at a convenience store
- 3 I was given this food at a food pantry
- 4 My family provided me with food
- 5 A friend provided me with food
- 6 I attended a group congregate meal site
- 7 I receive home delivered meals
- 8 Other, Please Specify _____ *

6d. If No, how many hours is it since you last ate? _____ hours

6e. Where did you obtain food for your most recent meal?

7. **If food obtained 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 food 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 doctor has told me that there are things that I should not eat and I **am able** to keep the diet that my doctor wants me to be on
3. ___ My doctor has told me that there are things that I should not eat, but I **am unable** to be keep the diet that my doctor wants me to be on.
4. ___ I do not know what I should or should not eat

9. **As to shopping for food, which of the following statements is most true:**

1. ___ I am able to go to the store or food pantry and obtain my food
2. ___ Sometimes, I can go to the store or food pantry and other times, I must rely on others to shop for 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 shop for my food

10. **As to cooking food, which of the following statements is most true:**

1. ___ I am able to cook food
2. ___ Sometimes, I am able to cook food and other times, I must rely on others to cook my food
3. ___ I am not able to cook food and must rely on others to cook my food

11. **When we last spoke to help determine what types of food programs you might be eligible to participate or receive, we needed to know about your living situation. Has there been a change in the last six to eight weeks in your living situation?**

1__ Yes 0__ No

Ask only if (YES) there has been a change,

12. **Since there has been a change, please tell me which of the following describes where you live.**

- 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
 5__ I 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 about your health.

(Questions taken from the PROMIS Global Health Tool)

13. **In general, would you say your health is:**

5__ Excellent 4__ Very Good 3__ Good 2__ Fair 1__ Poor

14. **In general, how would you rate your physical health?**

5__ Excellent 4__ Very Good 3__ Good 2__ Fair 1__ Poor

15. **In general, how would you rate your mood and your ability to think?**

5__ Excellent 4__ Very Good 3__ Good 2__ Fair 1__ Poor

(Question from the UCLA Loneliness Scale (R-UCLA) – Three Item Loneliness Scale)

16. **How often do you feel that you lack companionship?**

1__ Hardly ever 2__ Some of the Time 3__ Often

17. **How often do you feel left out?**

1__ Hardly ever 2__ Some of the Time 3__ Often

18. How often do you feel isolated from others?

1 ___ Hardly ever 2 ___ Some of the Time 3 ___ Often

(N-4-A Questions)

19. On a weekly basis do you participate in social activities or attend organized groups, such as choirs, support groups, cultural performances, group meals, exercise classes?

1 ___ Yes 0 ___ No 2 ___ Declined to answer

19a. If Yes, what activity (ies) do you participate? _____

20. Would you say that you often feel ~~that~~ a lack of companionship?

0 ___ Yes 1 ___ No 2 ___ Declined to answer

21. Is it difficult or impossible for you to leave your home without assistance?

0 ___ Yes 1 ___ No 2 ___ Declined to answer

22. Do you see or talk to friends at least once a week?

1 ___ Yes 0 ___ No 2 ___ Declined to answer

(Question from the Diener Satisfaction with Life Scale)

For these next three (3) statements, think about a scale of one (1) to seven (7), with one (1) being that you strongly agree and seven (7) being that you strongly disagree with the statement. I will now read each of these statements and tell me a number between one (1) to seven (7).

23. The conditions of my life are excellent

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

24. I am satisfied with my life

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

25. So far, I have gotten the important things I want in life

What number would you give it? _____

1_____Strongly Agree 2_____ Somewhat Strongly Agree 3_____Agree 4_____Neither Agree
or Disagree

5_____Disagree 6_____Somewhat Strongly Disagree 7_____ Strongly Disagree

26. Approximately eight (8) weeks ago, we asked you how many appointments you had scheduled with your primary care physician or doctor, clinic or with a specialist or with a physical or occupational therapist or for counseling. At that time, you stated that you had # _____ appointments scheduled. (Interviewer: Look to pre-test question #25 for # of appointments.)

- How many of those appointments did you attend? # _____

27. Of the appointment(s) you were unable to attend, what were the reasons for not attending your appointment(s)?

1___ I was a patient in the hospital

2___ I was a patient the Emergency Room or urgent care center

3___ I was unable to obtain a ride to go to my appointment

4___ I was not feeling well enough to go to go to my appointment

5___ I needed to take care of someone else, so I could not go

6___ Other, please specify: _____ *

28. If you were in a patient in the hospital or an Emergency Room or urgent care center, what did the doctor tell you what was wrong with you? Please Specify: _____

In checking our records, AgeOptions referred or provided you with information. Depending upon what services or programs, ask one or more of the following questions. (Interviewer: See pre-test question #26 to determine type(s) of referral received. Ask only about those referrals.)

29. Did you visit the food pantry?

1___ Yes 2___ No

29a. If No, why not?

- 1___ I no longer need help with obtaining food
- 2___ I no longer need help with cooking food
- 3___ I was in the hospital
- 4___ I was unable to obtain a ride
- 5___ I was not feeling well enough to go
- 6___ I needed to take care of someone else, so I could not go to the appointment
- 7___ Other, please specify: _____ *

30. Are you attending a group congregate dining site?

1___ Yes 0___ No

30a. If No, why not?

- 1___ I no longer need help with obtaining food
- 2___ I no longer need help with cooking food
- 3___ I was in the hospital
- 4___ I was unable to obtain a ride
- 5___ I was not feeling well enough to go
- 6___ I needed to take care of someone else, so I could not go to the appointment
- 7___ Other: _____ *

31. **Did you receive or are you currently receiving home delivered meals?**

1___ Yes 0___ No

31a. If No, why not?

- 1___ Not found eligible
- 2___ No longer need home delivered meals
- 3___ Did not like the food
- 4___ Other, please specify: _____ *

32. **Have you participated in MatherLifeWays Telephone Topics where you call-in and listen to a conversation on the telephone?**

1__ Yes 0__ No

32a. If yes, how satisfied were you with the information you received? Would you say you were:

5__ Highly Satisfied 4__ Satisfied 3__ Neither Satisfied or Not Satisfied

2__ Not Satisfied 1__ Highly Unsatisfied

32b. If you were less than satisfied, can you tell us why? Please be specific:

33. **Similarly, when we last spoke, to determine if you were eligible for various programs from AgeOptions. Have you participated in any programs from AgeOptions?**

1__ Yes 0__ No

Ask only if a participant responses with a "yes"

33a. Of the following, what programs or services did you receive from AgeOptions?

1__ Accessing Information and Resources

2__ Caring Together, Living Better

3__ Illinois Financial Abuse

4__ Make Medicare Work

5__ Senior Medicare Patrol

6__ Take Charge of your Health

7__ Other, please specify: _____ *

34. **Have you applied for any government programs besides a program helping you with food?**

1__ Yes 0__ No

34a. If yes, of the following, what programs or services did you apply?

1__ LHEAP

2__ Medicaid

3__ Medicare

4__ SNAP, Food Stamps

5__ Other, please specify: _____ *

Thank you very much. Please do not hesitate to give us a call here at AgeOptions at 800-699-9043 if you have any questions.