

LOCATION OF SURVEY (Please put an 'X' by your response):

<input type="checkbox"/> Fortuna Heritage Cafe	<input type="checkbox"/> Eureka Heritage Cafe	<input type="checkbox"/> Arcata Heritage Cafe
<input type="checkbox"/> Rio Dell Pop-up	<input type="checkbox"/> Trinidad Pop-up	<input type="checkbox"/> McKinleyville Pop-up

For each of the following items, mark the number that best describes your current beliefs. How certain are you that you could overcome the following barriers?

I can manage to stick to healthful foods....	Very Certain	Rather Certain	Rather Uncertain	Very Uncertain
... even if I need a long time to develop the necessary routines.	4	3	2	1
... even if I have to try several times until it works.	4	3	2	1
... even if I have to rethink my entire way of eating.	4	3	2	1
... even if I do not receive a great deal of support from others when making my first attempt.	4	3	2	1
... even if I have to make a detailed plan.	4	3	2	1

For each of the following items, please mark your level of agreement with the following questions.

	Yes	More or Less	No
I experience a general sense of emptiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss having people around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel rejected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of people I can rely on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many people I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough people I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about your dietary intake.

1. How often do you usually eat fruit as a snack?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

2. How often do you usually eat whole grain breads?

- Never or less than once a week
- 1 or 2 times a week
- 3 or more times a week

3. How often do you usually eat whole grain cereals?

- Never or less than once a week
- 1 or 2 times a week
- 3 or more times a week

4. How often do you usually eat candy or chocolate?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

5. How often do you eat crackers, pretzels, chips, or popcorn?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

6. How often do you eat cakes or pies?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

7. How often do you eat cookies?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

8. How often do you eat ice cream?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

9. How often do you eat cold cuts, hot dogs, lunchmeats or deli meats?

- Never or less than once a week
- 1 or 2 times a week
- 3 or more times a week

10. How often do you eat bacon or sausage?

- Never or less than once a week
- 1 or 2 times a week
- 3 or more times a week

11. How often do you eat carrots, sweet potatoes, broccoli, or spinach?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 or more times a week

12. How often do you eat fruit (not including juice)? Please include fresh, canned or frozen fruit.

- Never **or** Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- Every day or almost every day

13. How often do you eat hot or cold breakfast cereal?

- Never
- Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- Every day or almost every day

14. How often do you drink some kind of juice at breakfast?

- Never **or** Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- Every day or almost every day

15. How often do you eat chicken or turkey?

- Never **or** less than once a week
- 1 or 2 times a week
- 3 or more times a week

16. How often do you drink a glass of milk?

- Never **or** Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- Every day or almost every day
- More than once every day

17. Do you usually add butter or margarine to foods like bread, rolls, or biscuits?

- Yes
- No

18. Do you usually add fat (butter, margarine or oil) to potatoes and other vegetables?

- Yes
- No

19. Do you use gravy (when available) at meals?

- Yes
- No

20. Do you usually add sugar or honey to sweeten your coffee or tea?

- Yes
- No

<p>21. Do you usually drink wine, beer or other alcoholic beverages?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>22. How often do you eat fish or seafood that <u>IS NOT</u> fried?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> More than once a week</p>
<p>23. How many servings of milk, cheese, or yogurt do you usually have each DAY?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two or more</p>
<p>24. How many different vegetable servings do you usually have at your main meal of the day?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Three or more</p>
<p>25. Which of the following best describes your nutritional supplement use?</p> <p><input type="checkbox"/> I don't use supplements</p> <p><input type="checkbox"/> I use supplements other than vitamins and mineral</p> <p><input type="checkbox"/> I use a multivitamin/mineral preparation (e.g. Centrum)</p>

The below questions are intended to help us better understand who is completing these questionnaires. The completion of this is voluntary. No names will be associated with these questionnaires.

1. **During the past 3 months, how frequently have you attended a senior meal program? (e.g., lunch at a senior center, Heritage Café)**
 - I do not attend lunch at a senior center
 - I receive Meals on Wheels
 - Every day it's offered
 - 3 or more times weekly, but not daily
 - 2 times weekly
 - 1 time weekly
 - 1 to 2 times monthly

2. **How old are you? _____ (years)**

3. **Are you male or female?**
 - Female
 - Male

4. **Which one or more of the following would you say is your race?**
 - American Indian or Alaska Native
 - Asian
 - Black
 - Hispanic
 - Native Hawaiian or other Pacific islander

- White
- Other, please describe:

5. **What is the highest degree of school you completed?**

- Less than High School
- High School/GED
- Some College
- Associates
- Technical School
- Bachelor's
- Graduate

6. **Are you...?**

- Divorced
- Married
- Separated
- Single, never married
- Widowed

7. **What best describes your current living arrangement?**

- Assisted Living Facility
- Community-residing (e.g. own home, townhome, or apartment [not specifically for older adults], living with adult child or roommate, not in retirement community, etc.)
- Retirement community
- Senior Apartment Complex
- Other

8. **What is the primary source of your monthly income?**

- Full-time work
- Part-time work
- Retirement Funds
- Social Security
- Spouse
- Stock Portfolio
- Other (e.g. Pension)

9. **In general, how would you describe your health?**

- Very poor
- Somewhat poor
- Average
- Somewhat good
- Very good

10. **Mark all the health conditions that you have been told you have.**

- Cardiovascular disease (e.g. heart attack, high blood pressure, high cholesterol, etc)
- Joint issues (e.g., knees, hips, shoulders, etc)

- Arthritis
- Back Issues
- Diabetes
- Lung disease (e.g. asthma, COPD, chronic bronchitis)
- Cancer (including history of cancer)
- Neurological (e.g., stroke, Parkinson's)
- Other

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11. **Please rate your level of agreement with this statement: “I feel my city/town is older adult friendly” (e.g., offers programs for older adults, ready access to services that promote aging in place, etc).**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very Supportive | Supportive | Somewhat Supportive | Unsupportive | Very Unsupportive |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. **During the past 3 months, were you a patient in a hospital overnight?** *Overnight means that you were admitted on a different day than when you left. It does not include outpatient clinic visits or non-medical stays like staying with a family member.*

- Yes
- No

13. **During the past 3 months, how many different times did you stay in any hospital overnight or longer?** *Do not count the total number of nights, just the total number of hospital admissions for stays, which lasted 1 or more nights.*

Number of times	
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For the below statements, please indicate if the statement was often true, sometimes true or never true for you/your household in the last 12 months.

14. **I/We worried whether my/our food would run out before I/we got money to buy more.**
- Often true
 - Sometimes true
 - Never true
 - Don't know
15. **The food that I/we bought just didn't last and I/we didn't have money to get more.**
- Often true
 - Sometimes true
 - Never true
 - Don't know

Thank you for completing this questionnaire.