

**ADHS – Nutrition Network
Population Needs Assessment
Intercept Interviews - FINAL**

Hello. My name is _____ with WestGroup Research. We are conducting a survey with Arizona residents about their household's grocery shopping and eating habits. We are not selling anything and all of your responses will be kept strictly confidential. Are you the female head of household?

To thank you for your participation, those who qualify and complete the survey will receive a \$10 Wal-Mart gift card.

Do you live in Arizona? - if no - TERMINATE

S1. How many people currently live in your household? Please tell me:
 _____ The number of adults 18 years or older who live in your household
 _____ The number of children under 18 years who live in your household
 _____ Total in household

S2. How many people live in your household who are . . . **MUST HAVE AT LEAST ONE CHILD UNDER 11 TO CONTINUE**
 Ages 0-2 _____ 5 to under 11 years _____
 3-under 5 years _____ 11-17 years _____

S3. Which of the following categories best describes your age?
 _____ 18 to 25
 _____ 26 to 35
 _____ 36 to 45
 _____ 46 to 49
 _____ over 49 (THANK & TERMINATE)

S4. What is your total household income before taxes? You can give that to me as a weekly income, every two-week income, monthly or yearly income. **MUST BE BELOW THESE TO CONTINUE**

# in Household	Weekly Income	2 Week Income	Monthly Income	Yearly Income
2	\$ 539	\$1,077	\$2,333	\$27,991
3	\$ 680	\$1,359	\$2,944	\$35,317
4	\$ 821	\$1,641	\$3,554	\$42,643
5	\$ 961	\$1,922	\$4,165	\$49,969
6	\$1,102	\$2,204	\$4,775	\$57,295

Family Meals

In **the past week**, how many times did your family . . . [record actual number under either times per day or times per week]

	Times per day	Times per week	Times per month	Not at all	Don't know /Refused
1. Eat together as a family					
2. Eat a meal at home					
3. Eat fast food					
4. Eat take-out food (other than fast food)					
5. Eat at a restaurant					

Shopping Preferences

In the **past month**, how often did you shop at each of the following for groceries? By *groceries*, I mean food and drink items, not household products such as cleaning supplies or paper products. How many times did you shop at a . . . (record actual number under either times per day, times per week or times per month).

	Times per day	Times per week	Times per month	Not at all	Don't know /Refused
6. Grocery store (like Fry's, food City, Bashas or Safeway) or discount store (like Target, Wal-Mart, or Costco)					
7. Dollar store					
8. Convenience store (like Circle K or 7-11)					
9. Drug store					
10. Farmer's Market					

Where do you buy **most** of your . . . Would you say you buy most of them . . . at a . . . (READ LIST). . .

11. Fruits & vegetables

12. Dairy products

13. Meat, chicken, and fish

	11. Fruits & Veggies	12. Dairy	13. Meat, chicken, fish
Grocery store (like Fry's, food City, Bashas or Safeway) or			

discount store (like Target, Wal-Mart, or Costco)			
Dollar store			
Convenience store (like Circle K or 7-11)			
Drug store			
Farmer's Market			
Other (specify) _____			
Don't know			
Refused			

When shopping for groceries, how often do you do each of the following activities?
Would you say you do this *always, often, sometimes, rarely, or never?*

	Always	Often	Some-times	Rarely	Never	DK/Ref.
14. Plan meals before you go to the store						
15. Use a written shopping list						
16. Use coupons						
17. Shop at several stores to get the best price						
18. Take your children with you						
19. Buy fruits and vegetables						
20. Buy a product because of an advertisement						

Food Preparation

In the last week, how many times did your family . . .

	Times per day	Times per week	Not at all	DK/Ref.
21. Make dinner from scratch				
22. Use mostly easy-to-prepare, packaged, or pre-made foods for dinner				

General Health

23) In general, would you say that your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. DK/Refused

24) Thinking about your health and the health of your family, what (health) concerns, issues or conditions come to mind, if any? (PRECODE; DO NOT READ – check as many as mentioned)

1. Asthma
2. Diabetes
3. Gastrointestinal, stomach, or digestive disorder (heartburn?)
4. Heart disease
5. High blood pressure
6. Stroke
7. Osteoporosis
8. Doctor visits
9. Dental hygiene
10. Obesity/overweight/weight
11. Stress
12. Sleep
13. Headaches
14. Healthy eating
15. Eating enough fruits and vegetables
16. Physical activity/exercise
17. Reducing sedentary time – TV, computer
18. Other (record)

Healthy Eating Information

25. What kinds of things are you interested in learning more about in order to eat a healthy diet? (DO NOT READ)

Recipes

Cooking healthy meals

Preparing new/different meals

Getting kids to eat healthy meals/snacks

Low cost meals

Reading / understanding food labels

Steps to eating healthier

Substituting healthy ingredients

Reducing calories
Reducing fat
Reducing carbohydrates
Knowing what is healthy
Other (specify)
Don't know/refused

26) What is the best way to learn about these topics? (PRECODE; DO NOT READ)

Internet.	Classes at:
TV	WIC clinic
Magazines/Newsletters	Other government office
Health Fair	Community Health Center
Radio	Other location (Specify)
Friends/family	Other (specify
Doctor/other health care professional	DK/Refused
WIC clinic counselor, nutritionist, CNW	
Library	
Receive something in the mail	
Social media such as Facebook or Twitter	

Perceptions

What is the first word or phrase you think of when I say. . .

27. WIC: _____

28. Would you say your impression of WIC is favorable or unfavorable? Would that be very or somewhat (favorable/unfavorable)?

29. Food Stamps or SNAP: _____

30. Would you say your impression of Food Stamps or SNAP is favorable or unfavorable? Would that be very or somewhat (favorable/unfavorable)?

31. Farmers Market: _____

32. Would you say your impression of the Farmers Market is favorable or unfavorable? Would that be very or somewhat (favorable/unfavorable)?

33. AHCCCS, Kidscare, or Medicaid: _____

34. Would you say your impression of AHCCCS, Kidscare, or Medicaid is favorable or unfavorable? Would that be very or somewhat (favorable/unfavorable)?

Physical Activity

We are interested in two types of physical activities – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate, while moderate activities cause small increases in breathing or heart rate.

35. Now, thinking about the past week, did you do any moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, dancing, or anything else that caused some increase in breathing or heart rate?

___ No – if no, skip to vigorous questions.

___ Yes

if yes, How many minutes did you spend last week doing moderate activities?

_____ per day or _____ per week

37) Now, thinking about the past week, did you do any vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that caused a large increase in breathing or heart rate?

___ No – if no, skip to fruits and vegetables.

___ If yes, How many minutes did you spend last week doing vigorous activities?

_____ per day or _____ per week

Nutrition/diet

Next I'm going to ask you about certain foods that you may or may not have eaten in the past week. For each one, please tell me how many servings you have had in the past week. (3=Not at all; 4=Don't know/refused)

38) 100% pure fruit juices – a serving is $\frac{3}{4}$ cup or 6 ounces: ___ / day or ___ / week

39) Fruit (fresh, frozen, or canned) – a serving is $\frac{1}{2}$ cup, which is about half the size of your fist: ___ / day or ___ / week

40) Cooked or canned beans – serving is $\frac{1}{2}$ cup: ___ / day or ___ / week

41) Dark green leafy vegetables - serving is 1 cup: ___ / day or ___ / week

42) Other dark green vegetables - serving is $\frac{1}{2}$ cup: ___ / day or ___ / week

43) Orange or red-colored vegetables - serving is $\frac{1}{2}$ cup: ___ / day or ___ / week

44) Other vegetables serving is $\frac{1}{2}$ cup: ___ / day or ___ / week

Now I'd like to ask you about the grains that you ate in the past week, like bread, cereal, tortillas, rice, and pasta. How many servings did you eat of . . .

45) Bread – a serving is 1 slice: ___ / day or ___ / week

If > 0, . . . Approximately what percent of that was whole grain? _____%

46) Cereal – a serving is $\frac{1}{2}$ cup: ___ / day or ___ / week

If > 0, . . . Approximately what percent of that was whole grain, such as Cheerios, Rice Crispies or Rice Chex, Corn Flakes or Corn Chex, Wheat Chex, Mini Wheats, All Bran, Kix, Honey Bunches of Oats, Grape Nuts, Life, Quaker Oats, Cream of Wheat: _____%

47) Rice – a serving is ½ cup: ____ / day or ____ / week

If > 0, . . . Approximately what percent of that was brown rice? _____%

48) Tortillas – a serving is one six-inch tortilla or half of a large, 12-inch tortilla
____ / day or ____ / week

If > 0, . . . Approximately what percent of that was whole grain or corn? _____%

49) Pasta – a serving is ½ cup of cooked pasta: ____ / day or ____ / week

If > 0, . . . Approximately what percent of that was whole grain? _____%

Now I'd like to ask you about dairy, such as cheese, yogurt, and milk. Thinking about the amount of dairy that you ate or drank in the past week, how many servings did you eat of . . .

50) Cheese – a serving is 1.5 ounces, or the size of your thumb: ____ / day or ____ / week

If > 0, . . . Approximately what percent of that was low fat? _____%

51) Yogurt – a serving is one cup: ____ / day or ____ / week

If > 0, . . . Approximately what percent of it was low fat? _____%

52) Milk – a serving is one cup: ____ / day or ____ / week

If > 0, How much of it was whole milk? _____%

How much of it was 2% milk? _____%

How much of it was skim, no fat, or 1% fat? _____%

How much of it was soy milk? _____%

Should total 100%

53) In the last week, how many servings did you have of sugar sweetened beverages, like a cup of soda pop or a sports drink or fruit drink? ____ / day or ____ / week

54) How tall are you? _____ feet _____ inches

55) How much do you weigh? _____

In the past 12 months, did anyone in your family receive . . .

	Received	Did Not Receive	DK/ Refused
56. CSFP (Commodity Supplemental Food Programs)			
57. Food Stamps / Food Stamp Benefit Card / SNAP			
57a) If did not receive SNAP, ask			
Why would you say you did not participate in SNAP/Food stamps? (pre-code - DO NOT READ – check all that are mentioned)			
<ol style="list-style-type: none"> 1. Don't know about the programs 2. Not eligible 3. Don't know if I'm eligible or not 4. Enrolling is too difficult / too much of a hassle / unpleasant 5. Embarrassed / stigma attached / don't want to be "judged" 6. Can't purchase what I want / eat what I want 7. Don't need it / others need it more than I do 8. Not worth it / only receive small amount of money 9. Other (record) 			
58. WIC checks (Ask only if under 5 in screening)			
58a) If did not receive WIC, ask			
Why would you say you did not participate in WIC? (pre-code - DO NOT READ – check all that are mentioned)			
<ol style="list-style-type: none"> 1. Don't know about the programs 2. Not eligible 3. Don't know if I'm eligible or not 4. Enrolling is too difficult / too much of a hassle / unpleasant 5. Embarrassed / stigma attached / don't want to be "judged" 6. Can't purchase what I want / eat what I want 7. Don't need it / others need it more than I do 8. Not worth it / only receive small amount of money 9. Other (record) 			
59. Summer Food Service Program			
60. Free or reduced school lunch/ breakfast			
61. Child and Adult Food Care Program (children and adults in day care settings, including Head Start)			
62. Food cooperatives: Bargain Baskets, Food Value Club, Harvest Club Box, Healthy Native Box, Help Yourself Box, Value Food Stores			
63. FDPIR (Food Distribution Program on Indian Res)			
64. Did not receive any of these			

Demographics

D1a. Do you consider yourself to be:

1. Hispanic 2. Non-Hispanic 3. Refused

D1b. And, what is your race? (check all that apply):

1. American Indian/Alaskan Native/Native American
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. DK/Refused

D2. What is the highest level of education you completed?

- | | |
|------------------------------------|-------------------------|
| 1. Less than 8 th grade | 5. High school graduate |
| 2. 8 th grade | 6. Some college |
| 3. Some high school | 7. College graduate |
| 4. GED completed | 8. Masters Degree |

D3. What is the primary language spoken in your household?

- | | |
|-----------|---------|
| 1 English | 3 Both |
| 2 Spanish | 4 Other |

Thank you for completing the survey. May I have your name and address and we will mail you a \$10 Wal-Mart gift card in the next week.

NAME _____ PHONE NUMBER _____

Interviewer #

Thank you very much!