

**Food Quality Assessment Survey.** Implemented from July 2019 to November 2019; distributed with food bags. Collected qualitative data about patient perceptions of the STFPP.

PLEASE DROP OFF SURVEY AT FRONT DESK

Input in REDCap \_\_\_\_

**Shade Tree Food Program Survey**

FIRST AND LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

We are conducting this survey to decide if we want to grow the free food program at Shade Tree Clinic. By participating in this survey, you are providing us with information to help us decide. You do not have to complete this survey to receive free food. Please circle the answer that applies to you.

1. How many people live in your household? \_\_\_\_\_
2. What is your ethnicity? \_\_\_\_\_
3. Have you received food supplements from Shade Tree in the last year?
  - a. Yes
    - i. Box of canned items
    - ii. Bag of fresh fruits or vegetables
  - b. No
  - c. Not Sure
4. In the past 12 months, I worried whether my food would run out before I got money to buy more.
  - a. Often
  - b. Sometimes
  - c. Never
5. In the past 12 months, the food I bought just did not last, and I did not have money to get more.
  - a. Often
  - b. Sometimes
  - c. Never

If you have received a free food box or bag please describe your experience with the most recent one.

6. Are you happy with the bag/box you received?
  - a. Yes
  - b. No
7. If you answered no, how can the program be improved?

8. What did you cook with food in your bag/box?