

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

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1. Coded Name of Patient # \_\_\_\_\_
2. Interviewer: \_\_\_\_\_
3. Date of Pre-Intervention Interview: \_\_\_\_\_ mm/dd/yyyy
4. Read Informed Consent  
1  Yes 0  No
5. Agreed to Informed Consent  
1  Yes 0  No
6. Study Participant  
1  Yes 0  No

***Thank you for agreeing to answer these questions. It is likely that you were asked these first three questions before, but we would like to ask them to you again.***

**(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. **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  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 grocery2  I bought it at a convenience store3  I was given this food at a food pantry4  My family provided me with food5  A friend provided me with food6  I attended a group congregated meal site7  I receive home delivered meals8  Other, Please specify \_\_\_\_\_ \***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 on3 \_\_\_ 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. I would like to ask you about where you live, 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)**

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

- 5\_\_ Excellent    4\_\_ Very Good    3\_\_ Good    2\_\_ Fair    1\_\_ Poor

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

- 5\_\_ Excellent    4\_\_ Very Good    3\_\_ Good    2\_\_ Fair    1\_\_ Poor

**14. 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)**

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

- 1\_\_ Hardly ever    2\_\_ Some of the Time    3\_\_ Often

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

- 1\_\_ Hardly ever    2\_\_ Some of the Time    3\_\_ Often

**17. How often do you feel isolated from others?**

- 1\_\_ Hardly ever    2\_\_ Some of the Time    3\_\_ Often

**(N-4-A Questions)**

**18. 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

18a. If Yes, what activity (ies) do you participate? \_\_\_\_\_

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

- 0\_\_ Yes    1\_\_ No    2\_\_ Declined to answer

