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

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 your 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___________________________________________________ *

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. 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:

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

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

(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 a lack of companionship?
   0. Yes  1. No  2. Declined to answer
20. Is it difficult or impossible for you to leave your home without assistance?
   0___Yes   1___No   2____Declined to answer

21. 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.

22. 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

23. 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

24. 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

Now for my last question today . . . .

25. Within the next six (6) weeks, how many appointments do you have scheduled with either your primary care physician, doctor or clinic or with a specialist or for physical or occupational therapy or counseling? Enter number of appointments: #______

Thank you very much. We will be calling you soon to find-out what programs and services you are receiving. We will also be calling you again in about eight (8) weeks to ask you some very similar questions as part of this study. Please do not hesitate to give us here at AgeOptions a call at 800-699-9043 if you have any questions.

Interviewer: Indicate below where this participant was referred. This information will be part of the post-intervention survey.

26. Where was the participant referred for nutrition related services (check all that apply):
   1☐ Food Pantry   2☐ Congregate Dining Site   3☐ Home Delivered Meals
   4☐ Mather Lifeways Telephone Topics   5☐ AgeOptions Program   6☐ Government Programs