

## EXHIBIT D: POST INTERVENTION QUESTIONS

---

### IDENTIFIERS

1. Code Name #: \_\_\_\_\_
2. Interviewer: \_\_\_\_\_
3. Date of Post Interview/Decision to Close:   mm/dd/yyyy
4. Study Participant?
   
       1  Yes                      0  No                      2  Unable to locate

*Hello, I am from AgeOptions, the Suburban Area Agency on Aging. As you may remember about eight (8) weeks ago, you agreed to answer some follow-up questions regarding food. Is this a good time for us to ask you these questions? Many of these questions may sound familiar to you, but we would like to ask them again.*

*At this time,*

### (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. **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 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 \_\_\_\_\_ \*

6d. If No, how many hours is it since you last ate? \_\_\_\_\_ hours

6e. Where did you obtain food for your most recent meal?

\_\_\_\_\_

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. **When we last spoke to help determine what types of food programs you might be eligible to participate or receive, we needed to know about your living situation. Has there been a change in the last six to eight weeks in your living situation?**

1\_\_ Yes                      0\_\_ No

***Ask only if (YES) there has been a change,***

12. **Since there has been a change, 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)**

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

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

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

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

15. **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)**

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

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

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

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

18. How often do you feel isolated from others?

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

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

19. 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

19a. If Yes, what activity (ies) do you participate? \_\_\_\_\_

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

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

21. Is it difficult or impossible for you to leave your home without assistance?

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

22. 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. I will now read each of these statements and tell me a number between one (1) to seven (7).*

23. 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

24. 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

**25. 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

**26. Approximately eight (8) weeks ago, we asked you how many appointments you had scheduled with your primary care physician or doctor, clinic or with a specialist or with a physical or occupational therapist or for counseling. At that time, you stated that you had # \_\_\_\_\_ appointments scheduled. (Interviewer: Look to pre-test question #25 for # of appointments.)**

- How many of those appointments did you attend? # \_\_\_\_\_

**27. Of the appointment(s) you were unable to attend, what were the reasons for not attending your appointment(s)?**

1\_\_\_ I was a patient in the hospital

2\_\_\_ I was a patient the Emergency Room or urgent care center

3\_\_\_ I was unable to obtain a ride to go to my appointment

4\_\_\_ I was not feeling well enough to go to go to my appointment

5\_\_\_ I needed to take care of someone else, so I could not go

6\_\_\_ Other, please specify: \_\_\_\_\_\*

**28. If you were in a patient in the hospital or an Emergency Room or urgent care center, what did the doctor tell you what was wrong with you? Please Specify: \_\_\_\_\_**

***In checking our records, AgeOptions referred or provided you with information. Depending upon what services or programs, ask one or more of the following questions. (Interviewer: See pre-test question #26 to determine type(s) of referral received. Ask only about those referrals.)***

29. Did you visit the food pantry?

1\_\_\_ Yes                      2\_\_\_ No

29a. If No, why not?

- 1\_\_\_ I no longer need help with obtaining food
- 2\_\_\_ I no longer need help with cooking food
- 3\_\_\_ I was in the hospital
- 4\_\_\_ I was unable to obtain a ride
- 5\_\_\_ I was not feeling well enough to go
- 6\_\_\_ I needed to take care of someone else, so I could not go to the appointment
- 7\_\_\_ Other, please specify: \_\_\_\_\_ \*

30. Are you attending a group congregate dining site?

1\_\_\_ Yes                      0\_\_\_ No

30a. If No, why not?

- 1\_\_\_ I no longer need help with obtaining food
- 2\_\_\_ I no longer need help with cooking food
- 3\_\_\_ I was in the hospital
- 4\_\_\_ I was unable to obtain a ride
- 5\_\_\_ I was not feeling well enough to go
- 6\_\_\_ I needed to take care of someone else, so I could not go to the appointment
- 7\_\_\_ Other: \_\_\_\_\_ \*

31. **Did you receive or are you currently receiving home delivered meals?**

1\_\_\_ Yes                      0\_\_\_ No

**31a. If No, why not?**

- 1\_\_\_ Not found eligible
- 2\_\_\_ No longer need home delivered meals
- 3\_\_\_ Did not like the food
- 4\_\_\_ Other, please specify: \_\_\_\_\_ \*

32. **Have you participated in MatherLifeWays Telephone Topics where you call-in and listen to a conversation on the telephone?**

1\_\_ Yes                      0\_\_ No

32a. If yes, how satisfied were you with the information you received? Would you say you were:

5\_\_ Highly Satisfied      4\_\_ Satisfied              3\_\_ Neither Satisfied or Not Satisfied

2\_\_ Not Satisfied          1\_\_ Highly Unsatisfied

32b. If you were less than satisfied, can you tell us why? Please be specific:

---

33. **Similarly, when we last spoke, to determine if you were eligible for various programs from AgeOptions. Have you participated in any programs from AgeOptions?**

1\_\_ Yes                      0\_\_ No

***Ask only if a participant responses with a "yes"***

**33a. Of the following, what programs or services did you receive from AgeOptions?**

1\_\_ Accessing Information and Resources

2\_\_ Caring Together, Living Better

3\_\_ Illinois Financial Abuse

4\_\_ Make Medicare Work

5\_\_ Senior Medicare Patrol

6\_\_ Take Charge of your Health

7\_\_ Other, please specify: \_\_\_\_\_ \*

34. **Have you applied for any government programs besides a program helping you with food?**

1\_\_ Yes                      0\_\_ No

**34a. If yes, of the following, what programs or services did you apply?**

1\_\_ LHEAP

2\_\_ Medicaid

3\_\_ Medicare

4\_\_ SNAP, Food Stamps

5\_\_ Other, please specify: \_\_\_\_\_ \*

***Thank you very much. Please do not hesitate to give us a call here at AgeOptions at 800-699-9043 if you have any questions.***