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:

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.