



Food Rx Survey

Date: ____/____/____

Participant ID # _____ (see ID# key on back page of Enrollment Form)

1. In general, how often do you add fresh produce in your diet?

- ☐ Never ☐ 1-3 times a week ☐ 3-5 times a week ☐ More than 5 times a week

2. If you had easy access to more fresh fruits and vegetables, do you feel like you would eat more servings every day?

- ☐ Yes ☐ Not Sure/Maybe ☐ No

3. Do you have experience preparing meals with fresh fruits and vegetables?

- ☐ No ☐ Not Really ☐ Yes, But Limited ☐ Yes, Extensive

5. Do you have any allergies? ☐ Yes ☐ Not Sure/Maybe ☐ No

If yes or maybe, please list below:

6. How often do you cook meals at home?

- ☐ Never ☐ Sometimes ☐ 2 to 5 times a week ☐ More than 5 times a week

7. How often do you eat meals that are not prepared at home? (Restaurant, fast food, hot prepared food, vending machines, etc.)

- ☐ Never ☐ Sometimes ☐ 2 to 5 times a week ☐ More than 5 times a week

8. What percent of the food you typically eat would you consider to be "healthy"?

- ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

9. How would you describe your average energy level on a daily basis?

- ☐ Poor, Low Energy ☐ Average ☐ Good, High Energy

10. In what way do you mainly communicate/connect with other people?

- ☐ Mainly In-Person ☐ Mainly Over-The-Phone/Online ☐ An Equal Mix of Both

11. Would you be interested in educational opportunities such as cooking classes or nutrition classes?

☐ Yes ☐ Maybe, depending on when ☐ No

12. Are you currently signed up for any other food assistance programs? Check all that apply.

☐ SNAP ☐ WIC ☐ TANF ☐ Other ☐ I would like help signing up for assistance

13. What preventative care has your family received in the last year? Check all that apply.

☐ Annual Physical ☐ Well-Child Check ☐ Screening Mammograms
☐ Screening Colposcopy ☐ Flu Shot ☐ Sport Physical ☐ Screening Colonoscopy

14. With inflation affecting nearly every aspect of our lives, please rate what you have found to be the hardest to budget for this year.

Circle the number that feels most accurate: 1 = not a problem, 4 = extremely difficult to afford

Housing 1...2...3...4 Transportation 1...2...3...4 Food 1...2...3...4 Other: _____

15. What race/ethnicity(s) best describes you? Check all that apply.

☐ White ☐ Hispanic, Latino or Spanish origin ☐ Black or African American ☐ Asian
☐ American Indian or Alaska Native ☐ Middle Eastern or North African
☐ Native Hawaiian or Other Pacific Islander ☐ Multiple ethnicity/Other: _____
☐ I prefer not to answer

16. Which annual household income bracket best describes yours?

☐ Below \$30,000 ☐ \$30,000-\$50,000 ☐ \$50,001-\$70,000 ☐ Above \$70,000

17. What is your age? _____

18. What is your zip code? _____

19. Is there anything else we could do to make it easier for you to get your food?

20. Is there any other feedback you would like to share with us regarding your Food Rx experience?