

## **Appendix I**

### **Health Bucks Neighborhood Resident Survey Instrument**

**NYC HEALTH BUCKS EVALUATION  
NEIGHBORHOOD RESIDENT SURVEY**

**Interviewer Name:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

**INSTRUCTIONS TO INTERVIEWER:**

**[READ TO RECRUIT]** “Hello, My name is \_\_\_\_\_, and I am calling on behalf of the Centers for Disease Control and Prevention, from Abt-SRBI. We’re conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to participate in a brief survey about your habits surrounding the purchase and consumption of fruits and vegetables. Do you have 5 to 10 minutes to answer some questions, or is there a better time to contact you?”

**[IF YES, ASK TO DETERMINE ELIGIBILITY:]** “Before we begin, I’m going to ask you a few questions to make sure you are eligible to participate.”

S1. “May I ask if you are over 18? “

**[IF NO:]** “Thank you for your time, but I cannot administer the survey to anyone under 18. Sorry, and have a great day!”

**[IF YES, CONTINUE TO S2.]**

S2. “What is your zip code of residence?”

**[DPHO ZIP CODES WILL BE CODED INTO CATI SURVEY SYSTEM & VERIFIED.]**

**[IF OUTSIDE OF DPHO ZIP CODE:]** “Thank you for your time, but I cannot administer the survey to households in your zip code. Sorry, and have a great day!”

**[IF INSIDE OF DPHO ZIP CODE, CONTINUE TO S3.]**

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Subject ID: \_\_\_\_\_

S3. "Do you do most of the food shopping for your household?"

**[IF NO:]** "I can only administer the survey to individuals who do most of the food shopping for their households. Is the person who buys most of the food for your household at home?"

**[IF YES:]** "May I speak with this person?"

**[IF YES, READ AND OBTAIN CONSENT, THEN BEGIN SURVEY.]**

**[IF NO:]** "Thank you for your time, and have a great day!"

**[CONSENT: READ TO PARTICIPANT]**

Congratulations! You qualify for our study. I'd like to explain what the study is about before I ask you any other questions. The purpose of this study is to learn about the effects of a farmers' market coupon program, called NYC Health Bucks, on fruit and vegetable consumption in certain neighborhoods in New York. As part of our study, we are talking to residents in your neighborhood to learn about residents' fruit and vegetable consumption habits and awareness of the Health Bucks program. The Public Health Service Act gives CDC the authority to conduct studies like this, which collect information that's used to improve disease prevention and health promotion programs.

Information collected as part of this survey will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law, and your answers to our questions will not be linked in any way to your name or phone number. Your individual responses will be reported only in combination with responses from about 1,000 other households asked to complete the survey. There are no costs for participating in this survey. You will not be given money or other rewards for participating, and your participation is voluntary. Even if you agree to participate, you are not required to answer all the questions. You may stop this survey at any time without penalty.

Do you have any questions about this study, or may I begin now?

**[IF YES, REFER TO "FREQUENTLY ASKED QUESTIONS" AND ASK AGAIN]**

**[IF NO, BEGIN SURVEY]**

Subject ID: \_\_\_\_\_

*“First, I have a few questions about farmers’ markets. A farmers’ market is an outdoor market where local farmers come together to sell fresh fruits & vegetables to the public.”*

Q1. During the farmers’ market season (July 1 through November 15), how often do you shop at a farmers’ market? (INTERVIEWER: READ CHOICES.)

- More than Once a Week
- About Once a Week
- Once or Twice a Month
- About Once a Month
- Less Than Once a Month
- Never

Q2. Is there a farmers’ market located in your neighborhood?

- Yes
- No
- Don’t Know/Not Sure

Q3. IF YES or NO: If you were to walk from your home to ***the closest farmers’ market***, how long would it take you to get there?

- Less than 5 Minutes
- 5 to 10 Minutes
- More than 10 Minutes
- (VOL) Not Sure/Refused

Q4. Think about the closest location to your home where you can purchase fresh fruits and vegetables that is ***not a farmers’ market***. What type of location is this?

(INTERVIEWER: READ LIST, AS NEEDED.)

- Supermarket or Grocery Store
- Convenience/Corner Store
- Bodega
- Fresh Fruit & Vegetable Stand or Cart
- Other
- (VOL) Not Sure/Refused

Q5. If you were to walk from your home to ***that location***, how long would it take you to get there?

- Less than 5 Minutes
- 5 to 10 Minutes
- More than 10 Minutes
- (VOL) Not Sure/Refused

*“Health Bucks are \$2 coupons provided for the purchase of fresh fruits and vegetables at certain farmers’ markets in New York City. The next questions are about Health Bucks.”*

Q6. Have you ever seen or heard about Health Bucks?

- Yes

Subject ID: \_\_\_\_\_

- No
- (VOL) Not Sure
- (VOL) Refused

Q7. IF YES: How did you first hear about Health Bucks?

(INTERVIEWER: READ CHOICES.)

- Flyer, Brochure, or Other Promotional Handout
- Poster at the Farmers' Market
- Subway/Bus Advertisement
- Newspaper
- Web
- Mailing Received at Home
- From Other People (Family, Friends, etc.)
  
- From a Local Community Organization  
(i.e. health/community center, church, food pantry, etc.)
- Saw Them Being Used By Shoppers at the Market
- Other
- (VOL) Not Sure/Refused

Q8. When did you first hear about Health Bucks?

(INTERVIEWER: READ CHOICES.)

- This Farmers' Market Season (2010)
- Last Farmers' Market Season (2009)
- Before Last Farmers' Market Season (2005 → 2008)
- (VOL) Not Sure/Refused

[INTERVIEWER: ONLY ASK Q10 → 15 IF AWARE OF HEALTH BUCKS.]

Q9. Have you ever used Health Bucks?

- Yes
- No
- (VOL) Not Sure
- (VOL) Refused

Q10. IF YES: Did you use Health Bucks ***this farmers' market season?***

- Yes
- No
- (VOL) Not Sure
- (VOL) Refused

Q11. Where did you get the Health Bucks you used this farmers' market season?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- At the Farmers' Market (w/ SNAP or EBT Benefits)

Subject ID: \_\_\_\_\_

- At the Farmers' Market (as part of a promotion)
- From a Local Community Organization  
(i.e. health/community center, church, food pantry, etc.)
- From a Friend or Relative
- Other
- (VOL) Not Sure/Refused

Q12. Thinking about the **last** time you used Health Bucks at a farmers' market, what did you buy with them?

**(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)**

- Fruits
- Vegetables
- Jams/Juices
- Bread
- Cheese
- Meats/Fish
- Baked Goods
- Other
- (VOL) Not Sure/Refused

Q13. IF NO: Why didn't you use Health Bucks this farmers' market season?

**(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)**

- I don't think I'm eligible for Health Bucks.
- I didn't know where to get them.
- I didn't know how to use them.
- I tried to use them, but the vendor(s) wouldn't accept them.
- I have some, but I forgot to use them.
- I didn't know where to find a farmers' market.
- I don't like fruits and vegetables.
- Other
- (VOL) Not Sure/Refused

Q14. How much do you agree with these statements about the Health Bucks program?

*"I shop at farmers' markets more often because of Health Bucks."*

**(INTERVIEWER: READ CHOICES.)**

- Strongly Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Strongly Disagree
- (VOL) Not Sure/Refused

*"I buy more at farmers' markets because of Health Bucks."*

**(INTERVIEWER: READ CHOICES.)**

Subject ID: \_\_\_\_\_

Strongly Agree  
 Somewhat Agree  
 Neutral  
 Somewhat Disagree  
 Strongly Disagree  
 (VOL) Not Sure/Refused

*"I spend more in Food Stamps (a.k.a. SNAP or EBT benefits) at farmers' markets because of Health Bucks."*

**(INTERVIEWER: READ CHOICES.)**

Strongly Agree  
 Somewhat Agree  
 Neutral  
 Somewhat Disagree  
 Strongly Disagree  
 (VOL) Not Sure/Refused

*"Health Bucks help me to eat more fresh fruits & vegetables."*

**(INTERVIEWER: READ CHOICES.)**

Strongly Agree  
 Somewhat Agree  
 Neutral  
 Somewhat Disagree  
 Strongly Disagree  
 (VOL) Not Sure/Refused

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*"Next, I have some questions about your consumption of fruits and vegetables."*

Q15. Thinking about nutrition . . . How many **total** servings of fruit and/or vegetables did you eat **yesterday**? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

**(INTERVIEWER: DO NOT READ CHOICES ALOUD.)**

<input type="checkbox"/> None	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 7
<input type="checkbox"/> 2	<input type="checkbox"/> 8
<input type="checkbox"/> 3	<input type="checkbox"/> 9
<input type="checkbox"/> 4	<input type="checkbox"/> 10+
<input type="checkbox"/> 5	<input type="checkbox"/> (VOL) Not Sure/Refused

Q16. Was the amount of fruit and vegetables that you ate yesterday much more than usual, about the same as usual, or much less than usual?

Much More Than Usual  
 About the Same As Usual  
 Much Less Than Usual

Subject ID: \_\_\_\_\_

\_\_\_\_\_ (VOL) Not Sure/Refused

Q17. Compared to one year ago, would you say you are now eating more, less, or the same amount of fruits and vegetables?

\_\_\_\_\_ More    \_\_\_\_\_ Less    \_\_\_\_\_ Same  
\_\_\_\_\_ (VOL) Not Sure/Refused

Q18. Now I am going to read you several statements that people have made about their food situation at home. Please tell me whether each statement was often true, sometimes true, or never true for your household ***in the last 12 months***, that is since (CURRENT MONTH AND LAST YEAR).

*“In my household, we worried about whether our food would run out before we got money to buy more.”*

\_\_\_\_\_ Often True    \_\_\_\_\_ Sometimes True    \_\_\_\_\_ Never True

*“The food that we bought just didn’t last, and we didn’t have enough money to get more food.”*

\_\_\_\_\_ Often True    \_\_\_\_\_ Sometimes True    \_\_\_\_\_ Never True

*“We couldn’t afford to eat balanced meals.”*

\_\_\_\_\_ Often True    \_\_\_\_\_ Sometimes True    \_\_\_\_\_ Never True

Subject ID: \_\_\_\_\_

**\*Upon completion of the survey, please ask the respondent the following questions:**

*“And lastly, I have a few questions for statistical purposes only.”*

Q19.What is your age? \_\_\_\_\_ years  
\_\_\_\_\_(VOL) Don't Know/Not Sure  
\_\_\_\_\_(VOL) Refused

Q20.Are you male or female? \_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_(VOL) Don't Know/Not Sure  
\_\_\_\_\_(VOL) Refused

Q21.Are you Hispanic or Latino?  
\_\_\_\_ Yes  
\_\_\_\_ No  
\_\_\_\_\_(VOL) Don't Know/Not Sure  
\_\_\_\_\_(VOL) Refused

[IF HISPANIC: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.] Which one of these groups would you say best represents your race?

(INTERVIEWER: READ CHOICES; MULTIPLE RESPONSE.)  
\_\_\_\_ White  
\_\_\_\_ Black or African American  
\_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_(VOL) Don't Know/Not Sure  
\_\_\_\_\_(VOL) Refused

Q22.Including yourself, how many people live in your household?  
\_\_\_\_ total # of people  
\_\_\_\_\_(VOL) Don't Know/Not Sure  
\_\_\_\_\_(VOL) Refused

Q23.How many children under the age of 18 live in your household?  
\_\_\_\_ # of children  
\_\_\_\_\_(VOL) Don't Know/Not Sure  
\_\_\_\_\_(VOL) Refused

Q24 The next question is about your combined household income. By household income we mean the combined income from everyone living in the household including even roommates or those on disability income. Is your household's annual income from all sources:

Subject ID: \_\_\_\_\_

02 Less than (100-199%) IF “NO,” ASK 05; IF “YES,” ASK 01  
01 Less than (<100%) IF “NO,” CODE 02 (100-199%); IF “YES,” CODE 01 (< 100%)  
05 Less than (400-499%) IF “NO,” ASK 06 (500-599%); IF “YES,” ASK 04 (300-399%)  
06 Less than (500-599%) IF “NO,” CODE 07 (>600%); IF “YES,” CODE 06 (500-599%)  
04 Less than (300-399%) IF “NO,” CODE 05; IF “YES,” ASK 03 (200-299%)  
07 (>600%)  
03 Less than (200-299%) IF “NO,” CODE 04; IF “YES,” CODE 03  
77 DON’T KNOW/NOT SURE  
99 REFUSED

**ASK IF 77 OR 99**

Q Can you just tell me if your annual household income is less than \$PVTYLV?  
1 YES  
2 NO  
7 DON’T KNOW/NOT SURE  
9 REFUSED

Q25. Please indicate which of the following programs you or someone in your household *currently* participates in.

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- Food Stamps (a.k.a. SNAP or EBT Benefits)
- WIC
- WIC Farmers’ Market Nutrition Program (FMNP)
- Senior Farmers’ Market Nutrition Program (SFMNP)
- None of the Above
- (VOL) Don’t Know/Not Sure
- (VOL) Refused

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**[THANK PARTICIPANT FOR TAKING THE SURVEY.]**