

Appendix I

Health Bucks Neighborhood Resident Survey Instrument

Subject ID: _____

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**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.]

Public reporting burden of this collection of information is estimated to average 9 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx). Do not send the completed form to this address.

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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]

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“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

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- _____ 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)

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- _____ 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

"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.)

- | | |
|------------|------------------------------|
| _____ None | _____ 6 |
| _____ 1 | _____ 7 |
| _____ 2 | _____ 8 |
| _____ 3 | _____ 9 |
| _____ 4 | _____ 10+ |
| _____ 5 | _____ (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

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_____ (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

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***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:

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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 \$**SPVTYLVL**?

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

[THANK PARTICIPANT FOR TAKING THE SURVEY.]