***[SAMPLE]***

**Diabetes Food Pantry Questionnaire**

***[Overall satisfaction with diabetes food pantry components]***

We are evaluating the diabetes food pantry program and would like your feedback on this service. Please answer the following questions about your experience with our diabetes food pantry services over the past 6 months.

Over the past 6 months, how satisfied have you been with:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied | Dissatisfied | Neither satisfied or dissatisfied | Satisfied | Very satisfied |
| 1. The type of food you get
 | 1 | 2 | 3 | 4 | 5 |
| 1. How much food you get
 | 1 | 2 | 3 | 4 | 5 |
| 1. The quality of the food you get
 | 1 | 2 | 3 | 4 | 5 |
| 1. How you pick up diabetes food box (do not think about your activity today since you are doing additional things)
 | 1 | 2 | 3 | 4 | 5 |

***[Use perceived usefulness of diabetes fact sheets]***

1. Do you read any of the diabetes fact sheets that come with your food box?
	* Yes
	* No

If you read any of the diabetes fact sheets, please answer the following questions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Sometimes | Most of the time  | Always | Did not read  |
| 1. How often do you **read** the diabetes fact sheets in your food box?
 | 1 | 2 | 3 | 4 | N/A |
| 1. How often do you **learn something new** when reading the diabetes fact sheets?
 | 1 | 2 | 3 | 4 | N/A |
| 1. How often do you **find something useful** in a fact sheet?
 | 1 | 2 | 3 | 4 | N/A |
| 1. How often are the fact sheets **easy to read and understand**?
 | 1 | 2 | 3 | 4 | N/A |

***[Consumption of food]***

Thinking about the food in your diabetes food box, how often do you or your family cook or eat:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. All or most of the food provided in the box
 | 1 | 2 | 3 | 4 | 5 |
| 1. All or most of the **fresh fruit**
 | 1 | 2 | 3 | 4 | 5 |
| 1. All or most of the **fresh** **vegetables**
 | 1 | 2 | 3 | 4 | 5 |
| 1. All or most of the **milk and cheese**
 | 1 | 2 | 3 | 4 | 5 |
| 1. All or most of **chicken**, **salmon, tuna, or other protein**
 | 1 | 2 | 3 | 4 | 5 |

1. Why don’t you cook/eat all of the items in the diabetes food box (check all that apply):
* I always use all or most of the food in my box
* I don’t know how to cook/no one I live with knows how to cook some of the foods
* I don’t have a way to cook the foods
* I don’t have recipes for the foods
* I don’t like the foods
* My family doesn’t like the foods
* I didn’t need the foods
* I didn’t keep the foods in the box—I gave them away
* The foods in the box were rotting or they went bad before I could eat them
* I froze them/saved them for the future
* I don’t get diabetes-friendly foods
* Other: [please explain]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_