Mathematica Reference No.: 06669.202



National Evaluation of Title III-C Services

Follow-up Survey

CATI Questionnaire

March 20, 2012

INTRODUCTION

PROGRAMMER BOX (NUM)

CATI: IF BASELINE RESPONDENT WAS NOT A PROXY, GO TO INTRO 1. IF BASELINE RESPONDENT WAS A PROXY, GO TO INTRO 12.

INTRO1. Hello, my name is [NAME] from Mathematica Policy Research in Princeton, New Jersey. May I please speak with [RESPONDENT NAME]?

SPEAKING TO RESPONDENT1	GO TO INTRO4
PERSON ASKS WHY YOU ARE CALLING2	GO TO INTRO2
RESPONDENT IS BUSY3	GO TO CALLBACK
RESPONDENT IS IN HOSPITAL OR PHYSICALLY UNABLE TO RESPOND4	GO TO INTRO5
RESPONDENT IS DECEASED5	GO TO INTRO9
RESPONDENT MOVED6	GO TO INTRO10
NEVER HEARD OF RESPONDENT7	GO TO END
REFUSEDr	GO TO END

INTRO2. A few months ago, [RESPONDENT NAME] participated in a study sponsored by the U.S. Department of Health and Human Services. I am calling to ask [RESPONDENT NAME] a few follow-up questions. May I speak with [RESPONDENT NAME]?

RESPONDENT COMES TO THE PHONE1	GO TO INTRO3
RESPONDENT IS BUSY2	GO TO CALLBACK
RESPONDENT IS IN HOSPITAL OR PHYSICALLY UNABLE TO RESPOND	GO TO INTRO5
RESPONDENT IS DECEASED4	GO TO INTRO9
RESPONDENT MOVED5	GO TO INTRO10
NEVER HEARD OF RESPONDENT7	GO TO END
REFUSEDr	GO TO END

INTRO3. Hello, my name is [NAME] from Mathematica Policy Research in Princeton, New Jersey. A few months ago, you participated in a study to improve nutrition services for older adults. The study was sponsored by the U.S. Department of Health and Human Services, Administration on Aging, and conducted by Mathematica Policy Research. I am calling to ask you a few follow-up questions. The questions should only take about 5 minutes to complete. We'll mail you a check for \$10 within a few weeks of completing the survey. All of your answers will be kept strictly confidential and your participation is voluntary. May I ask you a few questions now? YES. BEGIN INTERVIEW......1 GO TO A1 GO TO CALLBACK REFUSEDr **GO TO END** A few months ago, you participated in a study to improve nutrition services for older INTRO4. adults. The study was sponsored by the U.S. Department of Health and Human Services, Administration on Aging, and conducted by Mathematica Policy Research, I am calling to ask you a few follow-up questions. The questions should only take about 5 minutes to complete. We'll mail you a check for \$10 within a few weeks of completing the survey. All of your answers will be kept strictly confidential and your participation is voluntary. May I ask you a few questions now? YES, BEGIN INTERVIEW......1 GO TO A1 NOT A GOOD TIME......2 GO TO CALLBACK REFUSEDr **GO TO END** Will [RESPONDENT NAME] be able to talk on the telephone if I call back later in the INTRO5. week? YES......1 GO TO CALLBACK **GO TO INTRO6** DON'T KNOWd **GO TO INTRO6 GO TO INTRO6** REFUSEDr INTRO6. A few months ago, [RESPONDENT NAME] participated in a study sponsored by the U.S. Department of Health and Human Services. I am calling to ask [RESPONDENT NAME] a few follow-up questions. Is there someone who could answer the questions for [RESPONDENT NAME]? YES. SPEAKING TO PROXY......1 **GO TO INTRO8** YES, BUT NOT A GOOD TIME OR PROXY NOT HOME2 **GO TO INTRO7 GO TO INTRO7** NO PROXY AVAILABLE...... **GO TO END** GO TO END REFUSED ______r

-	FIRST NAME	(STRING (NUM))	
	FIRST NAIVIE	(STRING (NUM))	
	MIDDLE INITIAL/NAME		
	LAST NAME	(STRING (NUM))	
	STREET 1		
	STREET 2		
	STREET 3		
	CITY		
-	STATE		
-	ZIP		
ļ.			
	DON'T KNOW	d	GO TO END
F	REFUSED	r	GO TO END
DFT CI	HECK: IF CONDITION (e.g. Exchange = 555); Soft check state	ement/question	
ARD C	HECK: IF CONDITION (e.g. Area code LE 200); Hard check st	atement/question	

(STRING (NUM)) MIDDLE INITIAL/NAME	FIRST NAME	(STRING (NUM))
MIDDLE INITIAL/NAME (STRING (NUM)) LAST NAME STREET 1 STREET 2 STREET 3 CITY STATE ZIP		(STRING (NUM))
STREET 1	MIDDLE INITIAL/NAME	(STRING (NOW))
STREET 2 STREET 3 CITY STATE ZIP		(STRING (NUM))
STREET 3 CITY STATE GO TO A1 (RANGE)	STREET 1	
CITY STATE ZIP - - (RANGE) (RANGE) DON'T KNOW d REFUSED r GO TO A1 FT CHECK: IF CONDITION (e.g. Exchange = 555); Soft check statement/question	STREET 2	
STATE ZIP	STREET 3	
ZIP	CITY	
	STATE	
(RANGE) (RANGE) DON'T KNOW d GO TO A1 REFUSED r GO TO A1 FT CHECK: IF CONDITION (e.g. Exchange = 555); Soft check statement/question	ZIP	
REFUSEDr GO TO A1 FT CHECK: IF CONDITION (e.g. Exchange = 555); Soft check statement/question	_ _ - _ - _ (RANGE) (RANGE) (RANGE)	GO TO A1
FT CHECK: IF CONDITION (e.g. Exchange = 555); Soft check statement/question	DON'T KNOW	d GO TO A1
	REFUSED	r GO TO A1

INTRO10.	A few months ago, [RESPONDENT NAME] parti U.S. Department of Health and Human Services NAME] a few follow-up questions. Do you knownumber?	. I am calling to ask [RESPONDENT
_	IRST NAME	(STRING (NUM))
r	INST NAME	(STRING (NUM))
N	MIDDLE INITIAL/NAME	
Ī	AST NAME	(STRING (NUM))
5	STREET 1	
5	STREET 2	
S	STREET 3	
(CITY	
5	STATE	
	(IP	
<u> </u> (_ _ - - - RANGE) (RANGE) (RANGE)	
D	ON'T KNOW	d GO TO I
R	EFUSED	r GO TO I
SOFT CH	ECK: IF CONDITION (e.g. Exchange = 555); Soft che	eck statement/question
HARD CH	ECK: IF CONDITION (e.g. Area code LE 200); Hard	check statement/question

INTRO11.	Hello, my name is [NAME] from Mathematica Policy Research in Pri Jersey. May I please speak with [PROXY NAME]?	nceton	, New
SPE	EAKING TO PROXY	1	GO TO INTRO14
PEF	RSON ASKS WHY YOU ARE CALLING	2	GO TO INTRO12
PRO	DXY IS BUSY	3	GO TO CALLBACK
PRO	DXY IS IN HOSPITAL OR PHYSICALLY UNABLE TO RESPOND	4	GO TO INTRO15
PRO	DXY IS DECEASED	5	GO TO INTRO19
PRO	DXY MOVED	6	GO TO INTRO20
NE	/ER HEARD OF PROXY	7	GO TO END
REF	FUSED	r	GO TO END
INTRO12.	A few months ago, [PROXY NAME] participated in a study sponsore Department of Health and Human Services on behalf of [RESPONDI calling to ask [PROXY NAME] a few follow-up questions about [RES May I speak with [PROXY NAME]?	ENT NA	AME]. I am
PRO	DXY COMES TO THE PHONE	1	GO TO INTRO13
PRO	DXY IS BUSY	2	GO TO CALLBACK
PRO	DXY IS IN HOSPITAL OR PHYSICALLY UNABLE TO RESPOND	3	GO TO INTRO15
PRO	DXY IS DECEASED	4	GO TO INTRO19
PRO	DXY MOVED	5	GO TO INTRO20
NE/	/ER HEARD OF PROXY	7	GO TO END
REF	-USED	r	GO TO END
INTRO13.	Hello, my name is [NAME] from Mathematica Policy Research in Pri Jersey. A few months ago, you participated in a study to improve n for older adults on behalf of [RESPONDENT NAME]. The study was U.S. Department of Health and Human Services, Administration on conducted by Mathematica Policy Research. I am calling to ask you questions about [RESPONDENT NAME]. The questions should only minutes to complete. We'll mail you a check for \$10 within a few we the survey. All of your answers will be kept strictly confidential and is voluntary. May I ask you a few questions now?	utrition sponse Aging, a few take a eks of	n services ored by the and follow-up about 5 completing
YES	S, BEGIN INTERVIEW	1	GO TO A1
NO.	Γ A GOOD TIME	2	GO TO CALLBACK
REF	-USED	r	GO TO END

A few months ago, you participated in a study to improve nutrition services for older INTRO14. adults on behalf of [RESPONDENT NAME]. The study was sponsored by the U.S. Department of Health and Human Services, Administration on Aging, and conducted by Mathematica Policy Research. I am calling to ask you a few follow-up questions about [RESPONDENT NAME]. The questions should only take about 5 minutes to complete. We'll mail you a check for \$10 within a few weeks of completing the survey. All of your answers will be kept strictly confidential and your participation is voluntary. May I ask you a few questions now? YES, BEGIN INTERVIEW......1 GO TO A1 NOT A GOOD TIME......2 GO TO CALLBACK REFUSEDr **GO TO END** INTRO15. Will [PROXY NAME] be able to talk on the telephone if I call back later in the week? YES.......1 GO TO CALLBACK **GO TO INTRO16** DON'T KNOWd **GO TO INTRO16** REFUSEDr **GO TO INTRO16** INTRO16. A few months ago, [PROXY NAME] participated in a study sponsored by the U.S. Department of Health and Human Services on behalf of [RESPONDENT NAME]. I am calling to ask [PROXY NAME] a few follow-up questions about [RESPONDENT NAME]. Is there someone else who could answer the questions for [RESPONDENT NAME]? YES, SPEAKING TO NEW PROXY1 **GO TO INTRO18** YES, BUT NOT A GOOD TIME OR NEW PROXY NOT HOME......2 **GO TO INTRO17 GO TO INTRO17** NO NEW PROXY AVAILABLE **GO TO END** REFUSEDr **GO TO END**

FIRST NAME	(STRING (NUM))	
MIDDLE INITIAL/NAME	(STRING (NUM))	
	(STRING (NUM))	
STREET 1		
STREET 2		
STREET 3		
CITY		
STATE		
ZIP		
_ _ - - _ - _ (RANGE) (RANGE) (RANGE)		
DON'T KNOW	d	GO TO END
REFUSED	r	GO TO END
CHECK: IF CONDITION (e.g. Exchange = 555); Soft cl	heck statement/question	
O CHECK: IF CONDITION (e.g. Area code LE 200); Hard	I check statement/question	

FIRST NAME	(STRING (NUM))
	(STRING (NUM))
MIDDLE INITIAL/NAME	
LAST NAME	(STRING (NUM))
STREET 1	
STREET 2	
STREET 3	
CITY	
STATE	
ZIP	
_ - - - - - - - - - - - - -	GO TO A
DON'T KNOW	d GO TO A ²
REFUSED	r GO TO A
OFT CHECK: IF CONDITION (e.g. Exchange = 555); Soft ch ARD CHECK: IF CONDITION (e.g. Area code LE 200); Hard	-

INTRO19.	I am very sorry to hear that (she/he) passed away.	GO TO END	
INTRO20.	A few months ago, [RESPONDENT NAME] participated U.S. Department of Health and Human Services. I am c NAME] a few follow-up questions. Do you know (her/hinumber?	alling to ask [RESP	ONDENT
FII	RST NAME	_ (STRING (NUM))	
MI	IDDLE INITIAL/NAME	_ (STRING (NUM))	
LA	AST NAME	_ (STRING (NUM))	
ST	TREET 1	_	
ST	FREET 2	-	
ST	TREET 3	_	
Cl	TY	-	
ST	ГАТЕ	_	
ZII (R	P <u> </u> - - <u> </u> - <u> </u> ANGE) (RANGE) (RANGE)		
	N'T KNOW		GO TO END
RE	FUSED	r	GO TO END
SOFT CHE	CK: IF CONDITION (e.g. Exchange = 555); Soft check state	ement/question	
HARD CHE	CK: IF CONDITION (e.g. Area code LE 200); Hard check s	tatement/question	
CALLBAC	K. When would be a good time to call back?		
		_ (SPECIFY)	

A. FOLLOW-UP SURVEY

PROGRAMMER BOX (NUM)

CATI: IF BASELINE NONPARTICIPANT GO TO A1. IF BASELINE CONGREGATE PARTICIPANT GO TO A15. IF BASELINE HOME-DELIVERED PARTICIPANT GO TO A23.

A1.	program, for example, at a place like a senior center or community center or selse where older adults get meals on a regular basis, other than a restaurant?	somewhere
	YES1	
	NO0	GO TO A8
	DON'T KNOWd	GO TO A8
	REFUSEDr	GO TO A8
A2.	PROBE: You may answer in days, weeks, or months. Your best estimate is	_
A2.	How long ago did [you/he/she] first begin eating at a senior community meal	program?
	<u> _</u>	
	DAYS AGO (RANGE 0-45)2	
	WEEKS AGO (RANGE 1-24)3	
	MONTHS AGO (RANGE 1-6)4	
	DON'T KNOWd	
	DEEL LOED	

HARD CHECK: IF DAYS GT 45; I want to be sure I recorded your answer correctly. Did you say [FILL A2] days ago? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.

HARD CHECK: IF WEEKS GT 24; I want to be sure I recorded your answer correctly. Did you say [FILL A2] weeks ago? INTERVIEWER: ANSWER CANNOT EXCEED 24 WEEKS AGO.

HARD CHECK: IF MONTHS GT 6; I want to be sure I recorded your answer correctly. Did you say [FILL A2] months ago? INTERVIEWER: ANSWER CANNOT EXCEED 6 MONTHS AGO.

A3.	What is the name of the place where you usually go for the senior community meal program?
	(STRING (30))
	DON'T KNOWd
	REFUSEDr
A4.	Excluding [FILL NAME FROM A3], how many other places like [FILL NAME FROM A3] [do you/does he/does she] currently go for [your/his/her] meals? These could be places like senior centers, senior lunch programs, or other congregate meals programs.
	_ NUMBER OF PLACES (0-10)
	DON'T KNOWd
	REFUSEDr
	O CHECK: IF NUMBER OF PLACES GT 10 I want to be sure I recorded your answer correctly. ou say [FILL A4] places? INTERVIEWER: ANSWER CANNOT EXCEED 10 PLACES.
A5.	Currently, how many days [do you/does he/does she] eat at [FILL NAME FROM A3] or another place like it?
	_ DAYS
	PER WEEK (RANGE 0-7)1
	PER MONTH (RANGE 0-31)2
	DO NOT EAT THERE REGULARLY3
	DON'T KNOWd
	REFUSEDr
	O CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did ay [fill A5] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER WEEK.
	O CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did ay [fill A5] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER ITH.

like this, how many times per week do [you/he/she] currently	y get
a. Breakfast there?	
TIMES (0-7)	
DON'T KNOW	d
REFUSED	r
CHECK: IF TIMES GT 7 I want to be sure I recorded your answnes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7	
b. Lunch there?	
TIMES (0-7)	
DON'T KNOW	d
REFUSED	r
CHECK: IF TIMES GT 7 I want to be sure I recorded your answnes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7	
c. Dinner there?	
TIMES (0-7)	
TIMES (0-7) DON'T KNOW	d

A7. How did [you/he/she] first learn about the nutrition program like the one at [FILL NAME FROM A3]?

CODE	ΔΙΙ	THAT	APPLY
CODE	\neg LL		\neg ı \vdash ı

FROM ANOTHER PERSON	1
MEDICAL DOCTOR	2
MEDICAL PERSONNEL OTHER THAN A DOCTOR	3
SOCIAL WORKER	4
FAMILY MEMBER	5
FRIEND	6
NEWSPAPER, TV, RADIO, INTERNET	7
POSTERS, SOMETHING IN THE MAIL	8
ANNOUNCEMENT IN CLUB OR CHURCH	9
REFERRED BY A COMMUNITY-BASED AGENCY (HOSPITAL, SOCIAL SERVICES AGENCY, ETC.)	10
OTHER (SPECIFY)	99
(STRING (NUM))
DON'T KNOW	
REFUSED	r

PROGRAMMER BOX (NUM)
GO TO B1.

A8.	During the past 6 months, [have you/has he/has she] received home-delive meals-on-wheels where meals are delivered to [your/his/her] home?	ered	meals or
	YES	1	
	NO	0	GO TO B1
	DON'T KNOW	d	GO TO B1
	REFUSED	r	GO TO B1
A9.	How long ago did [you/he/she] first receive a home-delivered meal?		
	PROBE: You may answer in days, weeks, or months. Your best estimate	e is fi	ine.
	<u> </u>		
	DAYS AGO (RANGE 0-45)	1	
	WEEKS AGO (RANGE 1-24)	2	
	MONTHS AGO (RANGE 1-6)	3	
	DON'T KNOW	d	
	REFUSED	r	
	CHECK: IF DAYS GT 45; I want to be sure I recorded your answer correctly. A9] days ago? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.	. Did	you say
	CHECK: IF WEEKS GT 24; I want to be sure I recorded your answer correct A9] weeks ago? INTERVIEWER: ANSWER CANNOT EXCEED 24 WEEKS AG		id you say
	CHECK: IF MONTHS GT 13; I want to be sure I recorded your answer corrected months ago? INTERVIEWER: ANSWER CANNOT EXCEED 6 MONTHS AG		Did you say
A10.	What is the name of the organization who usually provides your home-delimeals-on-wheels?	ivere	d meals or
	(STRING (30))		
	DON'T KNOW	d	
	REFUSED		
A11.	Excluding [FILL NAME FROM A10], how many other similar places current to [your/his/her] home?	ly de	eliver meals
	NUMBER OF PLACES (0-10)		
	DON'T KNOW	d	
	REFUSED	r	

HARD CHECK: IF NUMBER OF PLACES GT 10 I want to be sure I recorded your answer correctly. Did you say [FILL A11] places? INTERVIEWER: ANSWER CANNOT EXCEED 10 PLACES.

A12.	Currently, how many days does [FILL NAME FROM A10] or another program meals to [your/his/her] home?	ike it deliver
	DAYS	
	PER WEEK (RANGE 0-7)1	
	PER MONTH (RANGE 0-31)2	
	DON'T KNOWd	
	REFUSEDr	
	CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer con ay [fill A12] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAY	
	CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer of the sure I	
A13.	Thinking about meals [you receive/he receives/she receives] from [FILL NAM or another program like it, how many of each of the following meals [do you/o she] currently receive during a week?	
	a. Breakfast	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
	MEALS ARE NOT DESIGNATEDr	GO TO UNDESIGNATED MEALS
	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did neals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER W	
	b. Lunch	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did neals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER W	

	MEALS (0-7)	
	DON'T KNOW	d
	REFUSED	r
HARE (13]	O CHECK: IF MEALS GT 7 I want to be sure I recorded your a meals per week? INTERVIEWER: ANSWER CANNOT EXCE	nswer correctly. Did you say ED 7 MEALS PER WEEK.
	ASK ONLY IF RESPONDENT SAYS MEALS ARE NOT DES	SIGNATED:
	d. Undesignated meals	
	_ MEALS (0-21)	
	DON'T KNOW	d
	REFUSED	r
14.	How did [you/he/she] first learn about the home-delivered	d nutrition program like the on
14.	How did [you/he/she] first learn about the home-delivered [FILL NAME FROM A10]?	
14.	[FILL NAME FROM A10]?	CODE ALL THAT APP
114.	[FILL NAME FROM A10]? FROM ANOTHER PERSON	CODE ALL THAT APP
114.	[FILL NAME FROM A10]?	CODE ALL THAT APP 1
114.	FROM ANOTHER PERSON MEDICAL DOCTOR	CODE ALL THAT APP123
114.	FROM ANOTHER PERSON MEDICAL DOCTOR MEDICAL PERSONNEL OTHER THAN A DOCTOR	CODE ALL THAT APP123
114.	FROM ANOTHER PERSON MEDICAL DOCTOR MEDICAL PERSONNEL OTHER THAN A DOCTOR SOCIAL WORKER	CODE ALL THAT APP12345
14.	FROM ANOTHER PERSON MEDICAL DOCTOR MEDICAL PERSONNEL OTHER THAN A DOCTOR SOCIAL WORKER FAMILY MEMBER	CODE ALL THAT APP12345
114.	FROM ANOTHER PERSON	CODE ALL THAT APP1234567
114.	FROM ANOTHER PERSON	CODE ALL THAT APP123456678
114.	FROM ANOTHER PERSON MEDICAL DOCTOR MEDICAL PERSONNEL OTHER THAN A DOCTOR SOCIAL WORKER FAMILY MEMBER FRIEND NEWSPAPER, TV, RADIO, INTERNET POSTERS, SOMETHING IN THE MAIL ANNOUNCEMENT IN CLUB OR CHURCH REFERRED BY A COMMUNITY-BASED AGENCY (HOSPIT.	CODE ALL THAT APP13456789 AL, SOCIAL
114.	FROM ANOTHER PERSON	CODE ALL THAT APP1234566
114.	FROM ANOTHER PERSON	CODE ALL THAT APP123456789 AL, SOCIAL99
A14.	FROM ANOTHER PERSON	CODE ALL THAT APP123456789 AL, SOCIAL9 AL, SOCIAL99 (STRING (NUM))

PROGRAMMER BOX (NUM) GO TO B1.

A15.	When we spoke with you about 6 months ago (that is, last [CURRENT M MONTHS]), you told us that you ate at [FILL PROGRAM NAME FROM BA another place like it [NUMBER] times per [WEEK/MONTH/YEAR]? Are you at [FILL PROGRAM NAME FROM BASELINE] or another place like it [NUMBEK/MONTH/YEAR]?	ASELIN ou curr	E] or ently eating
	YES	1	GO TO A21
	FREQUENCY HAS CHANGED	2	GO TO A17
	PROGRAM NAME HAS CHANGED	3	GO TO A16
	CURRENTLY RECEIVING HOME-DELIVERED MEALS	4	GO TO A30
	NO LONGER PARTICIPATING IN ANY MEAL PROGRAMS	5	GO TO A22
	DON'T KNOW	d	GO TO A20
	REFUSED	r	GO TO B1
A16.	program?		meal
	(STRING (30)) .		
		-	
	REFUSED	Г	
A17.	Currently, how many days [do you/does he/does she] eat at [FILL PROG BASELINE OR A16] or another place like it?	RAM N	NAME FROM
	DAYS		
	PER WEEK (RANGE 0-7)	1	
	PER MONTH (RANGE 0-31)	2	
	DO NOT EAT THERE REGULARLY	3	
	DON'T KNOW	d	
	REFUSED	r	

HARD CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did you say [fill A17] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER WEEK.

HARD CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did you say [fill A17] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER MONTH.

A18.	Thinking about meals [you eat/he eats/she eats] at [FILL PROGRAM NAME FROM BASELINE OR A16] or other places like this, how many times per week do [you/he/she] currently get
	a. Breakfast there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill mes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.
b. Lur	ch there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill mes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.
c. Din	ner there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill mes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.

PROGRAMMER BOX (NUM)

IF [NUMBER] times per [WEEK/MONTH/YEAR] FROM A17 > [NUMBER] times per [WEEK/MONTH/YEAR] FROM BASELINE SURVEY, FILL A19 WITH "MORE OFTEN". IF [NUMBER] times per [WEEK/MONTH/YEAR] FROM A17 < [NUMBER] times per [WEEK/MONTH/YEAR] FROM BASELINE SURVEY, FILL A19 WITH "LESS OFTEN".

A19. Why [do you/does he/does she] eat at [FILL PROGRAM NAME FROM BASELINE OR A16] [MORE OFTEN/LESS OFTEN] than [you/he/she] did 6 months ago?

PROBE: That is, since last [CURRENT MONTH - 6 MONTHS].

CODE ALL THAT APPLY PEOPLE: HAVE FEW OR NO FRIENDS AT MEAL SITE1 HAVE NO ONE AT HOME TO EAT WITH2 MADE FRIENDS AT MEAL SITE3 PLACE/PLACE-RELATED: HAVE OTHER PLACES TO EAT4 HAVEN'T GOTTEN INVOLVED OR NOT INTERESTED IN ACTIVITIES AT MEAL SITE5 CAN'T AFFORD TO DONATE AT MEAL SITE6 SOMETIMES DIFFICULT TO GET TO MEAL SITE......7 I FOUND THAT I DON'T ALWAYS LIKE THE KINDS OF FOODS THEY SERVE8 GOT INVOLVED IN ACTIVITIES AT MEAL SITE9 COSTS LESS TO EAT AT MEAL SITE THAN ELSEWHERE10 THE MEAL SITE IS WARM AND INVITING11 MEALS: STILL ABLE TO PREPARE OWN MEALS12 NO LONGER HAVE A PLACE TO PREPARE MEALS......13 PHYSICALLY DIFFICULT TO MAKE OWN MEALS14 I LIKE THE KINDS OF FOODS THEY SERVE15 DON'T KNOWd REFUSEDr

PROGRAMMER BOX (NUM) GO TO B1.

A20.	BASELINE] or another place like it?
	DAYS
	PER WEEK (Range 0-7)1
	PER MONTH (Range 0-31)2
	DO NOT EAT THERE REGULARLY3
	DON'T KNOWd
	REFUSEDr
	CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did ay [fill A20] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER (.
	CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did ay [fill A20] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER I'H.
A21.	Thinking about meals [you eat/he eats/she eats] at [FILL PROGRAM NAME FROM BASELINE] or other places like this, how many times per week do [you/he/she] currently get a. Breakfast there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
HARD A21] t	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill imes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.
	b. Lunch there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill imes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.

	c. Dinner there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill times per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.
	PROGRAMMER BOX (NUM)
	GO TO B1.
22.	Why [did you/did he/did she] stop eating at [FILL PROGRAM NAME FROM BASELINE]?
	CODE ALL THAT APPLY
	PEOPLE:
	HAVE FEW OR NO FRIENDS AT MEAL SITE1
	PLACE/PLACE-RELATED:
	HAVE OTHER PLACES TO EAT2
	HAVEN'T GOTTEN INVOLVED OR NOT INTERESTED IN ACTIVITIES AT MEAL SITE
	CAN'T AFFORD TO DONATE AT MEAL SITE4
	SOMETIMES DIFFICULT TO GET TO MEAL SITE5
	I FOUND THAT I DON'T ALWAYS LIKE THE KINDS OF FOODS THEY
	SERVE
	MEALS:
	STILL ABLE TO PREPARE OWN MEALS7
	OTHER (SPECIFY)99
	(STRING 30))
	DON'T KNOWd
	REFUSEDr
	DDOCDAMMED DOV (All INA)
	PROGRAMMER BOX (NUM)

GO TO B1.

A23.	When we spoke with you about 6 months ago (that is, last [CURRE MONTHS]), you told us that [FILL PROGRAM NAME FROM BASELI like it delivered meals to your home [NUMBER] times per [WEEK/N [FILL PROGRAM NAME FROM BASELINE] currently deliver meals times per [WEEK/MONTH/YEAR]?	INE] or anot IONTH/YEA	ther place AR]? Does
	YES	1	GO TO A29
	FREQUENCY HAS CHANGED	2	GO TO A28
	PROGRAM NAME HAS CHANGED	3	GO TO A24
	CURRENTLY RECEIVING CONGREGATE MEALS	4	GO TO A36
	NO LONGER PARTICIPATING IN ANY MEAL PROGRAMS	5	GO TO B1
	DON'T KNOW	d	GO TO A28
	REFUSED	r	GO TO B1
	program?(STRING (DON'T KNOW		
	DON'T KNOW		
A25.	Currently, how many days does [FILL PROGRAM NAME FROM BA another program like it deliver meals to [your/his/her] home? DAYS PER WEEK (RANGE 0-7)	1	R A24] or
	DON'T KNOW		
	REFUSED	r	
	CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your ay [fill A25] days per week? INTERVIEWER: ANSWER CANNOT EXC		
	OCHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded yo ay [fill A25] days per month? INTERVIEWER: ANSWER CANNOT EXC IH.		

	Thinking about meals [you receive/he receives/she receives] from [FILL PROGRAM FROM BASELINE OR A24] or another program like it, how many of each of the followeals [do you/does he/does she] do you currently receive during a week?	
	a. Breakfast	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
	UN) TO IDESIGNATI EALS
	O CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did you meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.	say [fill
	b. Lunch	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
A26] ı	meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.	
	c. Dinner	
	c. Dinner	
	MEALS (0-7)	
	MEALS (0-7) DON'T KNOWd	say [fill
	MEALS (0-7) DON'T KNOWd REFUSEDr CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did you	say [fill
	MEALS (0-7) DON'T KNOW	say [fill
	MEALS (0-7) DON'T KNOW	say [fill
	MEALS (0-7) DON'T KNOW	say [fill

PROGRAMMER BOX (NUM)

IF A26b < 5, ASK A27. ELSE GO TO B1.

A27. [Do you/Does he/Does she] receive fewer than five lunches a week because [you prefer/he prefers/she prefers] it that way, or because [you/he/she] can only get fewer than five lunches a week?

	lunches a week?
	CODE ONE ONLY
	PREFER IT THAT WAY1
	CANNOT GET MORE LUNCHES2
	DON'T KNOWd
	REFUSEDr
	PROGRAMMER BOX (NUM)
	GO TO B1.
A28.	Currently, how many days does [FILL PROGRAM NAME FROM BASELINE] or another program like it deliver meals to [your/his/her] home?
	PER WEEK (RANGE 0-7)1
	PER MONTH (RANGE 0-31)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did y [fill A28] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER
	CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did y [fill A28] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER H.

A29.	Thinking about meals [you receive/he receives/she receives] from [FILL PROG FROM BASELINE] or another program like it, how many of each of the followin you/does he/does she] do you currently receive during a week?	
	a. Breakfast	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
	MEALS ARE NOT DESIGNATEDr	GO TO UNDESIGNATEI MEALS
	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WE	
	b. Lunch	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did neals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WE	
	c. Dinner	
	MEALS (0-7)	
	DON'T KNOWd	
	REFUSEDr	
HARD A29] r	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WE	you say [fill EK.
	ASK ONLY IF RESPONDENT SAYS MEALS ARE NOT DESIGNATED:	
	d. Undesignated meals	
	MEALS (0-21)	
	DON'T KNOWd	
	REFUSEDr	
	CHECK: IF MEALS GT 21 I want to be sure I recorded your answer correctly. Did 29] meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 21 MEALS PER	

PROGRAMMER BOX (NUM) GO TO B1.

A30.	How long a	ago did [you/he/she] first receive a home-delivered meal?	
	PROBE:	You may answer in days, weeks, or months. Your best estimate is fine.	
	<u> </u>		
	DAYS AGO) (RANGE 0-45)1	
	WEEKS AG	90 (RANGE 1-24)2	
	MONTHS A	AGO (RANGE 1-6)3	
	DON'T KNO	DWd	
	REFUSED	г	
	0115017.15		
		DAYS GT 45; I want to be sure I recorded your answer correctly. Did you say go? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.	
		WEEKS GT 24; I want to be sure I recorded your answer correctly. Did you say ago? INTERVIEWER: ANSWER CANNOT EXCEED 24 WEEKS AGO.	
		MONTHS GT 13; I want to be sure I recorded your answer correctly. Did you says ago? INTERVIEWER: ANSWER CANNOT EXCEED 6 MONTHS AGO.	
A31.	. What is the name of the organization who usually provides your home-delivered meals or meals-on-wheels?		
		(STRING (30))	
	DON'T KNO	DWd	
	REFUSED	г	
A32.		[FILL NAME FROM A31], how many other similar places currently deliver meals s/her] home?	
		JMBER OF PLACES (0-10)	
	DON'T KNO	DWd	
	REFUSED	r	

HARD CHECK: IF NUMBER OF PLACES GT 10 I want to be sure I recorded your answer correctly. Did you say [FILL A32] places? INTERVIEWER: ANSWER CANNOT EXCEED 10 PLACES.

A33.	Currently, how many days does [FILL NAME FROM A31] or another program like it deliver meals to [your/his/her] home?
	DAYS
	PER WEEK (RANGE 0-7)1
	PER MONTH (RANGE 0-31)2
	DON'T KNOWd
	REFUSEDr
	CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did ay [fill A33] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER K.
	CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did ay [fill A33] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER TH.
A34.	Thinking about meals [you receive/he receives/she receives] from [FILL NAME FROM A31] or another program like it, how many of each of the following meals [do you/does he/does she] currently receive during a week?
	a. Breakfast
	MEALS (0-7)
	DON'T KNOWd
	REFUSEDr
	MEALS ARE NOT DESIGNATEDr GO TO UNDESIGNATE MEALS
	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did you say [fill meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.
	b. Lunch
	MEALS (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF MEALS GT 7 I want to be sure I recorded your answer correctly. Did you say [fill meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.

c. Din	iner	
	MEALS (0-7)	
	DON'T KNOW	d
	REFUSED	r
HARD A34]	O CHECK: IF MEALS GT 7 I want to be sure I recorded your a meals per week? INTERVIEWER: ANSWER CANNOT EXCE	nswer correctly. Did you say [fill ED 7 MEALS PER WEEK.
	ASK ONLY IF RESPONDENT SAYS MEALS ARE NOT DES	SIGNATED:
	d. Undesignated meals	
	MEALS (0-21)	
	DON'T KNOW	d
	REFUSED	r
	O CHECK: IF MEALS GT 21 I want to be sure I recorded your 34] meals per week? INTERVIEWER: ANSWER CANNOT EX	
A35.	How did [you/he/she] first learn about the home-delivered [FILL NAME FROM A31]?	d nutrition program like the one at
		CODE ALL THAT APPLY
	FROM ANOTHER PERSON	1
	MEDICAL DOCTOR	2
	MEDICAL PERSONNEL OTHER THAN A DOCTOR	3
	SOCIAL WORKER	4
	FAMILY MEMBER	5
	FRIEND	6
	NEWSPAPER, TV, RADIO, INTERNET	7
	POSTERS, SOMETHING IN THE MAIL	8
	ANNOUNCEMENT IN CLUB OR CHURCH	9
	REFERRED BY A COMMUNITY-BASED AGENCY (HOSPIT SERVICES AGENCY, ETC.)	AL, SOCIAL
	OTHER (SPECIFY)	
	DON'T KNOW	
	REFUSED	r
	PROGRAMMER BOX (NUM)	
	GO TO B1.	

A36.	How long	ago did [you/he/she] first begin eating at a senior community meal program?
	PROBE:	You may answer in days, weeks, or months. Your best estimate is fine.
	_	
	DAYS AGO	O (RANGE 0-45)1
	WEEKS A	GO (RANGE 1-24)2
	MONTHS .	AGO (RANGE 1-6)3
	DON'T KN	OWd
	REFUSED)
		DAYS GT 45; I want to be sure I recorded your answer correctly. Did you say go? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.
		WEEKS GT 24; I want to be sure I recorded your answer correctly. Did you say ago? INTERVIEWER: ANSWER CANNOT EXCEED 24 WEEKS AGO.
		MONTHS GT 6; I want to be sure I recorded your answer correctly. Did you say s ago? INTERVIEWER: ANSWER CANNOT EXCEED 6 MONTHS AGO.
A37.	What is th program?	e name of the place where you usually go for the senior community meal
		(STRING (30))
	DON'T KN	OWd
	REFUSED)r
A38.	[do you/do	[FILL NAME FROM A37], how many other places like [FILL NAME FROM A37] pes he/does she] currently go for [your/his/her] meals? These could be places r centers, senior lunch programs, or other congregate meals programs.
	_ N	IUMBER OF PLACES (0-10)
	DON'T KN	OWd
	REFUSED)r
		NUMBER OF PLACES GT 10 I want to be sure I recorded your answer correctly. A38] places? INTERVIEWER: ANSWER CANNOT EXCEED 10 PLACES.

A39.	Currently, how many days [do you/does he/does she] eat at [FILL NAME FROM A37] or another place like it?
	DAYS
	PER WEEK (RANGE 0-7)1
	PER MONTH (RANGE 0-31)2
	DO NOT EAT THERE REGULARLY3
	DON'T KNOWd
	REFUSEDr
	CHECK: IF DAYS PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did ay [fill A39] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER
	CHECK: IF DAYS PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did ay [fill A39] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER 'H.
A40.	Thinking about meals [you eat/he eats/she eats] at [FILL NAME FROM A37] or other places like this, how many times per week do [you/he/she] currently get
	a. Breakfast there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill imes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.
	b. Lunch there?
	TIMES (0-7)
	DON'T KNOWd
	REFUSEDr
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer correctly. Did you say [fill imes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.

c. Din	ner there?	
	TIMES (0-7)	
	DON'T KNOW	d
	REFUSED	r
	CHECK: IF TIMES GT 7 I want to be sure I recorded your answer cimes per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES	
A41.	How did [you/he/she] first learn about the nutrition program like FROM A37]?	the one at [FILL NAME
		CODE ALL THAT APPLY
	FROM ANOTHER PERSON	1
	MEDICAL DOCTOR	2
	MEDICAL PERSONNEL OTHER THAN A DOCTOR	3
	SOCIAL WORKER	4
	FAMILY MEMBER	5
	FRIEND	6
	NEWSPAPER, TV, RADIO, INTERNET	7
	POSTERS, SOMETHING IN THE MAIL	8
	ANNOUNCEMENT IN CLUB OR CHURCH	9
	REFERRED BY A COMMUNITY-BASED AGENCY (HOSPITAL, SOC SERVICES AGENCY, ETC.)	
	OTHER (SPECIFY)	99
	(ST	RING (NUM))
	DON'T KNOW	d
	REFUSED	r

\mathbf{p}	UVII.	$T \land C T$	INIEAD	MATION
D. 1	CUN	IAGI	INFUR	IVIATION

B1. Thank you very much for your time. You have really helped us with this study. I'd like to check your address so we can send you a \$10 check within the next few weeks. According to our records we have...

[FILL NAME, ADDRESS, CITY, STATE, ZIP FROM B.	ASELINE SURVEY]	
NAME AND ADDRESS IS CORRECT NAME AND ADDRESS NEEDS UPDATING		GO TO B2
FIRST NAME		
MIDDLE INITIAL/NAME	(STRING (NUM)) (STRING (NUM))	
LAST NAME		
STREET 1 STREET 2		
STREET 3		
CITY		
STATE		
ZIP	<u> </u>	

SOFT CHECK: IF CONDITION (e.g. Exchange = 555); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. Area code LE 200); Hard check statement/question

PROGRAMMER BOX (NUM)

IF 6 MONTH FOLLOW-UP, GO TO B2. IF 12 MONTH FOLLOW-UP GO TO THANK YOU.

B2.	We would also like to do another 5 minute follow-up interview. You will get a \$10 check for participating in that interview. It this number, is there another number we should try?		
	_ _ - _ - _ (RANGE) (RANGE) (RANGE)		
	DON'T KNOW	d	GO TO THANK YOU
	REFUSED	r	GO TO THANK YOU
SOFT	CHECK: IF CONDITION (e.g. Exchange = 555); Soft check state	ement/question	
HARD	CHECK: IF CONDITION (e.g. Area code LE 200); Hard check st	atement/question	
В3.	In case we have trouble reaching you in 6 months, please ginumber of a relative or friend who would know where you come the name of someone not currently living in your housel May I please have (his/her) name? Address? Telephone num	ould be reached. Pl nold.	nd telephone lease give
		(STRING (NUM))	
	FIRST NAME		
	MIDDLE INITIAL/NAME	(STRING (NUM))	
	LAST NAME	(STRING (NUM))	
	STREET 1		
	STREET 2		
	STREET 3		
	CITY		
	STATE		
	ZIP		
	_ _ - - - _ (RANGE) (RANGE)		
	DON'T KNOW	d	GO TO THANK YOU
	REFUSED	r	GO TO THANK YOU
SOFT	CHECK: IF CONDITION (e.g. Exchange = 555); Soft check state	ement/question	
HARD	CHECK: IF CONDITION (e.g. Area code LE 200); Hard check st	atement/question	

	HUSBAND/WIFE/PARTNER1	
	CHILD	
	GRANDCHILD4	
	SON-IN-LAW OR DAUGHTER-IN-LAW	
	OTHER RELATIVE	
	NON RELATIVE OR FRIEND7	
	DON'T KNOWd	
	REFUSEDr	
	NET GGED	
THANK	YOU. Thank you very much for your help with this important study. [IF 6 MONTH	
	FOLLOW-UP] We look forward to speaking with you again in about 6 months	S.
END	The self-constitution of the self-constitution	
END.	Thank you for your time and consideration.	