

**Food Pantry Study[[1]](#footnote-1)**

**COVER SHEET – only for the Baseline Surveys**

**UNIQUE ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Note: Information for the interviewer/case manager is in brackets. Prompts to be read are in bold. Remember, use motivational interviewing (MI) skills to engage the client for about 10 minutes before beginning the survey.]**

**First, I’d like to ask for your contact information in case we need to reach you.**

What is your…

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Phone 

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Email 

What is the best way to reach you?

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ Text to Cell Phone

\_\_\_\_\_ Email

Is there a person we can contact in case we can’t reach you?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Pantry Study**

**COVER SHEET**

**UNIQUE ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Note: Information for the interviewer/case manager is in brackets. Prompts to be read are in bold. Remember, use motivational interviewing (MI) skills to engage the client for about 10 minutes before beginning the survey.]**

**Survey: ⁪  Baseline / Session 1 ⁪ Month 4 / Session 7 ⁪ Final / Session 12**

**Date of Survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer / Coach Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Interview (Food Pantry/Ministry Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Now I want to ask you a few questions about you and the people you live with.**

**Please remember, your answers will be kept completely confidential.**

What is your date of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many people, including you, live in your household? \_\_\_\_\_\_\_\_

How many children are 5 years of age or under? \_\_\_\_\_\_ How many are between 6 – 17 years of age?\_\_\_\_\_\_

How do you describe your race or ethnicity?

\_\_\_\_\_ Hispanic / Latino \_\_\_\_\_ Black / African American \_\_\_\_\_ White

\_\_\_\_\_ Asian / Pacific Island \_\_\_\_\_ West Indian Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your marital status?

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_Living with Partner \_\_\_\_ Widowed

**Please mark based on observation:** Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Which of the following does your family use to get food? **For all YES answers, ask how often used.**

Do you get food from a: \_\_\_\_ Soup kitchen If yes, How often do you go:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you get food from a: \_\_\_\_ Food pantry If yes, How often do you go:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes to Food pantries, how many different food pantries do you usually go to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently get assistance from:

\_\_\_\_ Food Stamps / EBT / SNAP

\_\_\_\_ WIC

\_\_\_\_ Free/reduced price school meals

**Food Insecurity / Hunger Survey**

(Adapted from Food Security / Hunger Core Module, 3-Stage Design, with Screeners: USDA, FCS: 2/20/97)

Available at http://www.ers.usda.gov/Briefing/FoodSecurity/surveytools.htm.)

**Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true for your household *in the last 3 months*, that is, since last \_\_\_\_\_\_\_\_\_\_\_\_.**

Often Sometimes Never

True True True

1. The first statement is “We worried whether our food

would run out before we got money to buy more.”

2. “The food that we bought just didn’t last, and we

didn’t have money to get more.”

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

**[If needed, probe: We couldn't eat a variety of foods, we used the same foods over and over.]**

**[INTERVIEWER: If have children, continue to Q4. If do not have children and “sometimes or often true” to any question, go to Q7. If “never true” to all 3 questions, stop and go to Page 5.]**

Often Sometimes Never

True True True

4. “We relied on only a few kinds of low-cost food

to feed my/our child/the children because we were

running out of money to buy food.”

5. “We couldn’t feed my/our child/the children a

balanced meal, because we couldn’t afford that.”

6. “(My child was/ My children were) not eating

enough because we just couldn’t afford enough food.”

**Part Two: Questions 7-12**  **[INTERVIEWER: If "often true" or "sometimes true" to any one of Questions 1-6, then continue to Q7; otherwise, go to Page 5.]**

7. In the last 3 months, since last \_\_\_\_\_\_\_\_\_\_, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

Yes No (Go to Q9)

8.  **[IF YES to Q7, ASK]** How often did this happen - almost every week, some weeks but not every week, or in only 1 or 2 weeks?

Almost every week Only 1 or 2 weeks

Some weeks but not every week

Yes No

9. In the last 3 months, did you ever eat less than you felt

you should because there wasn’t enough money to buy food?

10. In the last 3 months, were you ever hungry but didn’t

eat because you couldn’t afford enough food?

11. In the last 3 months, did you lose weight because you

didn’t have enough money for food?

12. In the last 3 months, did you or other adults in your household ever not eat for a whole day because there wasn’t enough money for food?

Yes No (go to Q14)

13. **[IF YES to Q12, ASK]** How often did this happen - almost every week, some weeks but not every week, or in only 1 or 2 weeks?

Almost every week Only 1 or 2 weeks

Some weeks but not every week

**Part Three: [If do not have children, go to Page 5. If have children and If affirmative response to any one of Questions 7-13, then continue to Q14; otherwise, go to Page 5.]**

14. The next questions are about children living in the household who are under 18 years old.

In the last 3 months, since (\_\_\_\_\_\_\_ ), did you ever cut the size of (your child/any of the children’s) meals because there wasn’t enough money for food?

Yes No

15. In the last 3 months, did any of the children ever skip meals because there wasn’t enough money for food?

Yes No (go to Q17)

16. **[IF YES to Q15, ASK]** How often did this happen – almost every week, some weeks but not every weeks, or in only 1 or 2 weeks?

Almost every week Only 1 or 2 weeks

Some weeks but not every week

Yes No

17. In the last 3 months, (was your child/were the children)

ever hungry but you just couldn’t afford more food?

18. In the last 3 months, did (your child/any of the children) ever

not eat for a whole day because there wasn’t enough money for food?

**New General Self Efficacy Scale** (Chen, Gully, & Eden, 2001)**:**

<http://highered.mheducation.com/sites/007040187x/student_view0/chapter3/self-assessment_3_7.html>

**Now I want to ask you some questions about your belief in your ability to complete a task successfully.**

**To what extent does each statement describe you, on a scale from 1 – 5.**

**The scale is:**

**1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree**

1. I will be able to achieve most of the goals that I have set for myself. 1 2 3 4 5
2. When facing difficult tasks, I am certain that I will accomplish them. 1 2 3 4 5
3. In general, I think I can obtain outcomes that are important to me. 1 2 3 4 5
4. I believe I can succeed at most any endeavor to which I set my mind. 1 2 3 4 5
5. I will be able to successfully overcome many challenges. 1 2 3 4 5
6. I am confident that I can perform effectively on many different tasks. 1 2 3 4 5
7. Compared to other people, I can do most tasks very well. 1 2 3 4 5
8. Even when things are tough, I can perform quite well. 1 2 3 4 5

**[Coach can share an affirmation or reflection here]**

**Self Efficacy Scale for Food Security**

**Now I would like to ask you how confident you are that you can do some things that are related to getting enough food for your family. For each of the following items I would like you to tell me, on a scale from 1 to 4, how confident you are that you can do each thing.**

**The scale is:**

**1 = not at all confident, 2 = not very confident, 3 = somewhat confident, 4 = very confident**

“How confident are you that you can”:

1. Plan your meals ahead of time before making a meal? 1 2 3 4
2. Make your food money last all month every month? 1 2 3 4
3. Make a shopping list before every trip to the grocery store? 1 2 3 4
4. Compare food prices every time you buy food to get the best deal? 1 2 3 4
5. Make low-cost meals for every meal you cook? 1 2 3 4
6. Buy foods that you think are healthy for your family at every trip

to the grocery store? 1 2 3 4

**[Case manager can share an affirmation or reflection here]**

**Multidimensional Scale of Perceived Social Support**

(Zimet, Dahlem, Zimet & Farley, 1998)

**Next, we are interested in how you feel about the following statements. Thinking about the last 3 months, for each statement, please tell me how you feel about each one based on the following scale:**

1 = Strongly Disagree (SD)

2 = Disagree a little (D)

3 = Neutral (N)

4 = Agree a little (A)

5 = Strongly Agree (SA)

**SD D N A SA**

1. There is a special person who is around when I am in need. 1 2 3 4 5
2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5
3. My family really tries to help me. 1 2 3 4 5
4. I get the emotional help and support I need from my family. 1 2 3 4 5
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5
6. My friends really try to help me. 1 2 3 4 5
7. I can count on my friends when things go wrong. 1 2 3 4 5
8. I can talk about my problems with my family 1 2 3 4 5
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5
10. There is a special person in my life who cares about my feelings 1 2 3 4 5
11. My family is willing to help me make decisions 1 2 3 4 5
12. I can talk about my problems with my friends. 1 2 3 4 5

**[Case manager can share an affirmation or reflection here]**

**Diet Quality**

**Block Fruit/Vegetable/Fiber Screener**

**Now I want to ask you about the food you eat. Think about what you usually ate last month. Think about the foods you ate at breakfast, lunch, dinner, snacks and eating out. About how many times per month, week or day did you eat the following foods?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fruit, vegetable or grain | Less than 1/WEEK | Once a WEEK | 2-3 times / WEEK | 4-6 times / WEEK | Once a DAY | 2+ a DAY |
| 100% Fruit juice, like orange, apple, grape, (not soda or juice drinks) |  |  |  |  |  |  |
| How often do you eat any fruit, fresh or canned (not counting juice) |  |  |  |  |  |  |
| Vegetable juice, like tomato or V-8 |  |  |  |  |  |  |
| Green lettuce salad |  |  |  |  |  |  |
| Vegetable soup or stew with veggies |  |  |  |  |  |  |
| Any other vegetables, including peas, corn, broccoli or any other kind |  |  |  |  |  |  |
| Fiber cereals like Raisin Bran, Total or Shredded Wheat |  |  |  |  |  |  |
| Brown rice |  |  |  |  |  |  |
| Beans such as pinto, kidney or lentils |  |  |  |  |  |  |
| Dark bread such as whole wheat or rye |  |  |  |  |  |  |

**Health Information**

1. Has a doctor ever told anyone in your household that they (or you):

Have diabetes? \_\_\_\_\_ Yes \_\_\_\_\_ No

1a. If yes, are they (or you) getting treatment or taking medication? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ NO

2. Has a doctor ever told anyone in your household that they (or you):

Have high blood pressure? \_\_\_\_\_ Yes \_\_\_\_\_ No

2a. If yes, are they (or you) getting treatment or taking medication? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ NO

1. In general, would you say your health is....(circle one number)

1 2 3 4 5

Excellent Very Good Good Fair Poor

1. Now I’d like to measure your height: \_\_\_\_\_\_\_\_\_ft \_\_\_\_\_\_\_\_\_\_in, and weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs

**Self Sufficiency Scale** [[2]](#footnote-2)

**(Missouri Community Action Family Self Sufficiency Scale)**

**Now I want to ask about your CURRENT situation, specifically how your ability to be self-sufficient is influenced by certain situations. Your input is very important. We will look at eleven areas. For each area we will review five statements and choose which best describes your current situation.**

**If you are not comfortable answering a question, please let me know and decline the question. Please do NOT give inaccurate information.**

**We will do a follow-up interview in about four months so we can see your progress and evaluate the plan we put together. Do you have any questions before we begin?**

1. **First, please tell me about your Educational Attainment.**

1a. **How far did you go in school?** **What is the highest grade you completed in school? [Circle response]**

Grade 1 2 3 4 5 6 7 8 9 10 11 HSDIPLOMA GED COLLEGE AS BS/BA MA

**[If highest degree received is high school diploma ask, have you completed any other trainings or certificate programs? Did you attend college, but did not complete a degree program?**

**Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ Do not have a GED or High School Diploma.

\_\_2\_\_\_ Has a GED or High School Diploma.

\_\_3\_\_\_ Attended, but did not complete, college, vocational training, or trade apprenticeship.

\_\_4\_\_\_ Completed an Associate’s Degree, Vocational Training or Certificate Program.

\_\_5\_\_\_ Completed a Bachelor’s Degree or Higher.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Would it be hard for you to read and fill out an application? Do you struggle with math and reading when working or shopping?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_Lack of academic skills is currently a barrier to employment or other goal attainment.

\_\_2\_\_\_Lack of academic skills severely limits employment or other goal attainment. Able to read with pictures and perform basic addition and/or subtraction.

\_\_3\_\_\_ Lack of academic skills limits employment or other goal attainment. Able to read and complete basic job applications and can perform basic calculations.

\_\_4\_\_\_ Academic skills occasionally limit employment or other goal attainment. Can read and perform math calculations at a high school level.

\_\_5\_\_\_ Academic skills are not a barrier to employment or other goal attainment.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Do you have a regular Income? Does your income allow you to pay for food and shelter, minor emergencies and allow for savings?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ No regular or consistent income.

\_\_2\_\_\_ Income does not meet basic needs.

\_\_3\_\_\_ Income meets basic needs but is insufficient for emergencies.

\_\_4\_\_\_ Income meets basic needs and allows for minor emergencies.

\_\_5\_\_\_ Income meets basic needs, emergencies, allows for extras and savings.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Are you currently working? How many hours a week do you work and do you have benefits?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ Unemployed or never worked.

\_\_2\_\_\_ Unemployed for less than 3 months.

\_\_3\_\_\_ Part-time employment. (Please write number of hours considered part-time)

\_\_4\_\_\_ Full-time employment without benefits.

\_\_5\_\_\_ Full-time employment with a living wage and benefits.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What type of health insurance does everyone in your family have? If there are premiums or co-pays are they affordable?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ No health insurance for any family member.

\_\_2\_\_\_ Not all family members are insured.

\_\_3\_\_\_ All family members are covered by government insurance.

\_\_4\_\_\_ All family members are insured, but the premiums and/or co-pays are unaffordable.

\_\_5\_\_\_ All family members are covered by insurance and the premiums and co-pays are affordable.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Please tell me about your Physical Health. How does your physical health impact your ability to work or take care of yourself?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ A health problem prohibits employment or other goal options. Or, is in need of 24 hour care.

\_\_2\_\_\_ A health problem regularly interferes with employment or other goal options.

\_\_3\_\_\_ A health problem occasionally interferes with employment or other goal options.

\_\_4\_\_\_ A physical health problem does not interfere with employment or other goal options.

\_\_5\_\_\_ There are no physical health problems at this time.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. How are you doing emotionally? Do your emotions (feeling sad, anxious, or angry) interfere with your ability to work or take care of yourself? Does using drugs or alcohol interfere with work, relationships, or taking care of yourself? Have you ever received treatment for Mental Health or Substance Abuse? [Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ A mental health and/or substance abuse problem prohibits employment or other goal attainment.

\_\_2\_\_\_ A mental health and/or substance abuse problem regularly interferes with employment or other goal options.

\_\_3\_\_\_ A mental health and/or substance abuse problem occasionally interferes with employment or other goal options.

\_\_4\_\_\_ A mental health and/or substance abuse problem does not interfere with employment or other goal options.

\_\_5\_\_\_ There are no mental health or substance abuse problems at this time.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to get help from another source to deal with alcohol or drugs? \_\_\_\_\_Yes \_\_\_\_No**

**8. How would you describe your Housing situation? Do you have trouble paying for housing? [Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ Family is currently homeless (i.e. homeless shelter, on the streets, out of vehicle, residing in a treatment facility or are staying with friends).

\_\_2\_\_\_ Family is in transitional housing (i.e. temporary housing, hotel, motel, short term lease (less than six months) or current residence is in need of major repairs).

\_\_3\_\_\_ Family is currently living in permanent housing, but has trouble paying rent on time and there is a threat of eviction.

\_\_4\_\_\_ Family is currently living in permanent housing but the cost exceeds 50% of family income.

\_\_5\_\_\_ Family is currently live in permanent nonsubsidized housing.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Who takes care of your child(ren) while you work or go to school? How do you feel about the affordability or quality of your child care provider? Do you have an emergency backup caregiver?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ Child care is needed for education or employment goal but is unavailable.

\_\_2\_\_\_ Child care and subsidy are available but child care provider will not/cannot accept subsidy, or cost is unaffordable.

\_\_3\_\_\_ Child care is available and affordable (may use subsidy) but of poor quality. There is no

emergency backup caregiver or plan.

\_\_4\_\_\_ Child care is available and affordable (may use subsidy). There is no emergency backup

caregiver or plan.

\_\_5\_\_\_ Child care is available, affordable, good quality and there is at least one emergency backup caregiver or plan. *Or, there are no children in the home*.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Tell me about your access to Transportation. Do you own a car or take the bus? Do you have trouble paying for gas or bus fare?**

**[Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ No transportation

\_\_2\_\_\_ No transportation; but are able to borrow car, access public transportation but have limited

resources for fare, no license

\_\_3\_\_\_ Have a vehicle but needs major repairs, not licensed, etc.

\_\_4\_\_\_ Own vehicle but needs minor repairs, limited resources for gas

\_\_5\_\_\_ Own vehicle and does not need repair and has resources for gas

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. While everyone experiences some amount of stress, sometimes certain stressors interfere with a family’s ability to work toward its goals. How much does stress *currently* impact your ability to focus on employment or goal achievement? [Select a number based on answers and additional information shared by client.]**

\_\_1\_\_\_ Current stressors are so great that participant is unable to focus on employment or other goal attainment.

\_\_2\_\_\_ Current stressors considerably affect participant’s ability to focus on employment or other goal attainment.

\_\_3\_\_\_ Current stressors moderately affect participant’s ability to focus on employment or other goal attainment.

\_\_4\_\_\_ Current stressors only minimally affect participant’s ability to focus on employment or goal attainment.

\_\_5\_\_\_ Stressors do not currently interfere with employment or other goal attainment.

**[Repeat response selected to confirm]**

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to get help from another source to cope with these stressors? \_\_\_\_\_Yes \_\_\_\_No**

**Prompt: This is the end of the survey. Thank you for sharing this information with me. Remember, we’ll ask these questions again in about 4 months.**

**[Coach can ask, what was there that struck you while you were answering the survey questions, or what are you wondering about?**

**Coach can then provide a summary of the survey responses and affirm any progress made since last survey was completed]**

Food Pantry

**Family Stability Scale**

**Scaling Worksheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | High Priority | | Mid Priority | | Low Priority |
| **Subscale** | 1 | 2 | 3 | 4 | 5 |
| Educational Attainment |  |  |  |  |  |
| Academic Skills |  |  |  |  |  |
| Income |  |  |  |  |  |
| Employment |  |  |  |  |  |
| Health Insurance |  |  |  |  |  |
| Physical Health |  |  |  |  |  |
| Mental Health & Substance Abuse |  |  |  |  |  |
| Housing |  |  |  |  |  |
| Child Care |  |  |  |  |  |
| Transportation |  |  |  |  |  |
| Psychosocial & Environmental Stressors |  |  |  |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Completed by Research Team:*

Previous Family Score: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Family Score: \_\_\_\_\_\_\_\_\_\_\_\_ Next Scale Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. March 2016. [↑](#footnote-ref-1)
2. 2 Missouri Community Action Family Self-Sufficiency Scale

   © Missouri Association for Community Action Revised August 26, 2010 [↑](#footnote-ref-2)