

# Malvern School and Community Health and Wellness Center Food and Wellness Security Survey

Consent statement: Thank you for your willingness to participate in this survey.

Participation in this survey is voluntary. The information we collect from the survey provides us with research data that helps secure the funding for the grant that allowed us to open the Food Pantry. Your name and contact information will not be linked to your responses. You can choose to not answer any question you do not want to answer and/or you can stop at any time. We will protect your information by not attaching your name to your responses and safely storing this information. The information provided will be combined with responses from other individuals.

1. How are you taking this survey today?

*Mark only one oval.*

- I took the survey in person - onsite
- I took the survey at home using an electronic link
- I prefer not to answer

2. What role do you have

*Mark only one oval.*

- Parent
- Guardian
- Student in grades 7-12

3. How many children do you have in the Malvern School District?

---

4. What grade levels are your children in? (If you are a student completing the survey, enter the grade span that you are in)

*Mark only one oval.*

- Pre-school - 4th grade
- 5th - 6th grade
- 7th - 8th grade
- 9th - 10th grade

5. Is your student or students enrolled in the School Based Health Center for any of the following (if you are a student, please check the appropriate boxes):

*Check all that apply.*

- Medical services
- Dental Services
- Mental Health/Counseling Services
- Not enrolled in the SBHC

6. Has your student had a wellness screening in the past year? (If you are a student, please answer appropriately)

*Mark only one oval.*

- Yes
- No

7. Have you been receiving EBT, food stamps, or SNAP benefits?

*Mark only one oval.*

- Yes, I just started recently
- Yes, I have been receiving benefits for less than a year
- Yes, I have been receiving benefits for more than a year
- No, I would like to learn how I can enroll
- No, I do not qualify
- Don't know/Prefer not to answer

8. How long have you been using the Malvern School and Community Health and Wellness Center Food Pantry to get canned fruits and canned vegetables and other meal staples?

*Mark only one oval.*

- Today is my first time
- 1-3 months
- 4-6 months
- 7-9 months
- Prefer not to answer

9. During the past month, how often did you drink 100% pure fruit juices such as orange juice, grape juice, apple juice, etc.?

*Mark only one oval.*

- Never
- 1-2 times last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times a day
- Prefer not to answer

10. During the past month, how often did you eat FRUIT like apples, oranges, bananas, strawberries, or any other fresh fruit?

*Mark only one oval.*

- Never
- 1-2 times last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times a day
- Prefer not to answer

11. During the past month, how often did you eat a GREEN LEAFY OR LETTUCE SALAD, with or without other vegetables?

*Mark only one oval.*

- Never
- 1-2 times last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times a day
- Prefer not to answer

12. During the past month, how often did you eat any kind of FRIED POTATOES like FRENCH FRIES, TATER TOTS, HASH BROWNS, or any other type of fried potatoes?

*Mark only one oval.*

- Never
- 1-2 times last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times per day
- Prefer not to answer

13. During the past month, how often did you eat POTATOES that were NOT FRIED, like baked, boiled, mashed, or in soups or casseroles?

*Mark only one oval.*

- Never
- 1-2 times last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times per day
- Prefer not to answer

14. During the past month, how often did you eat COOKED BEANS, like refried beans, baked beans, pinto beans, black beans, beans in soup or casseroles?

*Mark only one oval.*

- Never
- 1 time last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times per day
- Prefer not to answer

15. During the past month, how often did you eat VEGETABLES that were NOT DEEP FRIED, like carrots, green beans, corn, broccoli, cabbage, squash, etc.? This includes fresh, canned, and frozen vegetables.

*Mark only one oval.*

- Never
- 1 time last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times per day
- Prefer not to answer

16. During the past month, how many times did you eat PIZZA?

*Mark only one oval.*

- Never
- 1 time last month
- 1-2 times per week
- 3 or more times per week
- 1 time per day
- 2-3 times per day
- 4 or more times per day
- Prefer not to answer

17. Over the past month, the food that we bought for our household just didn't last and we didn't have money to get more.

*Mark only one oval.*

- Often true
- Sometimes true
- Never true
- Don't know/Prefer not to answer

18. Over the past month, we couldn't afford to eat balanced meals.

*Mark only one oval.*

- Often true
- Sometimes true
- Never true
- Don't know/Prefer not to answer

19. Over the past month, did you or other adults in you household ever cut the size of your meals or skip meals because there wasn't enough money for food?

*Mark only one oval.*

- Yes
- No
- Don't know/Prefer not to answer



20. Over the past month, did you eat less than you felt you should because there wasn't enough money for food?

*Mark only one oval.*

- Yes
- No
- Prefer not to answer

21. COVID-19 has made it hard for me and others in my household to make ends meet.

*Mark only one oval.*

- Yes
- No
- Don't know/Prefer not to answer

22. COVID-19 has made it hard for me and others in my household to get fresh fruits and vegetables.

*Mark only one oval.*

- Yes
- No
- Don't know/Prefer not to answer

23. Since the COVID-19 outbreak, have you or anyone in your household gotten free groceries from a food pantry, food bank, church, or other place that helps with free food?

*Mark only one oval.*

- Yes
- No
- Don't know/Prefer not to answer

24. Would you say your general health is poor, fair, good, very good, or excellent?

*Mark only one oval.*

- Poor
- Fair
- Good
- Very good
- Excellent
- Don't know/Prefer not to answer

25. What is your age range?

*Mark only one oval.*

- 12-17
- 18-24
- 25-35
- 36-45
- 46-55
- 56+

26. How do you describe yourself?

*Mark only one oval.*

- Female
- Male
- Non-binary/third gender
- Prefer not to answer

27. Are you Hispanic, Latino/a, or Spanish origin?

*Mark only one oval.*

- Yes
- No
- Prefer not to answer

28. How would you describe your racial or ethnic background? Check all that apply.

*Check all that apply.*

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander
- White
- Other
- Don't know
- Prefer not to answer

29. What is the zip code where you currently live?

---

This content is neither created nor endorsed by Google.

**Google** Forms