



2022 Prescription for Health Participant Pre-Program Survey

Please complete and turn in this survey. You can either complete this paper survey and turn it into the Community Health Workers at the farmers markets OR complete it via this link <https://bit.ly/PFH22E> OR complete it by scanning this QR code



Your answers help us evaluate and report on the Prescription for Health program. All survey answers will be kept private. Please skip any question you do not feel comfortable answering. Thank you for filling out this survey.

Section I.

First name: _____ Last name: _____

Today's date: _____

Section II.

1. Have you participated in the Prescription for Health program before?
 Yes No Unsure

2. How do you rate your own health?
 Excellent Very good Good Fair Poor

For questions 3 and 4: A cup is 1 large fruit or vegetable, 2 small ones, or the size of a baseball. Include fresh, frozen, and canned. Do not include French fries, fried potatoes, potato chips, or juice.

3. How many total cups of **fruits** do you **usually** eat **each day**?
_____ cups of fruits per day (write number)

4. How many total cups of **vegetables** do you **usually** eat **each day**?
_____ cups of vegetables per day (write number)

5. On average how many times each day do you eat unhealthy foods (for example: chips, sweets, soda, or fast food)?
 0 1-2 3-4 5-7 8-10 11-15 More than 15

6. In the last 12 months, did you or others in your home ever cut the size of your meals, skip meals, and/or buy fewer healthy foods (such as fruits & vegetables) because there was not enough money for food?
 Yes No Unsure

7. How do you rate your own level of physical activity?
 Extra active Very active Moderately active Lightly active Sedentary

Continue on next page

Section III.

Please answer the following questions about yourself:

8. How old are you? _____ years
9. How many people live in your home, including yourself?
_____ Number of adults
_____ Number of children (ages 0-17)
10. How do you identify your race/ethnicity? *(Check all that you identify with)*
- African American or Black
 - American Indian or Alaska Native
 - Asian American or Asian
 - Hispanic, Latinx, or Spanish origin
 - Middle Eastern or North African
 - Pacific Islander or Native Hawaiian
 - White or Caucasian
 - I prefer to self-identify as: _____
 - I prefer not to answer
11. What is your current gender identity? *(Check all that you identify with)*
- Female/Woman
 - Male/Man
 - Trans Woman
 - Trans Man
 - Genderqueer or gender nonconforming
 - Non-binary
 - Agender
 - Questioning
 - I prefer to self-identify as: _____
 - I prefer not to answer
12. What is your household's total yearly income before taxes (not including DHHS, Social Security, or other assistance)?
- Less than \$15,000
 - \$15,000 to \$24,999
 - \$25,000 to \$34,999
 - \$35,000 to \$44,999
 - \$45,000 to \$54,999
 - \$55,000 or more
 - Unsure
13. Do you currently use EBT/Bridge Card/SNAP/food stamps?
- Yes No Unsure

Thank you for your participation!