**Patient Interview Schedule**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_\_

***General***

1. How long have you been coming to the Preventive Food Pantry, and how often do you come?
2. What other types of food assistance do you receive, if any?

*Prompts: SNAP, WIC, National School Lunch Program, other pantries*

1. How many people are in your family or household? How many of them are children (under age 18)? How many of them are seniors (age 65+)?
2. Do you consume the food you receive from the Preventive Food Pantry yourself, or do you share it with other people?

*Prompt: People in your household? Outside your household?*

***Food Security and Well Being***

1. In the past month, how often have you felt worried or concerned about having enough food to feed yourself and your family? (Never, Sometimes, Often, or Very Often)
2. Since you started using the Preventive Food Pantry, has your level of worry or concern, as it relates to providing food for yourself and your family, (Increased, Decreased, or Stayed the same)?
3. (IF answer to Question 6 is “Increased” or “Stayed the same”) Can you help me understand why your experience providing food for yourself and your family has not changed since you started using the Preventive Food Pantry?

***Diet***

1. Tell me about your diet. What types of foods do you eat in a typical day? How would you describe your diet (e.g. healthy, unhealthy; varied or limited)? Has your diet changed at all since starting to use this food pantry?
2. Have you been exposed to any new foods (i.e. foods you have never tried or would not typically purchase) from visiting this food pantry? Have you changed the types of foods you (and your family) purchase and eat since starting to visit this pantry?
3. How many servings (cups) of fruits and vegetables do you consume on an average day? Have you started eating more or fewer fruits and vegetables since starting to use this food pantry?

*Note: Use food models and/or lists of example servings sizes*

***Nutrition Education***

1. Have you received any nutrition education in connection with this food pantry, such as attending a cooking demonstration or meeting with a dietitian? If so, what new things have you learned about nutrition or about how to choose and prepare foods that meet your nutritional needs?

***Stigma***

1. How do you feel about a food pantry being located at the hospital?

*Prompt: Is it convenient to be located at the hospital? Would it be more or less convenient if it were located in your community? If less convenient, why do go out of your way to come here?*

1. How do you feel about being prescribed food from the pantry as part of your medical care? Do you see a connection between the pantry and your medical care? Tell me about this connection.
2. Are you comfortable coming to the food pantry? (If subject has visited other pantries) Has your experience at BMC’s Preventive Food Pantry differed from your experience at other food pantries?

***Big Picture***

1. What would have to happen for you to never need a food pantry? What kind of assistance would you need?