1) Where do you currently live?

- O Campus residence hall
- O Fraternity or sorority house
- O Other college/university housing
- O Parent/guardian's home
- O Other off-campus housing
- O With a friend until I find other housing
- O Houseless
- O Other

2) For the following statements about <u>where you live</u> , how much do you agree or disagree?	Disagree a lot	Disagree a little	Agree a little	Agree a lot	Don't know
a. It is easy to buy fresh fruits and vegetables.	0	0	0	0	0
b. There is a large selection of fresh fruits and vegetables.	0	0	0	0	0
c. The fresh fruits and vegetables are high quality	0	0	0	0	0
d. The fresh fruits and vegetables are affordable.	\circ	0	\circ	\circ	0

3) Think about the <u>current quarter or semester</u> . How often do you go to each of the following places to get groceries or prepared foods?	Very Often	Often	Some- times	Rarely	Never
a. University food outlet (using meal plan)	0	0	\circ	0	0
b. University food outlet (NOT using meal plan)	0	0	0	0	0
c. Campus food pantry or other free food assistance program on campus	0	0	0	0	0
d. Fraternity or sorority	0	0	0	0	0
e. Grocery store, supermarket	0	0	0	0	0
f. Co-operative grocery	0	0	0	0	0
g. Small corner store or convenience store (such as 7-Eleven, Quick Stop)	0	0	0	0	0
h. Warehouse club or superstore (such as Costco, Sam's Club, Walmart, Target)	0	0	0	0	0
i. Farmer's market or produce stand	0	0	0	0	0
j. Garden or other outdoor foraging for fruits or vegetables	0	0	0	0	0
k. Fast food restaurant (such as McDonalds, Taco Bell)	0	0	0	0	0
Other type of restaurant, buffet, food truck, or coffee shop	0	0	0	0	0
m. Food pantry, soup kitchen or other free food assistance program (off campus)	0	0	0	0	0
n. Parent's home or home of other family	0	0	0	0	0
o. Friend's home	0	0	0	0	0
p. Free food at event on or off campus	0	0	0	0	0

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4) Think about the <u>current quarter or semester</u>. How often has each of the

following circumstances made it hard for you to get the food that you want?

a. Lack of time to shop for food	\bigcirc	\bigcirc	\circ	\bigcirc				
b. Lack of time to prepare food	0	0	0	0	0			
c. Lack of facilities to cook or store foods	0	0	\circ	0	0			
d. Lack of reliable transportation	\circ	0	0	\bigcirc	0			
e. Cost of food			\bigcirc	\bigcirc	0	\bigcirc	0	
f. Location of food outlets on campus			0	0	\circ	0	0	
g. Hours of operation of food outlets on campus			0	0	0	0	0	
h. Lack of cultural foods			\circ	\bigcirc	0	\bigcirc	0	
i. Lack of foods for my dietary needs			0	0	0	\bigcirc	0	
5) Have you received information about the following things from the university or student groups? (Do NOT_include information you received from someplace else.)	Yes, I have received this, and I have used this information	receiv but I nee	I have ed this, do not d this mation	rece but	have not ived this, I would ike to	recei	have not ved this, I do not ed this	
a. How to apply for federal food assistance programs	0	0			0		\circ	
(CalFresh, Food Stamps, SNAP, WIC) b. Location of local food pantries, food banks, or free						\bigcap		
food sources								
c. How to cook simple, cheap, and healthy meals	0	(\supset		0		0	
d. How to manage and budget monthly living and college costs	How to manage and budget monthly living and				\bigcirc		\bigcirc	
e. Resources about where to go and who to talk to on campus if I am having trouble getting enough food					0		0	
 6) For the following statements, please say whether the sometimes true, or never true for you in the last 12 r a. The food that I bought just didn't last, and I didn't have b. I couldn't afford to eat balanced meals. c. I was worried whether my food would run out before I 	months. e money to get mo	re.		Often Frue	Sometin True		ever Tru	
7) In the last 12 months, did you ever cut the size of you food? O Yes, almost every month O Yes, some months, but not every month O Yes, only 1 or 2 months O No 8) In the last 12 months, did you ever eat less than you O No Yes								

Very

Often

Often

Some-

times

Rarely

Never

○ No ○ Yes

9) In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

Some

months 1 or 2 10) For the following statements, please tell us how often each of these things during the times in **Every** happened to you in the last 12 months. month year the year Never a. I had difficulty concentrating on my studies because I was hungry and didn't \bigcirc \bigcirc () \bigcirc have enough money for food. b. I went hungry so that I could use my food money to go out somewhere social \bigcirc \bigcirc \bigcirc \bigcirc with friends. c. I asked family or friends for help so that I had enough money to cover my costs. d. I bought the cheapest food available even though I knew it wasn't the healthiest. \bigcirc \bigcirc e. I had to choose between paying for food and paying for medicine or medical \bigcirc \bigcirc f. I had to choose between paying for food and paying for housing or utilities. g. I had to choose between paying for food and paying for school loans, tuition, or other educational expenses. 11) For the following statements, please indicate whether the statement was often Often **Sometimes** true, sometimes true, or never true for you during your childhood. True True **Never True** a. In my family, the food that we bought just didn't last, and we didn't have money to \bigcirc \bigcirc \bigcirc get more. b. In my family, we worried whether our food would run out before we got money to \bigcirc \bigcirc \bigcirc buy more. 12) How would you describe your general health? O Excellent O Very Good O Good O Fair O Poor O Don't know 2 13) On how many of the past 7 days did you do the 0 1 3 4 6 7 following? days day days days days days days days Eat breakfast or a morning meal Drink regular soda, sports drinks, or energy drinks that contain sugar Do moderate-intensity cardio or aerobic exercise for at \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc least 30 minutes d. Do vigorous intensity cardio or aerobic exercise for at \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc least 20 minutes \bigcirc \bigcirc \bigcirc Do 8-10 strength training exercises (such as resistance \bigcirc \bigcirc \bigcirc weight machines) for 8-12 repetitions each Get enough sleep so that you felt rested when you \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc woke up in the morning

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Uni	vers	sity of California Global Food Initiative - Got Food? Survey
14)	Wh	at is your height in feet and inches?feetinches
15)	Wh	at is your weight in pounds? pounds
16)	Ηον	w would you describe your weight?
	0	Very underweight
	0	Slightly underweight
		About the right weight
	0	
	0	Very overweight
17)	Are	you trying to do any of the following about your weight?
·		I am not trying to do anything about my weight
	0	Stay the same weight
	0	Lose weight
	0	Gain weight
18)	<u>In t</u>	he last 30 days did you do any of the following? (mark all that apply)
	0	Exercise to lose weight
	0	Diet to lose weight
	0	Vomit or take laxatives to lose weight
	0	Take diet pills to lose weight
	0	None of the above
19)		w many servings of fruits and vegetables do you <u>usually</u> have <u>per day</u> ? (1 serving = 1 medium piece of fruit, ½ cup sh, frozen or canned, ¾ cup juice, 1 cup salad greens, or ¼ cup dried fruit)
		0 servings/day
	0	1-2 servings/day
	0	3-4 servings/day
	0	5 or more servings/day
20)	<u>In t</u>	he last 12 months, have you ever gone to a food bank or food pantry for food?
	0	No, I don't need to
	0	No, I don't know where one is
	0	No, I don't like the food there
	0	Yes, once or twice in the year
	0	Yes, once or twice per month
	0	Yes, once or twice per week
	0	Yes, more than twice per week

21) In the last 12 months, how would you rate the overall level of stress you have experienced?

	0	No stress			
	0	Less than average stress			
	0	Average stress			
	0	More than average stress			
	0	Tremendous stress			
221	In t	he last 12 months, have you been diagnosed or treated by a professional for	any of the	following? (mark	all that
,	app		uny or the	ionowing. (mark	an that
	0	Allergies			
	0	Asthma			
	0	Diabetes			
	0	High blood pressure			
	0	High cholesterol			
	0	Irritable bowel syndrome (IBS)			
	0	Eating disorder			
	0	Migraine headache			
	0	None of the above			
221	1	h a mark 12 m and h a havia view aven had any af the faller view footboard. / manh a	باسمية عمطة الد	A	
23)		he past 12 months, have you ever had any of the following feelings? (mark a	ili that apply	<i>(</i>)	
	_	Felt things were hopeless			
	0	Felt overwhelmed by all you had to do			
	0	Felt exhausted (not from physical activity)			
	0	Felt very lonely			
	0	Felt very sad			
	0	Felt so depressed that it was difficult to function			
	0	Felt overwhelming anxiety			
	0	Felt overwhelming anger			
	0	None of the above			
24)	Ple	ease mark the one statement that best describes you.	C)		
		I currently receive federal food assistance (CalFresh, Food Stamps, SNAP, WIGHT In the past I (or my family when I lived with them) received federal food assistance		do not receive it i	10W
	$\tilde{\bigcirc}$	I have never received federal food assistance	starice, but i	do not receive it i	10 00
	0				
3 E\	Th:	ak about the current quarter or competer. Did you receive financial aid, need	d based area	ste or echolorehin	
23)		nk about the <u>current quarter or semester</u> . Did you receive financial aid, need d-based loans to pay for college and living expenses?	ı-baseu grai	its or scholarships	s, UI
			○ No		
			O	<u> </u>	
261	Цам	re you ever had to suspend your studies due to your financial situation?	○ No		
20)	iiav	e you ever had to suspend your studies due to your illiantial situation?	○ No	O les	
	_			O 1:	
27)	Cur	rently do you help to financially support your siblings or parents?	○ No		
28)	Ar	e you the parent of a child? On Yes			
5				3/04/15	

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29)	Wh	at is your primary source of health insurance?
,	0	My college/university sponsored plan
	0	My parents' plan
	0	Another plan
		I don't have health insurance
	0	I am not sure if I have health insurance
30)	Hov	v many hours a week do you work for pay?
	0	0 hours
	0	1-9 hours
	0	10-19 hours
	0	20-29 hours
	0	30-39 hours
	_	40 hours
	0	More than 40 hours
31)	Hov	w many hours a week do you volunteer?
•	0	0 hours
	0	1-9 hours
	0	10-19 hours
	0	20-29 hours
	0	30-39 hours
	0	40 hours
	0	More than 40 hours
221		was an intermediated at adopting
32)	Are	you an international student? On No Yes
33)	Are	you an out-of-state student?
	0	Yes
	0	No
34)	Hav	ve you transferred to this college or university within the last 12 months?
J-1,	0	
	0	Yes
35)		at is your enrollment status?
	0	Full-time
	0	Part-time
	0	Other
36)	Wh	at is your year in school?
	0	1st year undergraduate
	0	2nd year undergraduate
	0	3rd year undergraduate
	0	4th year undergraduate
	_	5th year or more undergraduate
	0	Stil year of more undergraduate
	0	Graduate or professional
	-	•

_						
37)	Wh	at is your approximate cumulative grade average?				
	0	A				
	0	В				
	0					
		D/F				
	0	N/A				
38)	Wh	at is your marital status?				
	0	Single				
	0	Living with a partner				
	0	Married				
	0	Divorced				
	0	Separated				
		Other				
201	14/1-					
39)		at is your gender?				
	_	Female				
	_	Male				
	0	Transgender				
40)	Но	w do you usually describe yourself (check all that apply)?				
	0	White				
	0	Black or African American				
	0	Hispanic or Latino/a				
	0	Asian or pacific islander				
	0	American Indian, Alaskan Native, or Native Hawaiian				
	0	Biracial or Multiracial				
	0	Other				
<mark>41)</mark>	Ho	w old are you?				
	Ye	ars				
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Thanks for your help!