

## 1. About you

Community First (Moray), who run the Handyperson Service, are working with Community Food and Health Scotland, to improve and support healthy eating.

We would be really pleased if you could help by taking some time to answer a few questions.

1. Interviewer code - Please put 'Self' if filling in survey online yourself.

2. Please enter your postcode

3. Please describe the type of housing you live in. (bungalows to be counted as houses)

Own House

Council Flat

Privately rented House

Own Flat

Housing Association House

Privately rented Flat

Council House

Housing Association Flat

Sheltered accommodation

4. Please tell us who you live with?

On your own

With other family members

With other, non family members

With your spouse or partner

With your spouse AND other family members

5. Are you -

Male

Female

6. Please tell us which age group you are in

65-74

75-84

85-94

95+

7. Do you make use of or go to any of the following services? Please tick all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> The Handyperson Service      | <input type="checkbox"/> Council Day Care Centre             |
| <input type="checkbox"/> WRVS Meals on Wheels         | <input type="checkbox"/> BALL group                          |
| <input type="checkbox"/> Red Cross Befrienders        | <input type="checkbox"/> a Church Social Group               |
| <input type="checkbox"/> Crossroads Care              | <input type="checkbox"/> Luncheon club                       |
| <input type="checkbox"/> NHS Dietician Service        | <input type="checkbox"/> Alzheimers Support group            |
| <input type="checkbox"/> Occupational Therapy Service | <input type="checkbox"/> other support group or organisation |

Other (please specify)

8. Do you have any pets that you look after?

Yes

No

Please tell us about any pets you have

## 2. Food shopping

1. Who mostly does the food shopping in your house?

- Me       My Spouse       Other people I live with       My Carer       Everyone shares

2. Where do you usually buy your food?

- Supermarket       Local shops       Both       Other

3. How often do you buy food?

- Every day       More than once a week       Once a week       Once a month       More than once a month

4. How do you mostly get to the shops to do your food shopping?

- Walk       By public transport       Drive own car       Someone else takes me       Taxi

5. Do you experience any difficulties in doing your food shopping? Tick as many as apply to you.

- Shops too far away
- Shopping can be too heavy
- Can't buy small amounts of food
- Good food too expensive
- Other - please use comment box below

Other (please specify)

6. Do these difficulties affect the sort of food you buy?

- Yes       No       Sometimes

7. Do you look for bargains or special offers when you go food shopping?

- Always       Sometimes       Never

8. Do you use a shop delivery service?

- Never       Occasionally       A lot       Always

9. Which shops do you have food deliveries from?

10. How do you order your food for delivery? Tick all that apply

On the phone

Online

Get someone to drop a list in

11. Do you need help with your shopping?

Yes

No

12. Are you able to get that help?

Yes - Always

Sometimes

No

## 3. Food Preparation

1. Who mostly prepares the food in your house?

You

Your spouse

Other family members

Your Carer

We share it equally

2. Do you have any difficulties preparing food?

Yes

No

If yes, what sort of difficulties do you experience?

3. Do you have a hot meal.....?

Every day

Most days

A few times a week

Once a week

Never

4. Do you receive any hot pre-prepared meals to eat at home from the following - please tick all that apply.

Meals on Wheels

neighbours

Carer

family members

other

Other (please specify)

5. How often do you have take-away meals (fish and chips, Chinese, Indian, etc)?

Never

occasionally

once a month

once a week

more often

6. Do you ever eat out at any of the following? - please tick all that apply

Lunch club

cafe

supermarket cafe

restaurant

7. How often do other people come and eat in your home?

Never

sometimes

fairly often

very often

8. When you are cooking do you use any of the following - please tick all that apply.

Gas oven/hob

microwave

electric grill

electric oven/hob

slow cooker

solid fuel stove

toaster

9. Have you got a freezer?

Yes

No

10. Do you check for use by dates and throw things out?

Yes

No

11. Do you re-heat/re-use left overs?

Often

Never

Sometimes

## 4. Your diet

1. Do you eat breakfast.....

- Every day within an hour of getting up
- every day sometime during the morning
- not regularly
- never

2. What do you eat for breakfast? - tick all that apply

- Cereal                       toast/bread                       cooked breakfast                       Other

Other (please specify)

3. Do you have a meal in the middle of the day?

- Every day                       most days                       some days                       never

4. What do you eat in the middle of the day? please tick all that apply

- Snack/sandwich     soup                       home-cooked meal                       pre-prepared/frozen meal                       other

Other (please specify)

5. Do you have a meal in the evening/tea time?

- Every day                       most days                       some days                       never

6. What do you eat in the evening?

- Snack/sandwich     soup                       home-cooked meal                       pre-prepared/frozen meal                       other

Other (please specify)

7. Do you have a hot drink before you go to bed?

- Yes                                       No                                       Occasionally

8. How often do you eat fruit (fresh or tinned or dried)?

More than once a day     once a day     a few times a week     once a week     rarely     never

9. How often do you eat vegetables (not potatoes)?

More than once a day     once a day     a few times a week     once a week     rarely     never

10. How often do you eat salad stuff?

More than once a day     once a day     a few times a week     once a week     rarely     never

## 5. food and drink cont

1. What is your favourite food/meal?

2. What sort of food would be a real treat for you?

3. What sort of drinks do you take during the day? Please tick all that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Still water,    | <input type="checkbox"/> fresh fruit juice, | <input type="checkbox"/> coffee,         |
| <input type="checkbox"/> fizzy water,    | <input type="checkbox"/> fizzy soft drink,  | <input type="checkbox"/> milk,           |
| <input type="checkbox"/> diluting juice, | <input type="checkbox"/> tea,               | <input type="checkbox"/> other hot drink |

4. Do you like an alcoholic drink?

Occasionally

Never

Regularly (more than once a week)

further comment?

5. Do you smoke?

Occasionally

Never

Regularly

further comment?

6. Do you regularly take any dietary supplements? Please tick all that apply.

- |                               |                                   |                                   |   |                                |
|-------------------------------|-----------------------------------|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> vitamins | <input type="checkbox"/> minerals | <input type="checkbox"/> particular vit/min mix | <input type="checkbox"/> other |
|-------------------------------|-----------------------------------|-----------------------------------|---|--------------------------------|

Other (please specify)

## 6. Thank you!

The answers you have given us will help make sure that older people in Moray get the support they need to live longer and live better lives. In particular this survey should identify any problems people face in terms of eating well.

If you want to say any more about what might support your independent living needs please feel free to put this in the box below.

Community First (Moray)

### 1. Your space to add things.

