



B4. In the last six months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES .....1
- NO .....2 (B6)

B5. **HAND PARTICIPANT RESPONSE CARD FIS2.**

How often did this happen—almost every month, some months but not every month, or in only one or two months?

- Almost every month .....1
- Some months but not every month .....2
- Only one or two months .....3

B6. In the last six months, did you ever eat less than you felt you should because there wasn't enough money for food?

- YES .....1
- NO .....2

B7. In the last six months, were you ever hungry but didn't eat because there wasn't enough money for food?

- YES .....1
- NO .....2

B8. In the last six months, did you lose weight because you didn't have enough money for food?

- YES .....1
- NO .....2

B9. In the last six months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- YES .....1
- NO .....2 (B11)

B10. **HAND PARTICIPANT RESPONSE CARD FIS2.**

How often did this happen—almost every month, some months but not every month, or in only one or two months?

- Almost every month .....1
- Some months but not every month .....2
- Only one or two months .....3

B11. In the last six months, have there been children under age 18 who lived in your household (including your own or anyone else's children)?

- YES .....1
- NO .....2 (SECTION C)

**INTRODUCTION TO CHILD-REFERENCED QUESTIONS:**

Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true in the last 6 months for your child or children living in the household who are under 18 years old.

**B12. HAND PARTICIPANT RESPONSE CARD FIS1 FOR USE WITH QUESTIONS B12 THROUGH B14.**

"We relied on only a few kinds of low-cost food to feed the children because we were running out of money to buy food." Was that often, sometimes, or never true for your household in the last six months?

- Often true.....1
- Sometimes true.....2
- Never true.....3

**B13.** "We couldn't feed the children a balanced meal, because we couldn't afford that." Was that often, sometimes, or never true for your household in the last six months?

- Often true.....1
- Sometimes true.....2
- Never true.....3

**B14.** "The children were not eating enough because we just couldn't afford enough food." Was that often, sometimes, or never true for your household in the last six months?

- Often true.....1
- Sometimes true.....2
- Never true.....3

**B15.** In the last six months, did you ever cut the size of any of the children's meals because there wasn't enough money for food?

- YES .....1
- NO .....2

**B16.** In the last six months, did any of the children ever skip meals because there wasn't enough money for food?

- YES .....1
- NO .....2 **(B18)**

**B17. HAND PARTICIPANT RESPONSE CARD FIS2.**

How often did this happen—almost every month, some months but not every month, or in only one or two months?

- Almost every month .....1
- Some months but not every month .....2
- Only one or two months .....3

B18. In the last six months, were the children ever hungry but you just couldn't afford more food?

YES .....1  
 NO .....2

B19. In the last six months, did any of the children ever not eat for a whole day because there wasn't enough money for food?

YES .....1  
 NO .....2

**SECTION C: DIETARY QUALITY (REACH\*)**

**INTRODUCTION:**

These questions are about the different kinds of foods you **usually** ate or drank during the **past month**, that is, the past 30 days. Please tell me how often you ate or drank each one; for example, you could say “two times a day,” “twice a week,” “three times a month,” and so forth. Include all foods you eat, both at home and away from home.

**FOR ALL QUESTIONS, IF “NEVER,” ENTER “00 TIMES / MONTH.” IF PARTICIPANT DOESN'T KNOW THE ANSWER TO A PARTICULAR QUESTION, ENTER “-8 TIMES / MONTH.”**

C1. How often do you eat hot dogs, bacon, sausage, or lunch meats such as ham or other cold cuts?

|\_\_|\_\_| times per Day .....1  
 Week.....2  
 Month .....3

C2. How often do you eat pork, beef, hamburgers, cheeseburgers, or meatloaf?

|\_\_|\_\_| times per Day .....1  
 Week.....2  
 Month .....3

C3. How often do you eat chicken, turkey, or duck?

|\_\_|\_\_| times per Day .....1  
 Week.....2  
 Month .....3

C4. How often do you eat beans, tofu, nuts, or lentils? By beans, we mean baked beans, pinto or kidney beans, and beans in burritos or chili.

|\_\_|\_\_| times per Day .....1  
 Week.....2  
 Month .....3

|  |
|--|
|  |
|--|

C5. How often do you eat fish or seafood?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C6. How often do you eat yogurt, cheese, cheese spreads, or cottage cheese?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C7. How often do you eat doughnuts, cookies, cake, pastry, pies or chips?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C8. How often do you drink non-diet sodas or fruit drinks such as Sunny Delight or Tang. Do not include 100% fruit juices.

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C9. How often do you eat cereal, rice, pasta, breads, tortillas or other grains?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C10. How often do you eat butter, margarine, full-fat salad dressing or mayonnaise added to bread, rolls, or vegetables?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C11. How often do you eat eggs?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

C12. How often do you drink glasses of whole milk (include drinks made with whole milk or whole milk on cereal)?

|                |            |   |
|----------------|------------|---|
| _ _  times per | Day .....  | 1 |
|                | Week.....  | 2 |
|                | Month..... | 3 |

|  |
|--|
|  |
|--|

C13. How often do you drink glasses of low-fat milk (include skim milk or 2% milk)?

|                  |            |   |
|------------------|------------|---|
| __ __  times per | Day .....  | 1 |
|                  | Week.....  | 2 |
|                  | Month..... | 3 |

C14. How often to you drink 100% fruit juices such as orange, grapefruit, or tomato?

|                  |            |   |
|------------------|------------|---|
| __ __  times per | Day .....  | 1 |
|                  | Week.....  | 2 |
|                  | Month..... | 3 |

C15. How often do you eat fruit, not counting juice?

|                  |            |   |
|------------------|------------|---|
| __ __  times per | Day .....  | 1 |
|                  | Week.....  | 2 |
|                  | Month..... | 3 |

C16. How often do you eat French fries or fried potatoes?

|                  |            |   |
|------------------|------------|---|
| __ __  times per | Day .....  | 1 |
|                  | Week.....  | 2 |
|                  | Month..... | 3 |

C17. How often do you eat potatoes, not including French fries, fried potatoes, or potato chips?

|                  |            |   |
|------------------|------------|---|
| __ __  times per | Day .....  | 1 |
|                  | Week.....  | 2 |
|                  | Month..... | 3 |

C18. Not counting potatoes, how often do you eat vegetables or green salad?

|                  |            |   |
|------------------|------------|---|
| __ __  times per | Day .....  | 1 |
|                  | Week.....  | 2 |
|                  | Month..... | 3 |

**SECTION D: SOCIOECONOMIC DATA  
(D1 and D2 from NHANES 2010\*)**

D1. Does your household have more than \$5000 in savings at this time? Please include money in your checking accounts. (**PROBE:** Include cash, savings or checking accounts, stocks, bonds, mutual funds, retirement funds (such as pensions, IRAs, 401ks, etc.), and certificates of deposit.)

|           |   |             |
|-----------|---|-------------|
| YES ..... | 1 | <b>(D3)</b> |
| NO .....  | 2 |             |

**D2. HAND PARTICIPANT RESPONSE CARD FIS3.**

What are the total savings or cash assets at this time for your household?

- Less than \$500 .....1
- \$501 to \$1000.....2
- \$1001 to \$2000.....3
- \$2001 to \$3000.....4
- \$3001 to \$4000.....5
- \$4001 to \$5000.....6

**D3.** The following questions ask about the government benefits your current or most recent household receives. By “household” we mean family members or other people who live or lived with you and depend on that money.

In the last year, have you or anyone else in your household or former household received money from:

|   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| a. SSI/SSDI (Supplemental Security Income/Social Security Disability Income).....                         | 1          | 2         |
| b. Social Security (excluding SSI, SSDI).....   | 1          | 2         |
| c. State or private disability or workers’ compensation.....  | 1          | 2         |
| d. Unemployment insurance .....   | 1          | 2         |
| e. Veteran’s benefits .....   | 1          | 2         |
| f. Temporary Assistance to Needy Families (TANF) .....  | 1          | 2         |
| <b>(PROBE: TANF is sometimes called “family assistance” or “welfare for women with children.”)</b>        |            |           |
| g. General Assistance (GA) .....  | 1          | 2         |
| <b>(PROBE: GA is sometimes called “welfare” given by counties for people who don’t qualify for TANF.)</b> |            |           |

**SECTION E: RECEIPT OF FOOD ASSISTANCE (REACH\*)**

**INTRODUCTION:**

The following questions refer to food aid, which means food that you got from church, a clinic, non-profit organizations, soup kitchens, lunch lines, food banks, or people outside your household to help ensure that your household has adequate food. I don’t mean food you got from government programs such as the Supplemental Nutrition Assistance Program (SNAP) (aka food stamps or food vouchers), the Women, Infants and Children’s program (WIC) or any other source of food vouchers.

**E1.** Did you or anyone in your household receive non-governmental food aid at any time during the past year?

- YES .....1
- NO .....2 **(E4)**

E2. From where did your household get food aid? Please say "yes" for all that apply.

|                                       | <b>YES</b> | <b>NO</b> |
|---------------------------------------|------------|-----------|
| a. Church.....                        | 1          | 2         |
| b. Food bank .....                    | 1          | 2         |
| c. Soup kitchen or lunch line.....    | 1          | 2         |
| d. Clinic.....                        | 1          | 2         |
| e. People outside your household..... | 1          | 2         |
| f. Other .....                        | 1          | 2         |

If other, please indicate source: \_\_\_\_\_

E3. Over the last 30 days, how many days did you or members of your household eat food that you got from food aid?

|\_|\_| # DAYS

E4. The following questions refer to food assistance through vouchers, coupons, or electronic debit cards, such as the Supplemental Nutrition Assistance Program (SNAP) (aka food stamps or food vouchers), the Women, Infants and Children's program (WIC) or any other source of food vouchers.

Did you or anyone in your household receive food assistance through vouchers, coupons, or electronic debit cards at any time over the past year?

YES .....1  
 NO .....2 **(SECTION F)**

E5. From where did your household get the food vouchers, coupons, or electronic debit cards? Please say "yes" for all that apply.

|  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| a. SNAP (Supplemental Nutrition Assistance Program) or food stamps.....                | 1          | 2         |
| b. WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) ..... | 1          | 2         |
| c. Other .....   | 1          | 2         |

If other, please indicate source: \_\_\_\_\_

E6. Over the last 30 days, how many days did you or members of your household eat food that you got as a result of using food stamps, vouchers, or coupons?

|\_|\_| # DAYS

**SECTION F: COMPETING DEMANDS (REACH\*)**

**INTRODUCTION:**

The following are problems that people sometimes have because of trouble getting food. For each question, please answer “always,” “often,” “sometimes,” or “never.”

**HAND PARTICIPANT RESPONSE CARD FIS4 FOR USE WITH QUESTIONS F1, F2, F4, AND F5.**

F1. Over the past year, how often did you go without healthcare you needed because you needed the money for food for you or your household? **(INTERVIEWER SHOULD READ THE NEXT CLARIFICATION TO HIV-INFECTED PARTICIPANTS ONLY):** Do not include your antiretroviral medications as part of your answers about healthcare. We will ask about these later.

- Always .....1
- Often.....2
- Sometimes.....3
- Never .....4
- Not applicable .....5

F2. Over the past year, how often did you or your household go without adequate food because you needed the money for healthcare, including for transport? **(INTERVIEWER SHOULD READ THE NEXT CLARIFICATION TO HIV-INFECTED PARTICIPANTS ONLY):** Do not include your antiretroviral medications as part of your answers about healthcare. We will ask about these later.

- Always .....1
- Often.....2
- Sometimes.....3
- Never .....4
- Not applicable .....5

F3. WHAT IS PARTICIPANT’S HIV STATUS?

- HIV-POSITIVE .....1
- HIV-NEGATIVE .....2 **(G4)**

F4. Over the past year, how often did you not fill your antiretroviral (ARV) prescriptions from the pharmacy or miss a dose of your ARV medications because you needed to spend time or money getting adequate food for you or your household?

- Always .....1
- Often.....2
- Sometimes.....3
- Never .....4
- Not applicable .....5

F5. Over the past year, how often did you or your household go without adequate food because you needed the money to get your ARV prescriptions from the pharmacy, including transport costs or paying for prescriptions?

- Always .....1
- Often.....2
- Sometimes.....3
- Never .....4
- Not applicable .....5

**SECTION G: HIV STIGMA**  
(G1 adapted from Bunn 2007\*; G5 adapted from UARTO\*)

G1. **HAND PARTICIPANT RESPONSE CARD FIS5.**

Now, please tell me how strongly you agree or disagree with each of these statements.

|    |  | Strongly agree | Agree | Disagree | Strongly disagree |
|----|--|----------------|-------|----------|-------------------|
| a. | Having HIV/AIDS makes me feel that I'm a bad person.                           | 1              | 2     | 3        | 4                 |
| b. | I feel I'm not as good as others because I have HIV/AIDS.                      | 1              | 2     | 3        | 4                 |
| c. | Having HIV/AIDS makes me feel unclean.   | 1              | 2     | 3        | 4                 |
| d. | Having HIV/AIDS is disgusting to me.   | 1              | 2     | 3        | 4                 |
| e. | People's attitudes about HIV/AIDS make me feel worse about myself.             | 1              | 2     | 3        | 4                 |
| f. | I feel guilty because I have HIV/AIDS.   | 1              | 2     | 3        | 4                 |
| g. | I never feel ashamed of having HIV/AIDS.                                       | 1              | 2     | 3        | 4                 |
| h. | I feel discriminated against in health care settings because of my HIV status. | 1              | 2     | 3        | 4                 |

G2. Have you told anyone about your HIV status, not including your health provider at any time in your life?

- YES .....1
- NO .....2 (G5)

