

Homelessness and Food Poverty Research – Interview Guide

Section A – Sources of Food

Intro: This first set of questions is about your sources of food – e.g. where you eat and where you buy food.

Can you tell me.....							
A1a	Would you get your food from any of these places?						
A1b	And how often?						
<i>(Tick as appropriate)</i>							
	Once a week	2-3 times a week	4-6 times a week	Every day	Less frequently	Never	
Hostel/Temporary accommodation canteen							
Day Centre							
Fast Food Outlet							
Commercial Restaurant/Café							
Family/Friends							
On the Street (e.g. provided by outreach workers)							
Church							
Buy in Shops/supermarket							
Other (<i>specify</i>)							
A2	Which meals do you eat at these locations?						
<i>(Tick as appropriate)</i>							
	Breakfast	Lunch	Dinner/ Hot Main Meal	Supper	A hot or cold small meal (e.g. soup, sandwiches)	None of these	
Hostel/Temporary accommodation canteen							
Day Centre							
Fast Food Outlet							
Commercial Restaurant/Café							
Family/Friends							
On the Street (e.g. provided by outreach workers)							
Church							
Buy in Shops/supermarket							
Other (<i>specify</i>)							

Homelessness and Food Poverty Research – Interview Guide

A3	If eating in a canteen in the hostel / temp. accom./day centre/church																																
	<p>(a) What do you like/ dislike about the food served here?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%; text-align: center;">Like</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Dislike</th> </tr> </thead> <tbody> <tr> <td>The choice of food available</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I can get a hot meal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Price – cheap / free</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Price – expensive</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Freshness of the food</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>The way the food is prepared</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Like		Dislike	The choice of food available	<input type="checkbox"/>		<input type="checkbox"/>	I can get a hot meal	<input type="checkbox"/>		<input type="checkbox"/>	Price – cheap / free	<input type="checkbox"/>		<input type="checkbox"/>	Price – expensive	<input type="checkbox"/>		<input type="checkbox"/>	Freshness of the food	<input type="checkbox"/>		<input type="checkbox"/>	The way the food is prepared	<input type="checkbox"/>		<input type="checkbox"/>	Other (<i>specify</i>)	<input type="checkbox"/>		<input type="checkbox"/>
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	<p>(b) When is the Canteen/Café open?</p> <table style="width: 100%; border: none;"> <tbody> <tr> <td style="width: 40%;">All Day</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Evenings Only</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Mornings Only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other (<i>specify</i>)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Afternoons Only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	All Day	<input type="checkbox"/>	Evenings Only	<input type="checkbox"/>	Mornings Only	<input type="checkbox"/>	Other (<i>specify</i>)	<input type="checkbox"/>	Afternoons Only	<input type="checkbox"/>																						
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	<p>(c) Do you have to pay for meals in the canteen?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much (average meal)?</p> <p>£</p>																																
	<p>(d) In what way could the Canteen be improved?</p> <table style="width: 100%; border: none;"> <tbody> <tr> <td style="width: 45%;">More variety of food</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Longer Opening Hours</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cheaper Food</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other (<i>specify</i>)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Healthier Food</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	More variety of food	<input type="checkbox"/>	Longer Opening Hours	<input type="checkbox"/>	Cheaper Food	<input type="checkbox"/>	Other (<i>specify</i>)	<input type="checkbox"/>	Healthier Food	<input type="checkbox"/>																						
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Homelessness and Food Poverty Research – Interview Guide

	Go to A5 if not eating on the streets																														
A4	If eating on the street.....																														
	<p>(a) Who provides you with food? (e.g. outreach worker, church, charity)</p> <p> </p> <p> </p>																														
	<p>(b) What food is provided? How often is it provided?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 12.5%;">Daily</th> <th style="width: 12.5%;">2-3 times a week</th> <th style="width: 12.5%;">4+ times a week</th> <th style="width: 17.5%;">Less frequently</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>A hot main meal</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>A hot or cold small meal such as soup, sandwiches</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Supper</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p> </p> <p> </p>		Daily	2-3 times a week	4+ times a week	Less frequently	Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A hot main meal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A hot or cold small meal such as soup, sandwiches	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Supper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (<i>specify</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A5	If buying from shops/supermarkets																														
	<p>(a) Here are some reasons why people choose certain types of food. For each one, please tell me if this is a reason why you buy certain foods.</p> <table style="width: 100%; margin-left: 20px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 30%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> </tr> </thead> <tbody> <tr> <td>Availability</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Freshness of food</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Money available to spend</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Foods I know how to prepare</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>On a special diet</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Other (<i>specify</i>)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p> </p>		Yes	No		Yes	No	Availability	<input type="text"/>	<input type="text"/>	Freshness of food	<input type="text"/>	<input type="text"/>	Money available to spend	<input type="text"/>	<input type="text"/>	Foods I know how to prepare	<input type="text"/>	<input type="text"/>	On a special diet	<input type="text"/>	<input type="text"/>	Other (<i>specify</i>)	<input type="text"/>	<input type="text"/>						
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	<p>(b) What types of shops do you use most?</p> <table style="width: 100%; margin-left: 20px;"> <tbody> <tr> <td style="width: 30%;">Supermarkets</td> <td style="width: 10%;"><input type="text"/></td> <td style="width: 30%;">Convenience Store</td> <td style="width: 10%;"><input type="text"/></td> </tr> <tr> <td>Market</td> <td><input type="text"/></td> <td>Other (<i>specify</i>)</td> <td><input type="text"/></td> </tr> </tbody> </table> <p> </p>	Supermarkets	<input type="text"/>	Convenience Store	<input type="text"/>	Market	<input type="text"/>	Other (<i>specify</i>)	<input type="text"/>																						
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Homelessness and Food Poverty Research – Interview Guide

	<p>(d) How do you get to and from the shops?</p>			
	Walk	<input type="checkbox"/>	Bus	<input type="checkbox"/>
	Bicycle	<input type="checkbox"/>	Get a lift	<input type="checkbox"/>
	Other (<i>specify</i>)	<input type="checkbox"/>		
	<p>(e) Do you have any problems when using these shops?</p>			
	No problems	<input type="checkbox"/>	Attitude of Other Customers	<input type="checkbox"/>
	Have to buy “Value Products”	<input type="checkbox"/>	Opening Hours	<input type="checkbox"/>
	Refused Access	<input type="checkbox"/>	High Prices	<input type="checkbox"/>
	Travel Distance	<input type="checkbox"/>	Other (<i>specify</i>)	
	<p>(f) How far do you have to travel to the shops?</p>			
	Less than 1 mile	<input type="checkbox"/>	1-2 miles	<input type="checkbox"/>
	3-4 miles	<input type="checkbox"/>	more than 4 miles	<input type="checkbox"/>
	<p>(g) How many shops selling a variety of foods could you walk to in less than 15 minutes from where you stay?</p>			
	1	<input type="checkbox"/>	3	<input type="checkbox"/>
	2	<input type="checkbox"/>	4 or more	<input type="checkbox"/>

Other Comments

Homelessness and Food Poverty Research – Interview Guide

Section B – Food Preparation

Intro: In this next section I'm going to ask you a few questions about how you prepare food.

B1	At present, do you have somewhere you can prepare food for yourself?			
	Yes	<input type="checkbox"/>	No (Go to Section C)	<input type="checkbox"/>
B2	What type of place is it?			
	Private kitchen/food prep. area	<input type="checkbox"/>	Bedroom	<input type="checkbox"/>
	Shared kitchen/food prep. area	<input type="checkbox"/>	Other (<i>specify</i>)	<input type="checkbox"/>
B3and where is this?			
	Day Centre	<input type="checkbox"/>	Bedroom	<input type="checkbox"/>
	Hostel	<input type="checkbox"/>	B&B	<input type="checkbox"/>
	Friends/family	<input type="checkbox"/>	Other (<i>specify</i>)	<input type="checkbox"/>
	Shared Flat	<input type="checkbox"/>		
B4	What facilities are provided?			
	Kettle	<input type="checkbox"/>	Freezer	<input type="checkbox"/>
	Toaster	<input type="checkbox"/>	Utensils	<input type="checkbox"/>
	Oven	<input type="checkbox"/>	Cleaning Products	<input type="checkbox"/>
	Microwave	<input type="checkbox"/>	Sink	<input type="checkbox"/>
	Fridge	<input type="checkbox"/>	Drinking Water	<input type="checkbox"/>
	Other (<i>specify</i>)	<input type="checkbox"/>		
B5	(a) Are these facilities kept clean?			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			Sometimes	<input type="checkbox"/>
	(b) If no/sometimes, what issues are there?			

Homelessness and Food Poverty Research – Interview Guide

B6	(a) Do you feel that the area/facilities are sufficient for your needs?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	(b) If no, why not?				
B7	Are you able to cook?				
	Yes	<input type="checkbox"/>	No	(go to B10)	<input type="checkbox"/>
B8	Please explain which of the following apply to you				
		With no help at all	With a little help	With a lot of help	No, not at all
	a) I am able to cook convenience foods and ready meals (e.g. frozen pizza)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) I am able to cook a meal from ready-made ingredients (e.g. ready made sauce and pasta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) I am able to cook a main dish from basic ingredients (e.g. cottage pie, Irish stew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9	Where did you learn to cook?				
	At home	<input type="checkbox"/>	At school	<input type="checkbox"/>	
	Self-taught	<input type="checkbox"/>	Recipe books	<input type="checkbox"/>	
	Other (<i>specify</i>)	<input type="checkbox"/>			
	(go to Section C)				
B10	If no, do you think it limits your choice of food by not being able to cook?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Other comments

Homelessness and Food Poverty Research – Interview Guide

Section C – Food Storage

C1	At present, do you have somewhere you can store your food?		
	Yes <input style="width: 40px; height: 20px;" type="checkbox"/>	No (Go to C5)	<input style="width: 40px; height: 20px;" type="checkbox"/>
C2	What type of storage is it?		
	Cupboard <input style="width: 40px; height: 20px;" type="checkbox"/> Shelf <input style="width: 40px; height: 20px;" type="checkbox"/> Bedroom <input style="width: 40px; height: 20px;" type="checkbox"/>	Fridge <input style="width: 40px; height: 20px;" type="checkbox"/> Freezer <input style="width: 40px; height: 20px;" type="checkbox"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="checkbox"/>	
C3	Are these facilities locked?		
		Yes	No
	Cupboard <input style="width: 40px; height: 20px;" type="checkbox"/> Bedroom <input style="width: 40px; height: 20px;" type="checkbox"/> Fridge <input style="width: 40px; height: 20px;" type="checkbox"/> Freezer <input style="width: 40px; height: 20px;" type="checkbox"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/>
C4	Do you feel that the storage is sufficient for your needs?		
	Yes (Go to C5) <input style="width: 40px; height: 20px;" type="checkbox"/>	No	<input style="width: 40px; height: 20px;" type="checkbox"/>
		If no, why not?	
C5	Have you ever had food stolen from you?		
	Yes <input style="width: 40px; height: 20px;" type="checkbox"/>	No	<input style="width: 40px; height: 20px;" type="checkbox"/>
	If yes, could you please explain the circumstances		

Other Comments

Homelessness and Food Poverty Research – Interview Guide

Section D – Expenditure on Food

D1	How much do you spend each week on food?			
	Less than £10 <input style="width: 40px; height: 20px;" type="text"/> £10 - £19 <input style="width: 40px; height: 20px;" type="text"/> £20 - £29 <input style="width: 40px; height: 20px;" type="text"/>	£30 - £39 <input style="width: 40px; height: 20px;" type="text"/> £40 - £49 <input style="width: 40px; height: 20px;" type="text"/> £50+ <input style="width: 40px; height: 20px;" type="text"/>		
D2	Who do you buy for?			
	Yourself <input style="width: 40px; height: 20px;" type="text"/> Yourself and partner <input style="width: 40px; height: 20px;" type="text"/> Friends <input style="width: 40px; height: 20px;" type="text"/>	Yourself and children <input style="width: 40px; height: 20px;" type="text"/> Yourself, partner and children <input style="width: 40px; height: 20px;" type="text"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="text"/>		
D3	Do you feel that you have enough money to spend on food each week?			
	Yes (go to Sec. E) <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>		
D4	If not, is this because you...			
	spend money on accommodation spend money on drink/drugs spend money on cigarettes spend money on clothes spend money on bills/debts spend money on other expenses Travel costs Other items (<i>specify</i>)	Yes <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
D5	How often do you have to make the choice between buying food and other essentials?			
	Daily <input style="width: 40px; height: 20px;" type="text"/> Weekly <input style="width: 40px; height: 20px;" type="text"/> Never <input style="width: 40px; height: 20px;" type="text"/>	Monthly <input style="width: 40px; height: 20px;" type="text"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="text"/>		

Homelessness and Food Poverty Research – Interview Guide

D6	In the last month, have you missed meals because there was not enough money for food?			
	Yes <input style="width: 50px; height: 20px;" type="checkbox"/>	No <input style="width: 50px; height: 20px;" type="checkbox"/>		
D7	FOR PARENTS ONLY... Have you ever gone without food to feed your children?			
	Yes <input style="width: 50px; height: 20px;" type="checkbox"/>	No <input style="width: 50px; height: 20px;" type="checkbox"/>		
D8	In the last month, have your children missed meals because there was not enough money for food?			
	Yes <input style="width: 50px; height: 20px;" type="checkbox"/>	No <input style="width: 50px; height: 20px;" type="checkbox"/>		
D9	(a) Are you concerned about your child/children's diet being balanced? (e.g. fish, potatoes, pasta, fruit and vegetables)			
	Yes <input style="width: 50px; height: 20px;" type="checkbox"/>	No <input style="width: 50px; height: 20px;" type="checkbox"/>		
	(b) If yes, what would help you in changing your child's/childrens diet?			
	More money <input style="width: 50px; height: 20px;" type="checkbox"/>	Less expensive foods <input style="width: 50px; height: 20px;" type="checkbox"/>		
	Nothing, children decide <input style="width: 50px; height: 20px;" type="checkbox"/>	School <input style="width: 50px; height: 20px;" type="checkbox"/>		
	Other (<i>specify</i>) <input style="width: 50px; height: 20px;" type="checkbox"/>			
D10	Would you say the following statement is 'often true', 'sometimes true' or never true' for you in the last six months			
	I/we rely on only a few kinds of low-cost food to feed my/our children because I/we were running out of money to buy food	Often True	Sometimes True	Never True
		<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>

Other Comments

Homelessness and Food Poverty Research – Interview Guide

Section E – Your Diet

E1	How many main meals and snacks would you eat each day?			
	Full Meals 1 <input style="width: 30px; height: 15px;" type="text"/> 2 <input style="width: 30px; height: 15px;" type="text"/> 3 or more <input style="width: 30px; height: 15px;" type="text"/>		Snacks 1 <input style="width: 30px; height: 15px;" type="text"/> 2 <input style="width: 30px; height: 15px;" type="text"/> 3 or more <input style="width: 30px; height: 15px;" type="text"/>	
E2	How often in the last 7 days have you eaten:			
	Breakfast Lunch Evening Meal Supper	Frequency <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/> <input style="width: 100%; height: 15px;" type="text"/>		
E4	Generally speaking, how often do you have problems getting enough food?			
	<i>(Tick one option)</i>			
	All of the time Most of the time Some of the time Not very often Never	<input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/>		
E5	(a) Generally speaking, on a day-to-day basis, would you say you get enough to eat...			
	<i>(Tick one option)</i>			
	All of the time Most of the time Some of the time Not very often Never	<input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/> <input style="width: 50px; height: 15px;" type="text"/>	(Go to E6)	
	(b) Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is the reason you don't always have enough to eat			
		Yes	No	Don't know
	Not enough money for food	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	Not enough time for shopping	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	Not enough time for cooking	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	Too hard to get to the shop	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	No cooker/microwave available	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	Not able to cook	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	Not able because of health problems	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
	On a special diet	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>

Homelessness and Food Poverty Research – Interview Guide

E6	How easy / difficult is it for you to eat a balanced diet (e.g. meat, fish, potatoes, pasta, fruit and vegetables)		
	Very easy <input style="width: 40px; height: 20px;" type="checkbox"/> Easy <input style="width: 40px; height: 20px;" type="checkbox"/> Neither easy nor difficult <input style="width: 40px; height: 20px;" type="checkbox"/>		Difficult <input style="width: 40px; height: 20px;" type="checkbox"/> Very difficult <input style="width: 40px; height: 20px;" type="checkbox"/>
	(b) If difficult, what are the reasons		
	Storage/facilities <input style="width: 40px; height: 20px;" type="checkbox"/> Being homeless <input style="width: 40px; height: 20px;" type="checkbox"/> Because I eat what I like/want <input style="width: 40px; height: 20px;" type="checkbox"/> Poor health <input style="width: 40px; height: 20px;" type="checkbox"/>		Too difficult to travel to the shops <input style="width: 40px; height: 20px;" type="checkbox"/> Can't cook <input style="width: 40px; height: 20px;" type="checkbox"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="checkbox"/>
E7	Are you concerned about the type of food you eat?		
	Yes <input style="width: 40px; height: 20px;" type="checkbox"/>		No <input style="width: 40px; height: 20px;" type="checkbox"/>

Other Comments

Homelessness and Food Poverty Research – Interview Guide

Section F – Health Status

Intro: This is the final section of the questionnaire. I'm going to ask you some questions about your general health, visits to doctors and dentists and medical conditions. If you feel uncomfortable about answering any of these questions please let me know.

F1	How would you rate your general health at the moment?
	Poor <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Don't Know <input type="checkbox"/>
F2	Are you concerned about your health?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
F3	(a) Do you have any problems with what you eat? – e.g. allergies, diabetes
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) If yes, please explain
F4	Do you ever suffer from a lack of appetite?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, why is this?
F5	Have you had a general check up in the last 3 years/since you became homeless? (shortest duration, delete as appropriate)
	Yes <input type="checkbox"/> No <input type="checkbox"/>
F6	Have you seen a dentist in the last 3 years/since you became homeless? (shortest duration, delete as appropriate)
	Yes <input type="checkbox"/> No <input type="checkbox"/>
F7	(a) Do you have problems with your teeth?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Homelessness and Food Poverty Research – Interview Guide

	(b) If yes, what problems?		
F8	How do you access the doctor / dentist?		
	Make appointment myself <input style="width: 40px; height: 20px;" type="checkbox"/> Through someone at the hostel <input style="width: 40px; height: 20px;" type="checkbox"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	Through a caseworker <input style="width: 40px; height: 20px;" type="checkbox"/> Family/friends <input style="width: 40px; height: 20px;" type="checkbox"/> Don't know <input style="width: 40px; height: 20px;" type="checkbox"/>
F9	(a) Do you have any health problems?		
	No <input style="width: 40px; height: 20px;" type="checkbox"/> Depression <input style="width: 40px; height: 20px;" type="checkbox"/> Angina <input style="width: 40px; height: 20px;" type="checkbox"/> Diabetes <input style="width: 40px; height: 20px;" type="checkbox"/> Don't know <input style="width: 40px; height: 20px;" type="checkbox"/> Other (<i>specify</i>) <input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	Liver disease <input style="width: 40px; height: 20px;" type="checkbox"/> High blood pressure <input style="width: 40px; height: 20px;" type="checkbox"/> Anaemia (low iron levels) <input style="width: 40px; height: 20px;" type="checkbox"/> arthritis <input style="width: 40px; height: 20px;" type="checkbox"/>
	(b) If yes, Are you taking any prescribed medication for this condition?		
	Yes <input style="width: 40px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	No <input style="width: 40px; height: 20px;" type="checkbox"/>

THANK INTERVIEWEE FOR PARTICIPATING IN RESEARCH

Please complete receipt book – date and sign to confirm that payment (£20) was provided upon completion of interview

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Other Comments