

## Healthy Eating for Healthy Ageing in Rural Tasmania Project

---

**Please circle the most appropriate answer.**

- 1 What is your age? \_\_\_\_\_
- 2 What is your gender? Male ..... 1  
Female..... 2
- 3 What country did you grow up in? \_\_\_\_\_  
\_\_\_\_\_
- 4 Who do you live with? I live alone..... 1  
My partner/spouse..... 2  
A sibling..... 3  
A companion..... 4  
Other..... 5  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
- 5 In general your health is? Excellent ..... 1  
Very good..... 2  
Good..... 3  
Fair ..... 4  
Poor ..... 5
- 6 Are you able to cook for yourself? Yes ..... 1  
No..... 2
- If yes, how often? Most days ..... 1  
Not daily but at least weekly..... 2  
Not weekly but at least monthly .... 3  
Less than monthly ..... 4  
Rarely ..... 5
- If no, why not? Never learnt..... 1  
Not physically able ..... 2  
Not interested ..... 3  
Other..... 4  
Please specify: \_\_\_\_\_  
\_\_\_\_\_

- 7 How often do you have meals with your wider family? Most days ..... 1  
 Not daily but at least weekly..... 2  
 Not weekly but at least monthly .... 3  
 Less than monthly ..... 4  
 Rarely ..... 5
- 8 How often do you have meals with your friends? Most days ..... 1  
 Not daily but at least weekly..... 2  
 Not weekly but at least monthly .... 3  
 Less than monthly ..... 4  
 Rarely ..... 5
- 9 Where do you have meals with your family or friends? Select more than one answer if needed. At your home ..... 1  
 At their home ..... 2  
 At another venue ..... 3  
 Please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10 Do people bring you food when you are unable to cook? Yes ..... 1  
 No..... 2
- 11 Are these people? Family ..... 1  
 Friends/Neighbours..... 2  
 Other..... 3  
 Please specify: \_\_\_\_\_  
 \_\_\_\_\_
- 12 How often would you get together in a group for some organized activity, e.g. a club, group or church meeting? Most days ..... 1  
 Not daily but at least weekly..... 2  
 Not weekly but at least monthly .... 3  
 Less than monthly ..... 4  
 Rarely ..... 5
- 13 What activities, hobbies, sports etc do you regularly take part in?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 14 How often would that be? Most days ..... 1  
 Not daily but at least weekly..... 2  
 Not weekly but at least monthly .... 3  
 Less than monthly ..... 4  
 Rarely ..... 5

- 15 Do these activities involve meals? Yes always ..... 1  
 Yes usually..... 2  
 Yes sometimes ..... 3  
 No rarely ..... 4  
 No never..... 5

16 Which of the following health or community services have you used in the last 12 months? (*Please tick as appropriate*)

Service	Service visits you	You visit the service
Community Nurse		
GP		
Chemist/Pharmacist		
Community Health Centre		
Dentist		
Other health professional ( <i>e.g. podiatrist, physiotherapist, nutritionist, optometrist</i> )		
Patient transport		
Home help or other home support		
Other ( <i>please specify</i> ): _____ _____ _____		

- 17 Which, if any of the following services/s are you currently involved in or have you been involved in in the past? Meals on Wheels..... 1  
 The Eating with Friends Program.. 2  
 Meals at Day Centres ..... 3

- 18 How often do you use the service? Most days ..... 1  
 Not daily but at least weekly..... 2  
 Not weekly but at least monthly .... 3  
 Less than monthly ..... 4  
 Rarely ..... 5

19 Which programs/activities would you like to be involved in? Please circle as many responses as needed.

- Meals on Wheels..... 1
- The Eating with Friends Program.. 2
- Meals at Day Centres ..... 3
- Private meals with your wider family at: their home ..... 4  
your home ..... 5
- Private meals with friends at: their home ..... 6  
your home ..... 7
- Meals in another location..... 8
- Other..... 9
- Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20 What things would make it easier for you to be involved? Please circle as many responses as needed.

- Help with transport ..... 1
- Low cost meal ..... 2
- A carer for my husband/wife ..... 3
- Being well enough ..... 4
- Knowing other people..... 5
- Good access to toilets ..... 6
- Entertainment..... 7
- Service provided close to home ..... 8
- Other..... 9
- Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 21 Do you eat at least 3 meals per day? Yes always ..... 1  
 Yes usually ..... 2  
 Yes sometimes ..... 3  
 No rarely ..... 4  
 No never ..... 5
- 22 What do you see as the main meal of your day? Breakfast ..... 1  
 Lunch ..... 2  
 Tea/Dinner ..... 3
- 23 Which of the following best describes your weight over the past 6 months? Gained a little ..... 1  
 Gained a lot ..... 2  
 Stayed about the same ..... 3  
 Lost a little ..... 4  
 Lost a lot ..... 5
- 24 Are you able to shop for yourself? Yes usually ..... 1  
 Yes sometimes ..... 2  
 Yes with assistance ..... 3  
 No rarely ..... 4  
 No never ..... 5
- 25 Do you have an illness or condition that has made you change the kind and/or amount of food you eat? Yes ..... 1  
 No ..... 2

If yes, please provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26 Do you have any additional comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your time.**

You are invited to further participate in the study by arranging a time to speak with Tracey individually. Please indicate below if you are interested and Tracey will be in contact to arrange a suitable time.

Yes

No