



## Nutrition Survey

Thank you for taking part in this important survey for the Tennessee Commission on Aging and Disability. All answers will be kept confidential.

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
                         First                                 Last

**Gender:**  Male     Female     Other    **Age:** \_\_\_\_\_ **County of Residence:** \_\_\_\_\_

### I. HOUSING AND FOOD

1. Do you live alone?  
 Yes                 No
2. How many meals do you eat per day?  
 1     2     3     4     Some days I do not eat any meals
3. Do you think the meals you eat are healthy?  
 Yes     No     Unsure

### II. TRANSPORTATION

1. Since the COVID-19 pandemic, how often have you...

	Never	Rarely	Sometimes	Often
Not able to leave the house when you wanted to because of a problem with transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt lonely because you did not have the transportation you needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not been able to get healthy food because of a problem with transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from the Transportation Security Index

2. How do you get to the senior center?

- Car                       Bus/Van                       Scooter  
 Walk                       Other: \_\_\_\_\_

3. How long would it take you to get to the nearest senior center?

- Less than 15 minutes                       15-30 minutes  
 31-45 minutes                       More than 45 minutes

Meal Site Directory: <https://www.tn.gov/content/tn/aging/our-programs/nutrition-services/congregate-meal-sites.html>

4. Do you have someone to ask for a ride if you need one?

- Yes                       No

5. Has an assistive device (i.e. cane, walker, wheelchair) limited you from going to the senior center?

- Yes                       No

6. Are you aware of the transportation services your county provides?

- Yes                       No

Statewide Transportation Map: <https://www.tn.gov/content/tn/aging/resources/transportation-map.html>

### III. PHYSICAL, SOCIAL, PSYCHOLOGICAL HEALTH

1. How many minutes per day do you engage in physical activity?

- 0                       5-15                       15-30                       30-60                       60+

2. Please answer the following:

	Yes	No
I see or talk to my family members at least once a week	<input type="radio"/>	<input type="radio"/>
I participate in social activities with family/friends or attend organized group activities at least once a week	<input type="radio"/>	<input type="radio"/>
Within the past year I have suffered a major loss or change, like the death of a loved one or retirement	<input type="radio"/>	<input type="radio"/>

Adapted from the Eldercare Locator Self-Assessment Checklist

3. Please answer the following:

	Never	Rarely	Sometimes	Often
I lack companionship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I can turn to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nothing in common with the people around me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I feel close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one really knows me well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unhappy being withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from the UCLA Loneliness Scale

#### IV. TCAD NUTRITION PROGRAM

1. Since the COVID-19 pandemic, how satisfied are you with...

	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
The number of meals you receive per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The portion sizes of the food you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the food you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. BEFORE the COVID-19 pandemic, how often did you eat meals at the senior center?

1-2 times a week

3-4 times a week

5 times a week

3. AFTER the COVID-19 pandemic, how often have you eaten meals at the senior center?

1-2 times a week

3-4 times a week

5 times a week

May we contact you if we have any further questions?

Yes

No

Any comments, suggestions, or questions?

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