**Provider Survey on Food Insecurity and Pantry Referral**

You are being asked to voluntarily participate in a research study. We are doing this study to learn more about BMC provider knowledge and perceptions of food insecurity and experience with the Preventive Food Pantry. This survey will take about 3 to 5 minutes. You will be entered into a drawing for a $50 Amazon gift card for your participation. There are no additional benefits from participating in this survey. Responses will be de-identified and we will store electronic files in computer systems with password protection and encryption. However, we cannot guarantee complete confidentiality. This research study has been reviewed by the Tufts Health Sciences IRB. Please contact Eva Greenthal at eva.greenthal@tufts.edu or 847-347-9212 with any questions about this research study.

***Demographics***

1. Sex: Male Female
2. Age: \_\_\_\_\_\_
3. Position: Attending Resident Fellow

NP Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Department: Internal Medicine Pediatrics Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Years in practice (incl. training): \_\_\_\_\_\_

***Food Insecurity***

1. Do you ever discuss food insecurity with your patients?

Yes, regularly Yes, occasionally No, never

1. Do you think that providers should speak with their patients about food insecurity?

Yes / No (circle one)

Why/Why not?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of education or training, if any, have you received on food insecurity? (select all that apply)

* I have personally experienced food insecurity
* Attended a lecture provided by BMC
* Attended a lecture outside of BMC
* Medical school coursework
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you feel you have received sufficient training on discussing food insecurity with patients?

Yes / No (circle one)

If No, please offer suggestions to improve your comfort and skill at having these discussions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***BMC Preventive Food Pantry***

1. Are you familiar with the Preventive Food Pantry at BMC?

Yes / No (circle one)

1. In the past 10 days, approximately what percent of your patients who were identified as food insecure did you refer to the Preventive Food Pantry at BMC?
   * 100%
   * 90-99%
   * 80-89%
   * 70-79%
   * 60-69%
   * 50-59%
   * Less than 50%
   * None of my patients were identified as food insecure
2. Which of the following prevented you from referring all patients identified as food insecure to the Preventive Food Pantry (select all that apply):

* Time constraints
* Fear of offending patient
* Unclear on how to use referral system
* Forgot
* Patient lives too far away or is uninterested in using the pantry
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do patients ever tell you about their experience with the Preventive Food Pantry? If so, please describe some of the feedback you have heard.

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1. Do you think using the Preventive Food Pantry improves the health of your patients?

Yes / No (circle one)

Why/Why not?

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Thank you for completing this survey!