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Development and Testing of the FRESH Foods Survey to Assess Food Pantry Clients' Dietary Behaviors and Correlates

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Abstract

Objective—Use cognitive interviewing and pilot testing to develop a survey instrument feasible for administering in the food pantry setting to assess daily intake frequency from several major food groups and dietary correlates (e.g., fruit and vegetable barriers) – the FRESH Foods Survey.

Design—New and existing survey items were adapted and refined following cognitive interviews. After piloting the survey with food pantry users in the United States, preliminary psychometric and construct validity analyses were performed.

Setting—Three U.S. food banks and accompanying food pantries in Atlanta, GA, San Diego, CA, and Buffalo, NY.

Participants—Food pantry clients (n=246) were mostly female (68%) and averaged 54.5 (SD ±14.7) years old.

Results—Measures of dietary correlates performed well psychometrically: Cronbach's alphas ranged from 0.71-0.90, slope (α) parameters ranged from 1.26 to 6.36, and threshold parameters (β) indicated variability in the 'difficulty' of the items. Additionally, all scales had only one Eigenvalue above 1.0 (ranging from 2.07-4.71), indicating unidimensionality. Average (median, Q1-Q3) daily intakes across six dietary groups were fruits & vegetables (2.87, 1.87-4.58 times per day), junk foods (1.16, 0.58-2.16), fast foods and similar entrees (1.45, 0.58-2.03), whole grain foods (0.87, 0.58-1.71), SSBs (0.58, 0.29-1.29), and milk (0.71, 0.29-1.29). Significant correlations between dietary groups and dietary correlates were largely in the directions expected based on the literature, giving initial indication of convergent and discriminant validity.

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Conflict of Interest:
None.

Authorship:

All authors listed were substantially involved in conceiving/designing the study, collecting data, and/or analyzing/interpreting data; writing and/or revising the article for important intellectual content; and have read and approved the final version of the submitted manuscript.

Ethical Standards Disclosure:

This study was conducted according to the guidelines laid down in the Declaration of Helsinki and all procedures involving human subjects/patients were approved by the University of Nebraska Medical Center Institutional Review Board. Written informed consent was obtained from all subjects.

Conclusions—The FRESH Foods Survey is efficient, tailored to food pantry populations, and can be used to monitor dietary behaviors and may be useful to measure intervention impact.

Keywords

Food Pantries; Emergency Food Assistance; Low-Income Population; Survey Development; Dietary Correlates; Dietary Screener

INTRODUCTION

In 2016, 12.3% of United States (U.S.) households experienced food insecurity, or the limited or inconsistent access to adequate food.¹ Food insecurity is associated with poor dietary quality and can contribute to and exacerbate chronic diseases among children and adults.^{2,3} One aspect of the hunger safety net is emergency food assistance, where households in need can acquire supplemental food at food pantries. Food pantries are local client-facing locations (e.g., church, community center, shelter, etc.) that provide food directly to people in need. Food pantries are typically supplied by food banks, which are regional hubs that collect donated and/or purchased food, store food, and distribute food to food pantries and similar client-facing meal programs.

A recent systematic review indicated that food pantry clients' diets may be deficient in fruits, vegetables, whole grains, legumes, and dairy.⁴ However, the review also indicated the limited body of research on food pantry clients' diets, particularly in the U.S. Only six U.S. studies met inclusion criteria and were conducted between 1989 and 2015, representing a total of 670 participants.⁴ In order to facilitate future research, and to design and evaluate dietary interventions, it is important to have appropriate measures of diet and dietary correlates for food pantry populations.

Conducting survey research among food pantry clients is challenging. Food pantry clients face many of the same barriers to eating healthfully that other very low-income populations face. These include lower average educational attainment/literacy and lack of access to healthful foods due to factors such as cost, lack of food preparation equipment, and low access to transportation.⁵ These factors need to be considered when designing appropriate and tailored surveys. Additionally, the context of the food pantry is important to consider.⁵ When clients arrive at food pantries, they are in a state of desperation, as these locations are designed to address food emergencies for people in need. Therefore, 24-hr recalls are not as useful for collecting dietary data on this population as their diets on the day of their visit are not likely to be typical of their usual diets due to fluctuating food resources.⁶ Repeated contacts can also be challenging for food pantry clients who may lack reliable telephone access, may not utilize the food pantry on a regular basis, and may have other barriers to longitudinal engagement.⁷ Further, after signing in at the food pantry to receive food, clients then typically wait a short time (e.g., 15-30 minutes) to be called to receive a food distribution or select their food (depending on the type of food pantry), and then many (probably due to time constraints) do not utilize additional social services offered.⁸ Thus, the duration of food pantry visits is typically relatively short.

Surveys that measure both diet and dietary correlates at food pantries need to be efficient in order to fit within the short time window, and also consider the lower on average educational attainment and literacy of food pantry clients. Gold standard measures of diet, such as multiple 24-hour dietary recalls, food records, or general food frequency questionnaires which assess both frequency and portion size, may not be ideal for this setting. While comparatively accurate and comprehensive, they require repeated follow-up, considerable time to administer, and/or can require high literacy or numeracy skills.⁹ Compared to other options for assessing dietary behaviors, *dietary screeners* may be most appropriate for this setting. Dietary screeners are similar to short food frequency questionnaires, but typically do not require participants to estimate the volume of foods consumed, only frequency of intake.⁹ Therefore, numeracy requirements are comparatively low. Also, being relatively short, dietary screeners can be administered quickly and included as part of longer survey instruments that assess dietary correlates and other variables of interest. However, to date, no other survey instrument has been developed that includes sections to assess diet and dietary correlates that is tailored for the food pantry population. Such a tool would be beneficial in facilitating research and evaluation of nutrition interventions in this setting.

To address this gap, the objective of this study was to use cognitive interviewing and pilot testing to develop a survey instrument that was feasible to administer (and ideally self-administer) in the food pantry setting to assess daily intake frequency from several major food groups, as well as items hypothesized to be correlated with dietary intake in this population (e.g., self-efficacy and dietary attitudes, barriers, and availability). We modified and/or newly developed survey items to be more appropriate for assessment among U.S. food pantry users. Then refined survey items using cognitive interviews, pilot testing, and psychometric assessment. The final survey instrument, described in this manuscript and referred to as the FRESH Foods Survey, includes two main dietary sections: a dietary screener, and questions and scales assessing dietary correlates.

METHODS

Survey Development Overview

Development of the FRESH Foods Survey proceeded iteratively. First, a team of researchers and practitioners, including the authors and several collaborators mentioned in the acknowledgments, with experience in survey development and food pantry populations conducted a landscape review of existing measures. A draft survey was developed by compiling existing items from the National Cancer Institute's Family, Life, Activity, Sun, Health, and Eating (FLASHE) Survey¹⁰ and the Food Attitudes and Behaviors Survey (FAB)¹¹ and, when necessary, modifying items for relevancy to food pantry settings. The FLASHE and FAB surveys were chosen because they have been used previously in nationally representative samples of adults and adolescents, are meant to be self-administered, and have undergone cognitive testing. Both contain measures of dietary correlates and the FLASHE survey contains a dietary screener. The FLASHE dietary screener is similar to the Dietary Screener Questionnaire (DSQ) used in the National Health and Nutrition Examination Survey (NHANES),¹² but contains additional items that assess

convenience foods and less healthful entrees, and therefore might be more relevant to the diets of low-income populations.

The main sections of the draft FRESH Foods Survey included the modified dietary screener from the FLASHE study, as well as measures of dietary correlates in the form of seven scales and one single-item measure that were borrowed and modified from the FLASHE survey and the FAB survey. The draft FRESH Foods Survey then underwent cognitive testing and refinement, pilot testing, and preliminary psychometric and construct validity assessment. All research activities were conducted in accordance with prevailing ethical standards, including gaining informed consent from participants, and all study procedures were approved by the University of Nebraska Medical Center Institutional Review Board for Human Subjects Research.

Cognitive Interviews

Cognitive interviews were conducted in Omaha, NE, with adult food pantry clients (n=10) in three rounds with four, four, and then two participants. Modifications were made after the first two rounds and no substantive changes were identified after the third round. Participants provided informed consent before participating. To be eligible, participants only needed to be a food pantry client, but efforts were made to recruit similar numbers of men and women. Clients present at the food pantry during the day scheduled for cognitive interviews were asked if they wanted to participate, and interviews were completed on a first come first served basis until the time scheduled for interviews had passed. Interviews were conducted in a private space and lasted approximately 60 minutes each. Gift cards (\$20) were provided to compensate interviewees for their time.

Interviews employed a “think aloud” technique in which participants explained their thought process while answering all questions in the draft FRESH Foods Survey.¹³ Interviewers also probed participants’ about interpretations of questions, cognitive burden, and alternative wording or examples. Each participant completed the entire draft FRESH Foods Survey and field notes were recorded indicating potential changes identified during the interview. These were then discussed by the researchers and appropriate survey modifications were made.

FRESH Foods Survey Sections and Scoring

While the FRESH Foods Survey included non-dietary sections of questions, such as demographic characteristics, the main diet-related sections of the survey include a dietary screener, as well as scales and questions meant to assess dietary correlates (e.g., barriers, attitudes, availability, and self-efficacy).

Dietary Screener—One main section within the overall FRESH Foods Survey was the modified FLASHE *dietary screener* (Questions 32-59 in Appendix 8). Items in the FLASHE dietary screener included: fruit, 100% fruit juice, green salad, non-fried potatoes, non-fried vegetables, cooked beans, cooked whole grains, whole grain bread, non-sugary cereal, water, cow’s milk, sweetened fruit drinks, regular soda, sports drinks, energy drinks, sugary cereal, candy/chocolate, cookies/cake, frozen desserts, fried chicken, fried potatoes, potato chips, processed meat, burgers, tacos/burritos, heat and serve (e.g., frozen dinners), and pizza.

Also, following a request from food bank staff, a new item was created and tested (modeled after the other FLASHE items) to assess intake of milk alternatives (e.g., almond and soy milk), which are distributed in many food pantries. Participants reported intake-frequency during the past seven days, “I did not consume in the past week,” “1-3 times in the past week,” “4-6 times in the past week,” “1 time a day,” “2 times a day,” or “3 or more times a day.”

Items were grouped based upon healthfulness as evidenced by scientific reports¹⁴⁻¹⁶ and internal consensus. The following independent groups were created: junk foods (candy/ chocolate + cookies/cake + potato chips + frozen desserts + sugary cereal); sugar-sweetened beverages (SSBs) (soda + energy drinks + sweetened fruit drinks + sports drinks); fast foods and similar entrees (fried potatoes + fried chicken + pizza + tacos + processed meat + burgers + heat and serve); whole grain foods (whole grain bread + cooked whole grains + non-sugary cereal); fruits & vegetables (100% fruit juice + fruit + green salad + other non-fried vegetables + cooked beans + other non-fried potatoes); and milk and milk-alternatives (milk + milk alternatives).

For participants with completed data, weekly responses were converted to daily responses by dividing zero days, two days, or five days, by seven days for the response options “I did not consume in the past week,” “1-3 times in the past week,” or “4-6 times in the past week,” respectively. Once items were converted to daily frequencies, they were summed to calculate a food group’s daily intake frequency. This basic procedure is based on past research using similar types of dietary response options.¹⁷⁻¹⁹ Scores greater than three interquartile ranges above the upper quartile, or below the bottom quartile, were considered outliers and removed.²⁰ This affected between 1.2% and 4.2% of the sample.

Dietary Correlates—In addition to a dietary screener, the FRESH Foods Survey also contained questions meant to assess dietary correlates. The survey sub-sections described below contain questions modified/modeled from FLASHE and/or FAB items. For all items below (unless stated otherwise), response options were scored on a five-point Likert scale (“Strongly disagree” = 1 to “Strongly agree” = 5; or “Never” = 0 to “Always” = 4). Scale scores were the mean of responses.

The *barriers* to fruit and vegetable (FV) consumption sub-section contained one eight-item scale (Questions 1-8 in Appendix 8) that addressed external, personal, and/or knowledge-/ skill-based barriers (e.g., “I don’t eat fruits and vegetables as much as I like to because they take too much time to prepare”).

The *attitudes* about FV from food pantry and grocery store sub-section contained were two seven-item scales that addressed food pantry FV attitudes (Questions 9-13 in Appendix 8) and grocery store FV attitudes (Questions 14-18 in Appendix 8) (e.g., “I think fruits and vegetables from the [grocery store OR food pantry] taste good”).

The *availability* of foods from home and food pantry sub-section contained four three-item scales, referred to as: healthy home food availability (Questions 19-21 in Appendix 8), unhealthy home food availability (Questions 22-24 in Appendix 8), healthy food pantry

availability (Questions 25-27 in Appendix 8), and unhealthy food pantry availability (Questions 28-30 in Appendix 8). These questions assessed self-reported frequency (five-point Likert scale, “Never” to “Always”) of home/place-of-residence and food pantry availability of “healthful” foods (e.g., FV, lean meats, and whole grains) and “unhealthful” foods (e.g., sweets, sugary drinks, and chips) during the past three months.

Self-efficacy for FV intake was measured with a single item. The survey question “I feel confident in my ability to eat fruits and vegetables every day” was included to assess perceived self-efficacy for FV intake (Question 31 in Appendix 8).

Pilot Test Sample and Recruitment

Following cognitive interviews, three food banks from the Feeding America network (Atlanta Community Food Bank in Atlanta, GA; Feeding San Diego in San Diego, CA; Feeding Western New York in Buffalo, NY) and their accompanying food pantries were selected to pilot the survey. Study sites were chosen based on research capacity and demographic diversity of clients, as well as overall geographic diversity. From January-March, 2017, trained food bank staff administered the FRESH Foods Survey via iPads at food pantries to clients aged 19 years who were waiting to receive food. Recruitment and data collection occurred initially in five food pantries across the three food banks’ service areas. Three more sites were added during the data collection period to recruit on additional service days to increase the sample size. Therefore, recruitment occurred at two pantries in Atlanta, three pantries in Buffalo, and three pantries in San Diego. Signs were posted at least one week in advance, notifying clients of the study and dates and times for data collection. All food pantry clients who arrived on data collection days were invited to complete a survey. Clients provided informed consent prior to participation. Surveys were largely self-administered, with participants assisted as needed with reading and/or comprehending survey questions, operating the technology, and by making available a magnifying glass and stylus (i.e., a small pen that while not necessary, can be helpful to assist with indicating choices on a touchscreen device) if desired. Data collectors took notes on the types of assistance provided to the participants. All participants received a \$10 gift card for participation.

Statistical Analysis

The seven modified dietary correlates scales were analyzed using Item Response Theory (IRT) employing graded response models (GRM). GRM was chosen due to the ordered response categories of the items and the belief that some items would be better indicators than others of the measured constructs. IRT assumes the scale items are measuring a single construct, representing the target trait. Hence, unidimensionality of the scales was examined by looking at the eigenvalues. When only one eigenvalue was greater than 1, unidimensionality was assumed. Both discrimination and difficulty, or threshold, parameters for every item of the scales were calculated (refer to Appendix tables 1-7). The discrimination parameter captures the relationship between the latent construct (e.g., perceived barriers to FV) and the probability of endorsing a particular response option for each item’s response options. Edelen and Reeve, 2007 provide a primer on the application of IRT in survey development.²¹

The dietary correlates scales, and self-efficacy single-item, that were modified and included in the FRESH Foods Survey were largely borrowed from existing national surveys, and so the expected direction of effect with respect to dietary intake was known. Therefore, a preliminary assessment of convergent and discriminate validity was conducted by examining the statistical relationships between dietary intake frequency (assessed using the dietary screener) and dietary correlates scores. Spearman's correlations were used to assess linear relationships. Statistical significance was set at 0.05. All analyses were completed in April-May, 2017, and conducted using SAS version 9.4.

RESULTS

Cognitive Interview Findings

For cognitive testing, four men and six women completed interviews. While demographic information was not collected beyond sex, the cognitive interview sample contained clients who appeared to be of African, European, and/or Latino descent. Also, the interviewees appeared to be varied in their cognitive abilities, and similar to food pantry clients who have participated in previous studies the authors have conducted. Many areas in need of modification were identified during the cognitive interviews, with most concentrating within the dietary screener sub-section. For example, interviewers probed participants for how the term "100% fruit juice" was understood and found participants' definitions were sometimes more broad compared to the intended limited range of beverages. The interviews also revealed specific issues that hindered interpretability, such as clarity of wording and formatting. For instance, between the 3rd and 4th response options in the 6-point response scale for the dietary screener, there was a transition from "...past 7 days" to "...per day." Several interviewees did not notice the subtle change because the phrases were similar. Subsequent changes of the response options to "...past week" and "...a day," respectively, improved interpretability. Additionally, it was found that for some items, alternative food and drink examples and clarifications were needed to make the questions more applicable to the population. For example: for the allowed water examples, some interviewees did not typically use the term "sparkling water," they preferred "carbonated water"; the non-fried vegetables question was interpreted by some interviewees as only referring to raw vegetables; and for questions referring to common fast-food entrees such as burgers and fried chicken, it was not clear to several respondents that they should also count these foods if homemade or if from a sit-down restaurant. Modifications were made to survey wording and example items in response to cognitive interviews prior to pilot testing.

Pilot Sample Characteristics

The analytic sample for the pilot included 246 food pantry clients, approximately evenly split between the food bank service areas in Atlanta (n=81), Buffalo (n=86), and San Diego (n=79). Across the eight food pantries, there was a median of 33.5 participants, ranging from 10-49 per site. Participants were mostly female (68%), an average of 54.5 (SD = 14.7) years of age, and racially and ethnically diverse. Nearly one-third (32%) of clients reported using food pantries infrequently (once to a few times in the last 12 months); 54% used food pantries every other month to about every other week; and 14% used food pantries once per

week or more. Mean household size was 3.2 total people (SD = 2.7) and 0.8 (SD = 1.4) children. Additional participant characteristics are shown in Table 1.

Assistance Needed During Pilot Testing

A little more than 60% of participants needed no help operating the iPad and about 15% needed “extensive” help, with the remaining needing “a little” help. For comprehending survey questions, 77% needed no help and 5% needed “extensive” help, with the remaining needing “a little” help reading or explaining questions. Over 35% utilized the provided stylus to assist with making selections on the iPad’s touchscreen, and very few (1%) utilized the available magnifying glass.

Assessment of Modified Dietary Correlates Scales

Following psychometric assessment, two items each were removed from the attitudes on grocery store FV scale and the attitudes on food pantry FV scale. Removing these items was based on low slope/discrimination parameters, relatively low threshold (‘difficulty’) parameter spreads, and smaller areas under their Item Information Curves (IIC) than the other items. Unidimensionality for both scales improved substantially following removal of these items. The other scales did not require modification (refer to Appendix tables 1-7).

Table 2 shows the results from psychometric assessment of the final versions of the modified dietary correlates scales and questions. Modified measures for dietary correlates performed well psychometrically: Cronbach’s alphas ranged from 0.71-0.90; slope (α) parameters ranged from 1.26 to 6.36 (i.e., the items were useful in assessing participants for the construct); and threshold parameters (β) indicated that there was variability in the ‘difficulty’ of the items. Additionally, all scales had only one Eigenvalue above 1.0 (ranging from 2.07-4.71), indicating unidimensionality. Scales explained between 58%-87% of the variation in the latent trait (data not in table). Finally, the single item for FV self-efficacy (not in the table) had a mean of 4.16 (SD=1.32) (range: 1-5), meaning participants were highly confident in their ability to eat FV every day.

Dietary Intake Frequency and Preliminary Indications of Construct Validity

Average (mean \pm SD; median, Q1-Q3) daily intakes across the six dietary groups were fruits & vegetables (3.60 \pm 2.44 times per day; 2.87, 1.87-4.58 times per day), junk foods (1.66 \pm 1.53; 1.16, 0.58-2.16), fast foods and similar entrees (1.60 \pm 1.37; 1.45, 0.58-2.03), whole grain foods (1.27 \pm 1.12; 0.87, 0.58-1.71), SSBs (1.07 \pm 1.25; 0.58, 0.29-1.29), and milk (0.89 \pm 0.89; 0.71, 0.29-1.29).

There were several statistically significant associations between survey scales/items and dietary variables, as shown in Table 3. Significant associations were largely in directions expected based on previous research. Higher scores on four of the scales (i.e., *attitudes about food pantry FV*, *healthy home food availability*, *healthy food pantry food availability*, and *unhealthy food pantry availability* scales) and higher scores on the *FV self-efficacy* single item were each associated with more frequent intake of FV. Higher scores on three of the scales (i.e., *FV barriers*, *unhealthy home food availability*, and *unhealthy food pantry food availability*) were generally associated with more frequent intake of less healthful foods and

beverages (e.g., junk foods, fast foods and similar entrees, and SSBs). Higher scores on the *healthy home food availability* scale were also associated with more frequent intake of whole grains and less frequent intake of fast foods and SSBs. Additionally, higher scores for the *FV self-efficacy* single item were associated with less frequent intake of SSBs. No significant associations were seen for the grocery store FV attitudes scale, or for the milk and milk alternatives food group.

DISCUSSION

The purpose of this study was to develop a survey tool to assess dietary behaviors and related correlates among U.S. food pantry clients. The FRESH Foods Survey was developed, modified using cognitive interviews, pilot-tested, and then examined for its psychometric characteristics and convergent and discriminant validity. The survey performed well psychometrically and scales were shown to be associated, largely in directions expected, with dietary behavior.

There are several methodologies used in research for assessing diet, each with their own strengths and limitations. Dietary records and 24-hour dietary recalls are comprehensive but are also costly and time-consuming to administer – particularly if multiple assessments are needed.^{9, 22-24} The dietary screener is useful in situations where measurement of total diet is not necessary and minimizing participant burden is important.^{9,22-24} While dietary screeners have inherent limitations compared to more robust and costly measures of diet, screeners are efficient and versatile, measure overall dietary behaviors over a longer period of time than single-day intake (e.g., a week to a month), and are generally easy to administer. The dietary screener modified for the FRESH Foods Survey contained 28-items tailored to the food pantry population and can be used to efficiently assess dietary intake frequency for several major healthful and unhealthful food and beverage groups.

In addition to measuring dietary intake frequency, the FRESH Foods survey examines correlates of dietary behavior and intermediate outcomes associated with improved behavior. Predecessors to the dietary correlates scales used in this study, though not previously examined among food pantry client populations, performed similarly from a psychometric perspective.^{10, 11} These previous studies also demonstrated similar associations found in the current study between dietary intake and psychosocial constructs,^{11,25-28} dietary barriers,^{11,27,28} and home food availability.²⁸⁻³⁰ These findings give a preliminary indication of construct validity, as food groups were associated with dietary correlates largely in the directions expected.

While the majority of findings were consistent with what we would expect from the literature, some findings were counterintuitive. For example, it would have been expected that participants who scored higher on the FV barriers scale would have less frequent intake of FV, but this was not the case. It may be that barriers not included in this study, such as social norms, peer influences, motivation, and food access, may be more impactful factors compared to factors such as knowledge/skills, perceptions, and cost that were included in the current study.^{11,28,30,31} However, higher scores on the FV barriers scale in the current study were strongly associated with increased intake from the less-healthy food and beverage

groups. Therefore, rather than relating to FV intake specifically, the barriers assessed by the scale may actually be barriers to substituting healthful purchases in place of less healthful ones. Also surprising was the positive association between higher scores for unhealthy food pantry availability scale and more frequent intake of FV. As expected, this scale was also positively associated with higher intake of unhealthy food groups, so the unexpected positive association with FV intake might be explained by the fact that pantries that are better stocked with junk foods may also be better stocked overall, including with FV. This counterintuitive finding may also reflect the possibility that more frequent consumers of FV are more likely to perceive the food available at their food pantry as less healthy. More research is needed to further investigate these findings.

This study has several limitations and strengths. Despite efforts to ensure a diversity of days, times, and locations for study recruitment, the sample is not a random sample of food pantry clients. However, the sample was very similar to demographic estimates of the population of food pantry clients served by Feeding America food banks.⁵ The study was cross-sectional, and therefore study findings cannot be used to identify causal relationships between dietary correlates and dietary intake. The dietary screener used in this study does not comprehensively capture participants' diets and therefore cannot fully assess certain food groups (e.g., lean meats, complete dairy group, non-whole grains, etc.) or caloric intake. All pilot testing and assessment of the survey was conducted in English, and while a Spanish version was created based on the final English version, it is unknown if the Spanish version would perform similarly. The dietary correlates scales focused heavily on FV, which likely contributed to null findings seen for associations with the milk/milk-alternatives group. The study's strengths included a relatively large and diverse sample (e.g., by age, race/ethnicity, geography, etc.), inclusion of an understudied population (e.g., food pantry clients), reliance on previously used and/or validated survey items, cognitive interviewing to refine questions where needed, and psychometrics to assess scale performance.

This study is among the first to develop and test a survey to efficiently measure dietary intake frequency and dietary correlates among food pantry clients. Like all people, food pantry clients face multi-level factors influencing their ability to eat healthfully. Focusing on food available from the food pantry is critical insofar as food pantries are potential settings for influencing dietary intake. Implementing interventions, such as policy and behavioral approaches, in a food pantry setting offers an opportunity to reach a vulnerable population and address health disparities. With adequate data, such interventions could be implemented through wide-reaching organizations such as Feeding America (a network of the majority of food banks in the U.S. and the nation's largest anti-hunger non-profit) and the Emergency Food Assistance Program (a federally-run program that provides food banks food to allocate to partner agencies). These organizations, and others, have a broad reach into food insecure populations and large impact on the food supply that reaches food pantries. Conducting research and evaluation in the food pantry setting requires a tool that is efficient, easily understood, and tailored to this population. The FRESH Foods Survey fills this role and can be used whole or as separate modules to monitor food pantry clients' diets and may be useful to measure intervention impact. Next steps for the FRESH Foods Survey are to assess sensitivity to change and to make the survey available for use by food banks, food pantries, and those who work with similar populations in other settings.

Acknowledgements:

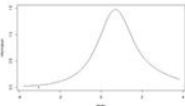
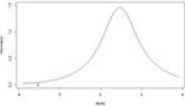
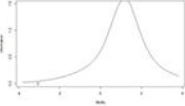
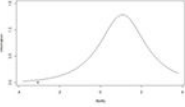
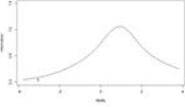
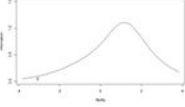
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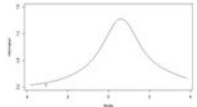
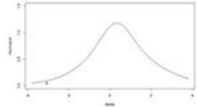
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This work was supported by the Prevention Research Centers at the Centers for Disease Control and Prevention (CDC). The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.

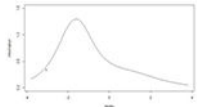
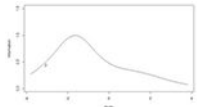
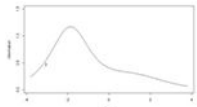
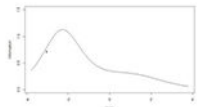
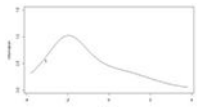
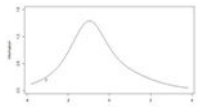
Supplementary Material - Preliminary Scales/Items and Final Survey

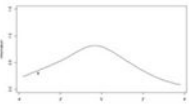
Appendix Table 1.: Item Response Theory parameters and descriptives for the items in the preliminary fruit and vegetable barriers scale

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
1. FV too much time to prepare	2.09	-0.51-4.32	2.19 ± 1.28	1.22	
2. Don't know how to choose fresh FV	2.76	-0.51-5.28	2.08 ± 1.21	2.03	
3. Don't know how to cook FV	2.21	-0.29-4.60	1.95 ± 1.15	0.00	
4. FV are not filling	3.02	-1.44-5.94	2.06 ± 1.15	0.81	
5. Restaurants don't serve FV	2.06	-1.44-5.15	2.24 ± 1.10	4.48	
6. Fruits contain too much sugar	1.45	-1.25-4.00	2.23 ± 1.09	5.28	

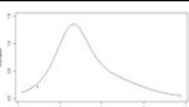
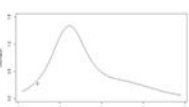
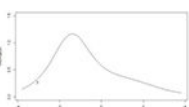
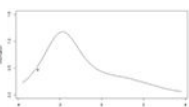
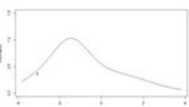
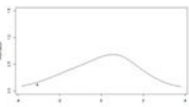
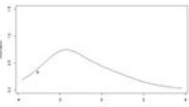
Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
7. Don't think of FV	2.04	-1.37-4.17	2.37 ± 1.24	5.28	
8. FV cost too much	1.26	-1.42-3.07	2.61 ± 1.28	8.94	

Appendix Table 2.: Item Response Theory parameters and descriptives for the items in the preliminary attitudes on food pantry fruits and vegetables scale

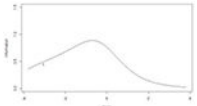
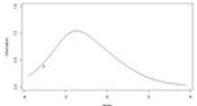
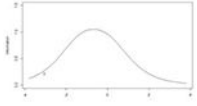
Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
9. Enjoy new FV at food pantry	1.53	-4.23-1.39	3.91 ± 0.98	2.03	
10. Familiar with FV at food pantry	1.87	-5.19-1.99	3.81 ± 0.93	2.85	
11. Trust FV at food pantry	3.71	-7.95-2.69	3.93 ± 0.87	2.03	
12. FV are of good quality at food pantry	3.68	-8.45-2.27	3.95 ± 0.88	1.63	
13. FV taste good at food pantry	7.64	-17.71- 4.69	4.03 ± 0.77	2.44	
Family likes FV from food pantry (Excluded from final survey)	0.76	-2.86-1.06	3.66 ± 1.20	3.66	

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
FV don't spoil before eating from food pantry (Excluded from final survey)	0.90	-3.62-1.94	3.35 ± 1.09	2.44	

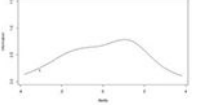
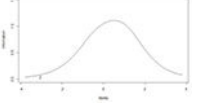
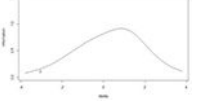
Appendix Table 3.: Item Response Theory parameters and descriptives for the items in the preliminary attitudes on grocery store fruits and vegetables scale

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
14. Enjoy new FV at grocery store	1.60	-3.76-1.27	3.81 ± 1.08	0.00	
15. Familiar with FV at grocery store	2.69	-5.54- 2.07	3.85 ± 0.97	3.66	
16. Trust FV at grocery store	3.57	-6.61-3.06	3.73 ± 1.01	0.41	
17. FV are of good quality at grocery store	4.15	-8.43-3.27	3.78 ± 0.96	0.41	
18. FV taste good at grocery store	2.26	-5.57-1.86	3.94 ± 0.86	6.91	
Family likes FV from grocery store (Excluded from final survey)	0.63	-3.60-0.66	3.91 ± 1.08	12.20	
FV don't spoil before eating from grocery store (Excluded from final survey)	0.21	-2.28-2.06	3.03 ± 1.17	6.50	

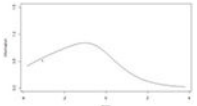
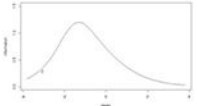
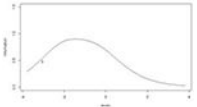
Appendix Table 4.: Item Response Theory parameters and descriptives for the preliminary healthy home food availability scale

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
19. FV at home	4.26	-10.23-1.23	3.93 ± 1.05	1.22	
20. Lean meats at home	1.78	-4.65-0.96	3.89 ± 1.06	2.03	
21. Whole grains at home	1.46	-3.37-1.15	3.56 ± 1.23	2.85	

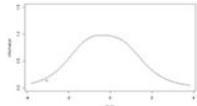
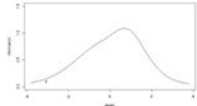
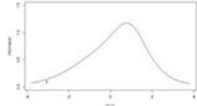
Appendix Table 5.: Item Response Theory parameters and descriptives for the preliminary unhealthy home food availability scale

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
22. Sweets at home	1.80	-3.29-3.24	2.94 ± 1.08	2.85	
23. Sugary drinks at home	3.28	-2.45-4.39	2.66 ± 1.31	2.03	
24. Regular chips at home	2.57	-3.04-4.18	2.72 ± 1.17	2.44	

Appendix Table 6.: Item Response Theory parameters and descriptives for the healthy food pantry availability scale

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
25. FV at pantry	2.31	-6.72-0.47	4.04 ± 1.00	2.44	
26. Lean meats at pantry	2.80	-5.23-1.08	3.85 ± 1.15	3.25	
27. Whole grains at pantry	2.83	-6.35-0.98	3.91 ± 1.06	2.44	

Appendix Table 7.: Item Response Theory parameters and descriptives for the unhealthy food pantry availability scale

Item	Slope parameter	Threshold parameter spread	Mean ± SD	Percent missing	Item Information Curve (IIC)
28. Sweets at pantry	3.05	-3.70-2.50	3.22 ± 1.30	2.85	
29. Sugary drinks at pantry	6.36	-5.60-5.79	2.87 ± 1.32	3.25	
30. Regular chips at pantry	3.81	-3.38-4.06	2.75 ± 1.32	4.47	

Appendix 8.: Final survey in English

Final FRESH Foods Survey items assessed in this study

PROMPT: The following questions ask about fruits and vegetables. There are lots of things that keep people from eating more fruits and vegetables. Please select how true each of these are for YOU.

1. I would eat more fruits and vegetables if they took less time to prepare.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

2. I would eat more fruits and vegetables if I knew how to choose FRESH fruits and vegetables.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

3. I would eat more fruits and vegetables if I knew how to cook or prepare them.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

4. I would eat more fruits and vegetables if they were more filling.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

5. I would eat more fruits and vegetables if the restaurants I go to would serve them.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

6. I would eat more fruits if they didn't contain too much sugar for me.

- Strongly disagree
- Disagree
- Neither agree nor disagree

- Agree
- Strongly agree
- Does not apply to me

7. I would eat more fruits and vegetables if I thought about them more when looking for something to eat.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

8. I would eat more fruits and vegetables if they did not cost too much money.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

PROMPT: For the following questions, please think about THIS FOOD PANTRY or the place you are now. Please think back over your experiences here, and answer these questions for THIS FOOD PANTRY.

9. I enjoy trying NEW fruits and vegetables that I have not tried before from THIS FOOD PANTRY.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

10. The fruits and vegetables at THIS FOOD PANTRY are ones that I am used to eating.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

11. I trust the fruits and vegetables from THIS FOOD PANTRY.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

12. The fruits and vegetables at THIS FOOD PANTRY are of good quality.

- Strongly disagree

- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

13. I think the fruits and vegetables from THIS FOOD PANTRY taste good.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

PROMPT: For the following questions, please think about the GROCERY STORE where you purchase most of your fruits and vegetables. This may include places such as supermarkets, corner stores, discount superstores, farmer's markets, or similar stores.

DO NOT include food you received from a food pantry, feeding program, or a food bank.

14. I enjoy trying NEW fruits and vegetables from the GROCERY STORE.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

15. The fruits and vegetables at the GROCERY STORE are ones that I am used to eating.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

16. I trust the fruits and vegetables from the GROCERY STORE.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

17. The fruits and vegetables from the GROCERY STORE are of good quality.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Does not apply to me

18. I think fruits and vegetables from the GROCERY STORE taste good.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Does not apply to me

PROMPT: For the following questions, please think about the foods and drinks available IN YOUR HOME (or the place where you lived the most of the time) during the PAST THREE MONTHS.

19. FRUITS AND/OR VEGETABLES. COUNT fresh, frozen, canned, and dried fruit and/or vegetables.

- Never
- Rarely
- Sometimes
- Often
- Always

20. LEAN MEATS such as poultry (chicken, turkey, etc.), seafood (not fried), 90% or above lean ground beef, and canned chicken or tuna.

- Never
- Rarely
- Sometimes
- Often
- Always

21. WHOLE GRAINS such as 100% whole grain/whole wheat bread, oatmeal, whole grain/whole wheat pasta, and brown rice. DON'T COUNT white rice, regular pasta, or white bread.

- Never
- Rarely
- Sometimes
- Often
- Always

22. SWEETS like candy, cookies, cake, and ice cream.

- Never
- Rarely
- Sometimes
- Often
- Always

23. SUGARY DRINKS like regular soda, sports drinks, fruit drinks, sweetened teas, and other drinks with added sugar.

- Never
- Rarely
- Sometimes
- Often

Always

24. Regular potato CHIPS, corn chips, or cheese puffs like Lays, Doritos, and Cheetos.

- Never
- Rarely
- Sometimes
- Often
- Always

PROMPT: During the PAST 3 MONTHS, how often were the following foods and drinks available at THIS FOOD PANTRY? **Include all foods and drinks** available whether you select them or not.

25. FRUITS AND/OR VEGETABLES. COUNT fresh, frozen, canned, and dried fruit and/or vegetables.

- Never
- Rarely
- Sometimes
- Often
- Always

26. LEAN MEATS such as poultry (chicken, turkey, etc.), seafood (not fried), 90% or above lean ground beef, and canned chicken or tuna.

- Never
- Rarely
- Sometimes
- Often
- Always

27. WHOLE GRAINS such as 100% whole grain/whole wheat bread, oatmeal, whole grain/whole wheat pasta, and brown rice. DON'T COUNT white rice, regular pasta, or white bread.

- Never
- Rarely
- Sometimes
- Often
- Always

28. SWEETS like candy, cookies, cake, and ice cream.

- Never
- Rarely
- Sometimes
- Often
- Always

29. SUGARY DRINKS like regular soda, sports drinks, fruit drinks, sweetened teas, and other drinks with added sugar.

- Never
- Rarely
- Sometimes
- Often
- Always

30. Regular potato CHIPS, corn chips, or cheese puffs like Lays, Doritos, and Cheetos.

- Never
- Rarely
- Sometimes
- Often
- Always

PROMPT: Please indicate how much you agree or disagree with the following statement.

31. I feel confident in my ability to eat fruits and vegetables every day.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Does not apply to me

PROMPT: The following questions ask about what you DRANK DURING THE PAST week. Be sure to count what you drank at home, work, restaurants, or anywhere else.

32. DURING THE PAST WEEK, how many times did you drink SWEETENED FRUIT DRINKS and TEAS like Capri Sun, Sunny D, Arizona Tea, Kool-Aid, or other sweetened fruit drinks or teas.

DON'T COUNT 100% pure fruit juice or zero calorie or diet drinks.

- I did not drink any sweetened fruit drinks or teas during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

33. DURING THE PAST WEEK, how many times did you drink 100% PURE FRUIT JUICE like orange, apple, grape, or other 100% fruit juice.

DON'T COUNT fruit-flavored drinks with added sugar like Capri Sun, Sunny D, or other fruit-flavored drinks.

- I did not drink any 100% fruit juice during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

34. DURING THE PAST WEEK, how many times did you drink regular SODA or pop like Coke, Pepsi, Sprite, Dr. Pepper, or other regular soda?

DON'T COUNT diet or zero calorie sodas.

- I did not drink any soda or pop during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day

- 2 times a day
- 3 or more times a day

35. DURING THE PAST WEEK, how many times did you drink ENERGY DRINKS like Rockstar, Red Bull, or other energy drinks? These drinks usually have caffeine and added sugar.

DON'T COUNT diet or zero calorie energy drinks.

- I did not drink any energy drinks during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

36. DURING THE PAST WEEK, how many times did you drink SPORTS DRINKS like Gatorade, Powerade, or other sports drinks?

DON'T COUNT low-calorie or diet sports drinks like G2, Powerade Zero, or other low-calorie sports drinks.

- I did not drink any sports drinks during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

37. DURING THE PAST WEEK, how many times did you drink any WATER that was not sweetened like tap water, filtered water, bottled water, sparkling water, or carbonated water?

- I did not drink any water during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

38. DURING THE PAST WEEK, how many times did you drink non-flavored or non-sweetened almond milk, soy milk, rice milk, or some other type of milk that comes from a plant (or have it on your cereal)?

COUNT any non-flavored or non-sweetened milk that comes from a plant such as almonds, soy, rice, etc.

DON'T COUNT cow's milk of any type (e.g., skim, 1%, 2%, or whole milk, etc.) OR small amounts of milk added to coffee or tea.

- I did not drink any plant-based milk during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

39. DURING THE PAST WEEK, how many times did you drink MILK (or have it on your cereal)?

COUNT regular, white cow's milk, skim, 1%, 2%, or whole milk.

DON'T COUNT flavored or sweetened milk OR small amounts of milk added to coffee or tea.

- I did not drink any milk during the past week
- 1-3 times in the past week
- 4-6 times in the past week

- 1 time a day
- 2 times a day
- 3 or more times a day

PROMPT: The following questions (43-62) are about foods you normally eat. Think about the foods you ate DURING THE PAST WEEK including all the meals and snacks you ate from the time you got up until you went to bed. Be sure to count foods you ate at home, work, restaurants, or anywhere else.

40. DURING THE PAST WEEK, how many times did you eat FRUIT like apples, bananas, oranges, melon, or any other fruit?

COUNT fresh, frozen, canned, and dried fruit.

DON'T COUNT juices.

- I did not eat any fruit during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

41. DURING THE PAST WEEK, how many times did you eat GREEN SALAD with lettuce and with or without other vegetables?

- I did not eat any green salad during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

42. DURING THE PAST WEEK, how many times did you eat FRIED POTATOES like French fries, tater tots, hash brown potatoes, or other fried potatoes?

- I did not eat any fried potatoes during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

43. DURING THE PAST WEEK, how many times did you eat any OTHER KIND OF POTATOES that aren't fried like baked, boiled, mashed, or potatoes used in soups and stews?

- I did not eat any other types of potatoes during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

44. DURING THE PAST WEEK, how many times did you eat VEGETABLES that are not deep-fried? These are vegetables like carrots, broccoli, collards, green beans, corn, or other vegetables that are not deep-fried. COUNT canned, frozen, or fresh vegetables.

ALSO COUNT vegetables that are raw, boiled, broiled, baked, grilled, stir-fried, or microwaved.

- I did not eat any non-fried vegetables during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

45. DURING THE PAST WEEK, how many times did you eat COOKED BEANS, like refried beans, baked beans, pinto beans, black beans, or other cooked beans?

COUNT canned or dry beans.

DON'T COUNT green beans or string beans.

- I did not eat any cooked beans during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

46. DURING THE PAST WEEK, how many times did you eat PIZZA like frozen, fast food, or homemade pizza?

- I did not eat any pizza during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

47. DURING THE PAST WEEK, how many times did you eat tacos, burritos, nachos, or other dishes like these?

- I did not eat any of these dishes during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

48. DURING THE PAST WEEK, how many times did you eat foods that you HEAT AND SERVE or ones that you make from a box like macaroni and cheese, Hamburger Helper, fried mozzarella sticks, Hot Pockets, TV dinners, frozen meals, or other heat and serve meals?

- I did not eat any foods that you heat and serve during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

49. DURING THE PAST WEEK, how many times did you eat PROCESSED MEAT like bologna or other kinds of lunch-meat, deli-meat, hot dogs, bacon, or other processed meat?

- I did not eat any processed meat during the past week
- 1-3 times in the past week

- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

50. DURING THE PAST WEEK, how many times did you eat HAMBURGERS OR CHEESEBURGERS?
COUNT homemade burgers, burgers from a restaurant, or fast food burgers like Big Macs, Whoppers, or other burgers.

- I did not eat any hamburgers or cheeseburgers during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

51. DURING THE PAST WEEK, how many times did you eat FRIED CHICKEN like chicken nuggets, breaded chicken strips, or breaded chicken patties?
COUNT fried chicken that is homemade, from a restaurant, or fast food such as Popeye's, KFC, and other fried chicken.

- I did not eat any fried chicken during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

52. DURING THE PAST WEEK, how many times did you eat WHOLE GRAIN BREAD like whole grain toast, whole grain rolls, or whole grain sandwich bread?

COUNT 100% whole wheat, rye, and pumpernickel bread and other whole grain breads.
DON'T COUNT white bread.

- I did not eat any whole grain bread during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

53. DURING THE PAST WEEK, how many times did you eat COOKED WHOLE GRAINS like whole wheat pasta, oatmeal, brown rice, or other cooked whole grains?

DON'T COUNT white rice or regular pasta.

- I did not eat any cooked whole grains during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

54. DURING THE PAST WEEK, how many times did you eat any type of CANDY OR CHOCOLATE?

COUNT candy bars, lollipops/suckers, sour candies, and other candies or chocolates.

- I did not eat any candy or chocolate during the past week

- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

55. DURING THE PAST WEEK, how many times did you eat ice cream or other FROZEN DESSERTS like frozen yogurt, ice cream bars, or other frozen desserts?

DON'T COUNT sugar-free kinds.

- I did not eat any frozen desserts during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

56. DURING THE PAST WEEK, how many times did you eat cookies, cakes, cupcakes, donuts, brownies, pop-tarts, or other sugary snacks and dessert foods?

COUNT homemade sugary snacks and dessert foods or packaged treats like Little Debbie, Hostess, and other store-bought and homemade sugary snacks and dessert foods.

DON'T COUNT frozen desserts or sugar-free kinds.

- I did not eat any of these foods during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

57. DURING THE PAST WEEK, how many times did you eat regular potato chips, corn chips, or cheese puffs like Lays, Doritos, Cheetos, or other chips?

DON'T COUNT baked chips or pretzels.

- I did not eat any chips during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

58. DURING THE PAST WEEK, how many times did you eat SUGARY CEREALS like Cap'n Crunch, Froot Loops, Frosted Flakes, or other sugary cereals?

DON'T COUNT non-sugarcoated cereals like Shredded Wheat or regular Cheerios.

- I did not eat any sugary cereals during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

59. DURING THE PAST WEEK, how many times did you eat PLAIN NON-SUGARY CEREALS like regular Cheerios, Chex, Corn Flakes, or other breakfast cereals that are not as high in sugar?

DON'T COUNT sugary cereals like Froot Loops or Frosted Flakes, or other sugary cereals.

- I did not eat any non-sugary cereals during the past week
- 1-3 times in the past week
- 4-6 times in the past week
- 1 time a day
- 2 times a day
- 3 or more times a day

REFERENCES

1. Coleman-Jensen A, Rabbitt MP, Gregory CA et al. (2017) Household food security in the United States in 2016. U.S. Department of Agriculture. Economic Research Service.
2. Seligman HK, Laraia BA, & Kushel MB (2010) Food insecurity is associated with chronic disease among low-income NHANES participants. *J Nutr* 140, 304–310. [PubMed: 20032485]
3. Gundersen C & Ziliak JP (2015) Food insecurity and health outcomes. *Health Aff* 34, 1830–1839.

4. Simmet A, Depa J, Tinnemann P et al. (2017) The dietary quality of food pantry users: A systematic review of existing literature. *J Acad Nutr Diet* 117, 563–576. [PubMed: 27727100]
5. Weinfield NS, Mills G, Borger C et al. (2014) Hunger in America 2014: National report prepared for Feeding America. Washington DC: Westat and the Urban Institute.
6. Dinour LM, Bergen D, & Yeh MC (2007) The food insecurity–obesity paradox: A review of the literature and the role food stamps may play. *J Am Diet Assoc* 107, 1952–1961. [PubMed: 17964316]
7. Nicholson LM, Schwirian PM, Klein EG et al. (2011) Recruitment and retention strategies in longitudinal clinical studies with low-income populations. *Contemp Clin Trials* 32, 353–362. [PubMed: 21276876]
8. Kicinski LR (2012) Characteristics of short and long-term food pantry users. *Michigan Sociological Review* 1, 58–74.
9. Kirkpatrick SI, Reedy J, Butler EN et al. (2014) Dietary assessment in food environment research: A systematic review. *Am J Prev Med* 46, 94–102 [PubMed: 24355678]
10. Nebeling LC, Hennessy E, Oh AY et al. (2017) The FLASHE study: Survey development, dyadic perspectives, and participant characteristics. *Am J Prev Med* 52, 839–848. <http://cancercontrol.cancer.gov/brp/hbrb/flashe.html>. [PubMed: 28526360]
11. Erinsho TO, Pinard CA, Nebeling LC et al. (2015) Development and implementation of the National Cancer Institute’s Food Attitudes and Behaviors Survey to assess correlates of fruit and vegetable intake in adults. *PLoS One* 10, e0115017 <https://cancercontrol.cancer.gov/brp/hbrb/fab/index.html> [PubMed: 25706120]
12. Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey: Dietary Screener Questionnaire. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, NHANES 2009–10, <https://epi.grants.cancer.gov/nhanes/dietscreen/>.
13. Gordon W (2005) Cognitive interviewing: A tool for improving questionnaire design. Thousand Oaks, CA Sage.
14. Kushi LH, Byers T, Doyle C et al. (2012) American Cancer Society guidelines on nutrition and physical activity for cancer prevention: Reducing the risk of cancer with healthy food choices and physical activity. *CA Cancer J Clin* 62, 30–67. [PubMed: 22237782]
15. World Cancer Research Fund & American Institute for Cancer Research. (2007) Food, nutrition, physical activity, and the prevention of cancer: A global perspective.
16. U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015) Scientific report of the 2015 Dietary Guidelines Advisory Committee.
17. Park S & Pan LA. (2014) Data user’s guide to the BRFSS sugar-sweetened beverage questions: How to analyze consumption of sugar-sweetened beverages Behavioral Risk Factor Surveillance System. Centers for Disease Control and Prevention.
18. Montoye AH, Pfeiffer KA, Alaimo K et al. (2013) Junk food consumption and screen time: association with childhood adiposity. *Am J Health Behav* 37, 395–403. [PubMed: 23985186]
19. Perrine CG, Galuska DA, Thompson FE et al. (2014) Breastfeeding duration is associated with child diet at 6 years. *Pediatrics* 134, S50–S55. [PubMed: 25183756]
20. Thompson FE, Kipnis V, Midthune D et al. (2008) Performance of a food-frequency questionnaire in the us NIH–AARP (National Institutes of Health–American Association of Retired Persons) Diet and Health Study. *Public Health Nutr* 11, 183–195. [PubMed: 17610761]
21. Edelen MO & Reeve BB (2007) Applying item response theory (IRT) modeling to questionnaire development, evaluation, and refinement. *Qual Life Res* 16, 5–18. [PubMed: 17375372]
22. Yaroch AL, Byker C, Pinard CA et al. (2012) Advances in methodologies for assessing dietary intake and physical activity among adolescents. *Adolescent Medicine: State of the Art Reviews* 23, 610–630. [PubMed: 23437690]
23. Thompson FE & Byers T (1994) Dietary assessment resource manual. *J Nutr* 124, S2245–S2317.
24. Magarey A, Watson J, Golley RK et al. (2011) Assessing dietary intake in children and adolescents: Considerations and recommendations for obesity research. *Int J Pediatr Obes* 6, 2–11.

25. Garcia MT, Sato PM, Trude AC et al. (2018) Factors associated with home meal preparation and fast-food sources use among low-income urban African American adults. *Ecol Food Nutr*, 57, 13–31. [PubMed: 29227695]
26. Van Duyn MA, Kristal AR, Dodd K et al. (2001) Association of awareness, intrapersonal and interpersonal factors, and stage of dietary change with fruit and vegetable consumption: A national survey. *Am J Health Promot* 16, 69–78. [PubMed: 11727591]
27. Shaikh AR, Yaroch AL, Nebeling L et al. (2008) Psychosocial predictors of fruit and vegetable consumption in adults: A review of the literature. *Am J Prev Med* 34, 535–543. [PubMed: 18471592]
28. Kelly S, Martin S, Kuhn I et al. (2016) Barriers and facilitators to the uptake and maintenance of healthy behaviours by people at mid-life: A rapid systematic review. *PLoS One* 11, e0145074. [PubMed: 26815199]
29. Boutelle KN, Fulkerson JA, Neumark-Sztainer D et al. (2007) Fast food for family meals: Relationships with parent and adolescent food intake, home food availability and weight status. *Public Health Nutr* 10, 16–23. [PubMed: 17212838]
30. Trapp GS, Hickling S, Christian HE et al. (2015) Individual, social, and environmental correlates of healthy and unhealthy eating. *Health Educ Behav* 42, 759–768. [PubMed: 25842383]
31. Caspi CE, Kawachi I, Subramanian SV et al. (2012) The relationship between diet and perceived and objective access to supermarkets among low-income housing residents. *Soc Sci Med* 75, 1254–1262. [PubMed: 22727742]

Table 1.

Sample characteristics of participants recruited from food pantries in Atlanta, Buffalo, and San Diego (n=246)

Demographics		Socioeconomic characteristics	
Sex		Housing situation	
Female	68.3%	Homeless or non-stable housing ^a	35.4%
Male	31.7%	Renters	42.1%
Race/ethnicity		Homeowners	22.5%
White, non-Hispanic	35.8%	Marital status	
Black, non-Hispanic	34.2%	Married or living with partner	32.7%
Hispanic/Latino(a)	15.0%	Single or not living with partner	67.3%
Asian, non-Hispanic	9.8%	Educational attainment	
Other/multi-racial/ethnic	5.3%	Less than high school	22.0%
Age (years)		High school or equivalent	30.1%
21-35	14.2%	Some college	18.7%
36-45	11.7%	2-year or 4-year degree, or higher	29.3%
46-55	21.3%	Employment	
56-65	30.4%	Unemployed	36.7%
66+	22.5%	Not employed due to circumstances ^b	45.7%
People in household		Temporary or part-time	9.8%
1	40.8%	Full-time	7.8%
2-4	33.1%	Annual household income	
5 or more	26.1%	\$0.00 - \$5,000	33.3%
Children in household		\$5,001 - \$25,000	54.9%
0	68.3%	\$25,001 or more	11.8%
1	8.9%	SNAP^c participant	
2 or more	22.8%	WIC^d Participant	

^a: Homeless, no regular housing/shelter, hotel/motel, group home/transitional housing, friend's or family's place, or subsidized housing

^b: Retired, disabled, a full-time homemaker/stay-at-home parent, or a full-time student

^c: Supplemental Nutrition Assistance Program, formerly known as the "Food Stamp Program"

^d: Special Supplemental Nutrition Program for Women, Infants, and Children

Table 2.

Description of final scales following psychometric assessment and refinement (n=246)

Scales	Item Count	Mean ± SD	Score Range	Highest Eigenvalue	Discrimination (α) range	Difficulty (β) range	Cronbach's alpha
Fruit and vegetable barriers	8	2.3 ± 0.9	1-5	4.71	1.26-3.02	-1.44-5.94	0.88
Attitudes on food pantry fruits and vegetables	5	3.9 ± 0.7	1-5	3.67	1.59-5.81	-14.64-5.81	0.88
Attitudes on grocery store fruits and vegetables	5	3.8 ± 0.8	1-5	3.47	1.59-4.16	-8.57-4.16	0.83
Healthy home food availability	3	2.8 ± 0.9	0-4	2.07	1.46-4.26	-10.23-1.23	0.71
Unhealthy home food availability	3	1.8 ± 1.0	0-4	2.20	1.80-3.28	-3.29-4.39	0.78
Healthy food pantry availability	3	2.9 ± 0.9	0-4	2.29	2.31-2.83	-6.72-1.08	0.77
Unhealthy food pantry availability	3	1.9 ± 1.2	0-4	2.61	3.05-6.36	-5.6-4.06	0.90

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Table 3.

Spearman's correlation matrix showing the linear relationships between survey scales or items and daily intake frequency of six food or beverage groups (n=246)

Survey scales and items	Fruits & vegetables	Junk foods	Fast foods and similar entrees	Whole grain foods	Sugar-sweetened beverages	Milk and milk-alternatives
Fruit and vegetable barriers	-0.055	0.301	0.420	-0.026	0.369	0.094
<i>p-value</i>	<i>0.452</i>	<i><0.001*</i>	<i><0.001*</i>	<i>0.719</i>	<i><0.001*</i>	<i>0.201</i>
Attitudes on food pantry fruits and vegetables	0.203	-0.044	0.012	0.040	0.067	0.031
<i>p-value</i>	<i>0.004*</i>	<i>0.539</i>	<i>0.864</i>	<i>0.574</i>	<i>0.356</i>	<i>0.661</i>
Attitudes on grocery store fruits and vegetables	0.102	-0.032	-0.045	-0.023	-0.065	-0.013
<i>p-value</i>	<i>0.119</i>	<i>0.634</i>	<i>0.506</i>	<i>0.729</i>	<i>0.330</i>	<i>0.843</i>
Healthy home food availability	0.189	-0.043	-0.183	0.218	-0.211	0.033
<i>p-value</i>	<i>0.004*</i>	<i>0.523</i>	<i>0.006*</i>	<i>0.001*</i>	<i>0.002*</i>	<i>0.619</i>
Unhealthy home food availability	-0.078	0.486	0.419	-0.078	0.416	-0.009
<i>p-value</i>	<i>0.239</i>	<i><0.001*</i>	<i><0.001*</i>	<i>0.244</i>	<i><0.001*</i>	<i>0.888</i>
Healthy food pantry availability	0.140	0.002	0.041	-0.022	0.002	0.103
<i>p-value</i>	<i>0.046*</i>	<i>0.977</i>	<i>0.569</i>	<i>0.759</i>	<i>0.974</i>	<i>0.150</i>
Unhealthy food pantry availability	0.145	0.193	0.155	-0.069	0.120	0.033
<i>p-value</i>	<i>0.041*</i>	<i>0.008*</i>	<i>0.034*</i>	<i>0.336</i>	<i>0.101</i>	<i>0.651</i>
Fruit and vegetable self-efficacy	0.168	-0.050	-0.044	0.073	-0.144	0.092
<i>p-value</i>	<i>0.011*</i>	<i>0.460</i>	<i>0.513</i>	<i>0.273</i>	<i>0.033*</i>	<i>0.169</i>

* = statistically significant at the <0.05 alpha level

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