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MEAL DELIVERY PROGRAM
PARENT QUESTIONNAIRE SUMMER 2012 (ROUND 2)

**INTRODUCTION**

**NOTE:** Interviews will be conducted with primary care giver or other adult who can answer questions about children in the household.

**INTRO1:** Hello, may I speak to [NAME OF ADULT WHO COMPLETED YEAR 1 SURVEYS]?

Yes/speaking or available 🡪 START

No 🡪 schedule call-back

**START:** My name is \_\_\_\_ and I’m calling on behalf of the [PROGRAM]. We contacted you in 2011 on [R1 COMPLETION DATE] and [R2 COMPLETION DATE] to ask you some questions about [PROGRAM]. Thank you so much for your earlier participation in our study. To understand how people’s experiences with [PROGRAM] change over time, we’d like to complete another interview with you now. The interview takes about 30 minutes to complete. Your participation in this survey is voluntary. You have the right to stop at any time or skip questions. All your answers are confidential and the information you provide will not be identified by your name. You will receive (INCENTIVE) as a thank you for completing the survey.

 Your answers to our survey questions will provide [PROGRAM] with important information to help improve its services. Any information you provide will remain confidential.

**ASK FIRST SURVEY QUESTION.**

Participation In Summer Food Service Program and Demonstration Projects

For this survey, when I say household I mean your family and other people who live in your household and with whom you share food and food expenses.

1. Thinking about your household please tell me the first name and age of all people in your household who received a meal delivery from (NAME OF MEAL DELIVERY PROGRAM).

|  |  |
| --- | --- |
| **Name** | **Age (years)** |
|  |  |
|  |  |
|  |  |
|  |  |

2. Was the meal delivery:

At home 1

Drop-off site 2

REFUSED 77

DON’T KNOW 99

For Home Delivery

3. How often do you receive meal delivery for (NAME OF CHILD)?

Everyday 1

Once every week 2

Other specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3

REFUSED 77

DON’T KNOW 99

4. How many (days/weeks) did the (NAME OF PROGRAM) deliver meals for \_\_\_\_\_\_\_\_\_\_ (NAME OF CHILD) at your home?

June: |\_\_\_|\_\_\_| weeks

July: |\_\_\_|\_\_\_| weeks

August: |\_\_\_|\_\_\_| weeks

5. Did you or someone else have to be home at the time of meal delivery?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

6. Did you have to sign a (FORM OR SLIP) each time you received the meal delivery?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

7. Were you satisfied with the schedule of meal delivery?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

For Meal Delivery at a Drop-Off Site

8. How far do you have to travel to pick up the meals from (NAME OF PROGRAM)?

One mile or less 1

More than one mile 2

REFUSED 77

DON’T KNOW 99

9. Who usually picks up the meals? (CHECK ALL THAT APPLY)

Parent 1

Sibling 2

Relative 3

Child himself/herself 4

Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ 5

REFUSED 77

DON’T KNOW 99

10. Did you have to sign a (FORM OR SLIP) each time you picked up the meal?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

11. Was there ever an occasion when the meal wasn’t picked up?

Yes 1 GO TO Q. 12

No 2 GO TO Q. 13

REFUSED 77 GO TO Q. 13

DON’T KNOW 99 GO TO Q. 13

12. Please tell me if the meals were not picked up on one or more occasion because…

**INTERVIEWER: Check all that apply.**

It takes too long to get to the drop-off site 1

You did not have transportation to get to the drop-off site 2

The timing of meal pick up is not conveniet for you 3

There is a long wait to pick up a meal 4

Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5

REFUSED 77

DON’T KNOW 99

MEALS ALWAYS PICKED UP, DOES NOT APPLY 88

FOR MEAL DELIVERY AT HOME AND DROP-OFF SITE

13. How did you find out about the meal delivery program?

Flyer 1

Brochure 2

Newsletter 3

Word of mouth 4

Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5

REFUSED 77

DON’T KNOW 99

SFSP Meal Description, Consumption, Sharing and Wastage

Now I am going to ask you some questions about the meals that your children received through (NAME OF THE PROGRAM)

14. Now please think about the most meal delivery you received. What foods were provided?

**INTERVIEWER: Do not read, check all that apply.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Person** | **Milk** | **Fruit** | **Juice** | **Vegetables** | **Bread/****Grains** | **Meat** | **Meat alternate (e.g., beans, tofu)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

15. Thinking about all the food that was provided in the meal delivery, can you tell me where (NAME OF FOOD) was stored or kept at home?

**INTERVIEWER: Do not read, check all that apply.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Food** | **Fridge** | **Pantry** | **Kitchen counter** | **Child’s room** | **Other, specify** | **Refused** | **DK** |
| Milk |  |  |  |  |  |  |  |
| Fruit |  |  |  |  |  |  |  |
| Fruit Juice |  |  |  |  |  |  |  |
| Vegetable |  |  |  |  |  |  |  |
| Bread/Grains |  |  |  |  |  |  |  |
| Meat |  |  |  |  |  |  |  |
| Meat Alternate (such as beans) |  |  |  |  |  |  |  |

16. For this question, please tell me how often your children (or others who received the meal delivery) ate or drank the (NAME OF FOOD)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How many always** | **Always** | **Most of the time** | **Sometimes** | **Rarely** | **Never** | **Refused** | **DK** |
| Drank Milk |  |  |  |  |  |  |  |
| Ate Fruit |  |  |  |  |  |  |  |
| Drank Fruit Juice |  |  |  |  |  |  |  |
| Vegetable |  |  |  |  |  |  |  |
| Bread/Grains |  |  |  |  |  |  |  |
| Meat |  |  |  |  |  |  |  |
| Meat alternate (e.g., beans, tofu) |  |  |  |  |  |  |  |

17. Did any of the PEOPLE in your household share (NAME OF FOOD) from the meal delivery with each other, other children in the household who did not receive a meal delivery, adults in the household, friends, or others?

|  |  |
| --- | --- |
| **Food** | **Share (NAME OF FOOD)** |
| **Yes** | **No** | **Refused** | **DK** |
| Milk |  |  |  |  |
| Fruit |  |  |  |  |
| Fruit Juice |  |  |  |  |
| Vegetable |  |  |  |  |
| Bread/Grains |  |  |  |  |
| Meat |  |  |  |  |
| Meat alternate (e.g., beans, tofu) |  |  |  |  |

18. If yes to Q.17 (for each food), who did they share (NAME OF FOOD) it with?

|  |  |
| --- | --- |
| **Food** | **Who was (NAME OF FOOD) shared with?** |
| **Other children who also get a meal delivery** | **Other children who don’t get a meal delivery** | **Adults in the household** | **Friends** | **Pet** | **Other, Specify** | **Refused** | **DK** |
| Milk |  |  |  |  |  |  |  |  |
| Fruit |  |  |  |  |  |  |  |  |
| Fruit Juice |  |  |  |  |  |  |  |  |
| Vegetable |  |  |  |  |  |  |  |  |
| Bread/Grains |  |  |  |  |  |  |  |  |
| Meat |  |  |  |  |  |  |  |  |
| Meat alternate (e.g., beans, tofu) |  |  |  |  |  |  |  |  |

19. Were there any foods in the meal delivery package that were not eaten by anyone?

Yes 1 GO TO # 20

No 2 GO TO # 21

REFUSED 77 GO TO # 21

DON’T KNOW 99 GO TO # 21

20. I am going to ask you about the foods that were left over. Which foods were left over? What was the reason for not eating these foods? Whatht was done with the food?

|  |  |  |
| --- | --- | --- |
| **Food** | **Why was (food not eaten)** | **What was done with food?\*** |
| Milk |  |  |
| Fruit |  |  |
| Fruit Juice |  |  |
| Vegetable |  |  |
| Bread/Grains |  |  |
| Meat |  |  |
| Meat alternate (e.g., beans, tofu) |  |  |

**\*Codes for what was done with food**

Thrown away 1

Returned to drop-off site 2

Given away to friend/neighbor 3

Saved for later 4

Other, specify 5

REFUSED 77

DON’T KNOW 99

Parent Satisfaction with SFSP Demonstration and Meals

Now I am going to ask you a few questions about your impression of the meals included in the meal delivery.

21. How would you describe the meals that are provided? Would you say the meals are healthy, somewhat healthy, or not at all healthy?

Very healthy 1

Somewhat healthy 2

Not at all healthy 3

REFUSED 77

DON’T KNOW 99

For the next few questions, please tell me if you agree strongly, agree, neither agree nor disagree, disagree, or disagree strongly with these statements.

22. The delivery package generally include a variety of foods. Would you say you ...

Agree strongly 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Disagree strongly 5

REFUSED 77

DON’T KNOW 99

23. The delivery package foods are convenient to eat. Would you say you …

Agree strongly 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Disagree strongly 5

REFUSED 77

DON’T KNOW 99

24. People who get the meal delivery in my household like the foods provided in the package. Would you say you …

Agree strongly 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Disagree strongly 5

REFUSED 77

DON’T KNOW 99

HH Food Security

The next questions are about the food eaten in your household in the last 30 days, which is (REFER TO START AND END DATE).

25. Which of these statements best describes the food eaten in your household in the last 30 days: —enough of the kinds of food (I/we) want to eat; —enough, but not always the kinds of food (I/we) want; —sometimes not enough to eat; or, —often not enough to eat?

Enough of the kinds of food we want to eat 1

Enough but not always the kinds of food we want 2

Sometimes not enough to eat 3

Often not enough to eat 4

REFUSED 77

DON’T KNOW 99

Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 30 days—that is, since last (name of current month).

26. The first statement is “(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.” Was that often true, sometimes true, or never true for (you/your household) in the last 30 days?

Often true 1

Sometimes true 2

Never true 3

REFUSED 77

DON’T KNOW 99

27. “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

Often true 1

Sometimes true 2

Never true 3

REFUSED 77

DON’T KNOW 99

28. “(I/we) couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

Often true 1

Sometimes true 2

Never true 3

REFUSED 77

DON’T KNOW 99

Screener **for Stage 2 Adult-Referenced Questions:** If affirmative response (i.e., “often true” or “sometimes true”) to one or more of Questions 26-28, OR, response [3] or [4] to question 25, then continue to ***Adult Stage 2;*** otherwise, skip to ***Child Stage 1.***

Adult Stage 2

29. In the last 30 days, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

30. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

**INTERVIEWER: If needed, did that happen on 3 or more days? Y/N**

|\_\_\_|\_\_\_| days

Enter Number

REFUSED 77

DON’T KNOW 99

31. In the last 30 days, did you ever eat less than you felt you should because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

32. In the last 30 days, were you every hungry but didn’t eat because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

33. In the last 30 days, did you lose weight because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

**Screener for Stage 3 Adult-Referenced Questions:** If affirmative response to one or more of questions 29 through 33, then continue to ***Adult Stage 3;*** otherwise skip to ***Child Stage 1.***

Adult Stage 3

34. In the last 30 days, did (you/you or other adults in your household) ever not eat for a whole day because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

35. [IF YES ABOVE, ASK] In the last 30 days, how many days did this happen?

**INTERVIEWER: If needed, did that happen on 3 or more days? Y/N**

|\_\_\_|\_\_\_| days

Enter Number

REFUSED 77

DON’T KNOW 99

Child Stage 1:
ADMINISTER TO ALL HOUSEHOLDS WITH CHILDREN UNDER 18

Now I’m going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true in the last 30 days for (your child/children living in the household who are under 18 years old).

36. “(I/we) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

Often true 1

Sometimes true 2

Never true 3

REFUSED 77

DON’T KNOW 99

37. “(I/We) couldn’t feed (my/our) child/the children) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

Often true 1

Sometimes true 2

Never true 3

REFUSED 77

DON’T KNOW 99

38. “(My/Our child was/The children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 30 days?

Often true 1

Sometimes true 2

Never true 3

REFUSED 77

DON’T KNOW 99

**Screener for Stage 2 Child Referenced Questions:** If affirmative response (i.e., “often true” or “sometimes true”) to one or more of questions 36-38, then continue to ***Child Stage 2;*** otherwise skip to **Q.44**

Child Stage 2

39. In the last 30 days, since (current day) of last month, did you ever cut the size of (your child’s/any of the children’s) meals because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

40. In the last 30 days, did (CHILD’S NAME/any of the children) ever skip meals because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

41. [IF YES ABOVE ASK] In the last 30 days, how many days did this happen?

**INTERVIEWER: IF NEEDED, DID THAT HAPPEN ON 3 OR MORE DAYS? Y/N**

|\_\_\_|\_\_\_| days

Enter Number

REFUSED 77

DON’T KNOW 99

42. In the last 30 days, (was your child/were the children) ever hungry but you just couldn’t afford more food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

43. In the last 30 days, did (your child/any of the children) ever not eat for a whole day because there wasn’t enough money for food?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

44. Would you say that children in your household eat more balanced meals and healthy foods during the regular school year, during the summer, or about the same in the summer and the school year?

Regular school year 1

Summer 2

Eats about the same 77

REFUSED 77

DON’T KNOW 99

45. Thinking about the food available to (NAME OF CHILD) during summer and comparing it to the school year… (CHECK ONE BOX FOR EACH ROW)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **More in the summer** | **About the same in summer and school year** | **Less in the summer** | **DK** | **Refused** |
| Was the quantity of food available … |  |  |  |  |  |
| Was the variety of food available… |  |  |  |  |  |
| Was the amount of fruits and vegetables available … |  |  |  |  |  |
| Was the amount of meat available… |  |  |  |  |  |
| Was the amount of milk and milk products … |  |  |  |  |  |
| Children ate regular meals … |  |  |  |  |  |
| Children ate fast food … |  |  |  |  |  |

Participation in Other Nutrition Assistance Programs

The next few questions are about your household’s participation in other nutrition assistance programs.

46. Did your household receive SNAP or food stamp benefits in the past 30 days?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

47. Did anyone in your household receive assistance from the Women, Infant, and Children program – also known as the WIC program in the past 30 days?

Yes 1 GO TO #48

No 2 GO TO #50

REFUSED 77 GO TO #50

DON’T KNOW 99 GO TO #50

48. How many women participated in WIC in the past 30 days?

|\_\_\_|\_\_\_| women

Enter Number

REFUSED 77

DON’T KNOW 99

49. How many Infants and Children participated in WIC in the past 30 days?

|\_\_\_|\_\_\_| infants and children

Enter Number

REFUSED 77

DON’T KNOW 99

50. Did any children in your household attend the Head Start program or a preschool child care program where they get free meals in the past 30 days?

Yes 1 GO TO #51

No 2 GO TO #52

REFUSED 77 GO TO #52

DON’T KNOW 55 GO TO #52

51. How many children participated in Head Start or other preschool child care program in the past 30 days?

|\_\_\_|\_\_\_| children

Enter Number

REFUSED 77

DON’T KNOW 99

52. Did anyone in your household receive assistance from Meals on Wheels or the Senior Nutrition Progam in the past 30 days?

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

Perception of Change in Food Expenditure

Now I am going to ask you a couple of questions about the money you spend on food during the school year and summer.

53. Compared with the amount of money you spend on food each month during the school year, would you say you spend:

The same amount on food in the summer months 1

More on food in the summer months 2

Less on food in the summer months 3

REFUSED 77

DON’T KNOW 99

I’m going to read a statement to you. Please tell me how strongly you agree or disagree with the statement.

54. Because the people in my household participated in the summer food program, I spent less money on food during the summer months than if s/he had not particpated in the program. Do you …

Agree strongly 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Disagree strongly 5

REFUSED 77

DON’T KNOW 99

Household and Respondent Characteristics

We are almost done. The last few questions are about you and the people who live in your household.

55. Are you currently …?

Employed for wages 1

Self-employed 2

Out of work for more than 1 year 3

Out of work for less than 1 year 4

A homemaker 5

A student 6

Retired 7

Unable to work 8

REFUSED 77

DON’T KNOW 99

56. Not including yourself, how many adults in the household were employed full-time last week?

|\_\_\_|\_\_\_|

Enter Number

REFUSED 77

DON’T KNOW 99

57. Not including yourself, how many adults in the household were employed part-time last week?’

|\_\_\_|\_\_\_|

Enter Number

REFUSED 77

DON’T KNOW 99

58. Not including yourself, how many adults in the household were not employed last week?

|\_\_\_|\_\_\_|

Enter Number

REFUSED 77

DON’T KNOW 99

59. Is your annual household income from all sources:

Less than $25,000 1

**If yes, ask…**

Less than 20,000 2

**If yes, ask…**

Less than 15,000 3

**If yes, ask…**

Less than 10,000 4

**If NO to LESS THAN $25,000, ask…**

Less than 35,000 5

Less than 50,000 6

Less than 75,000 7

75,000 or more 8

REFUSED 77

DON’T KNOW 9

**END1:** Thank you so much for completing this interview. The information you provided will help administrators better understand and improve the [PROGRAM]. Thank you again for your time. Goodbye.