Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**SCHOOL YEAR PARENT QUESTIONNAIRE FALL 2011 (Round 2)**

**BACKPACK AND MEAL DELIVERY PROGRAM**

**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 ROUND 1]?

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 on [R1 COMPLETION DATE] to ask you some questions about [PROGRAM]. Thank you so much for your earlier participation in our study. Now that your child or children has/have been participating in this program for a few weeks, we’d like to ask you some more questions to get some current information about your experiences. 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 private 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 important [PROGRAM] with important information to help improve its services. Any information you provide will remain private.

**ASK FIRST SURVEY QUESTION.**

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.

**PARTICIPATION IN NSLP, SBP, AND AFTER SCHOOL PROGRAMS**

1. Thinking about your household please tell me the first name and age of all people in your household who are currently enrolled in school.

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

Now I am going to ask you a few questions about their participation in the school lunch and breakfast programs this year (IF NEEDED, SINCE FALL 2011).

1. Please tell me if (NAME) usually eats school lunch or brings a lunch from home? If person usually eats school lunch, ASK – And on how many days does (NAME) usually eat school lunch?

|  |  |  |
| --- | --- | --- |
| **Name of CHILD** | **Source of Lunch** | **Number of days ate school lunch** |
|  | **School** | **Home** | **DK** | **Refused** | **# DAYS** | **DK** | **Refused** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

1. Please tell me if (NAME) usually eats breakfast at home or school? If person usually eats school breakfast, ASK – And on how many days does (NAME) usually eat school breakfast?

|  |  |  |
| --- | --- | --- |
| **Name of CHILD** | **Source of breakfast** | **Number of days ate school breakfast** |
|  | **School** | **Home** | **DK** | **Refused** | **# DAYS** | **DK** | **Refused** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Please tell me if (NAME) participates in any after school program? If yes, do they provide any food? If yes, ASK – and on how many days does (NAME) usually eat the food at the after school program?

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of CHILD** | **Participate in after school program** | **Do they provide snacks?** | **If yes, number of days child eats snack at program?** |
|  | **YES** | **NO** | **DK** | **Refused** | **Yes** | **NO** | **DK** | **Refused** | **# DAYS** | **DK** | **Refused** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

1. Did the children (or others) in your household qualify to receive free or reduced price school lunches in the current year?

Yes 1 GO TO Q. 6

No 2 GO TO Q. 7

REFUSED 77 GO TO Q. 7

DON'T KNOW 99 GO TO Q. 7

1. How many children (or others) received free or reduced price lunch? \_\_\_\_\_\_\_\_\_\_\_\_\_

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

ENTER NUMBER

REFUSED 77

DK 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).

1. 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).

1. 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

DK 99

1. “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

DK 99

1. “(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

DK 99

Screener **for Stage 2 Adult-Referenced Questions:** If affirmative response (i.e., "often true" or "sometimes true") to one or more of Questions 8-10, OR, response [3] or [4] to question 7, then continue to ***Adult Stage 2;*** otherwise, skip to ***Child Stage 1.***

**Adult Stage 2**

1. 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

DK 99

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

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

ENTER NUMBER

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

REFUSED 77

DK 99

1. 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

1. 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

1. 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 11 through 15, then continue to ***Adult Stage 3;*** otherwise skip to ***Child Stage 1.***

**Adult Stage 3**

1. 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

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

|\_\_\_|\_\_\_| days **Y/N**

ENTER NUMBER

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

REFUSED 77

DK 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).

1. “(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

DK 99

1. “(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

DK 99

1. "(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

DK 99

**Screener for Stage 2 Child Referenced Questions:** If affirmative response (i.e., "often true" or "sometimes true") to one or more of questions 31-33, then continue to ***Child Stage 2;*** otherwise skip to **Q.40**

**Child Stage 2**

1. 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

1. 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

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

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

ENTER NUMBER

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

REFUSED 77

DK 99

1. 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

1. 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

1. 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

1. Thinking about the food available to (NAME OF PERSON) 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.

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

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

29. 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 #30

No 2 GO TO #32

REFUSED 77 GO TO #32

DON’T KNOW 99 GO TO #32

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

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

Enter Number

REFUSED 77

DON’T KNOW 99

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

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

Enter Number

REFUSED 77

DON’T KNOW 99

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

Yes 1

No 2

REFUSED 77

DON’T KNOW 99

33. 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

34. 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.

35. 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

DK 99

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

36. 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/they 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

DK 99

Household and Respondent Characteristics

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

37. 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

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

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

Enter Number

REFUSED 77

DON’T KNOW 99

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

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

Enter Number

REFUSED 77

DON’T KNOW 99

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

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

Enter Number

REFUSED 77

DON’T KNOW 99

41. 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 99

**END1**: Thank you so much for completing this interview. The information you provided will help administrators better understand and improve the [PROGRAM]. Because it is important to learn about people’s experiences after they have been in this program for a longer period of time, we’d like to call you again. Will this number [READ CURRENT PHONE NUMBER] the best number to call?

 Yes 🡪 END3

 No 🡪 Continue to END2

**END2**: What is the best number to call next time?

**END3:** In case we can’t reach you at this number, please tell me one or two other numbers where we might be able to contact you:

**END4**: Thank you again for your time. Goodbye.