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**MEAL DELIVERY PROGRAM
PARENT QUESTIONNAIRE SUMMER 2012 (ROUND 1)**

INTRODUCTION

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

FOR CONTINUING SAMPLE:

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 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 SUPPLEMENTAL SAMPLE

INTRO1: Hello, may I speak to [NAMED ADULT FROM SAMPLE FILE]?

Yes/speaking or available → Continue
No → INTRO4

INTRO2: My name is ____ and I'm calling on behalf of the [PROGRAM]. Our records show that one or more children from your household is taking part in this program and we'd like to ask you some questions about this. Are you familiar with your child(ren)'s participation in this program?

Yes → START
No → Continue

INTRO3: May I speak to an adult in this household who is familiar with this program?

Knowledgeable adult available → INTRO2 [TO NEW ADULT]
Adult not available → Collect first name and schedule call-back

INTRO4: My name is ____ and I'm calling on behalf of the [PROGRAM]. Our records show that one or more children from your household is taking part in this program and we'd like to ask you some questions about this. May I speak to an adult in this household who is familiar with this program?

Knowledgeable adult speaking or available → START
Adult not available → schedule call-back

START: 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.

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 MEAL DELIVERY AT HOME

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

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 PERSON) 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 #12
- No..... 2 GO TO #13
- REFUSED..... 77 GO TO #13
- DON'T KNOW..... 99 GO TO #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 convenient 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

14. Why did you enroll your children (others) to receive a meal delivery from (NAME OF PROGRAM)?

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)

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

INTERVIEWER: Do not read. Check all that apply

Name of Person	Milk	Fruit	Juice	Vegetable	Bread/ Grains	Meat	Meat alternate (e.g., beans, tofu)

16. Thinking about all the food that was provided in the meal delivery package, 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	Counter or Table	Child's Room	Other, specify	Refused	DK
Milk							
Fruit							
Fruit Juice							
Vegetable							
Bread/Grains							
Meat							
Meat alternate (e.g., beans, tofu)							

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

How many...	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)							

18. 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)				

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

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

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

- Yes..... 1 GO TO #21
- No..... 2 GO TO #22
- REFUSED..... 77 GO TO #22
- DON'T KNOW..... 99 GO TO #22

21. 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? What 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 FOODS

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

22. How would you describe the meals that are provided? Would you say the foods 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.

23. The delivery packages 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

24. 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

25. 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).

26. 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 <u>kinds</u> of food we want.....	2
Sometimes <u>not enough</u> to eat.....	3
<u>Often</u> 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).

27. 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

28. “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

29. "(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 27-29, OR, response [3] or [4] to question 26, then continue to **Adult Stage 2**; otherwise, skip to **Child Stage 1**.

ADULT STAGE 2

30. 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

31. [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

32. 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

33. 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

34. 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 25 through 29, then continue to **Adult Stage 3**; otherwise skip to **Child Stage 1**.

ADULT STAGE 3

35. 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

36. [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).

37. "(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

38. "(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

39. "(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 37-39, then continue to **Child Stage 2**; otherwise skip to **#45**.

CHILD STAGE 2

40. 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

41. 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

42. [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

43. 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

44. 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

45. 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

46. Thinking about the food available to (NAME OF CHILD/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 available ...					
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.

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

- Yes..... 1
- No..... 2
- REFUSED..... 77
- DON'T KNOW..... 99

48. 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 #49
- No..... 2 GO TO #51
- REFUSED 77 GO TO #51
- DON'T KNOW 99 GO TO #51

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

____|____| women
Enter Number

REFUSED..... 77
DON'T KNOW..... 99

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

____|____| infants and children
Enter Number

REFUSED..... 77
DON'T KNOW..... 99

51. 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 #52
No..... 2 GO TO #53
REFUSED 77 GO TO #53
DON'T KNOW 55 GO TO #53

52. 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

53. Did any children in your household receive free or reduced price school lunches in the past school year (i.e., in the winter or spring 2011)?

Yes..... 1 GO TO #54
No..... 2 GO TO #55
REFUSED 77 GO TO #55
DON'T KNOW 55 GO TO #55

54. How many children received free or reduced price lunch in the winter or spring 2011?

____|____| children
Enter Number

REFUSED..... 77

- DON'T KNOW..... 99
55. Did anyone in your household receive assistance from Meals on Wheels or the Senior Nutrition Program 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.

56. 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.

57. 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 participated 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.

58. Thinking about your entire household, meaning family or other people living in your home, including family and other people who share food and food expenses, how many people currently live in your household, including yourself?

Enter Number

REFUSED..... 77
DON'T KNOW..... 99

59. Of these, how many are adults age 65 or older?

Enter Number

REFUSED..... 77
DON'T KNOW..... 99

60. How many are adults age 18 to 64?

Enter Number

REFUSED..... 77
DON'T KNOW..... 99

61. How many are children age 5 to 17?

Enter Number

REFUSED..... 77
DON'T KNOW..... 99

62. And, how many are children under five years of age?

Enter Number

REFUSED..... 77
DON'T KNOW..... 99

63. Does anyone in your family have any difficulty in doing day to day activities because of a physical, mental or emotional (or other health) condition?

- Yes..... 1
- No..... 2
- REFUSED..... 77
- DON'T KNOW..... 99

The next set of questions ask about some basic information about you.

64. Are you male or female?

INTERVIEWER: If gender is obvious, enter item without asking; otherwise ask this question.

- Male..... 1
- Female..... 2
- REFUSED..... 77
- DON'T KNOW..... 99

65. Are you Hispanic or Latino?

- Yes..... 1
- No..... 2
- Not Hispanic or Latino..... 3
- REFUSED..... 77
- DON'T KNOW..... 99

66. Which one or more of the following would you say is your race?

INTERVIEWER: Please read. Select all that apply.

- American Indian or Alaskan Native..... 1
- Asian..... 2
- Black..... 3
- Native Hawaiian or other Pacific Islander..... 4
- White..... 5
- REFUSED..... 77

67. What language or languages do you usually speak at home? (DO NOT READ)

INTERVIEWER: Select all that apply.

- English..... 1
- Spanish..... 2
- Other, specify: _____... 3
- REFUSED..... 77

DON'T KNOW..... 99

68. Are you ...?

Married..... 1
Divorced..... 3
Widowed..... 2
Separated..... 4
Never Married..... 5
Living With Partner..... 6
REFUSED..... 77
DON'T KNOW..... 99

69. What is the highest grade or year of school you completed?

INTERVIEWER: Do not read

Never Attended/Kindergarten Only..... 0
Grades 1 through 8 (elementary/middle school)..... 1
Grades 8 through 11 (some high school)..... 2
Grade 12 or GED (high school graduate)..... 3
College 1 to 3 years (some college or technical school)..... 4
College 4 years or more (college graduate)..... 5
REFUSED..... 77
DON'T KNOW..... 99

70. What is your date of birth?

|_|_| / |_|_| / |_|_|_|_|
mm dd yyyy

REFUSED..... 77
DON'T KNOW..... 99

71. 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

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

|_|_|
Enter Number

REFUSED..... 77
DON'T KNOW..... 99

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

|_|_|
Enter Number

REFUSED..... 77
DON'T KNOW..... 99

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

|_|_|
Enter Number

REFUSED..... 77
DON'T KNOW..... 99

75. 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 in about 4 to 6 weeks to conduct a follow-up interview. Will this number [READ CURRENT PHONE NUMBER] be 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.