**ATTACHMENT B5b: DISCUSSION GROUP PARTICIPANT INFORMATION QUESTIONNAIRE**

BURDEN DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 4 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

## Discussion Group Participant Information Questionnaire

Please complete this questionnaire. The information will be used only to summarize participant information at this meeting. Please DO NOT write your name or address on this questionnaire.

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am:

\_\_\_ Male

\_\_\_ Female

2. My age is:

\_\_ 17 years or less

\_\_ 18-25 years

\_\_ 25-29 years

\_\_ 30-39 years

\_\_ 40-49 years

\_\_ 50-59 years

\_\_ 60 or above

3. Number of children (under age 18) living with me:\_\_\_\_\_\_\_\_\_

1. Total number of people living with me:\_\_\_\_\_\_\_\_\_
2. I am currently:

\_\_ Not employed

\_\_ Working less than 20 hours a week

\_\_ Working more than 20 hours a week

1. I currently participate in:

\_\_ Food Distribution Program on Indian Reservations (FDPIR).

\_\_ Supplemental Nutrition Assistance Program (SNAP)/Food Stamps

\_\_ A nutrition assistance program other than FDPIR or SNAP/Food Stamps.

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ No nutrition assistance programs

1. I currently reside:

\_\_ Within a [reservation/tribal service area].

 Name of [reservation/tribal service area]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Outside of a [reservation/tribal service area]

1. My household owns 1 or more automobiles.

\_\_ Yes

\_\_ No

**THANK YOU FOR YOUR HELP!**

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