

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: _____

4. Total number of people living with me: _____

5. I am currently:

- Not employed
 Working less than 20 hours a week
 Working more than 20 hours a week

6. 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

7. I currently reside:

- Within a [reservation/tribal service area].
Name of [reservation/tribal service area]: _____
 Outside of a [reservation/tribal service area]

8. My household owns 1 or more automobiles.

- Yes
 No

THANK YOU FOR YOUR HELP!

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