

ATTACHMENT D2: NORC IRB PACKAGE

Institutional Review Board Certification
Exemption

Principal Investigator / Project Director: Nancy Pindus/Carol Hafford

Department: Economics, Labor, and Population Studies

IRB Protocol Number: 12.10.04

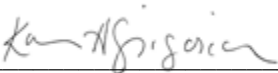
Project Number: 6954

Protocol Title: Study of the Food Distribution Program on Indian Reservations

This certifies that the research activities regarding human subjects in the protocol described above have been found to be exempt under exemption category 2 by the NORC Institutional Review Board (IRB00000967), under its Federalwide Assurance #FWA00000142, which is valid through August 16, 2013.

Any amendments or other changes to this protocol must be submitted for review by the IRB, and all adverse events must be reported to the IRB.

Please notify the IRB when your study has closed.



Karen H. Grigorian, IRB Chair

10.24.2012
Date



IRB APPLICATION FORM—INITIAL REVIEW

IRB Use Only
IRB Protocol #

To check off the “check boxes” in this document, double-click on a check-box, and select “Checked” under the “Default value.”

All IRB forms, as well as FAQs and other guidance, are available on the IRB webpage on the NORC intranet at <http://intranet.norc.org/resources/irb/default.aspx>

NOTE: If you are seeking a **Limited Activities Determination (LAD)** from the IRB, do NOT complete this form; instead, fill out the LAD Application Form that is on the IRB intranet webpage. The LAD is not a type of IRB approval and is not a substitute for IRB approval. Rather, the LAD is used in circumstances where complete, definitive plans for human subjects research activities are not fully described in the federal funding application/proposal because significant development work (such as development of specific research procedures, questionnaires, or research instruments) still must occur before the research can begin. The purpose of the LAD is to allow researchers to have access to funding to begin aspects of the research that do not involve human subjects. No human subjects research activities can occur until the IRB has granted exempt status or has reviewed and approved the research.

1. PROJECT SUMMARY INFORMATION

- 1.1 Project Number** (If the project does not yet have a PN but requires IRB review, submit the proposal number or the charge code for the department overhead.)

6954

- 1.2 Study Title**

Study of the Food Distribution Program on Indian Reservations

- 1.3 Contact information for study personnel:**

Principal Investigator:	Nancy Pindus
Institution:	Urban Institute
Email Address:	npindus@urban.org

Project Director: (N/A if same as PI)	Carol Hafford, PhD
Institution:	NORC
Email Address:	hafford-carol@norc.org

Contact Person: (N/A if same as PD)	
Financial Analyst:	Veronica Viramontes

- 1.4 NORC departments responsible for this study**

NORC Department:	Economics, Labor, and Population Studies
Other (Specify):	

1.5 Who is funding the study? (If NORC is a subcontractor, include both the names of the original funding agency and the prime institution which has subcontracted out to NORC.)

US Department of Agriculture, Food and Nutrition Service
Urban Institute is the prime contractor

1.6 Is NORC the awardee institution for a federal grant for this study?

Yes. If Yes, you must submit a copy of the grant application or proposal to the IRB with your protocol submission

No.

1.7 Is this research proposal being reviewed by one or more IRBs at institutions other than NORC?

Yes. Attach copy of IRB approval if this study has been reviewed and approved by another IRB. The Urban Institute’s IRB protocol is attached as Appendix N.

No.

NOTE: If your study is funded by certain federal agencies, there may be special requirements beyond the regulations contained in 45 CFR Part 46 that must be complied with. If your research is funded by the Department of Defense, U.S. Department of Education, U.S. Department of Energy, the U.S. Environmental Protection Agency, U.S. Department of Justice/Bureau of Prisons, or the U.S. Department of Justice/National Institute of Justice, please be sure to check with your funding agency concerning additional requirements that apply to conducting human subjects research funded by those agencies. Other federal agencies may also have additional requirements pertaining to human subjects’ research protections. Guidance is posted on the IRB webpage on the intranet concerning additional requirements pertaining to research funded by the U.S. Department of Education (ie, the PPRA and FERPA statutes).

1.8 Does your study need to be registered on the clinicaltrials.gov website and/or comply with the International Committee of Medical Journal Editors (ICMJE) registration requirements?

Yes.

No.

NOTE: Under federal law, certain clinical trials must be registered on the clinicaltrials.gov website, and the consent form for such studies must contain certain standard language explaining that the trial is registered on clinicaltrials.gov. For further guidance on clinical trial registration requirements, see the IRB webpage on the Intranet.

2. TRAINING REQUIREMENTS

It is the responsibility of the Principal Investigator/Project Director to ensure that all individuals involved in the conduct of human subjects research complete human subjects protection training prior to submission of the project to the IRB for review, and when new personnel join a project after initial IRB approval. The requirement to undergo human subjects protection training applies to all persons with a **significant role in the conduct of the research**, including those individuals designated as:

- Principal Investigators and Co-investigators,
- Individuals named on a study grant or contract proposal,
- Individuals named as a contact person in the informed consent document(s) or recruitment materials for research
- Individuals who obtain informed consent from prospective participants in research, and
- Individuals who obtain and analyze individually identifiable data

Proof of human subjects training does NOT need to be submitted for telephone and field interviewers working on a research project.

Per NORC IRB policy, human subjects protection training must be renewed every 5 years. The options for renewing training are discussed on the IRB webpage on the Intranet.

2.1 Please list in the table below the names of all investigators and other key research personnel for this project (ie, the personnel who will have a significant role in the conduct of this research project--you do NOT need to list field/phone interviewers). If investigators/key research personnel are not NORC employees or affiliated with NORC, please indicate their institutional affiliation:

Investigators and other key research personnel:	Institutional Affiliation (if not employed by/affiliated with NORC)
Carol Hafford	NORC
Suzanne Bard	NORC
Steven Pedlow	NORC
Athena Diaconis	NORC
Nancy Pindus	Urban Institute
Diane Levy	Urban Institute
Walter Hillabrandt	Support Services International

2.2 Have all investigators and key research personnel engaged in this research project completed training on the conduct of human subjects research within the past 5 years?

- Yes.**
 No.

If any investigators or key research personnel on this project have not previously submitted a human subjects protection training completion certificate to the NORC IRB, that certificate must be emailed to IRB@norc.org before the investigator/personnel can engage in human subjects research.

3. FINANCIAL CONFLICT OF INTEREST

3.1 Is this study funded by a U.S. Public Health Service Awarding Component* or by the National Science Foundation?

- Yes.
- No.

*The U.S. Public Health Service Awarding Components are: **AHRQ** (Agency for Healthcare Research and Quality); **ATSDR** (Agency for Toxic Substances and Disease Registry); **CDC** (Centers for Disease Control and Prevention); **FDA** (Food and Drug Administration); **IHS** (Indian Health Service); **HRSA** (Health Resources and Services Administration); **NIH** (National Institutes of Health); and **SAMHSA** (Substance Abuse and Mental Health Services Administration)

If you answered **Yes to Question 3.1, go on to Question 3.2. If you answered No, proceed to Section 4 of this form.**

3.2 If this project is funded by a Public Health Service Awarding Component or by the NSF, have all personnel on this project who are involved as an "Investigator" (see definition of "Investigator" below) completed the NORC Significant Financial Interest Disclosure Form?

- Yes.
- No.

For purposes of financial conflicts of interest, **"Investigator"** is defined as the project director or principal investigator and any other person, regardless of title or position, who is **responsible for the design, conduct, or reporting of research**, or proposed for such funding, which **may include, for example, subrecipients, subcontractors, collaborators, or consultants**. NORC considers the role, rather than the title, of those involved in research and the degree of independence with which those individuals work. If the project involves Investigators who are subrecipients, subcontractors, collaborators, or consultants to NORC, and those individuals are following NORC's FCOI Policy, the NORC SFI Disclosure Form must be submitted by those Investigators.

NOTE: if personnel who are working on this project as an Investigator have not filed the Significant Financial Interest Disclosure Form, that form is available on the FCOI page on the NORC Intranet at <http://intranet.norc.org/resources/FCI/default.aspx>, and must be completed and e-mailed to FCOI@norc.org before the IRB can approve this project.

3.3 If this project is funded by a Public Health Service Awarding Component, have all personnel working on the project in the role of an Investigator completed the required Financial Conflict of Interest training?

- Yes.
- No.

NOTE: NORC personnel who are Investigators on a PHS-funded research project must complete FCOI training prior to doing any work on the project. The FCOI training is available through the CITI website (www.citiprogram.org). For subrecipients/subcontractors/collaborators/consultants to NORC who are Investigators on PHS-funded projects and are following NORC's FCOI Policy, the Investigator must either notify NORC if the Investigator has already received FCOI training at another institution or complete the NIH's FCOI tutorial on the NIH website. Further information about FCOI training is available on the FCOI page on the NORC intranet at <http://intranet.norc.org/resources/FCI/default.aspx>

4. DETERMINATION OF HUMAN SUBJECTS RESEARCH

NOTE: All projects that involve human subjects research must be reviewed and approved by the IRB before recruitment and data collection may start.

As defined in the HHS regulations at 45 CFR 46.102:

“Human subject” means a **living** individual about whom an investigator (whether professional or student) conducting research obtains

- (1) Data through intervention or interaction with the individual, or
- (2) Identifiable private information.

“Private information” includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

“Research” means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge (that is, to better understand others beyond the study sample).

4.1 Does the activity meet the definition of research?

Answer Yes or No each of the following questions.

Note to IRB: Please note that the study comprises two data collection activities, a Case Record Review and a Participant Survey. Both are discussed separately in this and subsequent sections.

A: Case Record Review

4.1.1 The activity employs a systematic approach involving predetermined methods for studying a specific topic, answering a specific question, testing a specific hypothesis, or developing a theory.

- Yes.**
 No.

4.1.2 The activity is intended to contribute to generalizable knowledge by extending the results beyond a single individual or an internal unit.

- Yes.**
 No.

B: Participant Survey

4.1.3 The activity employs a systematic approach involving predetermined methods for studying a specific topic, answering a specific question, testing a specific hypothesis, or developing a theory.

- Yes.**
 No.

4.1.4 The activity is intended to contribute to generalizable knowledge by extending the results beyond a single individual or an internal unit.

- Yes.**
- No.**

4.2 Does the activity involve human subjects?

Answer Yes or No each of the following questions.

A: Case Record Review

4.2.1a The investigator obtains specimens or data through intervention or interaction with a living individual (e.g., interviews, surveys, physical procedures, manipulations of the subject's environment, private or limited access internet sites, or any other direct contact or communication with a subject).

- Yes.**
- No.**

4.2.2a The investigator is obtaining identifiable private information about living individuals (e.g., chart reviews, lab studies on tissues or specimens, information from data or tissue repository).

Yes.
 No. Demographic, household composition (age, relation to head of household) and economic resource information will be abstracted from FDPIR certification forms that are used to determine program eligibility. No identifiable information will be abstracted.

4.2.3a The data or specimens are received by or provided to the investigator with identifiable private information.

Yes.
 No. FDPIR eligibility forms are maintained as paper files only. It would impose a considerable burden on the tribe or Indian Tribal Organization (ITO) to duplicate the case records and redact names, addresses, etc. in order to obscure this information from the researchers abstracting the information (as described in response to 4.2.2a above). We will not be abstracting any of the following information that is present on the case record:

- Name, phone, mailing address, city, county
- Household members (name, birthday, SSN)
- Prior application for or receipt of food stamps (SNAP)
- Disqualification

A sample FDPIR eligibility form is provided as **Appendix I** and shows in a comment box which data fields will not be abstracted.

4.2.4a The data or specimens are coded and the investigator has access to a link that would allow the data or samples to be identified.

- Yes.**
- No.**

B: Participant Survey

4.2.1b The investigator obtains specimens or data through intervention or interaction with a living individual (e.g., interviews, surveys, physical procedures, manipulations of the subject's environment, private or limited access internet sites, or any other direct contact or communication with a subject).

- Yes.**
- No.**

4.2.2b The investigator is obtaining identifiable private information about living individuals (e.g., chart reviews, lab studies on tissues or specimens, information from data or tissue repository).

- Yes.**
- No.**

4.2.3b The data or specimens are received by or provided to the investigator with identifiable private information.

- Yes.** Each tribe or ITO will provide a list of names with mailing addresses and phone numbers will be provided for contacting respondents.
- No.**

4.2.4b The data or specimens are coded and the investigator has access to a link that would allow the data or samples to be identified.

- Yes.**
- No.**

4.2 Did you check "No" to all of the questions in Part A or Part B above (that is, you indicated that your study either does not constitute research or does not involve human subjects)?

NOTE to IRB: Does this refer to questions 4.1 and 4.2 above?

A: Case Record Review

- Yes. STOP** and do not complete the remainder of this form. Sign at the end and submit this form to the IRB. The IRB will review your protocol and notify you if your project does not constitute human subjects research.
- No.** Complete the remainder of this form.

B: Participant Survey

- Yes. STOP** and do not complete the remainder of this form. Sign at the end and submit this form to the IRB. The IRB will review your protocol and notify you if your project does not constitute human subjects research.
- No.** Complete the remainder of this form.

5. SUMMARY OF PROPOSED RESEARCH ACTIVITIES

5.1 Describe the objective(s) of the proposed research including purpose, research question, hypothesis and relevant background information, etc.

OVERVIEW

The Study of the Food Distribution Program on Indian Reservations (FDPIR) will provide a nationally representative description of participants and tribal programs and will assist the US Department of Agriculture, Food and Nutrition Service (USDA/FNS) in better understanding the recent decline in program participation. The project team, comprising the Urban Institute, NORC, and Support Services International, will select a nationally representative sample of 832 current participants in 25 FDPIR programs.

There are three phases of data collection: case record review, participant survey, and program site visits. NORC will conduct the case record review and survey. For this sample of participants, case record reviews and telephone or in-person interviews will be conducted. Topics for the case record review include household characteristics, employment, economic hardship, and FDPIR eligibility. Topics covered in the survey are food storage and preparation, FDPIR contribution to the household's food supply, access to the FDPIR program and access barriers, food costs, participation in FDPIR and other food assistance programs, nutrition education and other health-related services, and satisfaction with the program. The consultation and design phase of the study began in January 2012. The study sample was drawn in September 2012. Consultations with leaders of the sampled tribes and ITOs will take place in late 2012 and early 2013. Data collection will occur in 2013. The Final Report will be disseminated in September 2014.

CASE RECORD REVIEW:

The purpose of the case record review is to obtain information that will describe current program participants and their characteristics. This will include household composition, income sources, and other available resources or public benefits. The case record review will occur at 25 sampled sites. About 32 records will be reviewed at each site. The case record review will occur onsite at tribal FDPIR offices. Information will be abstracted from the case records. The case record review will be conducted by Bethesda-based NORC staff.

PARTICIPANT SURVEY

For each household sampled in the case records, a 45 minute interview will be conducted. On average, 32 interviews will be conducted per site, with more in the larger programs. Most of the interviews will be conducted by phone and the remaining will be in-person. Participants will receive a letter about the study in advance of being contacted. The letter and materials will include a toll free number for any questions that they have. Each participant will receive an incentive worth \$25.

It is possible that a participant may decline to participate in the interview himself/herself for cultural reasons and wish to have another person (i.e., a Proxy) speak on his/her behalf. To this end, we have provided scripts for informed consent for the Proxy (who would then receive the incentive). See **Appendix H**. (Clarification added 10/23/12)

NORC field interviewers will conduct the participant survey and work closely with tribal leaders and FDPIR programs to implement the study procedures. The participant survey will be managed by Chicago-based NORC staff and administered by field interviewers.

PROGRAM SITE VISITS

Site visits and interviews with tribal leaders and program staff will be conducted 17 of the 25 sites. The visits will include three types of activities: 1) interviews with program administrators, staff and service providers; 2) visits to the FDPIR programs to observe facilities related to client enrollment, warehouses, and food distribution; and 3) discussion groups with program clients and potential clients. The Urban Institute and SSI will conduct the site visits.

5.2 Describe the tasks subjects will be asked to perform. Attach surveys, instruments, interview questions, focus group questions etc. Describe the frequency and duration of procedures, psychological tests, educational tests, and experiments; including screening, intervention, follow-up etc. (If you intend to pilot a process before recruiting for the main study, explain.)

Case Record Review: Subjects will not participate in the abstraction process. The case record review form is attached as **Appendix G**.

Participant Survey: Participation in a telephone or in-person survey in 25 randomly-selected Native American Reservations and Tribal Service Areas (approximately 32 respondents at each site). Additional interviews will be conducted at the larger reservations. These interviews will be conducted by trained NORC interviewers. The tasks will include gaining cooperation and interviews with the households that receive part of their food supply from FDPIR. Participants will respond one time only to a series of questions during a 45-minute interview. The draft participant survey is attached as **Appendix H**. The interview topics are noted in 5.1 above. There will be no other requests of this group. As noted above, if a Proxy is designated, then s/he will respond to the interview questions on the program participant’s behalf. See **Appendix H**. (Clarification added 10/23/12).

Pretest: Both the case record review and the participant survey will be pilot-tested in October 2013 with two non-sampled tribes or ITOs. There will be no other requests of these tribes.

5.3 How many months do you anticipate this research study will last from the time final approval is granted?

24 months

6. ANALYSIS OF EXISTING DATA, DOCUMENTS, RECORDS & SPECIMENS

6.1 Will your project involve analysis of existing data sets, documents, records and/or specimens (that is, data, documents, records, or specimens that were in existence prior to IRB review of this study and that were collected for purposes other than this proposed research)?

A: Case Record Review

- Yes.**
- No. STOP,** skip the remainder of questions in this Section, and go to Section 7.

B: Participant Survey

- Yes.**
- No. STOP,** skip the remainder of questions in this Section, and go to Section 7.

6.2 If your project involves analysis of existing data sets, explain which data sets you plan to analyze; whether the data sets are public use data sets, restricted access data sets, or another type of data set; and who holds the data set.

A: Case Record Review

As described above, the existing records that will be examined for the case record review are the eligibility forms that are filled out by program applicants in order to participate in the FDPIR program. All records are maintained as paper files. Each tribe or ITO maintains the records as part of its federally-approved program and according to strict program implementation guidance issued by USDA/FNS. A sample form is provided as **Appendix I**.

6.3 Do the data or specimens contain direct or indirect identifiers linked to subjects (identifiers can include names, social security numbers, medical record numbers, or other codes that permit data or specimens to be linked to living individuals)?

Yes.

No. There will be no direct or indirect identifiers linked to the subjects for the case record review. There is no linkage between the subject files reviewed in the case record review and responses to the participant survey (i.e., they are mutually exclusive).

NOTE: OHRP considers data to be *coded* if (1) identifying information (such as name or social security number) has been replaced with a number, letter, symbol, or combination thereof (i.e., the code), and (2) a key to decipher the code exists, enabling linkage of the identifying information to the private information or specimens.

6.4 If you are conducting analysis of existing data sets, and the data contain a coding system, is there an agreement in place between the investigators and the holder of the key prohibiting release of the key to the investigators under any circumstances, until the research subjects are deceased; or other legal requirements prohibiting the release of the key to the investigators, until the research subjects are deceased?

Yes.

No. This is Not Applicable to the case record review.

7. PARTICIPANT POPULATION

This section pertains to both the Case Record Review and Participant Survey

7.1 Expected number of participants.

998 for the case record review. 832 for the participant survey (based on an 80% response rate)

7.2 Expected Age Range.

Check all that apply.

0-7. Include a parental consent form.

8-17. Include a child’s assent form and a parental consent form.

18-64.

65 and older.

NOTE: If this study proposes to include “**Children**” (anyone less than 18 years old), also complete and submit *Appendix C–Research that Involves Children*.

7.3 Describe the criteria for inclusion and exclusion of subjects in this research study.

Research subjects are current participants in the FDPIR program for the particular reference month during which data will be collected (likely to be May 2013). Non-participants for the reference month will not be selected.

A random sample will be drawn using the Household Issuance History report maintained electronically by each tribe/ITO. Each tribe will draw the sample using the specifications provided by NORC. The sample drawn for the case record review and the participant survey uses the same sample frame and will result in the same set of respondents:

- For the Case Record Review the tribe/ITO will draw the sample from the Household Issuance History. The case files will be pulled from the programs files prior to NORC’s on-site visit and be available for review.

- Using the sample drawn for the Case Record review, the tribe will provide NORC with a list of names and addresses in order to establish contact with subjects for the Participant Survey. ~~The FDPIR Participant Survey respondents are selected from the case record reviews.~~

See the flow chart in **Appendix O** for a graphic representation of this process.

NOTE: For NIH-funded research, NIH is mandated by federal law to ensure that women and minorities be included in clinical research. Clinical research includes patient-oriented research; epidemiologic and behavioral studies; and outcomes research and health services research. Detailed information on NIH requirements concerning inclusion of women and minorities in clinical research is available on the NIH website at http://grants.nih.gov/grants/funding/women_min/women_min.htm

7.4 Location of subjects during research activity or location of records to be accessed for research.

Check all that apply.

- Elementary/Secondary Schools.** Specify: _____
- Prisons/Halfway houses.** Complete and submit *Appendix D*, and specify: _____
- International Location.** Complete and submit *Appendix F*, and specify: _____
- Other special institutions.** Specify:
 - **Case Record Review:** Case records are maintained in tribal or ITO program offices.
 - **Participant Survey:** Some subjects may be interview in their homes or in a private office on tribal premises.

8. RECRUITMENT

A: Case Record Review

8.1a Describe the recruitment process to be used for each group of subjects. Attach a copy of any and all recruitment materials to be used e.g. advertisements, bulletin board notices, e-mails, letters, phone scripts, or URLs.

This does not apply to the Case Record Review.

8.2a Describe the compensation/incentive for participation (if any) that research subjects will receive and circumstances under which payment will be prorated.

This does not apply to the Case Record Review.

8.3a Are subjects chosen from records?

- Yes. Specify who gave approval for use of the records:** Tribal Leaders will give approval through the Tribal Resolutions.
- No.**

8.3.1a If yes, are records "private" medical or student records?

- Yes.** Provide the protocol, consent forms, letters, etc. for securing consent of the subjects of the records. Written documentation for the cooperation/permission from the holder or custodian of the records should be attached.
- No.**

B: Participant Survey

8.1b Describe the recruitment process to be used for each group of subjects. Attach a copy of any and all recruitment materials to be used e.g. advertisements, bulletin board notices, e-mails, letters, phone scripts, or URLs.

TRIBAL RECRUITMENT

- **CONTACT PERSON:** Each tribe will be assigned a NORC contact person (Project Director or Survey Director) for the outreach efforts. They will be the main contact with the site. Before any contact begins, each tribal leader and FDPIR program director will receive a letter from USDA/FNS officials and a joint Urban Institute/NORC letter (see **Appendices L2 and L3** below).
- **MATERIALS:**
 - Advance letters and materials for the tribal officials and households contain the NORC IRB contact information and the telephone number and email address of the NORC Project Director.
 - Tribal leaders are free to distribute the study brochure (**Appendix K** below).
 - The NORC website provides a description of the study, the project team, contact information, and a link to the Tribal Affairs office of USDA/FNS, the study sponsor: <http://www.norc.org/Research/Projects/Pages/the-study-of-the-food-distribution-program-on-indian-reservations.aspx>
- **TOLL-FREE TELEPHONE:** In addition, the project will have a toll-free number on all materials which will be answered by a real person. If the toll-free number is busy, the caller can leave a message and a callback will take place the same day.

SUBJECT RECRUITMENT

- **COMMUNITY DISCLOSURE:** As part of the community disclosure process, and in order to assure that the respondents will be comfortable with participating in the participant survey, tribally-directed outreach and pre-planning will include, whenever possible, community information sessions, newspaper articles, radio announcements, and postings on tribal web site to help the community become familiar with the project.

The respondents will want to know whether or not we have tribal permission to interview on tribal lands or contact household by phone. The interviewers will be well versed in how permission was received and from whom. It is expected that many sites will give us a tribal referendum (resolution) number to either relay by phone or present at the door. In other cases the respondents will be provided with the name of a tribal contact or other tribal official. We plan to request endorsement letters from the Tribes during the outreach process.

- **SELECTION:** Survey participants will be randomly selected for participation. Materials for gaining cooperation include an advance letter, phone script, and brochure. Tribally-specific recruitment materials may be developed. Each household will be mailed an advance letter that will include a description of the study, Urban Institute Principal Investigator, and NORC Project Director contact information. It will be clearly stated that the household will be contacted by a NORC interviewer. Also included will be the time commitment required. The interviewers will have a supply of the advance letters in case someone does not remember receiving the mailed letters. A brochure will also be shared with community members and households. The advance letter to the respondent and brochure are provided in **Appendix J and K**, respectively.
- **DISCLOSURE:** Respondents will have an opportunity to learn about the study at most sites through tribally-organized informational meetings, radio announcements, newspaper articles, word of mouth, tribal websites, and advance letters for all sites (See **Appendices L1-4** below). They will receive additional information and clarifications from the interviewer or through calls they make to project and/or tribal officials.

- **GAINING COOPERATION:** By this time participants should be expecting a call or visit from the NORC field interviewer. The main purpose of the first call or visit will be to inform the respondent about the study, answer any questions they may have, be given time to make an informed decision, and set up an appointment at a time convenient to the respondent. Interviewers will also accept refusal during this call or visit. The phone script is integrated into page 1 of the survey instrument in **Appendix H**. NORC will first work with the tribal authorities and our tribal liaison to gauge the best and most culturally appropriate gaining cooperation techniques for sampled respondents.
 - **INFORMED CONSENT AND INTERVIEW:** If the respondent agrees, the interview will take place at the decided time. Any additional questions or concerns may be answered at this time. Respondent will be read the informed consent statement on page 1 of the instrument and, after agreeing, the 45 minute interview will begin. At the end of the interview, locating information will be collected for validation purposes and the interviewer will thank the respondent for their time and provide the respondent fee or incentive.
 - **USE OF BILINGUAL INTERPRETER:** It is a rare possibility that there will be an instance that a native language interpreter will be needed for gaining cooperation for the interview. In such cases, we would first look to another household member to fill this role, with the approval of the respondent. An example of this could occur when the respondent is a Navajo elder that only speaks the Navajo language. During the outreach phase with the tribal leaders, this topic will be discussed to estimate if/to what extent language and proxies will be an issue. Before any interpreter/proxy is used, the Field Manager should be informed. The Field Manager will discuss the situation with the project management for approval.
 - **USE OF PROXIES:** Proxies may also be requested for elders and those who are unable to participate but wish for someone else to answer for them. All approvals would go through the Field Manager and project management first. If no family member is available we will inquire as to whether there is anyone from the community who could fill this role. When this happens the respondents will be asked to sign a form (integrated into the informed consent) giving permission for the proxy to answer the questions of his or her behalf. The proxy permission is provided on page 3 of **Appendix H**. We have provided scripts for informed consent for the Proxy in the survey instrument (who would then receive the incentive). See **Appendix H**. (Clarification added 10/23/12)
- PRETEST: The gaining cooperation, informed consent, and interview procedures described above will be conducted for the pretest. Selection of participants will occur at the discretion of the tribe, as will disclosure about the pretest. We do not anticipate use of bilingual interpreters or proxies for the pretest.

8.2b Describe the compensation/incentive for participation (if any) that research subjects will receive and circumstances under which payment will be prorated.

Survey participants will receive a \$25 incentive in the form of gift card or voucher. The decision of the type of gratuity will be made by tribal officials during the tribal outreach efforts.

Pretest: The same incentive procedure will be followed for the pretest sites.

8.3b Are subjects chosen from records?

- Yes. Specify who gave approval for use of the records:** Participants in the survey will be drawn from the sample used for the Case Record Review. Tribal Leaders will give approval through a Tribal Resolution or Tribal IRB approval.
- No.**

8.3.1b If yes, are records "private" medical or student records?

- Yes.** Provide the protocol, consent forms, letters, etc. for securing consent of the subjects of the records. Written documentation for the cooperation/permission from the holder or custodian of the records should be attached.
- No.**

9. RISKS AND BENEFITS

9.1 Does the research involve any of these possible risks or harms to subjects?

Check all that apply.

- No risks** (e.g., secondary analysis of de-identified data) -> **Case Record Review only**
- Annoyance** (unwanted attention) -> **Participant Survey**
- Loss of time** (perception that the study is not valuable) -> **Participant Survey**
- Intrusive questions or procedures that might be regarded as an invasion of privacy** (right to control access to personal information and person, including biological specimens or image) -> **Participant Survey**
- Presentation of materials or behaviors regarded as socially unacceptable and might lead to embarrassment**
- Moderate physical discomfort**
- Procedures that may result in mental or emotional stress**
- Deception** (delaying informed consent about the true nature of the study until post-study debriefing)
- Punishment** (subjects are denied a benefit for any reason)
- Questions about drug use** (including caffeine, nicotine, etc.)
- Disclosure of information that could lead to severe social stigma or job loss**
- Disclosure of information that could be legally harmful to subject** (e.g., child abuse, criminal behavior, political repression, or immigration status)
- Procedures that may involve physical harm or death to subjects**

9.2 What is the level of risk to subjects in this research study?

- Not greater than minimal risk (see the note below for definition of minimal risk).**
- Greater than minimal risk.**

NOTE: Studies eligible for Exemption or Expedited Review must involve no more than minimal risk. **Minimal risk is defined by the federal regulations as follows:** "the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests."

10. CONFIDENTIALITY OF DATA

A: Case Record Review

Will you be recording any direct identifiers (e.g., names, social security numbers, addresses, telephone numbers, etc.)?

- Yes.** Complete 10.1.1.
- No.**

10.1.1 Explain why it is necessary to record findings using these identifiers. Describe the coding system you will use to protect against disclosure of these identifiers.

10.2 Will you retain a link between study code numbers and direct identifiers after the data collection is complete?

- Yes.** Complete 10.2.1.
- No.**

10.2.1 Explain why this is necessary and state how long you will keep this link.

10.3 Will you provide the link or identifier to anyone outside the research team?

- Yes.** Complete 10.3.1.
- No. This is Not Applicable.**

10.3.1 Explain why and to whom the link or identifier will be provided outside of the research team.

10.4 Where, how long, and in what format (such as paper, digital or electronic media, video, audio, or photographic) **will data be kept? In addition, describe what security provisions will be taken to protect this data** (password protection, encryption, etc.).

10.5 Are you planning to obtain a Federal Certificate of Confidentiality for this research (or a Privacy Certificate from NIJ)?

- Yes.**
- No.**

B: Participant Survey

10.1 Will you be recording any direct identifiers (e.g., names, social security numbers, addresses, telephone numbers, etc.)?

- Yes.** Complete 10.1.1.
- No.**

10.1.1 Explain why it is necessary to record findings using these identifiers. Describe the coding system you will use to protect against disclosure of these identifiers.

The names, addresses and phone numbers of individuals who participate in the survey will be collected but not used in the reporting of data. This information will be used only for data retrieval and validation (this is a standard operating procedure for surveys). Tribal leaders and participants will be told the reason for collecting these data and how it will be destroyed upon survey completion.

Pretest: The respondents will be a convenience sample from the list of participants provided by the Food Distribution Program on each of the two reservations. We will not be collecting any additional identifying information from the pretest respondents.

10.2 Will you retain a link between study code numbers and direct identifiers after the data collection is complete?

- Yes. Complete 10.2.1.
- No.

10.2.1 Explain why this is necessary and state how long you will keep this link.

10.3 Will you provide the link or identifier to anyone outside the research team?

- Yes. Complete 10.3.1.
- No. This is Not Applicable.

10.3.1 Explain why and to whom the link or identifier will be provided outside of the research team.

10.4 Where, how long, and in what format (such as paper, digital or electronic media, video, audio, or photographic) will data be kept? In addition, describe what security provisions will be taken to protect this data (password protection, encryption, etc.).

Survey data will be kept until completion of the study in September 2014.

Protection of respondent confidentiality and PAPI questionnaires: Field Interviewers and Field Managers will observe NORC policies and procedures for data security. Upon completion of the Participant Survey, Field Interviewers and Field Managers (respectively) will secure the physical copies of the PAPI questionnaires in a locked file or cabinet that is accessible only to them. Field Interviewers and Managers will ship completed questionnaires via a secure and traceable carrier to NORC’s receipt control center on a weekly basis. Upon control and receipt, the cover page, informed consent, and validation information will be separated from the questionnaire. Each completed interview will be assigned an identifier that does not contain personally-identifiable information.

All interviewers will sign NORC’s Pledge of Confidentiality prior to data collection.

Pretest: The respondents will be a convenience sample from the list of participants provided by the Food Distribution Program on each of the two reservations. We will not be collecting any additional identifying information from the pretest respondents. With the subject’s permission, we do plan to audio-tape pretest interviews to hear how the question working works and what questions the subjects have a difficult time understanding. The Informed Consent form for the pretest of the Participant Survey also includes a request for permission to audio-tape (see **Appendix H**). The audio tapes will be destroyed when OMB clearance has been received, which is

estimated to be July 2013.

10.5 Are you planning to obtain a Federal Certificate of Confidentiality for this research (or a Privacy Certificate from NIJ)?

Yes.

No.

NOTE: A “**Certificate of Confidentiality**” helps researchers protect the privacy of human research participants enrolled in sensitive research. A Certificate of Confidentiality protects against compulsory legal demands, such as court orders and subpoenas, for identifying information or identifying characteristics of a research participant. Sensitive information includes (but is not limited to) information relating to sexual attitudes, preferences, or practices; information relating to the use of alcohol, drugs, or other addictive products; information pertaining to illegal conduct; information that, if released, might be damaging to an individual's financial standing, employability, or reputation within the community or might lead to social stigmatization or discrimination; information pertaining to an individual's psychological well-being or mental health; and genetic information or tissue samples.

For research funded by the National Institute of Justice, a Privacy Certificate is required rather than a Certificate of Confidentiality—see the NIJ website for further guidance on obtaining a Privacy Certificate.

11. USE OF PROTECTED HEALTH INFORMATION (PHI): HIPAA COMPLIANCE

11.1 Read the following definition of PHI to ensure your responses to 11.2 and 11.3 are correct:

PHI is defined under HIPAA as health information transmitted or maintained in any form or medium that:

1. Identifies or could be used to identify an individual;
2. Is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse; and
3. Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of healthcare to an individual.
 - Health-related information **is considered PHI** if (any of the following are true):
 - a. The researcher obtains it directly from a provider, health plan, health clearinghouse or employer (other than records relating solely to employment status);
 - b. The records were created by any of the entities in "1" and the researcher obtains the records from an intermediate source which is NOT a school record or an employer record related solely to employment status; or
 - c. The researcher obtains it directly from the study subject in the course of providing treatment to the subject.
 - Health-related information **is not considered PHI** if the researcher obtains it from:
 - a. Student records maintained by a school (in which case, FERPA would apply); or
 - b. Employee records maintained by an employer related to employment status.
 However, existing IRB rules on informed consent and confidentiality still apply.

11.2 As part of this study, do you plan to collect PHI from research subjects and/or have access to PHI in research subjects' records?

- Yes.** Complete *Appendix E* to show how the project plans to comply with HIPAA's requirements pertaining to PHI.
- No.** This response applies to both the Case Record Review and the Participant Survey.

12. RESEARCH THAT INVOLVES STUDENTS/SCHOOL RECORDS

12.1 As part of this research, do you plan to access student education records or undertake surveys, examination, testing, or treatment of students in elementary and/or secondary schools?

- Yes.**
- No.** If you answered No, skip the remaining questions in this Section, and go to Section 13. This response applies to both the Case Record Review and the Participant Survey

12.1 As part of this research, do you plan to access student education records?

- Yes.** FERPA may apply to your research. See the note below.
- No.**

NOTE: If you answered Yes to Question 12.1, the Family Educational Rights and Privacy Act (FERPA) may apply to your research. See the NORC IRB's Guidance on FERPA on the IRB webpage. Guidance on FERPA is also available on the U.S. Department of Education website at <http://www2.ed.gov/policy/gen/guid/fpc/ferpa/index.html>.

12.2 Will your research involve surveys or psychiatric/psychological examination, testing, or treatment of students in elementary and/or secondary schools?

- Yes.**
- No.**

If you answered Yes, you need to be aware of the Protection of Pupil Rights Amendment (PPRA). Under the PPRA, parental consent and minor assent is required and may not be waived for studies involving surveys, psychiatric examination, testing, or treatment, or psychological examination, testing, or treatment, in which the primary purpose is to reveal information concerning one or more of the following:

- a. Political affiliations
- b. Mental and psychological problems potentially embarrassing to the student or his or her family
- c. Sex behavior and attitudes
- d. Illegal, anti-social, self-incriminating and demeaning behavior
- e. Critical appraisals of other individuals with whom the student has close family relationships
- f. Legally recognized privileged & analogous relationships, such as those of lawyers, physicians & ministers
- g. Religious practices, affiliations, or beliefs of the student or student's parent
- h. Income, other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under a program

The IRB does not have the authority to issue a waiver of informed consent on any of the areas of inquiry set forth in PPRA or to overrule school district policies for implementing PPRA.

For more information on the PPRA, see the NORC IRB's guidance on the IRB webpage, and the guidance on the U.S. Department of Education website at <http://www2.ed.gov/policy/gen/guid/fpco/ppra/index.html>.

13. INFORMED CONSENT PROCESS

A: Case Record Review

13.1a In relation to the actual data gathering, when and how will consent be discussed and documented (e.g., mailing out materials, delivery of consent form, meetings)? Be specific.

Federal Officials and Tribal Leaders will participate in five government-to-government Consultations between November 2012-January 2013. Tribal leaders will provide consent for the drawing of the sample for the case record review. Four advance letters will be sent:

- 1) from USDA/FNS to tribal leaders
- 2) from the Urban Institute/NORC to tribal leaders
- 3) from USDA/FNS to FDPIR directors
- 4) from the Urban Institute/NORC to FDPIR Directors

The letters are provided in **Appendices L1-4**.

13.2a Explain which individuals will obtain informed consent.

Informed consent for the case record review will not be obtained from individuals but from the Tribal leaders or Tribal Council through a tribal resolution. This document will serve as data sharing agreement with NORC to conduct the case record review. This is likely to be the tribe/ITO’s preferred mode for engaging in collaborative relationship to conduct the case record review, as such it is culturally competent approach to establishing community-level consent through tribal governance, along with community disclosure procedures. The general terms of resolution will be discussed during the Consultations with the tribes/ITOs. As tribes are unique and have different mechanisms and procedures research review, it is likely that the draft language in the resolution will be revised during our outreach effort. A sample tribal resolution is provided in **Appendix M**.

13.3a How will you determine who will give consent? That is, will the subject, parent, guardian, or Legally Authorized Representative be asked to consent to the subjects’ participation in this study?

The appropriate protocol is for tribal leaders and/or the tribe’s research review body to consent to participation in the study. However, not all tribes have IRBs or research review bodies in place.

NOTE: If research subjects are minors, it is necessary to complete *Appendix C—Research that Involves Children* to provide the IRB with more complete information about how you plan to conduct the consent and assent process.

13.5b Will the project request a Waiver/Alteration of Consent or Waiver of Documentation of Consent?

- No.**
- Yes.** Complete and submit *Appendix A—Waiver of Documentation of Consent* and/or *Appendix B—Waiver or Alteration of Informed Consent*.

We are requesting a **Waiver/Alteration of Consent** for the **Case Record Review** as this component of the study meets the criteria as specified: “Collection of data from records where the investigator will not directly interact with the participants.” **Appendix B** is attached.

NOTE: Under specific conditions, informed consent, or documentation of signed informed consent, can be waived or altered. These limited conditions are described in [45 CFR 46.116](#) and [45 CFR 46.117](#).

B: Participant Survey

13.1a In relation to the actual data gathering, when and how will consent be discussed and documented (e.g., mailing out materials, delivery of consent form, meetings)? Be specific.

Subjects will receive an advance letter and brochure. During the informed consent process, participants will be informed about the study purpose, risks, and potential benefits. Informed consent will be obtained at the beginning of the interview. We anticipate that each tribe/ITO will require slight changes in wording to the informed consent language to increase cultural sensitivity.

13.2b Explain which individuals will obtain informed consent.

NORC-trained field interviewers will obtain informed consent.

Field Manager and Interviewer training will include a module on Human Subject Protections and protecting respondent confidentiality. We will incorporate any tribal guidance about obtaining informed consent into our training process.

It is possible that a participant may decline to participate in the interview himself/herself for cultural reasons and wish to have another person (i.e., a Proxy) speak on his/her behalf. To this end, we have provided scripts for informed consent for the Proxy (who would then receive the incentive). See **Appendix H**. (Clarification added 10/23/12)

13.3c How will you determine who will give consent? That is, will the subject, parent, guardian, or Legally Authorized Representative be asked to consent to the subjects’ participation in this study?

Only the interview participant will provide informed consent.

In the scenario described above, if a participant wish another person to speak on his/her behalf and designates a Proxy, then we will consent the Proxy. A script is provided in **Appendix H**.

NOTE: If research subjects are minors, it is necessary to complete *Appendix C—Research that Involves Children* to provide the IRB with more complete information about how you plan to conduct the consent and assent process.

13.5d Will the project request a Waiver/Alteration of Consent or Waiver of Documentation of Consent?

- No.**
- Yes.** Complete and submit *Appendix A—Waiver of Documentation of Consent* and/or *Appendix B—Waiver or Alteration of Informed Consent*.

We are requesting a **Waiver of Documentation of Consent** for the **Participant Survey**. **Appendix A** is attached.

We are requesting a **Waiver/Alteration of Consent** for the **Participant Survey** as this component of the study meets the criteria as specified: “Potential participants will be identified and then contacted about participation in the research based upon existing records” (i.e., the Household Issuance Inventory list provided by each tribe/ITO). “The human subject research activities begin when clinical or other records are accessed in order to obtain contact information and/or screen participants for inclusion in the research. Because written consent cannot be obtained from the participants to allow access and use of those records for recruitment purposes, a waiver of consent is needed.” **Appendix B** is attached.

NOTE: Under specific conditions, informed consent, or documentation of signed informed consent, can be waived or altered. These limited conditions are described in [45 CFR 46.116](#) and [45 CFR 46.117](#).

14. IRB APPENDICES CHECK LIST

14.1 Check all the IRB appendices that apply to your project. Be sure to include them with your submission.

- Appendix A** – Waiver of Documentation of Consent. **For the Participant Survey**
- Appendix B** – Waiver or Alteration of Informed Consent. **For the Case Record Review**
- Appendix C** – Research that Involves Children.
- Appendix D** – Prisoner Research.
- Appendix E** – HIPAA Compliance. **For the Case Record Review-Not Applicable 10/12/12**
- Appendix F** – International Research.

15. INVESTIGATOR ASSURANCE

15.1 Read the investigator assurance statement below, and sign to indicate your acceptance. A signature is required from the Principal Investigator or the Project Director. The signature may be typed in if the protocol is submitted electronically from the email account of the Principal Investigator, the Project Director, or an authorized member of the project team; otherwise, please send a signed hard copy of this page to the IRB office.

The information provided in this form is correct. I have evaluated this protocol and determined that I have the resources necessary to protect participants, such as adequate funding, appropriately trained staff, and necessary facilities and equipment. I will seek and obtain prior written approval from the IRB for any substantive modifications in the proposal, including changes in procedures, co-investigators, funding agencies, etc. I will promptly report any unexpected or otherwise significant adverse events or unanticipated problems or incidents that may occur in the course of this study. I will report in writing any significant new findings which develop during the course of this study which may affect the risks and benefits to participation. I will not begin my research until I have received written notification of final IRB approval. I will comply with all IRB requests to report on the status of the study. I will maintain records of this research according to IRB guidelines. The grant that I have submitted to my funding agency which is submitted with this IRB submission accurately and completely reflects what is contained in this application. If these conditions are not met, I understand that approval of this research could be suspended or terminated.

Principal Investigator: _____

Date: _____

Project Director: CAROL HAFFORD

Date: 10/10/12

Protocol amended 10/23/12



NORC IRB APPENDIX A— Request For Waiver Of Documentation Of Informed Consent

Project Number:	6954
Project Title:	Study of the Food Distribution Program On Indian Reservations

Background: Federal Regulations

The HHS regulations discuss the requirements to document the consent process by using a written document and obtaining a signature as a separate event from providing the elements of consent to the participant (the consent process), because it is possible to have a consent process occur without obtaining a written signature from participants or giving them a written document.

When to request a waiver of documentation of consent:

Example 1: If the research involves telephone interviews or on-line surveys, it may be appropriate to complete the consent process verbally or on-line and not obtain a written signature from the participant. In these instances, a waiver of documentation may be granted when the research involves minimal risk and the proposed research methods and procedures usually do not require written consent when used outside of a research context. For example, many surveys (written or telephone) are completed by people for various reasons and normally people are not required to sign a consent to complete a survey.

Example 2: For some research protocols, the greatest risk to the participant may be a breach of confidentiality and having their name associated with the research and the research data, so a waiver of documentation is appropriate as a measure of protection against this risk. This is commonly seen in research involving illegal behaviors, information or data that is stigmatizing to reputation, or that involves a risk to employability or insurability. This waiver of documentation is also recommended when the signed consent form would be the only document that contains the identification of the participant, the greatest risk to the participant is being linked to the data or the research study, and there is no need to document the participant's name in the research records.

Differences between waiver of documentation and waiver of consent

A **waiver of documentation of consent** is not a waiver of the consent process – it is a waiver of the requirement to obtain a signature from the participant. When the requirement to obtain a signature is waived, the researcher must still obtain consent, usually either verbally or on-line, and whenever possible the investigator should have the verbal consent discussion with the participant, and should provide a copy of the consent text to the participant. A waiver of documentation can also be applied to the parental permission or assent process, if it is appropriate.

Waiver or Alteration of Consent: If other aspects of the consent process are not possible due to the research design, a waiver or an alteration of consent should also be requested using Appendix B (Waiver & Alteration of Informed Consent). For example, an alteration of consent might involve not having a verbal discussion with the parents and sending the parental permission home for signature, or not including the true purpose of the research in the initial consent process if the study involves deception. A waiver of consent might also be used in instances where no actual contact with the participants will occur and the data collected on human subjects is from identifiable records.

How to Request a Waiver of Documentation: The regulations allow for a waiver of documentation of consent based on two criteria. If you wish to request a waiver of the requirement to obtain a signed consent form for some or all subjects [45 CFR 46.117(c)], check the category that would apply to your research and provide the rationale for the waiver:

1. **Choose which waiver criteria apply to your research.** If requesting a waiver of documentation, at least one yes box must be checked. Depending upon the complexity of your research, it is possible that both criteria may apply to differing aspects of your research.
 - a) **The only record linking the subject and the research is the consent document, and the principal risk is potential harm resulting from a breach of confidentiality. When appropriate, subjects are asked whether they want documentation linking them to the research, and their wishes will govern.**

Yes No

This pertains to the Participant Survey.

Additional information:

- In cases when the documentation requirement is waived, the IRB may require the investigator to provide subjects with a written statement regarding the research (i.e. a consent script or handout). However, depending upon the research, participants do not necessarily retain any documents related to the research to which they have consented. For some research, in order to allow for the participant to ask questions, report concerns and unanticipated problems, it is recommended that at a minimum the PI provide the participant with contact information. However, the participant may wish to retain a copy

of the approved informed consent document, even if he/she does not formally sign it.

- The PI and/or research staff should document that the participant provided consent, along with the date, potentially the time, and the name of the person conducting the consent process in the study files. The documentation process should not include the name of the participant or any direct identifiers, but can include a coded identifier for the individual.
- Waiver of documentation need not apply to each and every participant in the study. In most cases, the waiver of documentation has been granted by the IRB for reasons related to decreasing the research-related risks, but some participants may wish to sign and retain a copy of the informed consent document. They should be given the choice of doing so.

b) The research involves no more than minimal risk of harm *and* involves no procedure for which written consent is normally required outside of the research context.

Yes No

This pertains to the Participant Survey.

**Minimal risk is defined as: The probability and magnitude of physical or psychological harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.*

Additional Information:

On-line surveys or telephone interviews are frequently completed by people for many reasons outside of human subject research and most of the time completing the survey or interview implies consent. It is only because the survey or interview activity is human subjects research that we think about obtaining a signature. So as long as the research is limited to a survey or interview procedure where a written consent would not usually be obtained if this were not human subjects research, this option is appropriate.

2. Please describe the reasons why the waiver of documentation of consent is necessary for your research.

We understand informed consent will be an ongoing process and in that spirit have developed steps we believe will cover all required elements of informed consent.

First, the advance letters proved a great deal of information about the study. The letters provide three means of contacting the project – Principal Investigator and Project Director contact information, a project email address, and a toll-free number (**Appendices L2 and L3**). In addition, the letters provide information about the purpose of the study and who is funding it. Also provided in the letters is a description of the survey procedure, expected duration of the interview, respondent incentive, and voluntary nature of participation. Confidentiality and privacy are also covered. All respondents will receive a copy of the advance letter and the field interviewers will have ample copies to distribute.

A project brochure has been developed to reinforce the information in the letter and to tell the prospective respondents more about the project (**Appendix K**). The project brochure also includes additional information about the Urban Institute and NORC and contact information, including

websites, for both organizations. Also included in the brochure are questions and answers to probable questions the community or respondents may have. A generic NORC brochure will also be included the advance package (not attached).

Verbal informed consent will be sought in person prior to conducting the interview. The consent script will be read to each respondent at the beginning of the survey instrument. The script reiterates the reason for the survey, the voluntary nature of the survey, confidentiality, survey topics, how the information will help the community, and privacy. The IRB Human Subjects toll-free number is also included, along with an email address.

Before starting the interview, the respondent is asked if they are ready to start. Upon their assent, the interviewer will proceed with the body of the questionnaire. Interviewers will, of course, be able to answer any questions prior to starting the interview, and all respondents will have received the advance letters and brochures.



NORC IRB APPENDIX B— Request for Waiver or Alteration of Informed Consent

Project Number: 6954

Project Title: Study of the Food Distribution Program on Indian Reservations

If your research involves minors and you are seeking a waiver of parental permission or a waiver of assent, please complete Appendix C instead – Research that Involves Children

The IRB will not grant a waiver of informed consent for research that involves accessing certain information contained in student educational records, due to provisions contained in the Family Educational Rights and Privacy Act (FERPA). See the IRB webpage on the intranet for more information on FERPA.

The IRB will not grant waivers of informed consent for surveys, psychiatric examination, testing, or treatment, or psychological examination, testing, or treatment in which the primary purpose is to reveal information concerning one or more of the eight protected areas (“protected information surveys”) specified in the Protection of Pupil Rights Amendment (PPRA). See the IRB webpage on the intranet for more information on PPRA.

Background: Federal Regulations: The federal regulations [45 CFR 46.116] list 8 required elements or statements that must be in a consent document/process and 6 additional elements that must be present when they are applicable to the research protocol. The IRB may waive or alter all or some of the elements of consent or the consent process, as necessary for the research. A waiver or alteration of consent may also be applied to parent/guardian permission and assent under 45 CFR 46.116(d), and under Subpart D of 45 CFR 46.408 (c) and 45 CFR 46.408(a).

Waivers of Consent:

Definition: When the consent process is waived in its entirety that means all elements of the consent process are waived, so there is no form or information provided to the participant and no verbal review of the research with the participant.

Examples: Waivers of consent are frequently used in research that involves collection of data from records where the investigator will not directly interact with the participants, observational studies, or when potential participants will be identified and then contacted about participation in the research based upon existing records, such as clinical or archival records. In the latter case, the human subject research activities begin when clinical or other records are accessed in order to obtain contact information and/or screen participants for inclusion in the research. Because written consent cannot be obtained from the participants to allow access and use of those records for recruitment purposes, a waiver of consent is needed.

Alterations of Consent:

Definition: An alteration of consent involves a change in one or more of the elements of consent or the consent process.

Examples:

- When deception is used in the research. Deception involves not disclosing the true purpose and/or methods to the participants before the research is conducted at the time of the original consent process. When deception is used, the participants should be debriefed after the completion of the research and told the true information about the research.
- When parent/guardian permission forms are sent home to parents and returned to the investigator without a verbal discussion, questions being addressed, and an evaluation of understanding.

Requesting a Waiver or alteration of consent: In order for the IRB to grant a waiver or alteration of consent, all four regulatory criteria noted below must be met. If you wish to request (a) a waiver of informed consent [45 CFR 46.116(d)] or (b) an alteration of consent or consent process [45 CFR 46.116(d)], you should review the four criteria below and indicate that the requirements are met for your research.

NOTE: This request applies to the Case Record Review and the Participant Survey.

Indicate One

The research in its entirety involves no greater than minimal risk.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The waiver/alteration of informed consent will not adversely affect the rights and welfare of the subjects.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
It is not practicable to conduct the research without the waiver/alteration (Neither lack of adequate funds nor inconvenience are acceptable justifications for impracticability.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Whenever appropriate, subjects will be provided with additional pertinent information after their participation. (i.e. debriefing, when deception is involved)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If you checked "no" for any of these criteria, then you do not meet the requirements for a waiver or alteration of consent and should stop completing this form.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS: CASE RECORD REVIEW FORM

OMB CONTROL NUMBER: xxxxxxx

[NAME]
TRIBE/ITO

[ITO #-001]
FDPIR IDENTIFIER

CASE NUMBER (system generated from AIS)
FDPIR PARTICIPANT

[#]
HOUSEHOLD SIZE

[NEW/RECERTIFIED]
CERTIFICATION STATUS

RELATIONSHIP TO FDPIR APPLICANT	AGE	FOOD STAMPS			INCOME (EARNED AND UNEARNED)							
		Receiving?	Applied for?	Disqualified?	Source 1: Income Type	Amount	Source 2: Income Type	Amount	Source 3: Income Type	Amount	Source 4: Income Type	Amount
		Y/N	Y/N	Y/N		Enter \$ amount		Enter \$ amount		Enter \$ amount		Enter \$ amount
1 self												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												

Relationship to FDPIR Applicant

- A Spouse
- B Partner
- C Son
- D Daughter
- E Step-child
- F Foster-child
- G Mother
- H Step-mother
- I Father
- J Step-father
- K Brother
- L Sister
- M Grandmother
- N Grandfather
- O Aunt
- P Uncle
- Q Cousin
- R Niece
- S Nephew
- T Mother-in-law
- U Father-in-law
- V Sister-in-law
- W Brother-in-law
- X Other-in-law
- Y Roomer/boarder
- Z Other non-relative

Income

- A Social Security
- B SSI
- C TANF
- D General/Public Assistance
- E Foster Care Payments
- F Unemployment Insurance
- G Worker's Compensation
- H Child Support
- I Alimony
- J Pensions
- K Veteran's Benefits
- L Per capita payments
- M Work/training allowances
- N Other:
- O No income source

Quality Control review conducted by: [NAME], [MM/DD/YYYY]

SELF-EMPLOYMENT INCOME				STUDENTS					RESOURCES		
Household Member Self-Employed	Type of Business	Occupation	Primary Source of Income?	Student Receiving Financial Aid?	Amount of Loan/Grant	Time Period	Type of Payment	Amount Used for Tuition/Fees	Cash on Hand	Checking/Savings Account	Stock/Bonds/CDs/Other
Y/N			Y/N/NA	Y/N	Enter \$ amount			Enter \$ amount	Enter \$ amount	Enter \$ amount	Enter \$ amount
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								
			Y/N/NA								

Self-Employment Income

- A Rental Property
- B Roomers
- C Boarders
- D Farming
- E Ranching
- F Own business
- G Other:

Type of Student Aid

- A Pell Grant
- B Student Loan
- C BIA
- D Scholarship
- E Other:

INTERVIEWER: BEFORE STARTING INTERVIEW PLEASE ENTER AVAILABLE AIS DATA IN QUESTION E1.

FDPIR Participant Survey

INTERVIEWER READ: “Hello, my name is [name of interviewer] from NORC at the University of Chicago. [IF IN PERSON - SHOW NORC ID CARD.] I am (calling/here) about the Study of the Food Distribution Program on Indian Reservations. Have you by any chance received our letter? It tells about the study and also mentions you will receive (cash/gift card).

IF YES: Do you have any questions about the survey? May I tell you more about the survey?

IF NO: IN PERSON: Here is a copy of the letter and some information about the project. Should I leave the materials and come back or call at a later time or could I answer any questions you may have at this time?

IF NO: TELEPHONE: I can read the letter to you and also send you another copy and some additional materials in the mail.

INFORMED CONSENT [For PRE-TEST only]

We are conducting a pre-test of the survey for use in a national study of the Food Distribution Program on Indian Reservations. This survey is being done to help understand the food needs of American Indian and Alaska Native families. It is sponsored by the U.S. Department of Agriculture, Food and Nutrition Service.

We are doing this pre-test to see how well the questions are worded and whether people like you that would be taking the survey have a hard time understanding any of the survey questions. The survey will ask you about the members of your household, (FDPIR/name of program) contribution to your food supply, the distribution and delivery of the FDPIR food packages, your food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and your satisfaction with the FDPIR program.

Taking this pre-test survey is voluntary, which means that you don't have to take the survey if you don't want to. Also, you can decide not to answer any specific questions. You also may end the interview at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a thank you for taking the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as your name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of your personal information and can be severely penalized if they do.

We will not use the actual data from the pre-test in any reports to the federal government and the information we collect from you will be destroyed in July 2013.

INFORMED CONSENT [FOR MAIN FIELDING]

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is being done to help understand the food needs of American Indian and Alaska Native families. It is sponsored by the Department of Agriculture, Food and Nutrition Service.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to take the survey if you don't want to, and you can decide not to answer any specific questions. You also may end the interview at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a thank you for taking the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as your name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of your personal information and can be severely penalized if they do. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify you or the tribe/native village.

The survey will ask you about the members of your household, (FDPIR/name of program) contribution to your food supply, the distribution and delivery of the FDPIR food packages, your food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and your satisfaction with the FDPIR program.

The information you provide will be helpful to improve food services in your community and other communities in Indian Country.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email [insert name here]@norc.org or visit www.norc.org.

USE OF AUDIO-TAPE (FOR PRETEST ONLY)

It would be helpful to audio-tape the pretest interviews. It will help us hear how the question wording works and what questions participants have a difficult time understanding. The audio tape will be destroyed by July 2013.

Do I have your permission to record the interview?

- IF YES, Let's begin.
- IF NO, That's fine. Let's begin without it.

INFORMED CONSENT FOR USE OF PROXY [For PRE-TEST or MAIN FIELDING]

Step 1. *If respondent declines to participate in the interview but requests that another person responds to the questions on his/her behalf:* ¹

For in-person interview:

I have chosen not to participate in the interview but would like [name of person] to answer the survey questions for me.

Request signature if the interview is conducted in person:

Respondent Name: _____

Signature: _____

For telephone interview:

You stated that “I have chosen not to participate in the interview but would like [name of person] to answer the survey questions for me.” Is this correct?

- IF YES, I will note your agreement and obtain informed consent from [name of person].

Respondent Name: _____

- IF NO, Thank you for your time. [Terminate interview.]

Date and time permission obtained:

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Step 2. *To consent the person who will respond on the respondents' behalf:*

[Name of respondent's] has declined to participate in the interview and requests that you answer questions about [his/her]FDPIR participation. Would you be able to answer questions on his/her behalf?

- IF YES, I will need to request your informed consent to answer the survey questions.
- IF NO, Thank you for your time. [Terminate interview.]

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is conducted to help understand the food

¹ We anticipate that there will be instances where an elder wishes that another person (e.g., adult child, grandchild) speaks on his/her behalf about participation in the program.

needs of American Indian and Alaska Native families. It is sponsored by the Department of Agriculture, Food and Nutrition Service.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to participate and you can decide not to answer any specific questions. You also may end the interview at any point. *You* will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a token of appreciation for participating in the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as the [respondent's] name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of his/her personal information and can be severely penalized if they do. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify him/her or the tribe/native village.

The survey will ask about the members of [his/her] household, (FDPIR/name of program) contribution to [his/her] food supply, the distribution and delivery of the FDPIR food packages, [his/her] food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and [his/her] satisfaction with the FDPIR program.

The information you provide on [respondent's name behalf] will be helpful to improve food services in [his/her] community and other communities in Indian Country.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email @norc.org or visit www.norc.org.

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Name of Proxy: _____

Signature of Proxy _____

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to do the interview?

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

USE OF PROXY (FOR MAIN FIELDING)

(Name of Respondent) has given permission for you to act as a proxy for him/her and answer questions for the Food Distribution Program on Indian Reservations. The interview will take approximately 45 minutes). Remember you are answering the questions for (name of respondent) and not as you would answer them for yourself. I will remind you of that again during the interview. Do you have any questions? Is now a good time to start?

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Name of Proxy: _____

Signature of Proxy _____

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to do the interview?

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

PERMISSION TO BEGIN INTERVIEW (FOR PRETEST AND MAIN FIELDING)

Do I have your permission to begin the interview?

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time informed consent obtained:

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Informed consent obtained by _____

Name of Field Interviewer

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to come back?

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

What is the reason you prefer not doing the interview?

USE OF Translator? (FOR MAIN FIELDING)

(Name of Respondent) has given permission for you to act as a proxy for him/her and answer questions for the Food Distribution Program on Indian Reservations. The interview will take approximately 45 minutes). Remember you are answering the questions for (name of respondent) and not as you would answer them for yourself. I will remind you of that again during the interview. Do you have any questions? Is now a good time to start?

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Name of Proxy: _____

Signature of Proxy _____

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to do the interview?

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Time began: __:____

HOUSEHOLD ENUMERATION

INTERVIEWERS: COMPLETE THE HOUSEHOLD ROSTER ON THE NEXT PAGE BY ASKING EACH OF THE QUESTIONS LISTED BELOW FOR EACH SECTION.

1	<p>Please tell me the names of all persons who live in your household starting with you – the FDPIR applicant. Just tell me their first names. Let’s start with you.</p> <p>...Do you have a spouse living in the household? ...any children? ...any grandchildren? ...any relatives? ...anyone that is not related to you? ...anyone else that you have not mentioned?</p> <p>I have listed...(read names from grid)...Have I missed- ...any babies or small children? ...anyone who usually lives with you but is away now traveling, at school, or in the hospital? ...any lodgers, boarders, or persons you employ who live with you? ...anyone who is part of the household but is away on full-time active duty with the Armed Forces? ...anyone else staying with you?</p> <p>IF RESPONDENT SAYS ‘YES’ TO ANY OF THE CATEGORIES ADD THAT PERSON(S) TO THE LIST ON THE GRID.</p>
2	Now we would like to ask how each person is related to you. Let’s start with (name of first person), how is he/she related to you?
3	ASK OR VERIFY GENDER OF EACH PERSON LISTED.
4	How old were (you/person) on your/his/her last birthday?
5	FOR EACH PERSON 18 YEARS AND OLDER ASK: What is (your/person’s) marital status. Is he/she married, never married, separated, widowed or divorced?
6	FOR EACH PERSON ASK: What is the highest year of education (you/person) has completed?
7	FOR EACH PERSON ASK: Are you/person currently a student?
8	FOR EACH PERSON OVER 18: Are you/person currently employed? IF YES: Are you/person (READ CATEGORIES ON CHART) CODE EMPLOYMENT STATUS FOR EACH PERSON. IF WORKING: How many hours per week do you/does person work?
9	Does anyone in the household receive Social Security, SSI, LIHEAP, TANF or unemployment benefits? IF YES: Who and what do they receive?
10	Does anyone in the household have access to the internet? IF YES: Who?
11	Does anyone in the household own or lease a vehicle? IF YES: Who

HOUSEHOLD ENUMERATION

Person #	1. NAMES OF HOUSEHOLD MEMBERS	2. REL TO APPLICANT	3. GENDER	4. AGE	5. MARITAL STATUS	6. EDUCATION	7.. Student ENTER Yes/v	8. EMPLOYMENT STATUS	8a. Hours per Week	9. Other Benefits	10. INTERNET ACCESS	11. OWN/LEASE VEHICLE
01		SELF										
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
	a. Spouse B. Partner c. Son/Daughter d. Step-child e. Foster child f. Mother g. Step mother h. Foster mother i. Father j. Step-father k. Foster father	l. Brother/sister m. Grandparent n. Uncle/aunt o. Cousin p. Nephew/niece q. Father-in-law r. Mother-in-law s. Bro/sis-in-law t. Other-in-law u. Other non-relative		Married (M) Never married (NM) Separated (S) Divorced (D) Widowed (W)	a. Less than high school b. Some high school, no diploma c. High school diploma d. Technical school e. Trade apprentice f. Some college, no diploma g. Collage degree h. Graduate or professional studies after collage i. Graduate degree j. Don't know k. 9. Refused	a. Not working b. Working full time c. Working part time d. In school e. Cannot work – disabled f. Job training g. TANF approved work activity h. Something else (SPECIFY)		a. SS b. LIHEAP c. TANF d. Unemp. e. SSI	YES/v	YES/v		

Section A: Participant and Household Characteristics		
<p>The first section of the interview will help us better understand the characteristics of FDPIR participants and their households. We'll begin by talking about where you live, what kind of resources you have in your home for preparing and storing food and who prepares food.</p>		
<p>A1</p>	<p>First, do you live within or off the reservation/ pueblo/ Rancheria/ Alaska native village/ tribal service area?</p> <p>SOURCE: Household Survey, Assessment of Native American, Alaska Native, and Native Hawaiian Housing Needs (NAHSG) (HUD/PD&R) [Objective 1.9]</p>	<p><input type="checkbox"/> On/Within <input type="checkbox"/> Off</p>
<p>A2</p>	<p>Which of the following equipment or methods of food storage and preparations do you use in your home . . .</p> <ul style="list-style-type: none"> • Gas/electric stove • Gas/electric oven • Wood stove • Microwave • Hotplate • Open fire • Refrigerator • Freezer • Root cellar • Ice house • Food canning • Food drying/dehydrator • Other....(SPECIFY) <p>SOURCE: Bell-Sheetter 2004, Food Sovereignty Assessment Tool [Objective 1.10]</p>	<p><input type="checkbox"/> Gas/Electric stove <input type="checkbox"/> Gas/electric oven <input type="checkbox"/> Wood stove <input type="checkbox"/> Microwave <input type="checkbox"/> Hotplate <input type="checkbox"/> Open fire <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Root cellar <input type="checkbox"/> Ice house <input type="checkbox"/> Food canning <input type="checkbox"/> Food drying/dehydrator <input type="checkbox"/> Other SPECIFY): _____</p>
<p>A3</p>	<p>Who in your household has the major responsibility for preparing meals? (REFER TO HOUSEHOLD ENUMERATION, COLUMN 1, FOR PERSON #) Does (name of person) feel adequately prepared to cook the food provided by FDPIR?</p> <p>SOURCE: Project-developed question and response set.</p>	<p>Person # ____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>A4</p>	<p>What is your main source of water for preparing meals? Is it...</p> <ul style="list-style-type: none"> • Public or private water system • Individual well • Spring • Cistern • Stream or lake • Commercial bottled water • Other (SPECIFY)? 	<p><input type="checkbox"/> Public or private water system (includes city water) <input type="checkbox"/> Individual well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Commercial bottled water <input type="checkbox"/> Other (SPECIFY): _____</p>

<p>A5.</p>	<p>Now I'd like to ask you some questions about the kinds of health care services and insurance coverage used by members of your household. Do you or your family receive any medical services on the reservation/pueblo/Rancheria/Alaska native village/tribal service area?</p> <p>IF YES: What are the sources of these services? (HAND SHOWCARD X TO RESPONDENT) MARK ALL THAT APPLY</p> <p>SOURCE: Project-developed question. Response categories based on content analysis of Indian Health Service regions and tribally-managed health services. [Objective 1.4]</p>	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Don't Know<input type="checkbox"/> Refused <ul style="list-style-type: none"><input type="checkbox"/> Tribal or IHS Health Center or Clinic<input type="checkbox"/> Urban Indian Health Center<input type="checkbox"/> Tribally-managed or IHS Hospital<input type="checkbox"/> Tribal or IHS Mobile Clinic or Lab (van)<input type="checkbox"/> Home visits (by a physician or visiting nurse)<input type="checkbox"/> Traditional Healers<input type="checkbox"/> Community Health Representative<input type="checkbox"/> Wellness Center<input type="checkbox"/> Emergency Medical Services<input type="checkbox"/> Tele-health services<input type="checkbox"/> County/Local Health Center<input type="checkbox"/> County/Local Hospital<input type="checkbox"/> Managed Care Organization<input type="checkbox"/> Private doctor's office<input type="checkbox"/> Local Public Health Department<input type="checkbox"/> Other (SPECIFY):
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<p>A6</p>	<p>The next questions are about the types of health care plans and what sources are available for medical care. Is anyone in the household covered by health insurance or some other kind of health care plan?</p> <p>IF YES, ASK ABOUT EACH PERSON IN HOUSEHOLD. Is anyone covered by:</p> <ol style="list-style-type: none"> 1. Private Health Insurance 2. Medicare 3. Medicaid 4. Military Health Care (TRICARE, VA, and others) 5. State Sponsored Health Plan 6. Other Government Program 7. Single Service (E.G., dental, vision, prescriptions) 8. No coverage of any type 9. SCHIP – State Children’s Health Insurance Program 10. Other (SPECIFY): 11. DON’T KNOW 12. REFUSED <p>SOURCE: NHANES HEALTH INSURANCE QUESTIONNAIRE (HIQ) [Objective 1.4]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No 3. <input type="checkbox"/> Yes <input type="checkbox"/> No 4. <input type="checkbox"/> Yes <input type="checkbox"/> No 5. <input type="checkbox"/> Yes <input type="checkbox"/> No 6. <input type="checkbox"/> Yes <input type="checkbox"/> No 7. <input type="checkbox"/> Yes <input type="checkbox"/> No 8. <input type="checkbox"/> Yes <input type="checkbox"/> No 9. <input type="checkbox"/> Yes <input type="checkbox"/> No 10. <input type="checkbox"/> Yes <input type="checkbox"/> No 11. <input type="checkbox"/> DON’T KNOW 12. <input type="checkbox"/> REFUSED</p>
<p>A7</p>	<p>I’m going to read you a list of common health problems. Does anyone in your household currently have any of the following health problems?</p> <p>INTERVIEWER: IF ‘YES’ TO ANY CATEGORY (A8a THROUGH A8j) ASK QUESTION AND ENTER # IN SPACE PROVIDED :</p> <p>How many household members experience (name of category)?</p> <p>A7a. High blood pressure</p> <p>A7b. Diabetes (sugar)</p> <p>A7c. Overweight/obesity</p> <p>A7d. Heart disease</p>	<p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p>

	<p>A7e. Cancer</p> <p>A7f. Underweight</p> <p>A7g. Liver disease</p> <p>A7h. Gastro-intestinal problems (e.g., Irritable Bowel Syndrome, ulcers, lactose intolerance, diarrhea)</p> <p>A7i. Vitamin or mineral deficiencies or anemia</p> <p>A7j. Other (SPECIFY) _____</p> <p>SOURCE: Based on Usher et al, 1990. [Objective 1.11]</p>	<p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> <input type="checkbox"/> Refused Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>A8</p>	<p>Are there food items you or anyone in your household cannot or should not eat? These could include foods that cause food allergies, and foods needed for special diets and the like.</p> <p>A8a) IF YES - What are they? (CODE ALL THAT APPLY) FOR EACH RESPONSE ASK: How many persons in your household have this restriction?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.11]</p>	<p><input type="checkbox"/> Yes (ASK A8a)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Low salt #: ____</p> <p><input type="checkbox"/> Low sugar #: ____</p> <p><input type="checkbox"/> Low fat #: ____</p> <p><input type="checkbox"/> Lactose intolerant #: ____</p> <p><input type="checkbox"/> Gluten intolerant #: ____</p> <p><input type="checkbox"/> High protein #: ____</p> <p><input type="checkbox"/> Food allergies #: ____</p> <p><input type="checkbox"/> Other (SPECIFY): _____ #: ____</p>

<p>A9</p>	<p>Now we're going to change topics and talk about your housing and utility expenses. Can you tell me whether you are buying your home, own your home, renting, live rent-free or have some other arrangement?</p> <p>SOURCE: Usher et al, 1990 FDPIR Survey [Objective 1.9]</p>	<p><input type="checkbox"/> Own home <input type="checkbox"/> Renting <input type="checkbox"/> Other (SPECIFY): _____</p>
<p>A10</p>	<p>HAND SHOWCARD X TO RESPONDENT</p> <p>Now I would like to ask about your rent or mortgage payments. Do <u>not</u> include utilities. Please look at this card and show me the amount you pay for your rent or mortgage each month. You can just give me the letter if you prefer.</p> <p>SOURCE: Project-developed question and response set. [Objective 1.9]</p>	<p>A. Less than \$100 B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499 I. \$500 to \$599 J. \$600 to \$699 K. \$700 to \$799 L. \$800 to \$999 M. \$1,000 to \$1,249 N. \$1,250 to \$1,499 O. \$1,500 to \$1,999 P. \$1,500 to \$1,999 Q. \$2,500 or more R. No cash paid for rent/mortgage S. Don't know T. Refused</p>
<p>A11</p>	<p>Now I would like to ask you about the amount you pay for utilities each month. Please think about the total amount you pay for gas, electricity, water, trash collection and telephone. Look at this card and tell me how much you pay for utilities.</p> <p>What utilities/services are included in that amount?</p>	<p>A. Less than \$100 B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499</p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Trash collection <input type="checkbox"/> Telephone <input type="checkbox"/> Other (SPECIFY) _____</p>

Section B: FDPIR Contribution to Food Supply

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

B1	<p>I am going to read you two statements and would like to know if during the past 12 months, that would be from (month/year), if these were often true for your household, sometimes true, or never true for your household.</p> <p>B1a. The first statement is, “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that <u>often</u>, <u>sometimes</u> or <u>never</u> true for (you/your household) in the last 12 months?</p> <p>B1b. “(I/we) couldn’t afford to eat balanced, nutritious meals.” Was that <u>often</u>, <u>sometimes</u> or <u>never</u> true for (you/your household) in the last 12 months?</p> <p>B1c. In the last 12 months, since last (CURRENT MONTH), did (you/you or other adults your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?</p> <p style="padding-left: 40px;">B1c1. IF YES ABOVE, ASK How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?</p> <p>B1d. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?</p> <p>B1e. In the last 12 months, were you/other adults in your household ever hungry but didn’t eat because there wasn’t enough money for food?</p> <p>SOURCE (B1a-e): US Household Food Security Survey Module: Six-Item Short Form[HH3, HH4, AD1, AD1a, AD2, AD3]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO B1c1) <input type="checkbox"/> Don’t Know (SKIP TO B1c1) <input type="checkbox"/> Refused <input type="checkbox"/> Almost every month <input type="checkbox"/> Some months but not every month <input type="checkbox"/> Only 1 or 2 months <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused
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<p>B2</p>	<p>How did you learn about FDPIR? (RECORD VERBATIM and CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 5.1]</p>	<p><input type="checkbox"/> Prior receipt of FDPIR foods by household</p> <p><input type="checkbox"/> Word of mouth (family, friend)</p> <p><input type="checkbox"/> Referral from tribal social service program (SPECIFY): _____</p> <p><input type="checkbox"/> Tribal newsletter or brochure</p> <p><input type="checkbox"/> Outreach by FDPIR staff (SPECIFY): _____</p> <p><input type="checkbox"/> Referral from county social services</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
<p>B3</p>	<p>Is FDPIR the only or primary source of food for this household?</p> <p>B3a. Thinking of the other sources of food for this household, what percentage comes from:</p> <p>(READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <ul style="list-style-type: none"> • FDPIR • Other food programs to include, for example, National School Lunch Program, WIC, Meals on Wheels • Extended family or tribal community • Grocery/supermarket/convenience store • Traditional/native food sources (hunting, fishing, berry picking, ricing, gardening, farming) • Food pantries or food banks • Take-out or convenience stores • Other (SPECIFY) <p>INTERVIEWER: INDICATE THE PERCENTAGES OF EACH. THE TOTAL SHOULD ADD UP TO NEAR 100%.</p> <p>SOURCE: Project-developed question and response set. [Objective 2.1, 2.3]</p>	<p><input type="checkbox"/> Yes only source of food (SKIP TO SECTION C)</p> <p><input type="checkbox"/> No there are other sources (ASK B3a)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p>_____% FDPIR</p> <p>_____% Other Food programs</p> <p>_____% Extended family or tribal community</p> <p>_____% Grocery/ supermarket/ convenience store</p> <p>_____% Traditional/native food sources</p> <p>_____% Food pantries/food banks</p> <p>_____% Take-out</p> <p>_____% Other (SPECIFY): _____</p>

<p>B4</p>	<p>Is anyone in your household receiving benefits from or participating in food programs other than FDPIR? Examples would include (READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <ul style="list-style-type: none"> • Head Start (CACFP) • School Breakfast Program • National School Lunch Program • Child and Adult Care Food Program • Summer Feeding Program or the Summer Food Service Program • Elderly Meals/Feeding Programs • Local Food Banks or Pantries • Tribal Emergency Funds • Meals on Wheels • Other state, county, local programs, other tribal programs • WIC Farmers' Market Nutrition Program • Seniors Farmers' Market Nutrition Program • Soup Kitchens • Any others <p>B4a. IF YES: Which ones?</p> <p>SOURCE: National Survey of WIC Participants and Their Local Agencies, Section E Household Income and Food Spending with some project developed items. [Objective 2.2]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Head Start (CACFP) <input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> Summer Feeding Program or the Summer Food Service Program <input type="checkbox"/> Elderly Meals/ Feeding Programs <input type="checkbox"/> Local Food Banks or Pantries <input type="checkbox"/> Tribal Emergency Funds <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Other state, county, local programs, other tribal programs <input type="checkbox"/> WIC Farmers' Market Nutrition Program <input type="checkbox"/> Seniors Farmers' Market Nutrition Program <input type="checkbox"/> Soup Kitchens <input type="checkbox"/> Other programs(SPECIFY): _____
<p>B5</p>	<p>Has anyone in your household referred to other food programs by the FDPIR staff? Examples would include (READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <p>B5a. IF YES: Which programs?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes (ASK B5a) <input type="checkbox"/> No (SKIP TO B6) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Head Start (CACFP) <input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> Summer Feeding Program or the Summer Food Service Program <input type="checkbox"/> Elderly Meals/ Feeding Programs <input type="checkbox"/> Local Food Banks or Pantries <input type="checkbox"/> Tribal Emergency Funds <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Other state, county, local programs, other tribal programs <input type="checkbox"/> WIC Farmers' Market Nutrition Program <input type="checkbox"/> Seniors Farmers' Market Nutrition Program <input type="checkbox"/> Soup Kitchens <input type="checkbox"/> Other programs(SPECIFY): _____

<p>B6</p>	<p>I am going to ask you about the sources of meals for your household. By meals I mean breakfast, lunch and dinner. During the past month did you or anyone in your household get any meals that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? Do not include meals prepared by extended family or in a community setting.</p> <p>B6a. IF YES: About how often did the household eat meals prepared by such places as restaurants, fast food places, food stands, grocery stores, or from vending machines? Would you say none, some, about half, or most?</p> <p>SOURCE: National Health and Nutrition Examination Survey (NHANES) [Objective 2.1]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> About half <input type="checkbox"/> Most</p>
<p>B7</p>	<p>During the past month did you or anyone in your household get any meals that were prepared by extended family or prepared by a community group?</p> <p>B7A. IF YES: How often did the household eat meals prepared by extended family or prepared by a community group? Would you say none, some, about half or most meals?</p> <p>SOURCE: Project-developed question and response set. [Objective 2.1]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> About half <input type="checkbox"/> Most</p>

Section C: Access to FDPIR - Distribution and Delivery		
<p>The next set of questions covers access to the Food Distribution Program in terms of the distance and time it takes to travel to sites for enrollment, certification, and picking up the food package. There are also a few questions on the time spent and distances traveled for other sources of food.</p>		
C1	<p>When you applied for the FDPIR program approximately how many miles did you have to travel to the certification site?</p> <p style="padding-left: 40px;">C1a. About how long did it take to get there?</p> <p style="padding-left: 40px;">C1b. What kind of transportation did you use? Was it your own car or truck, someone else drove you, you walked, took public transportation, taxi or some other way?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p>___ Miles</p> <p>___ HRS ___ MINS</p> <p>1. Own car or truck 2. Someone else drove SPECIFY: _____</p> <p>3. Walked 4. Public transportation 5. Taxi 6. Some other way SPECIFY: _____</p>
C2	<p>INTERVIEWER: IF THE ANSWER TO C2 IS AVAILABLE PLEASE FILL IN BEFORE INTERVIEW AND DO NOT ASK THIS QUESTION.</p> <p>What is your current period of certification? Are you required to recertify every 1-2 months, every 3-5 months, every 6-11 months or more than a year?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.2]</p>	<p><input type="checkbox"/> 1-2 months <input type="checkbox"/> 3-5 months <input type="checkbox"/> 6-11 months <input type="checkbox"/> Year or more <input type="checkbox"/> Other (SPECIFY) <input type="checkbox"/> Don't know</p>
C3	<p>Different places offer several options for getting/picking up the food package. These options include pickup at FDPIR site, FDPIR store/nutrition centers, different warehouse location, tailgate location, and home delivery. Which option do you usually use when getting your food package?</p> <p style="padding-left: 40px;">C3a. Are you satisfied with this method?</p> <p style="padding-left: 40px;">IF NO: What would you prefer? (RECORD VERBATIM and CODE ANSWER)</p> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> FDPIR Site <input type="checkbox"/> FDPIR Store/Nutrition Center <input type="checkbox"/> Different Warehouse location <input type="checkbox"/> Tailgate Location <input type="checkbox"/> Home Delivery (SKIP TO D1) <input type="checkbox"/> Other (SPECIFY): _____</p> <hr/> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

<p>C4</p>	<p>Thinking about picking up your food packages, approximately how many miles do you have to travel to pick up the food packages?</p> <p>C4a. About how long does it usually take to get there?</p> <p>C4b. What kind of transportation do you usually use? Is it your own car or truck, someone else drove you, you walked, took public transportation, taxi or some other way?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p>___ Miles</p> <p>___ HRS ___ MINS</p> <ol style="list-style-type: none"> 1. Own car or truck 2. Someone else drove <p>SPECIFY: _____</p> <ol style="list-style-type: none"> 3. Walked 4. Public transportation 5. Taxi 6. Some other way <p>SPECIFY: _____</p>
<p>C5</p>	<p>Do you have an authorized representative pick up your food packages?</p> <p>C5a. IF YES: Approximately how many miles does the representative travel to pick up the food packages?</p> <p>C5b. About how long does it usually take your representative to get there?</p> <p>C5c. What kind of transportation does he/she use? Is it their own car or truck, they walked, took public transportation, taxi or some other means of transportation?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>___ Miles</p> <p>___ HRS ___ MINS</p> <ol style="list-style-type: none"> 1. Own car or truck 2. Someone else drove <p>SPECIFY: _____</p> <ol style="list-style-type: none"> 3. Walked 4. Public transportation 5. Taxi 6. Some other way <p>SPECIFY: _____</p>
<p>C6</p>	<p>Does traveling to the FDPIR site present any challenges or problems for you? [Objective 4.4]</p> <p>C6a. IF YES, please describe why this is challenging (SPECIFY).</p> <hr/> <hr/> <p>C6b. Is home delivery an option that is offered by the FDPIR program?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO C7) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

Section D: Food Access and Cost – Non-subsidized Sources		
<p>We are also interested in finding out how easy or hard it is to obtain food in your area and about food costs.</p>		
D1	<p>We are also interested in the distance of <u>other</u> food outlets/suppliers/sources than FDPIR from your home. Approximately how many miles is the nearest (CATEGORY) and what is the travel time to get there?</p> <p>D1a. Nearest food retail store that sells fresh produce</p> <p>D1b. Nearest grocery store.....</p> <p>D1c. Nearest convenience store.....</p> <p>D1c. Nearest farmers market.....</p> <p>D1d. Nearest warehouse store or department store such as Target.....</p> <p>D1e. Nearest Wal-Mart that sells groceries.....</p>	<p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
D2	<p>Thinking about the past year, that would be from about <MONTH/YEAR>, have there been any changes in your access to food sources. Examples of changes could be opening or closing of supermarkets, changes in food programs and the like.</p> <p style="text-align: center;">D2a. IF YES: What are these changes? (RECORD VERBATIM)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p><input type="checkbox"/> Yes (ASK D2a) <input type="checkbox"/> No (SKIP TO D3) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

D3	<p>On average, what does your household spend each month on food (including food consumed at home and food consumed outside the home)?</p> <p style="text-align: right;">\$_____</p> <p>D3a. Are there seasons when your household spends considerably <u>less</u> on food expenses?</p> <p>D3b. Which seasons?</p> <p>D3c. Why is that? RECORD VERBATIM:</p> <hr/> <hr/> <p>D3d. Are there seasons when you household spends considerable <u>more</u> on food expenses? (IF NO, SKIP TO SECTION E)</p> <p>D3e. Which seasons?</p> <p>D3f. Why is that? RECORD VERBATIM</p> <p>SOURCE: Project-developed question and response set.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (SKIP TO D4)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p>SEASON: _____</p> <p>SEASON: _____</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (SKIP TO SECTION E)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p>SEASON: _____</p> <p>SEASON: _____</p>
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Section E: Participation in FDPIR and SNAP/Food Stamps

The next few questions will be about whether your household has also participated in SNAP/Food Stamp program as well as FDP, if you have ever switched between the two programs, and your reasons for doing so.

E1

INTERVIEWER: IF AVAILABLE ENTER THE MONTHS OF PARTICIPATION INFORMATION FROM AIS IN THE CHART BELOW.

IF ALL MONTHS ARE FILLED IN FOR FDPIR/SNAP: SKIP TO QE5.

IF THERE ARE MONTHS WHERE THERE ARE GAPS IN PARTICIPATION FOR FDPIR/SNAP: SKIP TO QE2.

IF AIS INFORMATION IS NOT AVAILABLE: CONTINUE BELOW.

INTERVIEWER: ON THE FIRST LINE UNDER MONTH IN THE CHART BELOW ENTER THE NEXT MONTH FROM THE INTERVIEW. (IF YOU ARE CONDUCTING THE INTERVIEW IN MARCH – ENTER APRIL). CONTINUE TO FILL IN THE MONTHS. THE LAST MONTH ENTERED WILL BE THE CURRENT MONTH. THEN ENTER THE YEAR THAT CORRESPONDS TO EACH MONTH TO SHOW THE LAST YEAR UP UNTIL THE INTERVIEW. HAND R SHOWCARD X.

ALL MONTH LINES NEED TO HAVE AN ENTRY IN ONE OF THE LAST THREE COLUMNS.

E1a. Thinking of the past year, that would be from <MONTH/YEAR>until now, what months did you participate in a food program? Let's start with <MONTH/YEAR>. During this month were you participating in SNAP/Food Stamps, FDPIR or neither? CONTINUE ASKING ABOUT EACH MONTH.

MONTH	YEAR	SNAP	FDPIR	NEITHER
	2013			

[Objective 3.2]

<p>E2</p>	<p>I see that you did not participate in either FDPIR or SNAP in <MONTHS, YEARS>? Can you tell me why? THIS MAY INVOLVE CONSECUTIVE OR NON-CONSECUTIVE MONTHS. ASK ABOUT ALL MONTHS AND LIST UNTIL ALL REASONS HAVE BEEN ACCOUNTED FOR.</p> <p>(RECORD VERBATIM AND CODE)</p> <p>_____</p> <p>_____</p> <p>SOURCE: Project-developed question and response set. [Objective 3.2]</p>	<p><input type="checkbox"/> Was not eligible (income related reason)</p> <p><input type="checkbox"/> Did not apply in time</p> <p><input type="checkbox"/> Was receiving food benefits through another household</p> <p><input type="checkbox"/> Had other sources of food (personal, community)</p> <p><input type="checkbox"/> Did not live in the area</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
<p>E3.</p>	<p>I see that you changed from FDPIR to SNAP/Food Stamps in <MONTHS/YEARS>. What was the reason/were the reasons for changing from FDPIR to SNAP?</p> <p>HAND RESPONDENT SHOWCARD X AND READ THE STATEMENTS ALOUD. MARK ALL THAT APPLY. CONTINUE GOING THROUGH THE LIST UNTIL ALL CHANGES HAVE BEEN ACCOUNTED FOR.</p> <p>A. Because the size and income resources of my household changed so I was now eligible for SNAP [change in eligibility]</p> <p>B. Because I participate in the TANF program</p> <p>C. Because I prefer having a greater variety of food choices or options [greater food choices]</p> <p>D. Because the food in the store/supermarket is better quality than the USDA Foods [better food quality]</p> <p>E. Because I have less time to prepare and cook food , don't know how to cook, don't like to cook or don't have the time to cook, needed greater flexibility and can buy convenience and prepared foods [greater convenience in food preparation]</p> <p>F. Because I needed to buy specific foods for household members (e.g., dietary restrictions) [changes in household food/dietary needs]</p> <p>G. In the summer I have more responsibility for feeding children not in school.</p> <p>H. Because I have greater privacy obtaining food using the EBT card [personal preference; privacy]</p> <p>I. Because I can use the EBT card at a convenience store or gas station [greater convenience]</p> <p>J. Because the store/market is closer to where I live than the distribution site [better access, more convenient]</p> <p>K. Because I was going away for a period of time and would be able to use SNAP benefits anywhere [greater convenience]</p> <p>L. Because I think I can get more food on SNAP benefits than FDPIR</p> <p>M. Because . . . [Respondent supplies reason] [Other]</p> <p>[Objective 3.31]</p>	<p>SWITCH FDPIR to SNAP</p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> F</p> <p><input type="checkbox"/> G</p> <p><input type="checkbox"/> H</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> J</p> <p><input type="checkbox"/> K</p> <p><input type="checkbox"/> L</p> <p><input type="checkbox"/> M</p>

	<p>I see that you changed from SNAP/Food Stamps to FDPIR in <MONTHS/YEARS>. What was the reason/were the reasons for changing from SNAP to FDPIR?</p> <p>HAND RESPONDENT SHOWCARD X AND READ THE STATEMENTS ALOUD. MARK ALL THAT APPLY. CONTINUE GOING THROUGH THE LIST UNTIL ALL CHANGES HAVE BEEN ACCOUNTED FOR.</p> <p>A. Because it is easier to qualify for FDPIR [lower income threshold] B. Because I receive a greater quantity of food through FDPIR [increased food quantity] C. Because the quality of the USDA Foods is better [better food quality] D. Because I wanted to stock up on canned and dried goods [stocking up on food] E. Because I don't like the SNAP/food stamp certification process, because I don't like the way I am treated at the county office or similar problem. [dissatisfaction with certification process] F. Because the county office is too far way and difficult to get to [inconvenient location] G. Because the FDPIR pick-up/distribution site is closer than going to the store/market [easier access] H. Because I don't know how to use/feel comfortable using an EBT card [personal preference; discomfort with using EBT] I. Because I feel that people in the store/market look down on me when I use the EBT card [perception of stigma] J. Because . . . [Respondent supplies reason] [Other]</p> <p>SOURCE: Project-developed question and response set based on content analysis of 2009 Urban Institute site visit reports, review of Usher et al 1990, and comments during January 2012 USDA/FDPIR Tribal Consultations [Objective 3.3]</p>	<p>SWITCH SNAP to FDPIR</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J</p>
<p>E4</p>	<p>You said that your household received SNAP/Food Stamps during the last year. About how much was the amount received each month?</p>	<p>\$_____ Monthly</p>
<p>E5</p>	<p>Has any member of the household ever been disqualified from participation in the FDPIR program?</p> <p>IF YES: Please explain:(RECORD VERBATIM)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

Section F: Nutrition Education and Other Services

The next few questions ask about nutrition education and other health related services.

F1

FDPIR offers nutrition education information and activities on-line and in person. Examples of these include distributing newsletters, factsheets, recipes, providing nutrition counseling, or holding cooking demonstrations and nutrition classes. Have you or anyone in your household used or taken part in any of these activities in the past year?

F1a. IF NO: Was this because they were not offered, no one was interested, considered to be not useful, no computer/internet access, timing not good, location inconvenient, no transportation or some other reason. (RECORD VERBATIM AND CODE)

F1b. IF YES, HAND SHOWCARD TO R: I am going to read you a list of items, please tell me if during the past year anyone in your household picked up any of the educational offerings or took part in any of the activities that included nutrition education . . . (READ EACH CATEGORY AND CHECK (√) THE 'YES' CATEGORIES)

IF CHECKED: Approximately how often?

- Newsletters
- Factsheets
- Recipes/Cookbooks
- DVDs
- Calendars
- How to budget
- How to grocery shop
- Cooking demonstrations
- Baking demonstrations
- Demonstrations on how to preserve food
- Demonstrations on using traditional foods
- Tastings during FDP pick-up
- Nutrition classes
- Nutrition counseling
- 'Pot luck' or similar types of gatherings
- Kid nutrition
- Mothers' Groups
- Demonstrations on or participation in gardening

- Yes
- No
- Don't Know
- Refused

- Not offered
- Not interested
- Not useful
- No computer/ internet access
- Timing not good
- Location inconvenient
- No transportation
- Other (SPECIFY): _____

- Don't Know
- Refused

FREQUENCY (PER YEAR)

- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times
- ___ Times

	<p> <input type="checkbox"/> Gardening education <input type="checkbox"/> Health/Nutrition fairs <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Other (SPECIFY): _____ </p> <p>IF F1b RESPONSES ARE ALL NOT CHECKED SKIP TO F2.</p> <p>IF ANY CHECKED IN F1b ASK F1c.</p> <p>F1c. You indicated someone in the household read or participated in the following FDPIR offerings <MENTION ALL CHECKED FROM >. Have any changes been made to the household cooking or eating practices as a result of these programs, activities, or information?</p> <p>F1d. IF YES: What changes have been made? RECORD VERBATIM</p> <p>_____</p> <p>_____</p> <p>F1e. IF NO: Why not? RECORD VERBATIM</p> <p>_____</p> <p>_____</p> <p>SOURCE: Project-developed question and response set, based on content analysis of 2009 Urban Institute site visit reports. [Objective 6.3]</p>	<p> _____ Times _____ Times _____ Times _____ Times _____ Times </p>
<p>F2</p>	<p>Other program services offered by FDPIR alone or in coordination with other programs are fitness and health classes, cooking classes, health fairs and the like. Have you or anyone in your household taken part in such activities?</p> <p>F2a. IF YES to F2: Were there any changes in activity or health/fitness because of these services/activities?</p> <p>IF YES TO F2a1: What were the changes?</p> <p>_____</p> <p>_____</p> <p>IF NO TO F2a2: Why not?</p> <p>_____</p> <p>_____</p>	<p> <input type="checkbox"/> Yes (ASK F2a) <input type="checkbox"/> No (SKIP TO F3) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p> <p> <input type="checkbox"/> Yes (ASK F2a1) <input type="checkbox"/> No (ASK F2a2) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>

	<p>F2b. IF YES to F2: Were there any changes in diet and health because of these services/activities?</p> <p>IF YES TO F2b1: What were the changes?</p> <hr/> <hr/> <p>IF NO TO F2b2: Why not?</p> <hr/> <hr/> <p>F2c. IF YES to F2: Were there any changes in food preparation because of these services/activities?</p> <p>IF YES TO F2c: What were the changes?</p> <hr/> <hr/> <p>IF NO TO F2c: Why not?</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 6.2]</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>F3</p>	<p>Has FDPIR staff ever referred your household to other assistance services or programs like cash assistance or child support for example?</p> <p>F3a. If YES, which one(s)? CHECK ALL THAT APPLY. PROVIDE A CARD WITH THE LIST</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> <input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> <input type="checkbox"/> Tribal TANF</p> <p><input type="checkbox"/> <input type="checkbox"/> Emergency Assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> General Assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> Elder Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Subsidized Housing</p> <p><input type="checkbox"/> <input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> <input type="checkbox"/> Indian Child Welfare</p> <p><input type="checkbox"/> <input type="checkbox"/> Vocational Education</p> <p><input type="checkbox"/> <input type="checkbox"/> Vocational Rehabilitation</p> <p><input type="checkbox"/> <input type="checkbox"/> Health & Wellness</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> <input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> <input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> <input type="checkbox"/> Other (SPECIFY):</p> <hr/>

<p>F3b. Are any of these programs or services provided in the same location as FDPIR?</p> <p>If YES, which one(s)? CHECK ALL THAT APPLY</p> <p>SOURCE: Project-developed question and response set. [Objective 5.5]</p>	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Don't Know<input type="checkbox"/> Refused <input type="checkbox"/> Head Start<input type="checkbox"/> <input type="checkbox"/> Tribal TANF<input type="checkbox"/> <input type="checkbox"/> Emergency Assistance<input type="checkbox"/> <input type="checkbox"/> General Assistance<input type="checkbox"/> <input type="checkbox"/> Elder Care<input type="checkbox"/> <input type="checkbox"/> Subsidized Housing<input type="checkbox"/> <input type="checkbox"/> Child Support<input type="checkbox"/> <input type="checkbox"/> Indian Child Welfare<input type="checkbox"/> <input type="checkbox"/> Vocational Education<input type="checkbox"/> <input type="checkbox"/> Vocational Rehabilitation<input type="checkbox"/> <input type="checkbox"/> Health & Wellness<input type="checkbox"/> <input type="checkbox"/> Mental Health<input type="checkbox"/> <input type="checkbox"/> Domestic Violence<input type="checkbox"/> <input type="checkbox"/> Substance Abuse<input type="checkbox"/> <input type="checkbox"/> Other (SPECIFY): _____
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Section G: Satisfaction with FDPIR		
We are now going to talk about your satisfaction with FDPIR.		
<p>G1</p> <p>HAND RESPONDENT SHOWCARD X</p> <p>What was your household’s most important reason for seeking food assistance? (RECORD VERBATIM AND CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p>a. Loss of job</p> <p>b. Loss of other source of income</p> <p>c. Household became eligible for FDPIR</p> <p>d. FDPIR was more convenient than other programs</p> <p>e. FDPIR changed its delivery options and it became easier for our household</p> <p>f. Loss of other benefits</p> <p>g. Established own household</p> <p>h. Other (SPECIFY)</p>	
<p>G2</p> <p>HAND RESPONDENT SHOWCARD X</p> <p>What was your household’s most important reason for enrolling in FDPIR? (RECORD VERBATIM AND CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p>a. Household became eligible for FDPIR</p> <p>b. FDPIR was more convenient than other programs</p> <p>c. FDPIR changed its delivery options and it became easier for our household</p> <p>d. Other (SPECIFY)</p>	
<p>G3</p> <p>FDPIR offers a variety of foods including vegetables, dry beans, juice, fruits, meats, ready to eat cereals, and miscellaneous items such as dry egg mix, cheese, crackers, noodles, peanut butter, milk and pasta to name a few.</p> <p>G3a. In terms of variety how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <ul style="list-style-type: none"> • G3b. In terms of freshness how satisfied are you? Very satisfied, somewhat satisfied, or not satisfied? <p>IF NOT SATISFIED: Why are you not satisfied?</p>	<p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p>	

<hr/> <ul style="list-style-type: none"> <p>G3c. In terms of quality how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3d. In terms of nutritional value how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3e. In terms of taste appeal (PROBE: salty, sweet, sour, old, stale, greasy) how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3f. In terms of visual appeal of packaging and food how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3g. What is your overall satisfaction with the FDPIR food package? What do you like most? What do you like least? What foods would you like to see added? Are any of these food considered cultural/traditional foods?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied
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<p>G4</p>	<p>Generally, do you, and members of your household, feel that the FDPIR programs meets your food and nutrition needs?</p> <p>G4a IF YES: Could you tell me more about how it has met your food and nutrition needs? (RECORD VERBATIM)</p> <hr/> <hr/> <p>G4b IF NO: Could you tell me more how the program has not met your food and nutrition needs? (RECORD VERBATIM)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> Yes (SKIP TO G4a)</p> <p><input type="checkbox"/> No (SKIP TO G4b)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>G5</p>	<p>Please tell me your overall satisfaction about the following aspects of your experiences with FDPIR. Are you very satisfied, somewhat satisfied or not satisfied with the following aspects of FDPIR:</p> <p>IF NOT SATISFIED ASK: What is the reason you are/were not satisfied?</p> <p>G5a. Application process</p> <p>G5b. Recertification process</p> <p>G5c. Location of distribution site</p> <p>G5d. Attractiveness/atmosphere of distribution site</p>	<p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p>

	<p>G5e. Features of the distribution facility [PROBES: Sufficient parking, children’s play area, help carrying FDPIR food package items to the car]</p> <p>G4f. Frequency of distribution</p> <p>G4g. Interaction with program staff</p> <p>G4h. Nutrition Education offerings</p> <p>G4i. Other program factors (SPECIFY) : _____</p> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p>
<p>G6</p>	<p>Have there been any changes in FDPIR in the past three years that have influenced your participation in the program?</p> <p>G5a. IF YES: What changes? (RECORD VERBATIM)</p> <hr/>	<p><input type="checkbox"/> Yes (SKIP TO G5A)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don’t Know</p> <p><input type="checkbox"/> Refused</p>

	<p>G5b. How did the changes influence your participation? (RECORD VERBATIM.)</p> <hr/> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	
<p>G7</p>	<p>If you had the opportunity what would you tell the Federal Government about the FDPIR program? (RECORD VERBATIM – PROBE FOR COMPLETENESS)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set, based on Bell-Sheetter, 2004.</p>	<p><input type="checkbox"/> Nothing/No comment <input type="checkbox"/> Refused</p>
<p>G8</p>	<p>If you had the opportunity what would you tell your tribal leaders about the FDPIR program? (RECORD VERBATIM – PROBE FOR COMPLETENESS)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set, based on Bell-Sheetter, 2004.</p>	<p><input type="checkbox"/> Nothing/No comment <input type="checkbox"/> Refused</p>
<p>G9</p>	<p>Would you recommend the FDPIR program to other family and friends?</p> <p>G8a. IF NO: Why not? (RECORD VERBATIM)</p> <hr/> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

Section H: Ending the Interview		
<p>Those are all of the survey questions I have. Thank you so much for taking the time to speak with me. Do you have any questions about the survey or the experience?</p>		
H1	<p>In appreciation for the time spent with me the project would like to give you \$25.00/gift card. HAVE RESPONDENT SIGN THE RECEIPT.</p>	<p><input type="checkbox"/> \$25.00 <input type="checkbox"/> Gift Card</p>
H2	<p>The office may want to call you to verify that the interview was conducted. What is the best phone number to reach you?</p> <p style="margin-left: 40px;">H2a. What is the best time of day to reach you? Morning, afternoon or evening?</p>	<p>____ - ____ - ____</p> <p>1. AM 2. PM 3. Evening</p>
H3	<p>DATE OF INTERVIEW: ____/____/____</p> <p>INTERVIEWER NAME: _____</p> <p>ID NUMBER: _____</p> <p>IS THERE ANYTHING YOU WOULD LIKE TO SAY ABOUT THIS INTERVIEW?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Time Ended: __:____



ACOMA FOOD DISTRIBUTION PROGRAM

P.O. Box 449
 Acoma, New Mexico 87034
 Telephone: (505) 552-9489 Fax: (505) 552-6536

Instructions: Complete the following information. If you **refuse to cooperate/provide verification**, your application will be denied. You must provide proof/verification of all income and allowable deductions.

Name (Head of Household): _____ County: _____
 Physical Address: _____ Telephone No.: _____
 Mailing Address: _____ Application Date: _____
 City/State/Zip Code: _____ **NEW or RECERT.**

HOUSEHOLD MEMBERS: Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.)

NAME(S) OF ALL HOUSEHOLD MEMBERS (Last, First, Middle Initial). Please Print.	RELATIONSHIP TO HEAD OF HOUSEHOLD (self, spouse, daughter, son, cousin, etc.)	DATE OF BIRTH	SOCIAL SECURITY #
1.	SELF		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Are you or anyone in your household currently receiving food stamps? Yes No If yes, list names: _____

Have you or anyone in your household recently applied for Food Stamps? Yes No If yes, list names: _____

Have you or anyone in your household been disqualified from the Food Stamp Program for an intentional program violation? Yes No. If yes, list name(s): _____

INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, per capita payments from gambling enterprises, work/training allowances, etc. Verification of income is required for all household members (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	EMPLOYER/ SOURCE OF INCOME	TYPE OF INCOME (Wages, Social Security, TANF, Child Support, etc.)	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly

SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? Yes No If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses).

HOUSEHOLD MEMBER	TYPE OF BUSINESS (Farm, Ranch, Rental, Day care, etc)	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

STUDENTS: Are there any students in your household who receive education grants, scholarships or loans? Yes No If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees

RESOURCES: List resources for all household members, except roomers and boarders. (Attach additional names on a separate sheet).

HOUSEHOLD MEMBER	CASH ON HAND	CHECKING/SAVINGS ACCOUNT	STOCKS, BONDS, CERTIFICATE OF DEPOSIT, OTHER

ALLOWABLE DEDUCTIONS [Please provide verification]:

DEPENDENT CARE: Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment or to attend training or pursue education which is preparatory to employment? Yes No If yes, name and address of person providing care: _____
Amount Paid: \$ _____ How often paid (weekly, monthly, etc.) _____

CHILD SUPPORT: Does anyone in your household pay court ordered child support for a non-household member? Yes No
If yes, complete the following: Amount ordered to pay: \$ _____ Amount actually paid: \$ _____

MEDICARE: Does anyone in your household pay Medicare Part B Medical Insurance and/or Part D Prescription Drug Coverage? Yes No If yes, complete the following: Household Member: _____
Amount Paid for Part B: \$ _____ Amount Paid for Part D: \$ _____

AUTHORIZED REPRESENTATIVE: To authorize someone outside your household to pick up your food, complete this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

RACIAL/ETHNIC DATA COLLECTION: This information is voluntary. If you do not provide this information, it will not affect your eligibility.

1. Are you Hispanic or Latino? Choose one of the following: Yes or No
2. What is your race? Choose any of the following that apply: American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

FAIR HEARING: If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNING: If your household receives commodity food, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and /or disqualification from participation in the Food Distribution Program.

1. Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Food Stamp Program in order to obtain Food Distribution Program benefits which your household is not entitled to receive.
2. Do not trade or sell commodity food.
3. Do not participate simultaneously in the Food Stamp Program and Food Distribution Program.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willing violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV will be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

AUTHORIZATION: I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report any changes in household size, income and/or resources to the Food Distribution Office within ten days of the date the change becomes known.

Applicant's Signature _____ **Date** _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Office of Adjudication and Compliance, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

5 – Letter to respondents

(date)

Dear Sir/Madam,

We are writing to let you know that you have been randomly selected to take part in a very important national survey of food distributions on native lands and to request your assistance. It is called the *Study of the Food Distribution Program on Indian Reservations (FDPIR)*. <Name of reservation/tribal area> is one of only 25 selected from across the country.

The food distribution study is funded by the U. S. Department of Agriculture (USDA) and is being conducted by Urban Institute and NORC at the University of Chicago. This study will provide current nationally representative information on FDPIR participants and also provide updated information on local program operations across the nation.

The survey will take about 45 minutes to complete. Some of the topics covered include FDPIR and other contributions to your food supply, food costs, health and diet concerns, use of other food assistance programs, nutrition education, and your overall satisfaction with the food distribution program.

We have been given approval by your <reservation/tribal area leaders to conduct this survey on <name of reservation/tribal area. Even though we have this permission they do not know the names of the individuals that will be contacted.

All of your responses are kept completely confidential. Your name will be separated from your answers and the answers are reported together with everyone else's as a group.

To express our appreciation for your time you will be given a gratuity of <\$25.00/XXXX gift card> for your participation.

Over the next few weeks an interviewer from NORC will be contacting you about participation in the survey. The interviewer is prepared to answer any questions you may have. In the meantime please feel free to call our toll free number with any questions you may have. That number is 800-XXX-XXXX. Also, please see the enclosed brochure for more information.

Thank you so much for reading this letter and considering our request.

Sincerely,

Signatures and logos

BROCHURE – RESPONDENT INTERVIEW VERSION

Panel 1: Cover

Topic: Name of study

Notes: Will also include food and food distribution pictures

Study of the Food Distribution Program on Indian Reservations

Panel 2: Inside Left

Topic: Description of Project

This important and timely study is being conducted for the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). NORC at the University of Chicago will be conducting the survey of participating households and is working in collaboration with the Urban Institute and Support Services International.

The FDPIR study will provide current, nationally representative information on FDPIR participants and will provide updated information on local program operations across the nation.

The last nationally representative study of FDPIR participants and programs was completed in 1990. Since then, many changes have occurred in the FDPIR program, including changes to eligibility rules, foods offered, and food delivery options. This study is needed to measure progress and see what else can be done to better serve the community.

Twentyfive reservations/Tribal service areas were randomly sampled using a scientific method to take part in the household survey. Since all reservations and Tribal areas could not be included in the study, and only a sample of respondents could be selected from each reservation/Tribal service area, you will be speaking for many others just like yourself. Your interest and participation is greatly appreciated.

Overall, the sites selected will include a representation of many areas across Indian Country. For example:

- Native American Reservations in 11 states
- Tribal Service Areas in Oklahoma

Panel 3: Inside Middle
Topic: Continuation of Project Description

A NORC interviewer will call or visit your home to discuss your participation and answer any questions you may have. He/she will show you proper identification and will also have additional materials to share with you about the project. There is also a toll free number (800-XXX-XXXX) to call if you have any questions about the interview or the interview process. In addition you can call NORC's Institutional Review Board toll free at 866-309-0542 to verify the legitimacy of the study.

The survey questions are easy to answer and cover topics you are very familiar with. You will be asked, for example, about your household obtains food and its costs, health and diet concerns, FDPIR's contribution to your food supply, your satisfaction with FDPIR, nutrition education and other services. Your participation is voluntary. If you don't want to answer certain questions, that's OK too.

If you agree to participate, the interview will take about 30 minutes and you will receive a \$25 gratuity to express our appreciation for your time.

Panel 4: Inside Right
Topic: Questions and Answers

Why is it so important that I participate? *You were scientifically selected and represent many people like yourself. Those selected cannot be replaced. Your valuable input would be lost. Remember, the interviewer will answer any questions you have and is willing to conduct the interview at any time convenient for you.*

WILL ANYONE FIND OUT WHAT MY ANSWERS ARE? *Absolutely not. Your answers and name/address are never linked together. The answers from all people taking the survey are grouped together. All NORC interviewers sign a pledge of confidentiality not to reveal any names of participants or discuss the project with anyone besides the survey staff.*

DOES MY TRIBAL COUNCIL KNOW ABOUT THIS PROJECT? *Yes, we have received permission from the Tribal leaders to conduct the survey in your community. Your interviewer will give you the specific information on how permission was given and by whom. Also be assured that these officials do NOT know the addresses, names, or answers of anyone participating in the household interview. That is confidential information only known by the study staff.*

WHAT HAPPENS IF I DECIDE NOT TO PARTICIPATE? *That's OK. Participation is completely voluntary. No one except the study staff will know you refused to participate. Your decision will have no effect on your household's food assistance benefits.*

DOES THE INTERVIEW HAVE TO BE CONDUCTED IN MY HOME? *No. If you prefer we can do the interview over the phone or at another place of your choice.*

Panel 5: Back left

Topic: Description of Urban Institute, ~~and~~ NORC at the University of Chicago, ~~and~~ SSI

URBAN INSTITUTE

The Urban Institute, a nonprofit research organization based in Washington, DC, prides itself on producing policy-oriented research that is objective, based on evidence, and reliable. As with all of its research, the Institute has no “agenda” with respect to Native American or Alaska Native persons or the FDPIR Program other than an interest in seeking to understand the policies and program features that work and work best. The Institute’s research team combines outstanding research skills with knowledge of Native American-focused programs and of food assistance programs.

NORC at the UNIVERSITY OF CHICAGO

NORC is an independent non-profit research organization that conducts social science research that serves the public good. NORC works with federal agencies, Tribes, foundations, educational institutions, nonprofit organizations, and businesses. NORC projects in Tribal communities have involved communications, health disparities, educational attainment, and historical trust fund accounting. NORC is committed to safeguarding the confidentiality of personal information and survey responses. All NORC staff, including interviewers, sign a pledge to protect confidential information. Your interviewer can give you more details about that pledge.

SUPPORT SERVICES INTERNATIONAL, INC. (SSI)

Support Services International, Inc. (SSI) is a Native American-owned firm that has studied the FDPIR Program, Indian housing, economic development, health, and social services. Its areas of expertise include program evaluation and policy analysis, policy review, development and analysis, and survey and evaluation research.

Panel 6: Middle back

Topic: How to reach us...

Urban Institute website - www.urban.org - 202-833-7200

Nancy Pindus: 202-261-5523 - npindus@urban.org

NORC website – www.norc.org

Project toll free number: 888-493-5957

Project email: FDPIR-Study@norc.org

Carol Hafford: 301-634-9491 – Hafford-Carol@norc.org

SSI website: www.ssinar.com

Walter Hillabrant: 301-587-9006 - whillabrant@ssinar.com

Urban Institute ,NORC, and SSI logos will also appear on this page.

(USDA/FNS letterhead etc...)

(date)

Dear (tribal leader),

I would like to take this opportunity to build on the Consultations conducted by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) with Tribal Leaders over the past year and provide you with more information about the *Study of the Food Distribution Program on Indian Reservations* (FDPIR). As you know, this important project will be conducted during the summer of 2013 on 26 randomly selected *reservations and tribal areas* across the country. The Urban Institute, a nonprofit research organization based in Washington, DC, is leading the study. The Urban Institute will be assisted by NORC at the University of Chicago, an independent, nonprofit research organization, and Support Services International, Inc. (SSI), a Native American owned research firm in Silver Spring, MD.

The (name of tribe) was selected at random from among all federally-recognized tribes participating in the FDPIR program to be part of the in data collection activities for this study. While your participation in this study is voluntary, I encourage you to participate; through your participation, your community will help USDA improve food distribution for native families in Indian Country.

This study will provide USDA with information on FDPIR participants and will provide updated information on local program operations across the nation. The last nationally representative study of FDPIR participants and programs was completed in 1990. Since then, significant changes have occurred in the FDPIR program, including changes to eligibility rules, foods offered, and food delivery options. This study is needed to help FNS identify ways to make the program work better for participants.

There are three phases of data collection:

1. *Case record review.* NORC staff will review FDPIR case records to collect information about program participants and their characteristics. The information collected will include household composition (how many adults and children live there) income sources, and other available resources or benefits. The case record review will occur with the 25 sampled sites. About 32 records will be reviewed at each of the sites, with a little more at the larger sites. NORC staff will work with each tribe or ITO to conduct the case review, making sure to respect Tribal procedures. Since many programs use paper records, the case review will usually involve a visit to the FDPIR office by researchers to collect participant information from the records. All information collected from the case record reviews will be carefully protected and participants' privacy ensured. We will not be collecting any identifying information about FDPIR participants during the case record review (that is, we will **not** collect information such as names, address, phone number, Social Security Number, etc.). Households selected for the case record review will also be asked to take a survey about the FDPIR program.
2. *Survey of participants.* We will ask each household that we collect information about from the case records if they are willing to do a 30-minute interview. On average, 32 interviews will be conducted per site, with more in the largest programs. It is assumed that most of the interviews

will be conducted by telephone, and the remaining interviews will be in-person. Participants will receive a letter about the study in advance of being contacted. The letter and materials will include a toll free phone number for any questions they may have. Each participant will receive a gift card or voucher worth \$25. NORC field interviewers will conduct the survey and work closely with tribal leaders and FDPIR programs.

3. *Program Site Visits.* Site visits and interviews with tribal leaders, program staff and others present an opportunity to collect information on the issues that surround food distribution and families' nutrition needs. On-site visits will be conducted with only 17 of the 26 sites. The site visits will include three types of activities: (1) interviews with program administrators, staff and service providers; (2) visits to FDPIR programs to observe facilities related to client enrollment, warehouses, and food distribution; and (3) discussion groups with program clients and potential clients. The Urban Institute and SSI will conduct the site visits.

The Urban Institute and NORC will be contacting you soon to find out the proper procedures for implementing the data collection activities on your (*reservation/tribal area*).

Please see the enclosed brochure for additional information. Also, please feel free to call or email me with any questions you may have. (Include email and phone information)

(Signature etc...)

Letter # 2 – FDPIR Directors from Urban/NORC

Dear (FDPIR Director)

As stated in the letter recently sent from (USDA name and title), USDA has contracted with the Urban Institute, a non-profit policy research organization based in Washington DC, to conduct the *Study of the Food Distribution Program on Indian Reservations* (FDPIR).

This study will provide current, nationally representative information on FDPIR participants and will provide updated information on local program operations across the nation. The last nationally representative study of FDPIR participants and programs was completed in 1990. Since then, significant changes have occurred in the FDPIR program, including changes to eligibility rules, foods offered, and food delivery options. This study is needed to help USDA's Food and Nutrition Service (FNS) identify ways to make the program more beneficial to participants.

As part of the study, Urban has partnered with NORC at the University of Chicago, and independent, non-partisan research organization to work with the sites for a case record review for selecting the household sample and also to conduct interviews with the selected participants. The other partner is Support Services International, Inc. (SSI), a Native American owned research firm in Silver Spring, MD. SSI will be assisting with the program site visits.

The (name of tribe) was selected at random from among all federally-recognized tribes participating in the FDPIR program to be part of the in data collection activities for this study. We realize there are special protocols to be followed when conducting studies on tribal lands. We plan to strictly research and follow these protocols before making any contacts.

The purpose of this letter is to request your participation in separate phases of this important study.

The first is the case record review. The purpose of the case record review is to obtain information that will describe current program participants and their characteristics. This will include household composition, income sources, and other available resources or benefits. The case record review will occur with the 25 sampled sites. About 32 records will be reviewed at the sites, with a little more at the larger sites. NORC staff will work with each tribe or ITO to conduct the case review, making sure to respect Tribal procedures. Since many programs use paper records, the case review will usually involve a visit to the FDPIR office by researchers to abstract participant information from the records. All information drawn from the case record reviews will be carefully protected and participants' privacy ensured. Households selected for the case record review will be part of the survey sample.

The second phase the study is the survey of participants. For each household sampled from the case records, a 30-minute interview will be conducted. On average, 32 interviews will be conducted per site, with more in the largest programs. It is assumed that most of the interviews will be conducted by telephone and the remaining in-person. Participants will receive a letter about the study in advance of being contacted. The letter and materials will include a toll free number for any questions they may have. Each participant will receive an incentive worth \$25. NORC field interviewers will conduct the

participant survey and work closely with tribal leaders and FDPIR programs to implement the study procedures.

The third phase is program site visits. Site visits and interviews with tribal leaders, program staff and others present an opportunity to present richer and more valuable data on the issues that surround food distribution. On-site visits will be conducted with only 17 of the 25 sites. The site visits will include three types of activities: (1) interviews with program administrators, staff and service providers; (2) visits to FDPIR programs to observe facilities related to client enrollment, warehouses, and food distribution; and (3) discussion groups with program clients and potential clients.

You will be contacted soon by a member of the study staff to answer any questions. In the meantime please feel free to call us with any questions or concerns you may have.

Sincerely,

Nancy Pindus
Principal Investigator
Urban Institute

Urban Institute website - www.urban.org - 202-833-7200

Nancy Pindus: 202-261-5523 - npindus@urban.org

NORC website – www.norc.org

Project toll free number: 888-493-5957

Project email: FDPIR-Study@norc.org

Carol Hafford: 301-634-9491 – Hafford-Carol@norc.org

Letter # 3 – Urban/NORC letter to tribal leaders

Dear (name of tribal leader)

As stated in the letter recently sent from (USDA name and title), USDA has contracted with the Urban Institute, a non-profit policy research organization based in Washington DC, to conduct the *Study of the Food Distribution Program on Indian Reservations* (FDPIR).

This study will provide current, nationally representative information on FDPIR participants and will provide updated information on local program operations across the nation. The last nationally representative study of FDPIR participants and programs was completed in 1990. Since then, significant changes have occurred in the FDPIR program, including changes to eligibility rules, foods offered, and food delivery options. This study is needed to help USDA's Food and Nutrition Service (FNS) identify ways to make the program more beneficial to participants.

As part of the study, Urban has partnered with NORC at the University of Chicago, and independent, non-partisan research organization to work with the sites for a case record review for selecting the household sample and also to conduct interviews with the selected participants. The other partner is Support Services International, Inc. (SSI), a Native American owned research firm in Silver Spring, MD. SSI will be assisting with the program site visits.

The (name of tribe) was selected at random from among all federally-recognized tribes participating in the FDPIR program to be part of the in data collection activities for this study. We realize there are specific protocols for entering and doing the study activities on the reservation/tribal service area and we fully plan to follow the prescribed protocols before making any contacts. Someone from NORC will be in contact with your office to inquire about the required procedures that need to be put into place.

The purpose of this letter is to request your participation in two phases of this important study. As mentioned in the letter from (name and title) there are three phases of the study:

The first is the case record review. The purpose of the case record review is to obtain information that will describe current program participants and their characteristics. This will include household composition, income sources, and other available resources or benefits. The case record review will occur with the 25 sampled sites. About 32 records will be reviewed at the sites, with a little more at the larger sites. NORC staff will work with each tribe or ITO to conduct the case review, making sure to respect Tribal procedures. Since many programs use paper records, the case review will usually involve a visit to the FDPIR office by researchers to abstract participant information from the records. All information drawn from the case record reviews will be carefully protected and participants' privacy ensured. Households selected for the case record review will be part of the survey sample.

The second phase the study is the survey of participants. For each household sampled from the case records, a 30-minute interview will be conducted. On average, 32 interviews will be conducted per site, with more in the largest programs. It is assumed that most of the interviews will be conducted by telephone and the remaining in-person. Participants will receive a letter about the study in advance of

being contacted. The letter and materials will include a toll free number for any questions they may have. Each participant will receive an incentive worth \$25. NORC field interviewers will conduct the participant survey and work closely with tribal leaders and FDPIR programs to implement the study procedures.

The third phase is program site visits. Site visits and interviews with tribal leaders, program staff and others present an opportunity to present richer and more valuable data on the issues that surround food distribution. On-site visits will be conducted with only 17 of the 25 sites. The site visits will include three types of activities: (1) interviews with program administrators, staff and service providers; (2) visits to FDPIR programs to observe facilities related to client enrollment, warehouses, and food distribution; and (3) discussion groups with program clients and potential clients.

Please be assured that we will follow strict rules to protect your confidentiality. The information provided in any of the three phases will be combined with information we receive from all others who are surveyed, and neither anyone's name nor the tribe, nor any other identifying information will be passed along to USDA/FNS or others, or cited or reported in any way.

If you have any questions or concerns at this time please feel free to contact us at any time. We look forward to working with you and your staff on this important undertaking.

Sincerely,

Nancy Pindus
Principal Investigator
Urban Institute

Urban Institute website - www.urban.org - 202-833-7200

Nancy Pindus: 202-261-5523 - npindus@urban.org

NORC website – www.norc.org

Project toll free number: 888-493-5957

Project email: FDPIR-Study@norc.org

Carol Hafford: 301-634-9491 – Hafford-Carol@norc.org

[Suzanne Bard: 312-759-4255 – bard-suzanne@norc.org](mailto:bard-suzanne@norc.org)

(USDA/FNS letterhead etc...)

(date)

Dear (FDPIR Director),

I would like to take this opportunity to build on the Consultations conducted by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) with Tribal Leaders over the past year and provide you with more information about the *Study of the Food Distribution Program on Indian Reservations* (FDPIR). You may have heard about the study or attended the consultations. Please share this information with your staff.

As you know, this important project will be conducted during the summer of 2013 on 25 randomly selected *reservations and tribal areas* across the country. The Urban Institute, a nonprofit research organization based in Washington, DC, is leading the study and will be assisted by NORC at the University of Chicago, an independent, nonprofit research organization founded in 1941, and Support Services International, Inc. (SSI), a Native American owned research firm in Silver Spring, MD.

The (name of tribe) was selected at random from among all federally-recognized tribes participating in the FDPIR program to be part of the in data collection activities for this study. While your participation in this study is voluntary, I encourage you to participate; through your participation, your community helps USDA improve food distribution for native families in Indian Country.

This study will provide current, nationally representative information on FDPIR participants and will provide updated information on local program operations across the nation. The last nationally representative study of FDPIR participants and programs was completed in 1990. Since then, significant changes have occurred in the FDPIR program, including changes to eligibility rules, foods offered, and food delivery options. This study is needed to help FNS identify ways to make the program more beneficial to participants.

There are three phases of data collection.

1. *Case record review*. The purpose of the case record review is to obtain information that will describe current program participants and their characteristics. This will include household composition, income sources, and other available resources or benefits. The case record review will occur with the 26 sampled sites. About 32 records will be reviewed at the sites, with a little more at the larger sites. NORC staff will work with each tribe or ITO to conduct the case review, making sure to respect Tribal procedures. Since many programs use paper records, the case review will usually involve a visit to the FDPIR office by researchers to abstract participant information from the records. All information drawn from the case record reviews will be carefully protected and participants' privacy ensured. Households selected for the case record review will be part of the survey sample.

2. *Survey of participants.* For each household sampled from the case records, a 30-minute interview will be conducted. On average, 32 interviews will be conducted per site, with more in the largest programs. It is assumed that most of the interviews will be conducted by telephone and the remaining in-person. Participants will receive a letter about the study in advance of being contacted. The letter and materials will include a toll free number for any questions they may have. Each participant will receive an incentive worth \$25. NORC field interviewers will conduct the participant survey and work closely with tribal leaders and FDPIR programs to implement the study procedures.

3. *Program Site Visits.* Site visits and interviews with tribal leaders, program staff and others present an opportunity to present rich contextual information on the issues that surround food distribution and families' nutrition needs. On-site visits will be conducted with only 17 of the 25 sites. The site visits will include three types of activities: (1) interviews with program administrators, staff and service providers; (2) visits to FDPIR programs to observe facilities related to client enrollment, warehouses, and food distribution; and (3) discussion groups with program clients and potential clients. The Urban Institute and SSI will conduct the site visits.

The Urban Institute and NORC will be contacting you soon to find out the proper protocol for implementing the data collection activities on your (*reservation/tribal area*). I know this will do everything possible to make this effort as burden free as possible for your staff.

Please see the enclosed brochure for additional information. Also, please feel free to call or email me with any questions you may have. (email and phone information)

(Signature etc...)

5 – Letter to respondents

(date)

Dear Sir/Madam,

We are writing to let you know that you have been randomly selected to take part in a very important national survey of food distributions on native lands and to ask for your help. It is called the *Study of the Food Distribution Program on Indian Reservations (FDPIR)*. <Name of reservation/tribal area> is one of only 25 selected from across the country to be in this study.

The food distribution study is funded by the U. S. Department of Agriculture (USDA) and is being conducted by Urban Institute and NORC at the University of Chicago. This study will collect information about people who are in the FDPIR program and also provide updated information on local program operations across the nation.

The survey will take about 45 minutes to finish. Some of the topics covered include FDPIR and other contributions to your food supply, food costs, health and diet concerns, your use of other food assistance programs, nutrition education, and your overall satisfaction with the food distribution program.

We have been given approval by your <reservation/tribal area leaders to do this survey on <name of reservation/tribal area. Even though we have this permission they do not know the names of the individuals that will be contacted.

All of your answers will be kept completely confidential. Your name will be separated from your answers, and your answers will be reported together with everyone else's as a group.

To thank you for your time, you will be given a <\$25.00/XXXX gift card> for taking the survey.

Over the next few weeks an interviewer from NORC will be in touch with you about participation in the survey. The interviewer is prepared to answer any questions you may have. In the meantime please feel free to call our toll free number with any questions you may have. That number is 800-XXX-XXXX. Also, please see the enclosed brochure for more information.

Thank you so much for reading this letter and considering our request.

Sincerely,

Signatures and logos

SAMPLE TRIBAL RESOLUTION FOR FDPIR STUDY

Resolution No. _____

RESOLUTION

Number _____

WHEREAS, the [name of tribal council] is the duly constituted governing body within the boundaries of the Reservation or service area, and

WHEREAS, the [name of tribal council] has been organized to represent, develop, protect and advance the views, interests, education and resources of the Reservation or service area, and

WHEREAS, Pursuant to the [name of tribe] Tribal Constitution, Article A, Sections 0(x) and 1(y), the [name of tribal council] has the power and authority to manage all economic affairs of the [name of] Tribe, and

WHEREAS, The U.S. Department of Agriculture Food and Nutrition Services (USDA/FNS) is conducting a Study of the Food Distribution Program on Indian Reservations (FDPIR) to provide an updated description of participants and programs, gain a better understanding of why FDPIR participation, nationally, has been declining, and provide FNS with information necessary to improve the program.

WHEREAS, the benefits of the study for FNS and [name of tribe] includes identifying the needs of participants and ways to make the program more beneficial to them, and to provide knowledge that can be shared among Tribes and Indian Tribal Organizations (ITO); and

WHEREAS, the [name of tribe] has been selected through a nationally representative sample of all federally-recognized tribes participating in the FDPIR program; and

WHEREAS, USDA/FNS has contracted with the Urban Institute and its partners, NORC at the University of Chicago, an independent social science research firm, and Support Services International, to conduct the study; and

WHEREAS, the study includes a case record review that will describe current program participants and their characteristics, including household composition, income sources, and benefits, and that it will be necessary for the [name of tribe] to draw a random sample of households participating in the program using specifications provided by NORC, that NORC research staff will conduct the abstraction of the information on site at the FDPIR program office, have direct access to case records that contain personally identifiable information but that no personally identifiable information will be abstracted about program participants; and

WHEREAS, the study also includes a participant survey involving each household sampled for the case record review, for which the [name of tribe] will provide a list of names and addresses of program participants from whom NORC will seek participation in the study and from whom the designated NORC field interviewer will obtain written or verbal informed consent, and once consent is obtained will ask the program participant questions about food storage and preparation, FDPIR contribution to the household's food supply, access to the FDPIR program and access barriers, food costs, participation in FDPIR and other food assistance programs, nutrition education and other health-related services, and satisfaction with the program and will take 45 minutes to complete, for which the respondent will receive a \$25 incentive; and

WHEREAS, NORC at the University of Chicago, in accordance with protection of human subject research and as approved by its federally recognized Institutional Review Board (IRB), will remove all identifiers from data gathered to protect the anonymity and confidentiality of [name of tribe] participants; and

WHEREAS, NORC recognizes the sovereignty of the [name of] Tribe and acknowledges that upon the conclusion of the Federal evaluation, the [name of] Tribe will retain ownership and control over the data collected within the boundaries of the [name of tribe] Reservation or service area and will have access to all data collected for their project; and

THEREFORE BE IT RESOLVED, that the [name of Tribal Council] grants permission to NORC at the University of Chicago to collect data for the case record review and participant survey for the *Study of the Food Distribution Program on Indian Reservations*, and further be it resolved, that upon the conclusion of the Federal study, data collected within the boundaries of the [name of tribe] Reservation belong to the [name of] Tribe and may not be released in any form to individuals, agencies, or organizations without additional tribal authorization.

NOW, BE IT FINALLY RESOLVED, that the [name of Tribal Council] authorizes the Chairman and the Secretary to execute this Resolution.

ATTEST

THE [name of tribe]

Name, Title
Name of Tribal Council

Name, Title
Name of Tribal Council

CERTIFICATION

I hereby certify that the foregoing resolution was adopted by the [name of Tribal Council] in a duly called, noticed and convened Special Session assembled for business on the nth day of [month, year] with XXX (X) members present to constitute a quorum and by a vote of XXX (X) members FOR, ZERO (0) members OPPOSED and ZERO (0) members abstaining.

Name, Title
Name of Tribal Council

TO: Everett Madden, IRB Administrator
THRU: Rolf Pendall, METRO Center Director
FROM: Nancy Pindus, Principal Investigator
DATE: 10/10/2012
SUBJ: Request for IRB Review

PD/Project (Name & No.): Study of Food Distribution Programs on Indian Reservations (08322-20-000)

Type of Review Requested:

1. Initial IRB Review:

Full Review: attach six copies of materials, or

Expedited Review: attach two copies of materials.

or

2. Annual Review or When There Has Been a Change to a Previously Approved Project:

No changes. I certify that there have been no changes in the following since the last IRB review: purpose, methods and procedures, including study population and what is required of the subjects to include —

Potential risks and benefits
Consent procedures to be followed
Data security plan
Survey instrument

There have been changes in the project since the last IRB review. **Provide narrative summary of changes and attach revised materials, highlighting the changed sections, as appropriate.**

PI Signature

Date

Center Director Signature

Date

Request for Expedited IRB review

STUDY OF FOOD DISTRIBUTION PROGRAMS ON INDIAN RESERVATIONS: PRETEST OF SURVEY INSTRUMENTS UI # 08322-020-00

This is a request for an expedited review for pretesting the survey instruments of a 3-year study of the Food Distribution Programs on Indian Reservations that the Urban Institute is undertaking between November 2011 and October 2014. The evaluation is being done under contract to the U.S. Department of Agriculture, Food and Nutrition Service.

The Principal Investigator is Nancy Pindus, the Project Manager is Diane Levy, and Urban Institute staff includes Doug Wissoker, Chris Narducci, Sophie Litschwartz, and Jennifer Biess. Subcontractors involved in pretesting will be NORC at the University of Chicago, whose staff includes Carol Hafford and Suzanne Bard; and Support Services International, Inc., whose staff includes Walter Hillabrant and Judy Earp.

The pretest will be conducted in 2-3 FDPIR sites. Pretest participants will be recruited by contacting tribes with whom NORC, UI, or SSI has an established relationship through prior work. These tribes have indicated a willingness to assist in the pretest process and they are not part of the sample selected for the study of Food Distribution Programs on Indian Reservations. While a full IRB review will be requested prior to beginning primary data collection activities associated with these surveys and interview guides, at this time we are requesting an expedited IRB review to allow us to pretest the following data collection protocols (see attached table for a summary of data collection instruments and respondents):

1. Case Record Review Form

NORC will take the lead in testing procedures for accessing case records and extracting data, as well as pretesting the case record review form itself. We plan to obtain and review 5 case records at each of the 2-3 FDPIR pretest sites in order to have a small pool from which to select a 2-3 participants to interview in each site (see FDPIR participant survey, below). There are three possible scenarios for conducting the case record review: (1) electronic data transfers for sites with electronic records; (2) onsite data abstraction by NORC staff; (3) secure shipment of unredacted copies of records by the FDPIR program to NORC staff. Our working assumption is that the majority of FDPIR programs do not have automated case record files. Therefore, the pretest of the case record review form will be conducted on-site for at least one of the programs. The preferred method will be discussed with each site and the appropriate data sharing agreement and procedures will be applied for each situation, as detailed below in the section on Human Subjects and Data Security Issues.

The Case record Review Form is included in Appendix 1.

2. FDPIR Participant Survey

NORC will take the lead in testing this primarily close-ended questionnaire designed to assess household food needs and satisfaction with the FDPIR program. For the pretest, a total of 8 interviews will be conducted in 2-3 FDPIR sites. Pretest participants will be drawn from the case records that were reviewed. Pretest respondents will receive an incentive of \$25 for their time and cooperation. Upon completion of the pretest field work, a telephone debriefing session will take place with the interviewers. A debriefing report will be produced and shared with FNS and the Urban Institute in order to make revisions to the instrument. The Participant survey pretest will be audio taped (with the consent of the participant) and audiotapes will be destroyed after the instruments have been revised and approved by OMB.

The Participant survey instrument is included in Appendix 1.

3. Participant/Eligible Nonparticipant Discussion Group Guide

NORC will take the lead in testing the discussion guide designed for current FDPIR participants and eligible nonparticipants. The discussion aims to collect information from eligible FDPIR candidates on how they choose between different food assistance programs and what they think about the food and related services offered in FDPIR. For the pretest, 2 individuals (FDPIR participants and/or eligible nonparticipants) will be selected to pretest the discussion guide in an interview format. The discussion group pretest respondents will receive an incentive of \$25 for their time and cooperation. Pretest participants will be recruited as part of the process for recruiting for the Participant Survey pretest. The contacts with tribes will also pretest their ability to identify nonparticipants as well as participants and any concerns they may have about including nonparticipants and participants in the same group. A debriefing will be held to discuss the pretest experience, followed by a written report covering any suggested improvements and suggestions.

The discussion group guide is included in Appendix 3.

4. On-Site Interview Guides

UI will take the lead in testing the semi-structured interviews over the telephone with two Tribal leaders, two FDPIR representatives, and two representatives of other programs that work with FDPIR or serve FDPIR participants, such as IHS, WIC, and TANF (a total of 6 interviews). Pretesters will be UI, NORC, and SSI staff. Pretest participants will be recruited as part of process described above for the caser record review and participant survey pretest, by contacting tribes with whom we have an established relationship through prior work. A debriefing will be held to discuss the pretest experience, followed by a written report covering any suggested improvements and suggestions.

The on-site interview guides are included in Appendix 4.

HUMAN SUBJECTS AND DATA SECURITY ISSUES

This section identifies human subjects and data security issues that pertain to the pretests.

A. Pretest of Case Record Review Procedures and Form

Study populations. The Case Record Form will be tested with 5 case records in each of 2-3 sites. No new data collection will be involved, rather, we will be using the site's existing participant case files.

How data will be collected. NORC will extract case file data in one of three ways:

- **Scenario (1): Electronic data transfers for sites with electronic records.** Research staff will consult with the tribe to establish a secure method of data transfer and the format of the data. Potential methods include having the program ship the encrypted data file(s) on an external hard drive to NORC (through a secure and traceable carrier), or transferring these files to NORC servers using secure FTP. These methods are used for data transfers in NORC's *Data Enclave*, which provides a confidential, protected environment within which authorized researchers can access sensitive microdata remotely.
- **Scenario (2): Onsite data abstraction by NORC staff.** For sites that do not have electronic records we will arrange a site visit. A NORC researcher trained in the data abstraction procedures will conduct the case record review. Data abstraction will be conducted manually using a pre-formatted template that has been installed on a secure NORC laptop computer. NORC staff will conduct the case review in a secure area of the FDPIR Program's offices during working hours (typically 8.00 AM to 4.30 PM). It is advisable to have a member of the FDPIR staff available to answer questions (e.g., to decipher handwriting on a form).
- **Scenario (3): Secure shipment of unredacted copies of case records by ITO to NORC.** For very small sites, we will propose that FDPIR staff copy and transmit unredacted copies of the case records through a secure and traceable carrier; NORC will cover the cost of copying and shipping. NORC staff will abstract the data to obtain the necessary data elements and information for contacting potential respondents. This activity will occur at NORC's Bethesda, MD office. Per NORC data security procedures, all paper case records will be locked in secure files and destroyed upon completion of the abstraction process. Procedures for the secure transfer of paper case records will be negotiated in the Data Sharing Agreement.

Use of Records Linked to Individuals. We will develop unique identifiers that will link the information abstracted from each case record to the corresponding respondent for the Participant Survey. Procedures will be tailored to the circumstances and individual tribal procedures for accessing data for research purposes. These will be discussed in advance with the pretest tribes and Data Sharing Agreements will be negotiated. For the pretest, since the number of records is small and data will not be retained beyond the stage of instrument revision and OMB clearance, we anticipate the data sharing agreement to be streamlined.

Potential Risks. The information extracted from the case files will include sensitive

information, such as household characteristics and composition, and income and employment. This information could compromise the privacy and integrity of FDPIR participants if shared with the wrong party. Our data protection plan explains how we will address these potential risks.

Informed consent procedures. An introductory letter will be sent to pretest respondents for the participant survey and this letter will also inform respondents that information pertaining to eligibility and FDPIR participation history will be obtained from their case files. We will explain that unique identifiers will be assigned that will link the information abstracted from each case record to the corresponding respondent for the Participant Survey. (See discussion under Section B, Pretest of Participant Survey and Participant Discussion Group Guide for further discussion of informed consent procedures).

B. Pretest of Participant Survey and Participant Discussion Group Guide

Study populations. The Participant Survey will be tested on 8 individual households in 2-3 different FDPIR service areas that have not been selected for the study sample. The group discussion guide will be tested on 2 heads of Tribal households in FDPIR sites that are not in the sample.

How data will be collected. For both the survey and discussion guide, data collection will be conducted by staff from NORC and done in-person. Survey interviews will be audiotaped contingent upon permission of the subject in order to inform question wording and probing. Notes will also be taken during the survey with paper and pencil. Discussion guide interviews will involve note taking, but no audio recording. The Data Security Plan discusses how such records will be handled. Following onsite data collection, a debriefing will occur and a report produced of the findings from conducting the test.

Use of Records Linked to Individuals. NORC staff will never record identifying information on the same forms as any forms containing survey data. Respondents will be assigned code numbers (e.g., “Participant Pretest 1”) and these will be stored separately from the respondent contact/identifying information. All recorded information will be stored in locked file cabinets until it is no longer needed. Survey data will never be stored in the same place as identifying information and survey data will be destroyed after the pretest is complete.

Potential Risks. Much of the information collected in the Participant survey and Group Discussion will involve sensitive information, such as participants’ health and nutrition and needs, household characteristics and composition, and income and employment. This survey will contain sensitive information that could compromise the privacy and integrity of interviewees if shared with the wrong party. Our data protection plan explains how we will address these potential risks.

Informed consent procedures. Introductory letters will be sent to survey pretest respondents and discussion group pretest participants prior to scheduling the interview. See the introductory scripts to the Survey and Discussion Guide in the following appendices. Specifically, the study’s informed consent procedures will include the following information:

- The purpose of the study, who is conducting it, and how the data will be used;
- That participation is voluntary;
- That the interview will be recorded (with the respondent's permission);
- That respondents can refuse to answer any question and/or quit the survey at any point without penalty;
- That respondents' privacy will be protected; that the information collected will be reported without identifying the individual interviewee;
- That the identity of all households participating in the study will be kept confidential from the tribe.

In addition to these informed consent procedures planned for the evaluation, pretest participants will be informed that their responses on the pretest will NOT be included in the evaluation and that the information will be destroyed after the pretest. The research team will not disclose to FNS, or to any others outside of the research staff indicated above, the individuals, or tribal or program officials that have been selected for the pretest. Nor will we tell respondents who else was selected for the pretest or who responded.

C. Pretest of in-person interview guides

Interview population. There will be 6 program-related pretest interviews with tribal area administrators and officials. The guide, which is organized into topic-specific modules, will be tested on two Tribal leaders, two FDPIR program directors, and two related-service program directors in FDPIR program sites that are not part of study sample.

How data will be collected. For the pretest of the interview guide, data collection will be conducted by staff from the Urban Institute and SSI over the telephone. Notes will be taken during the interview, but it will not be audio recorded. Following the pretest, a debriefing will occur and a report produced of the findings from conducting the test.

Use of Records Linked to Individuals. Urban Institute and SSI staff will never record identifying information on the same forms as any forms containing interview data. Respondents will be assigned code numbers (e.g., "Tribal Interview Pretest 1") and these will be stored separately from the respondent contact/identifying information. All recorded information will be stored in locked file cabinets until it is no longer needed. Interview data will never be stored in the same place as identifying information and interview data will be destroyed after the pretest is complete.

Potential Risks. Some of the information collected in the guides will involve sensitive information, such as perceptions of other federal, state, and local agencies, local populations, and socioeconomic conditions. These interviews will contain sensitive information that could compromise the privacy and integrity interviewees if shared with the wrong party.

Informed consent procedures. Introductory letters will be sent to interviewees prior to scheduling the interview. See the introductory scripts to the guide in Appendix 3. Specifically, the study's informed consent procedures will include the following information:

- The purpose of the study, who is conducting it, and how the data will be used;

- That participation is voluntary;
- That respondents can refuse to answer any question and/or quit the survey at any point without penalty;
- Taping of interviews will be done only with the permission of the respondent and the respondent can request that the tape recorder be turned off at any time.
- That respondents' privacy will be protected; that the information collected will be reported without identifying any individual interviewee.

In addition to these informed consent procedures planned for the evaluation, pretest participants will be informed that their responses on the pretest will NOT be included in the evaluation and that the information will be destroyed after the pretest.

Pre-test Instrument	Population Definition	Recruitment	Consent	Interview Length	Method of Recording	Incentive Payments	Data Security	Risk
1. Participant Survey	8 Heads of tribal households within 2-3 FDPIR service areas that are NOT part of study sample.	The method of contacting and selecting the pretest sites will follow Tribal research protocols. We have established relationships and contacts with many Tribal areas nationally that would be good candidates for pre-testing, as well as a cohort of AI/AN interviewers currently on NORC staff to facilitate pretesting.	Informed consent required of each pre-test respondent. Consent precedes each pre-test. See Instruments in Appendix for exact language.	45 minutes	Audio tape and written notes	\$25 cash or gift card incentive	All written and recorded information collected during the pre-tests will be subject to the same data security procedures described in the Data Security Plan section of the IRB request.	Much of the information collected in the Participant survey will involve sensitive information, such as participants' health and nutrition and needs, household characteristics and composition, and income and employment. This survey will contain sensitive information that could compromise the privacy and integrity of interviewees if shared with the wrong party.
2. Discussion group discussion guide	2 Heads of tribal households within FDPIR service areas that are NOT part of study sample.			1 hour	Written notes	\$25 cash or gift card incentive		
3. On-site Interview Guide for: a) FDPIR managers and staff; b) other service providers; c) Tribal leaders	2 Tribal Leaders; 2 FDPIR Program Directors; and 2 Other Program Directors in FDPIR program sites that are NOT part of study sample.			1.5 hours	Written notes	No incentive		

DATA SECURITY PLAN

This section describes how we will store, handle, report, and dispose of the data collected through the pretest of the case record review form, participant survey, group discussion guide, and guides for on-site discussions with program administrators and staff.

Data Identifiers. We will preserve the anonymity of any private persons and entities identified in the surveys or interviews. Unique case numbers will be assigned to Tribal organizations, service organizations, and respondents, with respondent identification information kept in a separate file. The sensitive information will be encoded, burned to CD, and saved in a locked file cabinet in [name of staff] office until the end of the pretest, at which time all data from the pretest will be destroyed, as described below. NORC will follow the same procedures for preserving anonymity of respondents and storing sensitive information.

Data Storage at UI. While the pretest is underway, interview tapes will be uploaded to a confidential drive on the computer network set up for this purpose and erased from the digital recorder. Access to the confidential drive will be limited to UI research staff working on the project who have signed the confidentiality pledge. Hard copies of interview notes will be stored in a locked file cabinet when not in use. The locked file cabinet will be in Metro and Chris Narducci, a UI Research Associate will be in possession of the key. Electronic files of interview notes may also be prepared by researchers by typing notes after interviews. These notes will be stored on the confidential drive using the assigned identifiers. Hardcopies of any necessary printouts of sensitive data or electronic media will be kept in locked cabinets in Chris Narducci's office. All storage media that hold sensitive data will be marked "CONFIDENTIAL." Any printouts of sensitive data that are no longer needed will be shredded. At the end of the pretest, we will follow the data destruction procedures described below. NORC will follow the same data storage procedures.

Data Reporting. There will be no data reporting for the pretest. Reporting is limited to a memo summarizing the pretest experiences and resulting modifications in data collection instruments and procedures.

Printing. When confidential data are being printed, the pause feature in printing will be employed so that the printout does not actually print until the sender is present at the printer to retrieve the copies.

Destruction of other hardcopy documents and electronic media. At the conclusion of the pretest, hardcopy documents will be shredded and electronic files, including backups, will be securely deleted using PGP software.

Staff Confidentiality. All Urban Institute staff, NORC staff, and SSI staff will receive training on the study's confidentiality procedures. All of these individuals will sign a confidentiality pledge agreeing not to divulge any information obtained as part of the data collection activities. A copy of the confidentiality pledge is included as Attachment A.

Since staff of other organizations will also be involved in pretest data collection, additional procedures will be implemented to assure data security in the sharing of information. NORC and

SSI staff will be required to keep their notes and survey documents in a locked file cabinet when not in use until the summary pretest report is completed. When pretest surveys/interviews are completed, they will be asked to send all notes to Chris Narducci at the Urban Institute via FedEx. Electronic copies of notes will be required to be kept secure either on a confidential drive or a password-protected computer disk. When electronic copies of site reports or any other material containing site visit information is transmitted to the Urban Institute, a password-protected computer disk or CD will be sent to Chris Narducci via FedEx. NORC has its own institutional IRB and the pretest activities in which NORC staff are involved will require approval from their IRB as well.

Attachments

Confidentiality Pledge

APPENDICES

- 1. Participant Survey**
- 2. Group Discussion Guide**
- 3. In-person Interview Guide**

STAFF CONFIDENTIALITY PLEDGE

Study of Food Distribution Programs on Indian Reservations (FDPIR)

Assurance of Confidentiality

The Urban Institute assures all respondents and participating organizations that the information they release to this study will be held in the strictest confidence by the contracting organization, and that no information obtained in the course of this study will be disclosed in such a way as to identify individuals or organizations. Access to the data in this study is by consent of the respondents who have been guaranteed confidentiality, except when the intent to commit a crime or harm themselves is revealed to the researcher. Their right to privacy is protected under law.

I have carefully read and understand this assurance that pertains to the confidential nature of all information and records to be handled in this study. I have read a copy of the *Confidential Data at the Urban Institute – Guidelines for Data Security*. I understand that I must comply with all of data security requirements adapted from those Guidelines for this project as approved by the Urban Institute Institutional Review Board. As an employee of, or consultant to, the Urban Institute, I understand that I am prohibited from disclosing any such confidential information that has been obtained under the terms of this contract to anyone other than authorized contractor staff and, if I am an Urban Institute employee, I agree to follow the procedures outlined to me during training. I understand that any willful and knowing disclosure of information released to this study may subject an Urban Institute employee to disciplinary action, up to and including termination of employment.

_____ (Print Your Name) _____ (Signature)

_____ (Date)

_____ (Witness signature)

_____ (Date)

APPENDICES

Appendix 1 - Household Survey

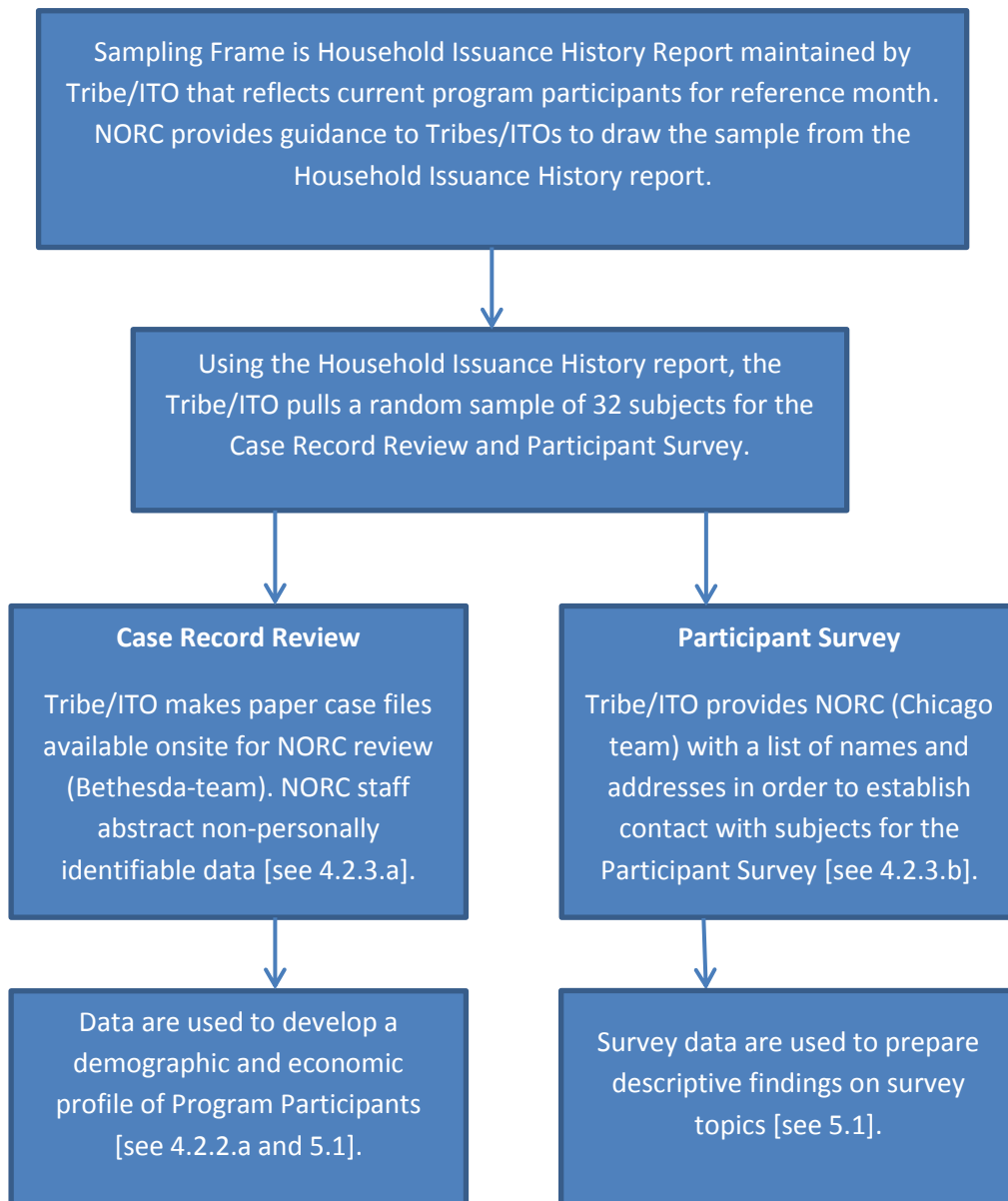
Appendix 2 - Group Discussion Guide

Appendix 3 - In-person Interview Guide

6954 FDPIR: Non-Receipt and Receipt of Identifiable Private Information for Study Components

A random sample will be drawn using the Household Issuance History report maintained electronically by each tribe/ITO. Each tribe will draw the sample using the specifications provided by NORC. The sample drawn for the case record review and the participant survey uses the same sample frame and will result in the same set of respondents:

- For the Case Record Review the tribe/ITO will draw the sample from the Household Issuance History. The case files will be pulled from the programs files prior to NORC's on-site visit and be available for review.
- Using the sample drawn for the Case Record review, the tribe will provide NORC with a list of names and addresses in order to establish contact with subjects for the Participant Survey.



INTERVIEWER: BEFORE STARTING INTERVIEW PLEASE ENTER AVAILABLE AIS DATA IN QUESTION E1.

FDPIR Participant Survey

INTERVIEWER READ: “Hello, my name is [name of interviewer] from NORC at the University of Chicago. [IF IN PERSON - SHOW NORC ID CARD.] I am (calling/here) about the Study of the Food Distribution Program on Indian Reservations. Have you by any chance received our letter? It tells about the study and also mentions you will receive (cash/gift card).

IF YES: Do you have any questions about the survey? May I tell you more about the survey?

IF NO: IN PERSON: Here is a copy of the letter and some information about the project. Should I leave the materials and come back or call at a later time or could I answer any questions you may have at this time?

IF NO: TELEPHONE: I can read the letter to you and also send you another copy and some additional materials in the mail.

INFORMED CONSENT

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is being done to help understand the food needs of American Indian and Alaska Native families. It is sponsored by the Department of Agriculture, Food and Nutrition Service.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to take the survey if you don't want to, and you can decide not to answer any specific questions. You also may end the interview at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a thank you for taking the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as your name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of your personal information and can be severely penalized if they do. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify you or the tribe/native village.

The survey will ask you about the members of your household, (FDPIR/name of program) contribution to your food supply, the distribution and delivery of the FDPIR food packages, your food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and your satisfaction with the FDPIR program.

The information you provide will be helpful to improve food services in your community and other communities in Indian Country.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email [insert name here][@norc.org](mailto:) or visit www.norc.org.

INFORMED CONSENT FOR USE OF PROXY

Step 1. *If respondent declines to participate in the interview but requests that another person responds to the questions on his/her behalf:* ¹

For in-person interview:

I have chosen not to participate in the interview but would like [name of person] to answer the survey questions for me.

Request signature if the interview is conducted in person:

Respondent Name: _____

Signature: _____

For telephone interview:

You stated that “I have chosen not to participate in the interview but would like [name of person] to answer the survey questions for me.” Is this correct?

- IF YES, I will note your agreement and obtain informed consent from [name of person].

Respondent Name: _____

- IF NO, Thank you for your time. [Terminate interview.]

Date and time permission obtained:

Date: ___/___/_____ Time: ___:___ AM/PM (circle)

Step 2. *To consent the person who will respond on the respondents' behalf:*

[Name of respondent's] has declined to participate in the interview and requests that you answer questions about [his/her]FDPIR participation. Would you be able to answer questions on his/her behalf?

- IF YES, I will need to request your informed consent to answer the survey questions.
- IF NO, Thank you for your time. [Terminate interview.]

As you may have learned from the [ADVANCE LETTER SENT/MATERIALS SHARED/TRIBAL LETTER/COMMUNITY PRESENTATION HELD], this survey is conducted to help understand the food

¹ We anticipate that there will be instances where an elder wishes that another person (e.g., adult child, grandchild) speaks on his/her behalf about participation in the program.

needs of American Indian and Alaska Native families. It is sponsored by the Department of Agriculture, Food and Nutrition Service.

Your participation is very important to the success of this survey. This survey is voluntary, which means that you don't have to participate and you can decide not to answer any specific questions. You also may end the interview at any point. *You* will receive a [CASH GIFT/ GIFT CARD/VOUCHER] as a token of appreciation for participating in the survey. The interview will take about 45 minutes.

The information you provide will be confidential, and will not be shared with anyone except for research staff working on the study. This includes anything that can identify you such as the [respondent's] name, address, or telephone number. Everyone who works on this survey has signed a legal document stating they will not reveal any of his/her personal information and can be severely penalized if they do. A report will be shared with the tribe/native village at a later date. It will summarize the findings, without giving names or other information that would identify him/her or the tribe/native village.

The survey will ask about the members of [his/her] household, (FDPIR/name of program) contribution to [his/her] food supply, the distribution and delivery of the FDPIR food packages, [his/her] food access and costs, any nutrition and health related services available, switching between SNAP and FDPIR and [his/her] satisfaction with the FDPIR program.

The information you provide on [respondent's name behalf] will be helpful to improve food services in [his/her] community and other communities in Indian Country.

If you have questions about your rights as a survey participant, please call the IRB Human Subjects Protection hotline, toll-free, at (866) 309-0542. You may also email @norc.org or visit www.norc.org.

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: ___/___/_____ Time: ___:___ AM/PM (circle)

Name of Proxy: _____

Signature of Proxy _____

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to do the interview?

Date: ___/___/_____ Time: ___:___ AM/PM (circle)

USE OF PROXY

(Name of Respondent) has given permission for you to act as a proxy for him/her and answer questions for the Food Distribution Program on Indian Reservations. The interview will take approximately 45 minutes). Remember you are answering the questions for (name of respondent) and not as you would answer them for yourself. I will remind you of that again during the interview. Do you have any questions? Is now a good time to start?

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: ___/___/___ Time: ___:___ AM/PM (circle)

Name of Proxy: _____

Signature of Proxy _____

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to do the interview?

Date: ___/___/___ Time: ___:___ AM/PM (circle)

PERMISSION TO BEGIN INTERVIEW

Do I have your permission to begin the interview?

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time informed consent obtained:

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

Informed consent obtained by _____

Name of Field Interviewer

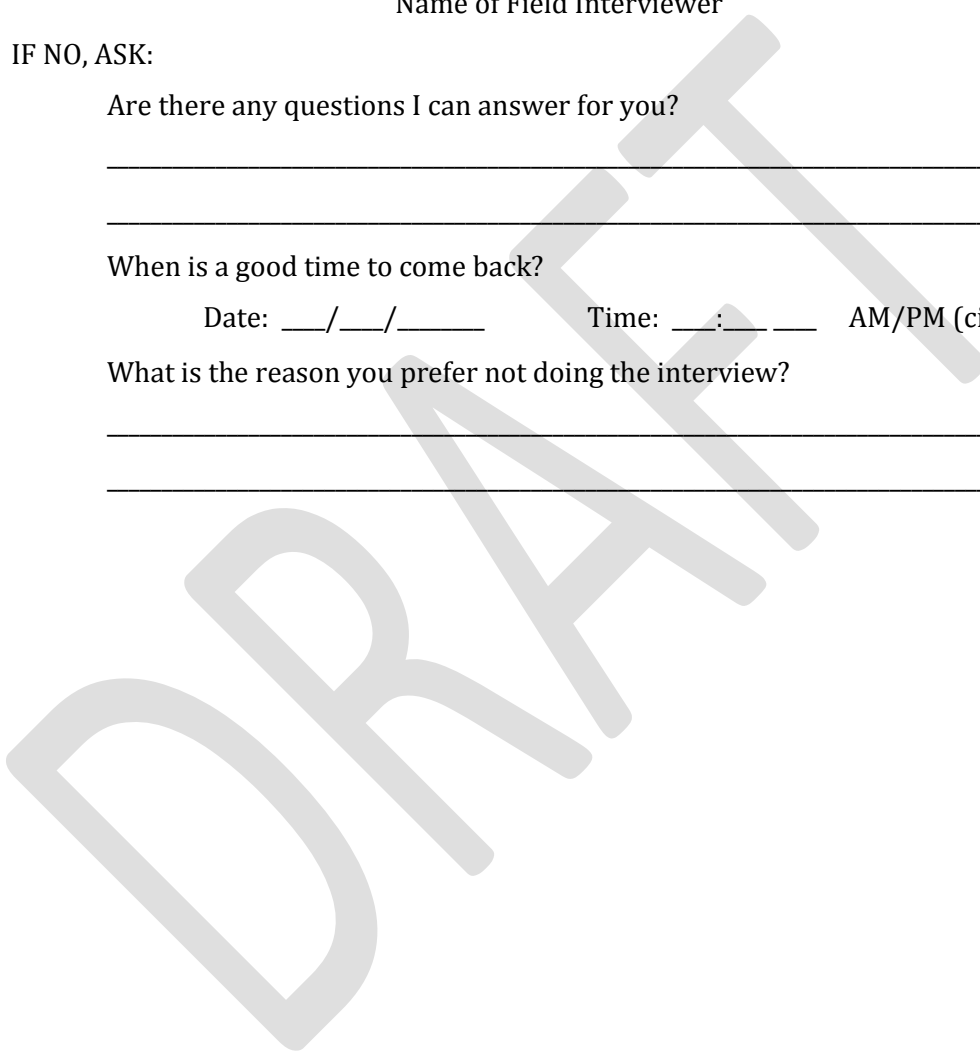
- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to come back?

Date: ___/___/_____ Time: ___:___ ___ AM/PM (circle)

What is the reason you prefer not doing the interview?



USE OF TRANSLATOR

(Name of Respondent) has given permission for you to act as a proxy for him/her and answer questions for the Food Distribution Program on Indian Reservations. The interview will take approximately 45 minutes). Remember you are answering the questions for (name of respondent) and not as you would answer them for yourself. I will remind you of that again during the interview. Do you have any questions? Is now a good time to start?

- IF YES, Let's begin. [Certain tribes may require written consent]

Date and time permission obtained:

Date: ___/___/___ Time: ___:___ AM/PM (circle)

Name of Proxy: _____

Signature of Proxy _____

- IF NO, ASK:

Are there any questions I can answer for you?

When is a good time to do the interview?

Date: ___/___/___ Time: ___:___ AM/PM (circle)

Time began: __:____

HOUSEHOLD ENUMERATION

INTERVIEWERS: COMPLETE THE HOUSEHOLD ROSTER ON THE NEXT PAGE BY ASKING EACH OF THE QUESTIONS LISTED BELOW FOR EACH SECTION.

1	<p>Please tell me the names of all persons who live in your household starting with you – the FDPIR applicant. Just tell me their first names. Let’s start with you.</p> <p>...Do you have a spouse living in the household? ...any children? ...any grandchildren? ...any relatives? ...anyone that is not related to you? ...anyone else that you have not mentioned?</p> <p>I have listed...(read names from grid)...Have I missed- ...any babies or small children? ...anyone who usually lives with you but is away now traveling, at school, or in the hospital? ...any lodgers, boarders, or persons you employ who live with you? ...anyone who is part of the household but is away on full-time active duty with the Armed Forces? ...anyone else staying with you?</p> <p>IF RESPONDENT SAYS ‘YES’ TO ANY OF THE CATEGORIES ADD THAT PERSON(S) TO THE LIST ON THE GRID.</p>
2	Now we would like to ask how each person is related to you. Let’s start with (name of first person), how is he/she related to you?
3	ASK OR VERIFY GENDER OF EACH PERSON LISTED.
4	How old were (you/person) on your/his/her last birthday?
5	FOR EACH PERSON 18 YEARS AND OLDER ASK: What is (your/person’s) marital status. Is he/she married, never married, separated, widowed or divorced?
6	FOR EACH PERSON ASK: What is the highest year of education (you/person) has completed?
7	FOR EACH PERSON ASK: Are you/person currently a student?
8	FOR EACH PERSON OVER 18: Are you/person currently employed? IF YES: Are you/person (READ CATEGORIES ON CHART) CODE EMPLOYMENT STATUS FOR EACH PERSON. IF WORKING: How many hours per week do you/does person work?
9	Does anyone in the household receive Social Security, SSI, LIHEAP, TANF or unemployment benefits? IF YES: Who and what do they receive?
10	Does anyone in the household have access to the internet? IF YES: Who?
11	Does anyone in the household own or lease a vehicle? IF YES: Who

HOUSEHOLD ENUMERATION

Person #	1. NAMES OF HOUSEHOLD MEMBERS	2. REL TO APPLICANT	3. GENDER	4. AGE	5. MARITAL STATUS	6. EDUCATION	7.. Student ENTER Yes/v	8. EMPLOYMENT STATUS	8a. Hours per Week	9. Other Benefits	10. INTERNET ACCESS	11. OWN/LEASE VEHICLE
01		SELF										
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
	a. Spouse B. Partner c. Son/Daughter d. Step-child e. Foster child f. Mother g. Step mother h. Foster mother i. Father j. Step-father k. Foster father	l. Brother/sister m. Grandparent n. Uncle/aunt o. Cousin p. Nephew/niece q. Father-in-law r. Mother-in-law s. Bro/sis-in-law t. Other-in-law u. Other non-relative	Married (M) Never married (NM) Separated (S) Divorced (D) Widowed (W)	a. Less than high school b. Some high school, no diploma c. High school diploma d. Technical school e. Trade apprentice f. Some college, no diploma g. Collage degree h. Graduate or professional studies after collage i. Graduate degree j. Don't know k. 9. Refused	a. Not working b. Working full time c. Working part time d. In school e. Cannot work – disabled f. Job training g. TANF approved work activity h. Something else (SPECIFY)	a. SS b. LIHEAP c. TANF d. Unemp. e. SSI	YES/v 	YES/v 				

Section A: Participant and Household Characteristics		
<p>The first section of the interview will help us better understand the characteristics of FDPIR participants and their households. We'll begin by talking about where you live, what kind of resources you have in your home for preparing and storing food and who prepares food.</p>		
<p>A1</p>	<p>First, do you live within or off the reservation/ pueblo/ Rancheria/ Alaska native village/ tribal service area?</p> <p>SOURCE: Household Survey, Assessment of Native American, Alaska Native, and Native Hawaiian Housing Needs (NAHSG) (HUD/PD&R) [Objective 1.9]</p>	<p><input type="checkbox"/> On/Within <input type="checkbox"/> Off</p>
<p>A2</p>	<p>Which of the following equipment or methods of food storage and preparations do you use in your home . . .</p> <ul style="list-style-type: none"> ● Gas/electric stove ● Gas/electric oven ● Wood stove ● Microwave ● Hotplate ● Open fire ● Refrigerator ● Freezer ● Root cellar ● Ice house ● Food canning ● Food drying/dehydrator ● Other....(SPECIFY) <p>SOURCE: Bell-Sheetter 2004, Food Sovereignty Assessment Tool [Objective 1.10]</p>	<p><input type="checkbox"/> Gas/Electric stove <input type="checkbox"/> Gas/electric oven <input type="checkbox"/> Wood stove <input type="checkbox"/> Microwave <input type="checkbox"/> Hotplate <input type="checkbox"/> Open fire <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Root cellar <input type="checkbox"/> Ice house <input type="checkbox"/> Food canning <input type="checkbox"/> Food drying/dehydrator <input type="checkbox"/> Other SPECIFY): _____</p>
<p>A3</p>	<p>Who in your household has the major responsibility for preparing meals? (REFER TO HOUSEHOLD ENUMERATION, COLUMN 1, FOR PERSON #) Does (name of person) feel adequately prepared to cook the food provided by FDPIR?</p> <p>SOURCE: Project-developed question and response set.</p>	<p>Person # ____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
<p>A4</p>	<p>What is your main source of water for preparing meals? Is it...</p> <ul style="list-style-type: none"> ● Public or private water system ● Individual well ● Spring ● Cistern ● Stream or lake ● Commercial bottled water ● Other (SPECIFY)? 	<p><input type="checkbox"/> Public or private water system (includes city water) <input type="checkbox"/> Individual well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Stream or lake <input type="checkbox"/> Commercial bottled water <input type="checkbox"/> Other (SPECIFY): _____</p>

<p>A5.</p>	<p>Now I'd like to ask you some questions about the kinds of health care services and insurance coverage used by members of your household. Do you or your family receive any medical services on the reservation/pueblo/Rancheria/Alaska native village/tribal service area?</p> <p>IF YES: What are the sources of these services? (HAND SHOWCARD X TO RESPONDENT) MARK ALL THAT APPLY</p> <p>SOURCE: Project-developed question. Response categories based on content analysis of Indian Health Service regions and tribally-managed health services. [Objective 1.4]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Tribal or IHS Health Center or Clinic <input type="checkbox"/> Urban Indian Health Center <input type="checkbox"/> Tribally-managed or IHS Hospital <input type="checkbox"/> Tribal or IHS Mobile Clinic or Lab (van) <input type="checkbox"/> Home visits (by a physician or visiting nurse) <input type="checkbox"/> Traditional Healers <input type="checkbox"/> Community Health Representative <input type="checkbox"/> Wellness Center <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Tele-health services <input checked="" type="checkbox"/> County/Local Health Center <input type="checkbox"/> County/Local Hospital <input type="checkbox"/> Managed Care Organization <input type="checkbox"/> Private doctor's office <input type="checkbox"/> Local Public Health Department <input type="checkbox"/> Other (SPECIFY):
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<p>A6</p>	<p>The next questions are about the types of health care plans and what sources are available for medical care. Is anyone in the household covered by health insurance or some other kind of health care plan?</p> <p>IF YES, ASK ABOUT EACH PERSON IN HOUSEHOLD. Is anyone covered by:</p> <ol style="list-style-type: none"> 1. Private Health Insurance 2. Medicare 3. Medicaid 4. Military Health Care (TRICARE, VA, and others) 5. State Sponsored Health Plan 6. Other Government Program 7. Single Service (E.G., dental, vision, prescriptions) 8. No coverage of any type 9. SCHIP – State Children’s Health Insurance Program 10. Other (SPECIFY): 11. DON’T KNOW 12. REFUSED <p>SOURCE: NHANES HEALTH INSURANCE QUESTIONNAIRE (HIQ) [Objective 1.4]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No 3. <input type="checkbox"/> Yes <input type="checkbox"/> No 4. <input type="checkbox"/> Yes <input type="checkbox"/> No 5. <input type="checkbox"/> Yes <input type="checkbox"/> No 6. <input type="checkbox"/> Yes <input type="checkbox"/> No 7. <input type="checkbox"/> Yes <input type="checkbox"/> No 8. <input type="checkbox"/> Yes <input type="checkbox"/> No 9. <input type="checkbox"/> Yes <input type="checkbox"/> No 10. <input type="checkbox"/> Yes <input type="checkbox"/> No 11. <input type="checkbox"/> DON’T KNOW 12. <input type="checkbox"/> REFUSED</p>
<p>A7</p>	<p>I’m going to read you a list of common health problems. Does anyone in your household currently have any of the following health problems?</p> <p>INTERVIEWER: IF ‘YES’ TO ANY CATEGORY (A8a THROUGH A8j) ASK QUESTION AND ENTER # IN SPACE PROVIDED :</p> <p>How many household members experience (name of category)?</p> <p>A7a. High blood pressure</p> <p>A7b. Diabetes (sugar)</p> <p>A7c. Overweight/obesity</p> <p>A7d. Heart disease</p>	<p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____ <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused</p>

	<p>A7e. Cancer</p> <p>A7f. Underweight</p> <p>A7g. Liver disease</p> <p>A7h. Gastro-intestinal problems (e.g., Irritable Bowel Syndrome, ulcers, lactose intolerance, diarrhea)</p> <p>A7i. Vitamin or mineral deficiencies or anemia</p> <p>A7j. Other (SPECIFY) _____</p> <p>SOURCE: Based on Usher et al, 1990. [Objective 1.11]</p>	<p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes #: ____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>A8</p>	<p>Are there food items you or anyone in your household cannot or should not eat? These could include foods that cause food allergies, and foods needed for special diets and the like.</p> <p>A8a) IF YES - What are they? (CODE ALL THAT APPLY) FOR EACH RESPONSE ASK: How many persons in your household have this restriction?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.11]</p>	<p><input type="checkbox"/> Yes (ASK A8a)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Low salt #: ____</p> <p><input type="checkbox"/> Low sugar #: ____</p> <p><input type="checkbox"/> Low fat #: ____</p> <p><input type="checkbox"/> Lactose intolerant #: ____</p> <p><input type="checkbox"/> Gluten intolerant #: ____</p> <p><input type="checkbox"/> High protein #: ____</p> <p><input type="checkbox"/> Food allergies #: ____</p> <p><input type="checkbox"/> Other (SPECIFY): _____ #: ____</p>

<p>A9</p>	<p>Now we're going to change topics and talk about your housing and utility expenses. Can you tell me whether you are buying your home, own your home, renting, live rent-free or have some other arrangement?</p> <p>SOURCE: Usher et al, 1990 FDPIR Survey [Objective 1.9]</p>	<p><input type="checkbox"/> Own home <input type="checkbox"/> Renting <input type="checkbox"/> Other (SPECIFY): _____</p>
<p>A10</p>	<p>HAND SHOWCARD X TO RESPONDENT</p> <p>Now I would like to ask about your rent or mortgage payments. Do <u>not</u> include utilities. Please look at this card and show me the amount you pay for your rent or mortgage each month. You can just give me the letter if you prefer.</p> <p>SOURCE: Project-developed question and response set. [Objective 1.9]</p>	<p>A. Less than \$100 B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499 I. \$500 to \$599 J. \$600 to \$699 K. \$700 to \$799 L. \$800 to \$999 M. \$1,000 to \$1,249 N. \$1,250 to \$1,499 O. \$1,500 to \$1,999 P. \$1,500 to \$1,999 Q. \$2,500 or more R. No cash paid for rent/mortgage S. Don't know T. Refused</p>
<p>A11</p>	<p>Now I would like to ask you about the amount you pay for utilities each month. Please think about the total amount you pay for gas, electricity, water, trash collection and telephone. Look at this card and tell me how much you pay for utilities.</p> <p>What utilities/services are included in that amount?</p>	<p>A. Less than \$100 B. \$100 to \$199 C. \$200 to \$249 D. \$250 to \$299 E. \$300 to \$349 F. \$350 to \$399 G. \$400 to \$449 H. \$450 to \$499</p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Trash collection <input type="checkbox"/> Telephone <input type="checkbox"/> Other (SPECIFY) _____</p>

Section B: FDPIR Contribution to Food Supply

These next questions are about the food eaten in your household in the last 12 months, since (current month) of last year and whether you were able to afford the food you need.

B1	<p>I am going to read you two statements and would like to know if during the past 12 months, that would be from (month/year), if these were often true for your household, sometimes true, or never true for your household.</p> <p>B1a. The first statement is, “The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.” Was that <u>often</u>, <u>sometimes</u> or <u>never</u> true for (you/your household) in the last 12 months?</p> <p>B1b. “(I/we) couldn’t afford to eat balanced, nutritious meals.” Was that <u>often</u>, <u>sometimes</u> or <u>never</u> true for (you/your household) in the last 12 months?</p> <p>B1c. In the last 12 months, since last (CURRENT MONTH), did (you/you or other adults your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?</p> <p style="padding-left: 40px;">B1c1. IF YES ABOVE, ASK How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?</p> <p>B1d. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?</p> <p>B1e. In the last 12 months, were you/other adults in your household ever hungry but didn’t eat because there wasn’t enough money for food?</p> <p>SOURCE (B1a-e): US Household Food Security Survey Module: Six-Item Short Form[HH3, HH4, AD1, AD1a, AD2, AD3]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO B1c1) <input type="checkbox"/> Don’t Know (SKIP TO B1c1) <input type="checkbox"/> Refused <input type="checkbox"/> Almost every month <input type="checkbox"/> Some months but not every month <input type="checkbox"/> Only 1 or 2 months <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know <input type="checkbox"/> Refused
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<p>B2</p>	<p>How did you learn about FDPIR? (RECORD VERBATIM and CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 5.1]</p>	<p><input type="checkbox"/> Prior receipt of FDPIR foods by household</p> <p><input type="checkbox"/> Word of mouth (family, friend)</p> <p><input type="checkbox"/> Referral from tribal social service program (SPECIFY): _____</p> <p><input type="checkbox"/> Tribal newsletter or brochure</p> <p><input type="checkbox"/> Outreach by FDPIR staff (SPECIFY): _____</p> <p><input type="checkbox"/> Referral from county social services</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
<p>B3</p>	<p>Is FDPIR the only or primary source of food for this household?</p> <p>B3a. Thinking of the other sources of food for this household, what percentage comes from:</p> <p>(READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <ul style="list-style-type: none"> • FDPIR • Other food programs to include, for example, National School Lunch Program, WIC, Meals on Wheels • Extended family or tribal community • Grocery/supermarket/convenience store • Traditional/native food sources (hunting, fishing, berry picking, ricing, gardening, farming) • Food pantries or food banks • Take-out or convenience stores • Other (SPECIFY) <p>INTERVIEWER: INDICATE THE PERCENTAGES OF EACH. THE TOTAL SHOULD ADD UP TO NEAR 100%.</p> <p>SOURCE: Project-developed question and response set. [Objective 2.1, 2.3]</p>	<p><input type="checkbox"/> Yes only source of food (SKIP TO SECTION C)</p> <p><input type="checkbox"/> No there are other sources (ASK B3a)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p>_____ % FDPIR</p> <p>_____ % Other Food programs</p> <p>_____ % Extended family or tribal community</p> <p>_____ % Grocery/ supermarket/ convenience store</p> <p>_____ % Traditional/native food sources</p> <p>_____ % Food pantries/food banks</p> <p>_____ % Take-out</p> <p>_____ % Other (SPECIFY): _____</p>

<p>B4</p>	<p>Is anyone in your household receiving benefits from or participating in food programs other than FDPIR? Examples would include (READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <ul style="list-style-type: none"> • Head Start (CACFP) • School Breakfast Program • National School Lunch Program • Child and Adult Care Food Program • Summer Feeding Program or the Summer Food Service Program • Elderly Meals/Feeding Programs • Local Food Banks or Pantries • Tribal Emergency Funds • Meals on Wheels • Other state, county, local programs, other tribal programs • WIC Farmers' Market Nutrition Program • Seniors Farmers' Market Nutrition Program • Soup Kitchens • Any others <p>B4a. IF YES: Which ones?</p> <p>SOURCE: National Survey of WIC Participants and Their Local Agencies, Section E Household Income and Food Spending with some project developed items. [Objective 2.2]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Head Start (CACFP) <input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> Summer Feeding Program or the Summer Food Service Program <input type="checkbox"/> Elderly Meals/ Feeding Programs <input type="checkbox"/> Local Food Banks or Pantries <input type="checkbox"/> Tribal Emergency Funds <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Other state, county, local programs, other tribal programs <input type="checkbox"/> WIC Farmers' Market Nutrition Program <input type="checkbox"/> Seniors Farmers' Market Nutrition Program <input type="checkbox"/> Soup Kitchens <input type="checkbox"/> Other programs(SPECIFY): _____
<p>B5</p>	<p>Has anyone in your household referred to other food programs by the FDPIR staff? Examples would include (READ CATEGORIES BELOW AND HAND RESPONDENT SHOWCARD X).</p> <p>B5a. IF YES: Which programs?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes (ASK B5a) <input type="checkbox"/> No (SKIP TO B6) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Head Start (CACFP) <input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program <input type="checkbox"/> Child and Adult Care Food Program <input type="checkbox"/> Summer Feeding Program or the Summer Food Service Program <input type="checkbox"/> Elderly Meals/ Feeding Programs <input type="checkbox"/> Local Food Banks or Pantries <input type="checkbox"/> Tribal Emergency Funds <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Other state, county, local programs, other tribal programs <input type="checkbox"/> WIC Farmers' Market Nutrition Program <input type="checkbox"/> Seniors Farmers' Market Nutrition Program <input type="checkbox"/> Soup Kitchens <input type="checkbox"/> Other programs(SPECIFY): _____

<p>B6</p>	<p>I am going to ask you about the sources of meals for your household. By meals I mean breakfast, lunch and dinner. During the past month did you or anyone in your household get any meals that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? Do not include meals prepared by extended family or in a community setting.</p> <p>B6a. IF YES: About how often did the household eat meals prepared by such places as restaurants, fast food places, food stands, grocery stores, or from vending machines? Would you say none, some, about half, or most?</p> <p>SOURCE: National Health and Nutrition Examination Survey (NHANES) [Objective 2.1]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> About half <input type="checkbox"/> Most</p>
<p>B7</p>	<p>During the past month did you or anyone in your household get any meals that were prepared by extended family or prepared by a community group?</p> <p>B7A. IF YES: How often did the household eat meals prepared by extended family or prepared by a community group? Would you say none, some, about half or most meals?</p> <p>SOURCE: Project-developed question and response set. [Objective 2.1]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> About half <input type="checkbox"/> Most</p>

Section C: Access to FDPIR - Distribution and Delivery		
<p>The next set of questions covers access to the Food Distribution Program in terms of the distance and time it takes to travel to sites for enrollment, certification, and picking up the food package. There are also a few questions on the time spent and distances traveled for other sources of food.</p>		
C1	<p>When you applied for the FDPIR program approximately how many miles did you have to travel to the certification site?</p> <p style="margin-left: 40px;">C1a. About how long did it take to get there?</p> <p style="margin-left: 40px;">C1b. What kind of transportation did you use? Was it your own car or truck, someone else drove you, you walked, took public transportation, taxi or some other way?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p>___ Miles</p> <p>___ HRS ___ MINS</p> <p>1. Own car or truck 2. Someone else drove SPECIFY: _____</p> <p>3. Walked 4. Public transportation 5. Taxi 6. Some other way SPECIFY: _____</p>
C2	<p>INTERVIEWER: IF THE ANSWER TO C2 IS AVAILABLE PLEASE FILL IN BEFORE INTERVIEW AND DO NOT ASK THIS QUESTION.</p> <p>What is your current period of certification? Are you required to recertify every 1-2 months, every 3-5 months, every 6-11 months or more than a year?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.2]</p>	<p><input type="checkbox"/> 1-2 months <input type="checkbox"/> 3-5 months <input type="checkbox"/> 6-11 months <input type="checkbox"/> Year or more <input type="checkbox"/> Other (SPECIFY) <input type="checkbox"/> Don't know</p>
C3	<p>Different places offer several options for getting/picking up the food package. These options include pickup at FDPIR site, FDPIR store/nutrition centers, different warehouse location, tailgate location, and home delivery. Which option do you usually use when getting your food package?</p> <p style="margin-left: 40px;">C3a. Are you satisfied with this method?</p> <p style="margin-left: 40px;">IF NO: What would you prefer? (RECORD VERBATIM and CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> FDPIR Site <input type="checkbox"/> FDPIR Store/Nutrition Center <input type="checkbox"/> Different Warehouse location <input type="checkbox"/> Tailgate Location <input type="checkbox"/> Home Delivery (SKIP TO D1) <input type="checkbox"/> Other (SPECIFY): _____</p> <hr/> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

<p>C4</p>	<p>Thinking about picking up your food packages, approximately how many miles do you have to travel to pick up the food packages?</p> <p>C4a. About how long does it usually take to get there?</p> <p>C4b. What kind of transportation do you usually use? Is it your own car or truck, someone else drove you, you walked, took public transportation, taxi or some other way?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p>___ Miles</p> <p>___ HRS ___ MINS</p> <ol style="list-style-type: none"> 1. Own car or truck 2. Someone else drove <p>SPECIFY: _____</p> <ol style="list-style-type: none"> 3. Walked 4. Public transportation 5. Taxi 6. Some other way <p>SPECIFY: _____</p>
<p>C5</p>	<p>Do you have an authorized representative pick up your food packages?</p> <p>C5a. IF YES: Approximately how many miles does the representative travel to pick up the food packages?</p> <p>C5b. About how long does it usually take your representative to get there?</p> <p>C5c. What kind of transportation does he/she use? Is it their own car or truck, they walked, took public transportation, taxi or some other means of transportation?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p>___ Miles</p> <p>___ HRS ___ MINS</p> <ol style="list-style-type: none"> 1. Own car or truck 2. Someone else drove <p>SPECIFY: _____</p> <ol style="list-style-type: none"> 3. Walked 4. Public transportation 5. Taxi 6. Some other way <p>SPECIFY: _____</p>
<p>C6</p>	<p>Does traveling to the FDPIR site present any challenges or problems for you? [Objective 4.4]</p> <p>C6a. IF YES, please describe why this is challenging (SPECIFY).</p> <hr/> <p>C6b. Is home delivery an option that is offered by the FDPIR program?</p> <p>SOURCE: Project-developed question and response set. [Objective 1.7]</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (SKIP TO C7)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>

Section D: Food Access and Cost – Non-subsidized Sources		
We are also interested in finding out how easy or hard it is to obtain food in your area and about food costs.		
D1	<p>We are also interested in the distance of <u>other</u> food outlets/suppliers/sources than FDPIR from your home. Approximately how many miles is the nearest (CATEGORY) and what is the travel time to get there?</p> <p>D1a. Nearest food retail store that sells fresh produce</p> <p>D1b. Nearest grocery store.....</p> <p>D1c. Nearest convenience store.....</p> <p>D1c. Nearest farmers market.....</p> <p>D1d. Nearest warehouse store or department store such as Target.....</p> <p>D1e. Nearest Wal-Mart that sells groceries.....</p>	<p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>____ Miles ____ Hrs/Mins <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>
D2	<p>Thinking about the past year, that would be from about <MONTH/YEAR>, have there been any changes in your access to food sources. Examples of changes could be opening or closing of supermarkets, changes in food programs and the like.</p> <p style="text-align: center;">D2a. IF YES: What are these changes? (RECORD VERBATIM)</p> <hr/> <hr/>	<input type="checkbox"/> Yes (ASK D2a) <input type="checkbox"/> No (SKIP TO D3) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
SOURCE: Project-developed question and response set.		

D3	<p>On average, what does your household spend each month on food (including food consumed at home and food consumed outside the home)?</p> <p>D3a. Are there seasons when your household spends considerably <u>less</u> on food expenses?</p> <p>D3b. Which seasons?</p> <p>D3c. Why is that? RECORD VERBATIM:</p> <hr/> <hr/> <p>D3d. Are there seasons when you household spends considerable <u>more</u> on food expenses? (IF NO, SKIP TO SECTION E)</p> <p>D3e. Which seasons?</p> <p>D3f. Why is that? RECORD VERBATIM</p> <p>SOURCE: Project-developed question and response set.</p>	<p>\$_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO D4) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>SEASON: _____ SEASON: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (SKIP TO SECTION E) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p> <p>SEASON: _____ SEASON: _____</p>
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Section E: Participation in FDPIR and SNAP/Food Stamps

The next few questions will be about whether your household has also participated in SNAP/Food Stamp program as well as FDP, if you have ever switched between the two programs, and your reasons for doing so.

E1 **INTERVIEWER:** IF AVAILABLE ENTER THE MONTHS OF PARTICIPATION INFORMATION FROM AIS IN THE CHART BELOW.

IF ALL MONTHS ARE FILLED IN FOR FDPIR/SNAP: SKIP TO QE5.

IF THERE ARE MONTHS WHERE THERE ARE GAPS IN PARTICIPATION FOR FDPIR/SNAP: SKIP TO QE2.

IF AIS INFORMATION IS NOT AVAILABLE: CONTINUE BELOW.

INTERVIEWER: ON THE FIRST LINE UNDER MONTH IN THE CHART BELOW ENTER THE NEXT MONTH FROM THE INTERVIEW. (IF YOU ARE CONDUCTING THE INTERVIEW IN MARCH – ENTER APRIL). CONTINUE TO FILL IN THE MONTHS. THE LAST MONTH ENTERED WILL BE THE CURRENT MONTH. THEN ENTER THE YEAR THAT CORRESPONDS TO EACH MONTH TO SHOW THE LAST YEAR UP UNTIL THE INTERVIEW. HAND R SHOWCARD X.

ALL MONTH LINES NEED TO HAVE AN ENTRY IN ONE OF THE LAST THREE COLUMNS.

E1a. Thinking of the past year, that would be from <MONTH/YEAR>until now, what months did you participate in a food program? Let’s start with <MONTH/YEAR>. During this month were you participating in SNAP/Food Stamps, FDPIR or neither? CONTINUE ASKING ABOUT EACH MONTH.

MONTH	YEAR	SNAP	FDPIR	NEITHER
	2013			

[Objective 3.2]

<p>E2</p>	<p>I see that you did not participate in either FDPIR or SNAP in <MONTHS, YEARS>? Can you tell me why? THIS MAY INVOLVE CONSECUTIVE OR NON-CONSECUTIVE MONTHS. ASK ABOUT ALL MONTHS AND LIST UNTIL ALL REASONS HAVE BEEN ACCOUNTED FOR.</p> <p>(RECORD VERBATIM AND CODE)</p> <p>_____</p> <p>_____</p> <p>SOURCE: Project-developed question and response set. [Objective 3.2]</p>	<p><input type="checkbox"/> Was not eligible (income related reason)</p> <p><input type="checkbox"/> Did not apply in time</p> <p><input type="checkbox"/> Was receiving food benefits through another household</p> <p><input type="checkbox"/> Had other sources of food (personal, community)</p> <p><input type="checkbox"/> Did not live in the area</p> <p><input type="checkbox"/> Other (SPECIFY): _____</p>
<p>E3.</p>	<p>I see that you changed from FDPIR to SNAP/Food Stamps in <MONTHS/YEARS>. What was the reason/were the reasons for changing from FDPIR to SNAP?</p> <p>HAND RESPONDENT SHOWCARD X AND READ THE STATEMENTS ALOUD. MARK ALL THAT APPLY. CONTINUE GOING THROUGH THE LIST UNTIL ALL CHANGES HAVE BEEN ACCOUNTED FOR.</p> <p>A. Because the size and income resources of my household changed so I was now eligible for SNAP [change in eligibility]</p> <p>B. Because I participate in the TANF program</p> <p>C. Because I prefer having a greater variety of food choices or options [greater food choices]</p> <p>D. Because the food in the store/supermarket is better quality than the USDA Foods [better food quality]</p> <p>E. Because I have less time to prepare and cook food , don't know how to cook, don't like to cook or don't have the time to cook, needed greater flexibility and can buy convenience and prepared foods [greater convenience in food preparation]</p> <p>F. Because I needed to buy specific foods for household members (e.g., dietary restrictions) [changes in household food/dietary needs]</p> <p>G. In the summer I have more responsibility for feeding children not in school.</p> <p>H. Because I have greater privacy obtaining food using the EBT card [personal preference; privacy]</p> <p>I. Because I can use the EBT card at a convenience store or gas station [greater convenience]</p> <p>J. Because the store/market is closer to where I live than the distribution site [better access, more convenient]</p> <p>K. Because I was going away for a period of time and would be able to use SNAP benefits anywhere [greater convenience]</p> <p>L. Because I think I can get more food on SNAP benefits than FDPIR</p> <p>M. Because . . . [Respondent supplies reason] [Other]</p> <p>[Objective 3.31]</p>	<p>SWITCH FDPIR to SNAP</p> <p><input type="checkbox"/> A</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> F</p> <p><input type="checkbox"/> G</p> <p><input type="checkbox"/> H</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> J</p> <p><input type="checkbox"/> K</p> <p><input type="checkbox"/> L</p> <p><input type="checkbox"/> M</p>

	<p>I see that you changed from SNAP/Food Stamps to FDPIR in <MONTHS/YEARS>. What was the reason/were the reasons for changing from SNAP to FDPIR?</p> <p>HAND RESPONDENT SHOWCARD X AND READ THE STATEMENTS ALOUD. MARK ALL THAT APPLY. CONTINUE GOING THROUGH THE LIST UNTIL ALL CHANGES HAVE BEEN ACCOUNTED FOR.</p> <p>A. Because it is easier to qualify for FDPIR [lower income threshold] B. Because I receive a greater quantity of food through FDPIR [increased food quantity] C. Because the quality of the USDA Foods is better [better food quality] D. Because I wanted to stock up on canned and dried goods [stocking up on food] E. Because I don't like the SNAP/food stamp certification process, because I don't like the way I am treated at the county office or similar problem. [dissatisfaction with certification process] F. Because the county office is too far way and difficult to get to [inconvenient location] G. Because the FDPIR pick-up/distribution site is closer than going to the store/market [easier access] H. Because I don't know how to use/feel comfortable using an EBT card [personal preference; discomfort with using EBT] I. Because I feel that people in the store/market look down on me when I use the EBT card [perception of stigma] J. Because . . . [Respondent supplies reason] [Other]</p> <p>SOURCE: Project-developed question and response set based on content analysis of 2009 Urban Institute site visit reports, review of Usher et al 1990, and comments during January 2012 USDA/FDPIR Tribal Consultations [Objective 3.3]</p>	<p>SWITCH SNAP to FDPIR</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J</p>
<p>E4</p>	<p>You said that your household received SNAP/Food Stamps during the last year. About how much was the amount received each month?</p>	<p>\$_____ Monthly</p>
<p>E5</p>	<p>Has any member of the household ever been disqualified from participation in the FDPIR program?</p> <p>IF YES: Please explain:(RECORD VERBATIM)</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

Section F: Nutrition Education and Other Services

The next few questions ask about nutrition education and other health related services.

F1	<p>FDPIR offers nutrition education information and activities on-line and in person. Examples of these include distributing newsletters, factsheets, recipes, providing nutrition counseling, or holding cooking demonstrations and nutrition classes. Have you or anyone in your household used or taken part in any of these activities in the past year?</p> <p>F1a. IF NO: Was this because they were not offered, no one was interested, considered to be not useful, no computer/internet access, timing not good, location inconvenient, no transportation or some other reason. (RECORD VERBATIM AND CODE)</p> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <p>F1b. IF YES, HAND SHOWCARD TO R: I am going to read you a list of items, please tell me if during the past year anyone in your household picked up any of the educational offerings or took part in any of the activities that included nutrition education . . . (READ EACH CATEGORY AND CHECK (✓) THE 'YES' CATEGORIES)</p> <p>IF CHECKED: Approximately how often?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Newsletters <input type="checkbox"/> Factsheets <input type="checkbox"/> Recipes/Cookbooks <input type="checkbox"/> DVDs <input type="checkbox"/> Calendars <input type="checkbox"/> How to budget <input type="checkbox"/> How to grocery shop <input type="checkbox"/> Cooking demonstrations <input type="checkbox"/> Baking demonstrations <input type="checkbox"/> Demonstrations on how to preserve food <input type="checkbox"/> Demonstrations on using traditional foods <input type="checkbox"/> Tastings during FDP pick-up <input type="checkbox"/> Nutrition classes <input type="checkbox"/> Nutrition counseling <input type="checkbox"/> 'Pot luck' or similar types of gatherings <input type="checkbox"/> Kid nutrition <input type="checkbox"/> Mothers' Groups <input type="checkbox"/> Demonstrations on or participation in gardening 	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not offered <input type="checkbox"/> Not interested <input type="checkbox"/> Not useful <input type="checkbox"/> No computer/ internet access <input type="checkbox"/> Timing not good <input type="checkbox"/> Location inconvenient <input type="checkbox"/> No transportation <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <p>FREQUENCY (PER YEAR)</p> <ul style="list-style-type: none"> ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times ____ Times
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	<p> <input type="checkbox"/> Gardening education <input type="checkbox"/> Health/Nutrition fairs <input type="checkbox"/> Other (SPECIFY): _____ <input type="checkbox"/> Other (SPECIFY): _____ </p> <p>IF F1b RESPONSES ARE ALL NOT CHECKED SKIP TO F2.</p> <p>IF ANY CHECKED IN F1b ASK F1c.</p> <p>F1c. You indicated someone in the household read or participated in the following FDPIR offerings <MENTION ALL CHECKED FROM >. Have any changes been made to the household cooking or eating practices as a result of these programs, activities, or information?</p> <p>F1d. IF YES: What changes have been made? RECORD VERBATIM</p> <p>_____</p> <p>_____</p> <p>F1e. IF NO: Why not? RECORD VERBATIM</p> <p>_____</p> <p>_____</p> <p>SOURCE: Project-developed question and response set, based on content analysis of 2009 Urban Institute site visit reports. [Objective 6.3]</p>	<p> _____ Times _____ Times _____ Times _____ Times _____ Times </p>
<p>F2</p>	<p>Other program services offered by FDPIR alone or in coordination with other programs are fitness and health classes, cooking classes, health fairs and the like. Have you or anyone in your household taken part in such activities?</p> <p>F2a. IF YES to F2: Were there any changes in activity or health/fitness because of these services/activities?</p> <p>IF YES TO F2a1: What were the changes?</p> <p>_____</p> <p>_____</p> <p>IF NO TO F2a2: Why not?</p> <p>_____</p> <p>_____</p>	<p> <input type="checkbox"/> Yes (ASK F2a) <input type="checkbox"/> No (SKIP TO F3) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p> <p> <input type="checkbox"/> Yes (ASK F2a1) <input type="checkbox"/> No (ASK F2a2) <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>

	<p>F2b. IF YES to F2: Were there any changes in diet and health because of these services/activities?</p> <p>IF YES TO F2b1: What were the changes?</p> <p>_____</p> <p>_____</p> <p>IF NO TO F2b2: Why not?</p> <p>_____</p> <p>_____</p> <p>F2c. IF YES to F2: Were there any changes in food preparation because of these services/activities?</p> <p>IF YES TO F2c: What were the changes?</p> <p>_____</p> <p>_____</p> <p>IF NO TO F2c: Why not?</p> <p>_____</p> <p>_____</p> <p>SOURCE: Project-developed question and response set. [Objective 6.2]</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>F3</p>	<p>Has FDPIR staff ever referred your household to other assistance services or programs like cash assistance or child support for example?</p> <p>F3a. If YES, which one(s)? CHECK ALL THAT APPLY. PROVIDE A CARD WITH THE LIST</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p> <p><input type="checkbox"/> <input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> <input type="checkbox"/> Tribal TANF</p> <p><input type="checkbox"/> <input type="checkbox"/> Emergency Assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> General Assistance</p> <p><input type="checkbox"/> <input type="checkbox"/> Elder Care</p> <p><input type="checkbox"/> <input type="checkbox"/> Subsidized Housing</p> <p><input type="checkbox"/> <input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> <input type="checkbox"/> Indian Child Welfare</p> <p><input type="checkbox"/> <input type="checkbox"/> Vocational Education</p> <p><input type="checkbox"/> <input type="checkbox"/> Vocational Rehabilitation</p> <p><input type="checkbox"/> <input type="checkbox"/> Health & Wellness</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> <input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> <input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> <input type="checkbox"/> Other (SPECIFY):</p> <p>_____</p>

<p>F3b. Are any of these programs or services provided in the same location as FDPIR?</p> <p>If YES, which one(s)? CHECK ALL THAT APPLY</p> <p>SOURCE: Project-developed question and response set. [Objective 5.5]</p>	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Don't Know<input type="checkbox"/> Refused <input type="checkbox"/> Head Start<input type="checkbox"/> <input type="checkbox"/> Tribal TANF<input type="checkbox"/> <input type="checkbox"/> Emergency Assistance<input type="checkbox"/> <input type="checkbox"/> General Assistance<input type="checkbox"/> <input type="checkbox"/> Elder Care<input type="checkbox"/> <input type="checkbox"/> Subsidized Housing<input type="checkbox"/> <input type="checkbox"/> Child Support<input type="checkbox"/> <input type="checkbox"/> Indian Child Welfare<input type="checkbox"/> <input type="checkbox"/> Vocational Education<input type="checkbox"/> <input type="checkbox"/> Vocational Rehabilitation<input type="checkbox"/> <input type="checkbox"/> Health & Wellness<input type="checkbox"/> <input type="checkbox"/> Mental Health<input type="checkbox"/> <input type="checkbox"/> Domestic Violence<input type="checkbox"/> <input type="checkbox"/> Substance Abuse<input type="checkbox"/> <input type="checkbox"/> Other (SPECIFY): _____
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DRAFT

Section G: Satisfaction with FDPIR		
We are now going to talk about your satisfaction with FDPIR.		
<p>G1 HAND RESPONDENT SHOWCARD X</p> <p>What was your household's most important reason for seeking food assistance? (RECORD VERBATIM AND CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p>a. Loss of job</p> <p>b. Loss of other source of income</p> <p>c. Household became eligible for FDPIR</p> <p>d. FDPIR was more convenient than other programs</p> <p>e. FDPIR changed its delivery options and it became easier for our household</p> <p>f. Loss of other benefits</p> <p>g. Established own household</p> <p>h. Other (SPECIFY)</p>	
<p>G2 HAND RESPONDENT SHOWCARD X</p> <p>What was your household's most important reason for enrolling in FDPIR? (RECORD VERBATIM AND CODE ANSWER)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p>a. Household became eligible for FDPIR</p> <p>b. FDPIR was more convenient than other programs</p> <p>c. FDPIR changed its delivery options and it became easier for our household</p> <p>d. Other (SPECIFY)</p>	
<p>G3 FDPIR offers a variety of foods including vegetables, dry beans, juice, fruits, meats, ready to eat cereals, and miscellaneous items such as dry egg mix, cheese, crackers, noodles, peanut butter, milk and pasta to name a few.</p> <p>G3a. In terms of variety how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <ul style="list-style-type: none"> • G3b. In terms of freshness how satisfied are you? Very satisfied, somewhat satisfied, or not satisfied? <p>IF NOT SATISFIED: Why are you not satisfied?</p>	<p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p>	

<hr/> <ul style="list-style-type: none"> <p>G3c. In terms of quality how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3d. In terms of nutritional value how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3e. In terms of taste appeal (PROBE: salty, sweet, sour, old, stale, greasy) how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3f. In terms of visual appeal of packaging and food how satisfied are you? Very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied or very dissatisfied?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <p>G3g. What is your overall satisfaction with the FDPIR food package? What do you like most? What do you like least? What foods would you like to see added? Are any of these food considered cultural/traditional foods?</p> <p>IF NOT SATISFIED: Why are you not satisfied?</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Neither satisfied or dissatisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied
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<p>G4</p>	<p>Generally, do you, and members of your household, feel that the FDPIR programs meets your food and nutrition needs?</p> <p>G4a IF YES: Could you tell me more about how it has met your food and nutrition needs? (RECORD VERBATIM)</p> <hr/> <hr/> <p>G4b IF NO: Could you tell me more how the program has not met your food and nutrition needs? (RECORD VERBATIM)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> Yes (SKIP TO G4a)</p> <p><input type="checkbox"/> No (SKIP TO G4b)</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>G5</p>	<p>Please tell me your overall satisfaction about the following aspects of your experiences with FDPIR. Are you very satisfied, somewhat satisfied or not satisfied with the following aspects of FDPIR:</p> <p>IF NOT SATISFIED ASK: What is the reason you are/were not satisfied?</p> <p>G5a. Application process</p> <p>G5b. Recertification process</p> <p>G5c. Location of distribution site</p> <p>G5d. Attractiveness/atmosphere of distribution site</p>	<p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p>

	<p>G5e. Features of the distribution facility [PROBES: Sufficient parking, children’s play area, help carrying FDPIR food package items to the car]</p> <p>G4f. Frequency of distribution</p> <p>G4g. Interaction with program staff</p> <p>G4h. Nutrition Education offerings</p> <p>G4i. Other program factors (SPECIFY) : _____</p> <p>SOURCE: Project-developed question and response set. [Objective 9.1]</p>	<p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p> <p><input type="checkbox"/> Very satisfied</p> <p><input type="checkbox"/> Somewhat satisfied</p> <p><input type="checkbox"/> Neither satisfied or dissatisfied</p> <p><input type="checkbox"/> Somewhat dissatisfied</p> <p><input type="checkbox"/> Very dissatisfied</p>
<p>G6</p>	<p>Have there been any changes in FDPIR in the past three years that have influenced your participation in the program?</p> <p>G5a. IF YES: What changes? (RECORD VERBATIM)</p> <hr/>	<p><input type="checkbox"/> Yes (SKIP TO G5A)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don’t Know</p> <p><input type="checkbox"/> Refused</p>

	<p>G5b. How did the changes influence your participation? (RECORD VERBATIM.)</p> <hr/> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	
<p>G7</p>	<p>If you had the opportunity what would you tell the Federal Government about the FDPIR program? (RECORD VERBATIM – PROBE FOR COMPLETENESS)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set, based on Bell-Sheetter, 2004.</p>	<p><input type="checkbox"/> Nothing/No comment <input type="checkbox"/> Refused</p>
<p>G8</p>	<p>If you had the opportunity what would you tell your tribal leaders about the FDPIR program? (RECORD VERBATIM – PROBE FOR COMPLETENESS)</p> <hr/> <hr/> <p>SOURCE: Project-developed question and response set, based on Bell-Sheetter, 2004.</p>	<p><input type="checkbox"/> Nothing/No comment <input type="checkbox"/> Refused</p>
<p>G9</p>	<p>Would you recommend the FDPIR program to other family and friends?</p> <p>G8a. IF NO: Why not? (RECORD VERBATIM)</p> <hr/> <hr/> <hr/> <p>SOURCE: Project-developed question and response set.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused</p>

Section H: Ending the Interview		
<p>Those are all of the survey questions I have. Thank you so much for taking the time to speak with me. Do you have any questions about the survey or the experience?</p>		
H1	<p>In appreciation for the time spent with me the project would like to give you \$25.00/gift card. HAVE RESPONDENT SIGN THE RECEIPT.</p>	<p><input type="checkbox"/> \$25.00 <input type="checkbox"/> Gift Card</p>
H2	<p>The office may want to call you to verify that the interview was conducted. What is the best phone number to reach you?</p> <p style="margin-left: 40px;">H2a. What is the best time of day to reach you? Morning, afternoon or evening?</p>	<p>____ - ____ - ____</p> <p>1. AM 2. PM 3. Evening</p>
H3	<p>DATE OF INTERVIEW: ____/____/____</p> <p>INTERVIEWER NAME: _____</p> <p>ID NUMBER: _____</p> <p>IS THERE ANYTHING YOU WOULD LIKE TO SAY ABOUT THIS INTERVIEW?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Time Ended: __:____



INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL
(Federalwide Assurance Number #0189)

PROJECT DIRECTOR: Nancy Pindus

TITLE: "Study of the Food Distribution Program on Indian Reservations"

SPONSOR AGENCY: US Dept of Agriculture PROTOCOL DATE: November 2012

UI PROJECT NUMBER: 08322-020-00 PROPOSAL NUMBER: -

NATURE OF REVIEW:
(Check One) FULL _____ EXPEDITED X EXEMPT _____

MEETING DATE: N/A

TYPE OF APPROVAL

- PRELIMINARY
- PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION
- FULL IMPLEMENTATION
- ANNUAL RENEWAL
- AMENDMENT

Please note the following requirements:

PROBLEMS OR ADVERSE REACTIONS: If any problems in treatment of human subjects or unexpected adverse reactions occur as a result of this study, you must notify the IRB Chairperson immediately.

CHANGES IN PROTOCOL: If there are significant changes in procedures or study protocol, you must notify the IRB Chairperson before they are implemented.

RENEWAL: You are required to apply for renewal of approval at least annually for as long as the study is active. Your next review date should be on or before 11/1/2013.

IRB Chairman
Martin D. Abravanel
Print or Type Name

November 2, 2012
Date

Copy: PI