

## A.1 NAP PARTICIPANT SURVEY INSTRUMENT

### Cash NAP Benefits Survey

**PURPOSE:** Assess NAP participants' experiences with the cash and non-cash portion of their Family Card<sup>1</sup> benefit, and explore potential impacts of eliminating the cash portion of the benefit.

**INTRO 1:** Hello, my name is [NAME]. I'm calling on behalf of Insight Policy Research, an independent contractor for the Food and Nutrition Service – the federal agency that funds the Nutrition Assistance Program in Puerto Rico, known as NAP. May I please speak with [INSERT NAME FROM SAMPLE]?

- 01 – Yes, selected respondent available (Skip to Intro2)
- 02 – No, selected respondent not available (Continue to Exit; document in database for call back)
- 03- No wrong number/participant no longer lives here (Ask for new contact information if appropriate; document in database if new contact information)

**EXIT:** Thank you, I will call back later. When would be a good time to reach \_\_\_\_\_?

**INTRO 2:** I called you today to ask you to take part in a short survey about Puerto Rico's NAP, and to thank you for your time, you will receive a \$10 gift card. The interview will take about 15 minutes. The NAP Program is the program that provides residents like you with benefits to purchase food. I would like to ask you some questions about food and shopping that will help NAP improve its services and better meet the needs of the people who use this program. You were contacted because you are a NAP recipient. Do you have a few minutes for me to explain the purpose of this survey?

- 01 – Yes [Continue interview]. Thank you. Taking part in this study will not affect your benefits in any way-either now or in the future. The information you provide is private. Your participation will not be reported to the NAP office. The information gathered from this survey is protected by the Privacy Act and the results will be reported in summary form only. No responses will ever be associated with a specific individual.
- 02 – No, but there is another time when the participant is available [Arrange a call back time; document in database]
- 03 – Refused [Terminate interview]

**TERMINATE:** Thank you for your time.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<sup>1</sup> Note for OMB review, the Family Card is the EBT card referred to in Puerto Rico as the Tarjeta de la Familia.

## I. Screener

Do you currently receive NAP benefits or have received benefits within the last 6 months?

1. Yes [Continue to Q3]
2. No [Continue to Q2]

1. Our records indicate that your household received NAP benefits during June 2014. Is this correct?

1. Yes [Continue interview]
2. No: We must have incorrect information. Thank you for your assistance! [END OF SURVEY]

2. Do you do the food shopping for your household?

1. Yes
2. Sometimes
3. No, someone else does this for me [Ask Q3a]

3a. May I speak to the person in your NAP household who does the majority of your food shopping?

1. Yes, this person is currently available [start again from Intro 1 with new respondent]
2. Yes, but this person is not currently available [document name and phone number of person in household, and make an appointment to call back. Terminate current interview]
3. No, Thank you for your assistance! (END OF SURVEY)

### SECTION I: DECISIONS ON WHERE TO SHOP

The first few questions ask about where you purchase food for your household. In most cases, I will ask you a question and read you some answers for you to choose.

1. What is the name of the store where you buy most of your food? [Enter STORE1]

Q1a What kind of store is it? Would you say...

1. Superstore (e.g., SAMS, COSTCO, or Walmart)
2. Supermarket (e.g., Pueblo, Econo, Amigo, Plaza Loiza)
3. Small grocery, convenience store, or small vendor (e.g., Mom and Pop store, gas station food store)

2. Does this store accept your Family Card?

- 1-Yes [SKIP Q3]
- 2-No [SKIP Q4, Q5]

3. What is the name of the store where you use your Family Card the most? [Enter STORE2]

Q3a What kind of store is it? Would you say...

1. Superstore (e.g., SAMS, COSTCO, or Walmart)
  2. Supermarket (e.g., Pueblo, Econo, Amigo, Plaza Loiza)
  3. Small grocery, convenience store, or small vendor (e.g., Mom and Pop store, gas station food store)
4. Do you use any of your cash benefit at a store that does not accept your Family Card?
- 1-Yes
  - 2-No [SKIP Q5]
5. What is the name of the store where you use your cash benefit that does not accept your Family Card?  
[Enter STORE3]
- Q5a. What kind of store is it? Would you say...
1. Superstore (e.g., SAMS, COSTCO, or Walmart)
  2. Supermarket (e.g., Pueblo, Econo, Amigo, Plaza Loiza)
  3. Small grocery, convenience store, or small vendor (e.g., Mom and Pop store, gas station food store)
6. Using a scale from 1 to 5 with 1 being not at all important and 5 being very important, how important are the following factors in your decision of where to shop?
1. How important is it that the store accepts your Family Card?
  2. How important is it that the store carries enough food and a variety of products for your needs?
  3. How important is it that the store has low prices?
  4. How important is it that the store has high-quality food?
  5. How important is it that the store is easy to get to?
  6. How important is it that the store can accommodate any special needs you have such as wheelchair ramps and wide aisles?
7. Have you ever had benefits you wanted to use but couldn't because of the difficulty in getting to a store that accepts your Family Card?
1. Yes
  2. No

## SECTION II. ACCESS TO CERTIFIED RETAILERS AND USE OF EBT BENEFITS

You mentioned earlier that you use your Family Card at [STORE2, STORE1 if STORE2 is blank]. The following questions ask about how you use your NAP benefits there.

8. How frequently do you shop for food at this store?
  1. Once a week or more
  2. About once every two to three weeks
  3. About once a month
  
9. How do you usually get to this store?
  1. Walk
  2. Drive to the store
  3. Get a ride with someone
  4. Take public transportation

5. Some other way
- 
10. How easy or difficult would you say it is for you to get there?
    1. Very easy
    2. Somewhat easy
    3. Somewhat difficult
    4. Very difficult
  
  11. When you used your Family Card there in the last 30 days, did you buy...
    - a. Perishable food (e.g., fresh fruits or vegetables, dairy products, bread, meat, poultry)?
      1. Yes
      2. No
  
    - b. Prepared food (e.g. sandwiches, salad bar)?
      1. Yes
      2. No
  
    - c. Non-perishable food (e.g., canned foods, tomato sauce, dried beans)?
      1. Yes
      2. No

<b>SECTION III. ACCESS TO NONCERTIFIED RETAILERS</b>
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[THIS SECTION IS ONLY FOR RESPONDENTS WHO INDICATED THEY USE CASH BENEFITS AT NONCERTIFIED STORES: ONLY ASK Q12 - 14 IF ANSWERED 'YES' TO Q 4.]

Earlier, you mentioned that you use your cash benefits at [STORE3], which does not accept your Family Card. The following questions ask about using your cash benefits at this store.

12. How frequently do you shop at this store?
  1. Once a week or more
  2. About once every two to three weeks
  3. About once a month
  
13. How do you usually get to this store?
  1. Walk
  2. Drive to the store
  3. Get a ride with someone
  4. Take public transportation
  5. Some other way
  
14. How easy or difficult would you say it is for you to get there?
  1. Very easy
  2. Somewhat easy
  3. Somewhat difficult
  4. Very difficult

#### SECTION IV. ACCESS TO CASH BENEFITS

The following questions ask about your shopping experiences accessing the cash portion of your Family Card.

15. In the last 30 days, did you get cash back from a store when you used your Family Card?
  1. Yes
  2. No
  
16. In the last 30 days, did you get cash back from an ATM when you used your Family Card?
  1. Yes
  2. No [Skip TO Q21] [Programmer, if respondent answers “no” to both Q15 and Q16, skip to Q22]
  
17. How much of the available cash portion of your benefit do you typically withdraw as cash?
  1. All
  2. Some
  3. None
  
18. For the next few statements, please tell if me how frequently this applies to you by answering Always, Often, Sometimes, or Never.
  - a. It is difficult for you to get cash using your Family Card.
    01. Always
    02. Often
    03. Sometimes
    04. Never
  
  - b. You spend the cash portion of your card at a store that accepts your Family Card.
    01. Always
    02. Often
    03. Sometimes
    04. Never

#### SECTION V. USE OF CASH BENEFITS

19. In the last 30 days, did you use the cash that you withdrew to buy any of the following items or services?  
Please tell me yes or no for each:
  - a. Perishable food (e.g., fresh fruits or vegetables, dairy products, bread, meat, poultry)?
    1. Yes
    2. No
  
  - b. Prepared food (e.g. sandwiches, salad bar)
    1. Yes
    2. No

- c. Non-perishable food (e.g., canned food, tomato sauce, dried beans)
  - 01. Yes
  - 02. No
  
- d. Medicine
  - 01. Yes
  - 02. No
  
- e. Diapers
  - 01. Yes
  - 02. No
  
- f. Clothing
  - 01. Yes
  - 02. No
  
- g. Housing costs (e.g., pay utility bills or rent)
  - 01. Yes
  - 02. No
  
- h. Gasoline
  - 01. Yes
  - 02. No
  
- i. Services such as childcare, medical care (e.g., to see a doctor)
  - 01. Yes
  - 02. No
  
- j. Alcohol or Cigarettes
  - 01. Yes
  - 02. No
  
- k. Cleaning supplies (e.g., laundry detergent)
  - 01. Yes
  - 02. No
  
- l. Personal hygiene items (e.g., shampoo and deodorant)

01. Yes

02. No

20. In the last 30 days, how much of the cash that you withdrew did you spend on food? Would you say:

1. All

2. Some

3. None

## SECTION VI. IMPACT OF REMOVING CASH BENEFITS

21. Now I want to give you a scenario to think about. Imagine that next month, your benefit is the *same amount it normally is*, but there is no longer a portion that you could use as cash. In other words, it would all have to be used to purchase food from NAP certified retailers, and none could be redeemed in cash. On a scale from 1 to 10, please rate how this would impact you with 1 (no impact) to 10 (indicating the most impact)?

1 No impact

2

3

4

5 Medium Impact

6

7

8

9

10 High Impact

22. The next few questions include some general statements about how this may impact you. After each statement, please tell me whether you **agree or disagree** with the statement.

a. You wouldn't be able to buy certain items

01. Agree

02. Disagree

a. It would affect the types of stores you visit

01. Agree

02. Disagree

b. You could no longer shop at stores that don't accept your Family Card

01. Agree

02. Disagree

c. It would be harder to buy food

01. Agree

02. Disagree

d. It would affect how often you go to the store

01. Agree

02. Disagree

e. It would be harder to buy non-food items or services that you currently use the cash for

01. Agree

02. Disagree

23. Compared to right now, please tell me if it would be easier, the same, or more difficult to buy each of the following items if all of your benefit had to be redeemed using your Family Card and none could be withdrawn as cash: [PROGRAMMER NOTE: LIST ONLY THOSE ITEMS IDENTIFIED IN Q19 AS PURCHASED IN THE LAST 30 DAYS WITH CASH]:

a. Perishable food (e.g., fresh fruits or vegetables, dairy products, bread, meat, poultry)

1. Easier

2. Same

3. More difficult

b. Prepared food (e.g., sandwiches, salad bar)

1. Easier

2. Same

3. More difficult

c. Non-perishable food (e.g., canned food, tomato sauce, dried beans)

1. Easier

2. Same

3. More difficult

d. Medicine

1. Easier

2. Same

3. More difficult

e. Diapers

1. Easier

2. Same

3. More difficult

f. Clothing

1. Easier

2. Same

3. More difficult

g. Housing costs (e.g., pay utility bills or rent)

1. Easier



- 2. Same
- 3. More difficult
  
- h. Gasoline
  - 1. Easier
  - 2. Same
  - 3. More difficult
  
- i. Services such as childcare, medical care, etc.
  - 1. Easier
  - 2. Same
  - 3. More difficult
  
- j. Alcohol or Cigarettes
  - 1. Easier
  - 2. Same
  - 3. More difficult
  
- k. Cleaning supplies (e.g., laundry detergent)
  - 1. Easier
  - 2. Same
  - 3. More difficult
  
- l. Personal hygiene items (e.g., shampoo and deodorant)
  - 1. Easier
  - 2. Same
  - 3. More difficult

24. You mentioned that [FILL ABOVE ANSWER] would be more difficult to purchase without the cash portion. Which of the following reasons apply: [Programmer note: for items indicated as more difficult in Q23]

- a. You do not have other sources to pay for these items or services
  - 1. Yes
  - 2. No
  
- b. It is difficult to get to stores that accept your Family Card, so you use your cash at a closer store but it does not accept your card
  - 1. Yes
  - 2. No
  
- c. Are there any other reasons?
  - 1. Yes; If yes, specify: [Text]
  - 2. No

## SECTION VII. AWARENESS OF REGULATIONS

Now, we are going to ask you a few questions about items you are allowed to purchase with your Family Card.

25. Are there certain things you are not allowed to buy with your Family Card?

1. Yes
2. No

26. What about the cash benefit portion, are there certain things you are not allowed to buy with your cash benefits from your Family Card?

1. Yes
2. No

## SECTION VI. ABOUT THE RESPONDENT

In this final section, we would like to ask you some questions about you.

27. Are you a single parent with children under age 18?

1. Yes
2. No

28. Do you have a permanent place to stay?"

1. Yes
2. Sometimes
3. No

29. Do you have a disability or a chronic health condition?

1. Yes
2. No

30. Next, I'd like to ask you about some other sources of money you have access to. In addition to your NAP benefits, do you receive cash from any of the following sources? Please tell me yes or no for each.

- a. Working, includes "odd jobs" that may not supply consistent payment
  1. Yes
  2. No
- b. General assistance such as a welfare program (for example TANF)
  1. Yes
  2. No
- c. Financial help from a community organization such as a church
  1. Yes
  2. No
- d. Financial help from family or friends
  1. Yes
  2. No
- e. Retirement pension (private or government agency)
  1. Yes

- 2. No
- f. Unemployment insurance
  - 1. Yes
  - 2. No
- g. Child support
  - 1. Yes
  - 2. No
- h. Social Security Benefits (NOT including disability)
  - 1. Yes
  - 2. No
- i. Social Security for Disability
  - 1. Yes
  - 2. No
- j. Any other source
  - 1. Yes
  - 2. No

## Conclusion

Thank you, [insert name]. I want you to know how much we appreciate the time you took to help us with this research. As a token of our appreciation, we will send you a \$10 gift card in the mail. Can you please let me know the best address where I can mail this to you?

[enter mailing address]

Thank you. I will put this in the mail and you can expect it shortly. In the meantime, if you have any questions about this study, I will give you a phone number to a voicemail box where you can leave a message with the researcher in charge. That number is: 1 (786) 505-8949.

Thanks again for all of your help. [End interview]