



OMB Control No: 0584-0606  
Expiration Date: 03/31/2019

## APPENDIX E-6. Participant Caregiver Survey

The Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA), is conducting the Summer Meals Study to understand who receives meals at summer programs and why. On behalf of FNS, Westat, a research organization, is conducting this survey to understand:

- Where children spend their summer months;
- What role local programs play in providing meals and snacks to children in the summer months; and
- How these programs could be improved so more children can participate.

Your household has been chosen because you have a child between 5 and 18 years of age who attends the program at **<SITE NAME>** this summer. As an invited participant in this study, your household represents many other households similar to yours, so your answers are important.

**This survey should be completed by the parent or caregiver of a child attending the summer program at **<SITE NAME>**.**

Participation is easy. Visit the secure survey website, enter your PIN and begin the survey.

SURVEY WEBSITE: <https://www.SFSPsurvey.org>  
YOUR PIN: {#####}

You will receive \$10 in cash as a token of our appreciation. **Information provided in this survey will be kept private to the extent required by law.**

We know you receive many survey requests in the mail and that your time is valuable. **Taking part in this survey is voluntary.** There are no penalties if you decide not to respond either to the survey as a whole or to any particular question. Regardless of whether you complete this survey, your child's participation in the program at **<SITE NAME>**, or any government benefits or services received by you or anyone in your household, will not be affected.

If you have any questions, please call us toll-free at 1-800-XXX-XXXX.

**Your opinion matters to us. Thank you for helping us with this important survey.**

Public reporting burden for this collection of information is estimated to average 30 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

**FOR TELEFORM ONLY:**

Instructions for completing the survey

A computer will scan this questionnaire.

Please write clearly and use a black or blue pen only.

Please answer by filling in the circles completely like this:



not



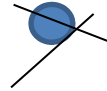
or



or



If you make a mistake, mark through it with an X like this:



then fill in and draw a circle around the correct one like this:



**SECTION A. ABOUT THE PROGRAM AT <SITE NAME>**

**A1. When did you first hear of the summer program at <SITE NAME>?**

- This year
- Last year
- A few years ago
- Don't remember

**A2. How did you find out about the summer program at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- Flyer from child's school
- Flyer/Poster at local government or public assistance office
- Flyer/Poster at local food bank
- Flyer/Poster at church or other community group
- Television or radio
- Poster or billboard on a bus stop/bus/train
- Toll-free hotline
- Internet or social media
- My child told me about it
- My relative told me about it
- My friend or neighbor told me about it
- U.S. Department of Agriculture, Food and Nutrition Service (FNS) Site Finder
- This survey
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A2a. In the future, what would be the best way to provide you with information about summer programs that offer free meals to children ages 18 and younger? (CHECK ONLY ONE.)**

- Send information home from school with my child
- Send information via mail
- Send information via email
- Send text message
- Post information on social media
- Poster or flyer at local government or public assistance office
- Poster or flyer at local food bank
- Poster or flyer at church or other community group
- Television or radio advertisement
- Post information on U.S. Department of Agriculture, Food and Nutrition Service (FNS) Site Finder
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A3. In what month did you find out about the summer program at <SITE NAME>?**

- April
- May
- June
- July
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A3a. In the future, when is the best time to send you information about summer programs that offer free meals to children ages 18 and younger?**

- April
- May
- June
- July
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A4. Did the program materials include information about ...? (CHECK ALL THAT APPLY.)**

- Program Schedule (dates and times for the program)
- Location/Address
- Types of activities offered
- Program cost
- Application procedures
- Transportation options
- Program offers free meals to children ages 18 and younger
- Staff to child ratio
- Safety and security precautions at the site
- Who to contact for questions, with contact information
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A4a. Did the program materials include all the details you needed to make a decision about sending your child to the program at <SITE NAME> this summer?**

- Yes
- No, I followed-up with the program staff to get information about:
  - Program Schedule (dates and times for the program)
  - Location/Address
  - Types of activities offered
  - Program cost
  - Application procedures
  - Transportation options
  - Staff to child ratio
  - Who can receive free meals from the program safety and security precautions at the site
  - Who to contact for questions, with contact information
  - Other (PLEASE SPECIFY): \_\_\_\_\_

**A4b. What information do parents and caregivers most need to know about the summer program to make a decision about sending your child there? (CHECK ALL THAT APPLY.)**

- Site location/address
- Site schedule (dates and times for the program)
- Program cost
- Transportation options
- Types of sports, games or activities provided
- Types of meals provided (breakfast, lunch, supper, snacks)
- Meal times (when meals and snacks are served)
- Meal cost
- Staff to child ratio
- Safety and security precautions at the site
- Who to contact for questions, with contact information
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A5. About how far from your home is the program at <SITE NAME>?**

- Less than 1 mile
- Between 1 mile and 3 miles
- More than 3 miles but fewer than 5 miles
- Between 5 miles and 10 miles
- More than 10 miles

**A6. Does the program at <SITE NAME> provide transportation?**

- Yes, transportation is provided for a separate fee
- Yes, transportation is part of the overall program fee
- Yes, free transportation is provided
- No, the site does not provide transportation
- Not sure

**SECTION B. ABOUT THE CHILDREN IN YOUR HOUSEHOLD ATTENDING THE PROGRAM AT <SITE NAME> THIS YEAR**

**B1. How many children ages 18 and younger are now living in your household?**

\_\_\_ Number of children ages 18 and under in your household

**B1a. Please tell us about the age, gender, ethnicity, and race for children ages 18 and younger that are living in your household.**

	Age (years)	Is this child a boy or a girl?	Is this child Hispanic or Latino?	What is the race of this child? (SELECT ONE OR MORE.)
Child 1	___ years old	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Child 2	___ years old	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Child 3	___ years old	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Child 4	___ years old	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Child 5	___ years old	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Child 6	___ years old	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Child 7	___ years old	<input type="checkbox"/> Boy	<input type="checkbox"/> Yes, Hispanic	<input type="checkbox"/> American Indian or Alaska Native

	Age (years)	Is this child a boy or a girl?	Is this child Hispanic or Latino?	What is the race of this child? (SELECT ONE OR MORE.)
		<input type="checkbox"/> Girl	<input type="checkbox"/> or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

**B2. Which of the following best describes where children in your household spend their summer months? (CHECK ALL THAT APPLY.)**

- At home with parent/sibling/guardian
- At home with another relative
- Home alone
- At a relative's/friend's home
- At a childcare/daycare home or center
- At a summer camp or summer school

**B3. Thinking about all children ages 18 and younger, how many attended/will attend a summer program this summer?**

|\_|\_| Number of children ages 18 and younger at summer programs

**B3a. Of these, how many attend the program at <SITE NAME> this summer?**

|\_|\_| Number of children ages 18 and younger, in program at <SITE NAME> this summer

**If only one child in your household attends the program at <SITE NAME>, answer the questions in this section about that child. If more than one child in your household attends the program at <SITE NAME>, please answer the questions in this section about the child who had the most recent birthday. We do not mean the youngest child, just the child who had the last birthday.**

**B4. How old is this child?**

|\_|\_| Age of child attending the program at <SITE NAME>

**B5. Is this child a boy or a girl?**

- Boy
- Girl

**B6. What is your relationship to this child?**

- Birth or adoptive parent
- Step parent
- Foster parent
- Brother or sister (including step/adoptive/foster)
- Aunt or uncle
- Grandparent or other relative
- Other (PLEASE SPECIFY): \_\_\_\_\_

**B7. Is this child of Hispanic, Latino, or Spanish origin?**

- Yes
- No

**B8. What is this child's race? (CHECK ALL THAT APPLY.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**B9. Besides attending the summer program at <SITE NAME>, which of the following best describes how this child usually spends his/her summer months? (CHECK ALL THAT APPLY.)**

- At home with parent/sibling/guardian
- At home with another relative
- At a relative's/friend's home
- At a childcare/daycare home or center
- At a summer camp or summer school
- Home alone
- Other (PLEASE SPECIFY): \_\_\_\_\_

**B10. Besides attending the summer program at <SITE NAME>, did/will this child attend any other programs this summer?**

- Yes
- No → GO TO B11
- Not sure → GO TO B11



**B10a. Do these summer programs serve meals or snacks? (CHECK ONLY ONE.)**

- Yes, meals and snacks are provided for a fee
- Yes, meals and snacks are part of the program fee
- Yes, free meals and snacks are provided
- No, the programs do not provide meals or snacks
- Not sure

**B11. FOR SCHOOL BASED SITE ONLY: Does your child attend <THIS SCHOOL> during the school year?**

- Yes → GO TO B12
- No

**B11a. Besides attending the program at <SITE NAME>, does/will this child get summer meals at the school they attend?**

- Yes
- No
- Don't know

**B12. FOR SITES IN SEBTC STATES ONLY + USE STATE TERMINOLOGY FOR SEBTC, IF KNOWN: Do you have a summer electronic benefits transfer (EBT) card to use specifically to purchase food for your child/children during the summer months? This is usually called Summer Electronic Benefits Transfer for Children (SEBTC) or Summer EBT.**

- Yes
- No
- Don't know

**SECTION C. YOUR CHILD'S ATTENDANCE AND EXPERIENCE WITH THE SUMMER PROGRAM AT <SITE NAME>**

If only one child in your household attends the program at <SITE NAME> answer the questions in this section about that child. If more than one child in your household attends the program at <SITE NAME>, please answer the questions in this survey about the child who had the most recent birthday. We do not mean the youngest child, just the child who had the last birthday.

**C1. Is 2018 the first summer your child attended the summer program at <SITE NAME>?**

- Yes, first time attending this program
- No, attended this program in previous years

**C2. Who was involved in making the decision for your child to attend the program at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- Birth/Step/Foster Parent
- Grandparent or other relative
- Child
- Brother/Sister/Cousin
- Other (PLEASE SPECIFY): \_\_\_\_\_

**C3. What were the main reasons for deciding to send your child to the program at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- The meals are free
- The site's opening hours are convenient
- The site provides free transportation
- The site location is convenient
- Childcare is provided at the site
- The site provides games and activities
- The site offers a camp that my child wanted to attend (e.g., sports, music, science, etc.)
- My child does not want to stay home
- My child's friends go to the site
- My child can make new friends at the site
- Proof of income is not required
- Other reasons (PLEASE SPECIFY): \_\_\_\_\_

**C4. Which of the following options are available to the child to get to and from the program at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- Family car, truck, or van
- Bike
- Public transit
- Transportation provided by <SITE NAME>
- Carpool
- Walk
- Other (PLEASE SPECIFY): \_\_\_\_\_

**C4a. How did/does your child usually travel to and from the program at <SITE NAME>? (CHECK ONLY ONE.)**

- Walk alone or with friends
- Walk with a parent or relative
- Walk with brother/sister/cousin
- Bike
- Family car, truck, or van
- Child takes public transportation alone or with friends
- Child takes public transportation with parent or relative
- Free transportation provided by the site
- Paid transportation provided by the site/part of program fee
- Other (PLEASE SPECIFY): \_\_\_\_\_

**C5. Did/will the child attend the program at <SITE NAME> every week the program is offered this summer?**

- Yes, child did/will attend the program for all weeks that the program is/was offered → **GO TO C6**
- No, child did/will not attend the program for all weeks that the program is offered
- Don't know

**C5a. How many weeks did/will your child attend the program at <SITE NAME>?**

|\_|\_| Number of weeks child attended/will attend <SITE NAME> this summer

**C5b. Thinking about your child's attendance at the program at <SITE NAME> this summer, would you say that your child ...**

- Attended the program as often as desired
- Attended the program less often than desired

**C5c. Why did/will your child not attend the program at <SITE NAME> for all weeks that the program was/is offered this summer? (CHECK ALL THAT APPLY.)**

- Visiting relatives/friends
- At other summer programs
- Others might think we can't provide meals/snacks for your child
- Only needy families should send children to the program every week
- Friends not attending the program
- Not enough activities to keep the child engaged
- Prefer to be home some days/weeks
- Do not like <MEAL 1> served at the site
- Do not like <MEAL 2> served at the site
- Do not like times when meals are served
- Other (PLEASE SPECIFY): \_\_\_\_\_

**C6. Thinking about your child's attendance at the program at <SITE NAME> this summer, would you say that the number of days your child attended the program ...**

- was about the same each week
- varied/varies from week to week

**C7. About how many days a week did/will your child usually attend the program at <SITE NAME> this summer?**

- Once or less than once a week
- Two days each week
- Three days each week
- Four days each week
- Five or more days each week

**C8. Which of the following features would improve your child's attendance at the program at <SITE NAME>? (CHECK ALL THAT APPLY.)**

- Games and activities
- Number of weeks the program is offered
- Number of days each week the program is offered
- Daily schedule (number of hours)
- Walkable distance from home
- Program cost
- Shelter from heat and rain
- Staff supervision
- Having friends of child attending the program
- Free transportation
- Other (PLEASE SPECIFY): \_\_\_\_\_
- None of the above

**C9. In the weeks that your child attended the program at <SITE NAME> this summer, on how many days did your child usually eat meals and snacks? (CHECK ONE BOX ONLY.)**

- Everyday → **GO TO C10**
- On most days
- On some days
- My child did not eat meals and snacks provided by the program at <SITE NAME>

**C9a. What would have encouraged your child to eat more meals/snacks at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- If the site offered <MEAL NOT SERVED>
- Better appearance of food
- Better presentation of food
- Better quality
- Shelter from heat and rain
- Healthier food
- Shorter lines
- Larger portion sizes
- Fewer items on the menu
- More information on the menus
- More items on the menu
- More hot meals
- More variety of food
- More information on the nutrition content of foods
- More time to eat
- No change is needed, I am satisfied with the meals/snacks
- I don't know enough about the food to answer this question

**C10. In general, how would you rate the appearance of meals served by the program at <SITE NAME> this summer?**

- Excellent
- Good
- Poor
- I don't know enough about the food served by the program

**C11. In general, how would you rate the variety of foods served at meals by the program at <SITE NAME> this summer?**

- Excellent
- Good
- Poor
- I don't know enough about the food served by the program

**C12. In general, how would you rate the quality of foods served at meals by the program at <SITE NAME> this summer?**

- Excellent
- Good
- Poor
- I don't know enough about the food served by the program

**C13. In general, how would you rate the overall nutritional value of foods served at meals by the program at <SITE NAME> this summer?**

- Excellent
- Good
- Poor
- I don't know enough about the food by the program

**C14. Overall, how satisfied or dissatisfied are you (the parent or caregiver) with the food served by the program at <SITE NAME> this summer?**

- Very Satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied
- I don't know enough about the food to rate it

**C15. Thinking about your experience with the program at <SITE NAME>, how satisfied or dissatisfied are you (the parent or caregiver) with the program this summer?**

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very Dissatisfied
- I don't know enough about the site to rate it

**C16. If available, would you send your child to the program at <SITE NAME> next summer?**

- Yes → GO TO C17
- No
- Don't know/Not sure

**C16a. Which of the following are reasons your child may not participate in the program at <SITE NAME> next summer? (CHECK ALL THAT APPLY.)**

- Child's friends did not attend
- Child not interested/refused to go
- Activities do not appeal to the child
- Was not open all day
- Was not convenient and easy to get to
- Location unsafe
- No transportation
- Didn't provide lunch
- Meals were not of high quality
- Cost too much
- Didn't offer education or sports and recreational activities
- Didn't provide day care so adults in household could work
- Inadequate supervision
- Didn't have a good reputation
- He/she will attend another program
- He/she will stay somewhere else during the day/for the Summer
- Other (PLEASE SPECIFY): \_\_\_\_\_

**C17. How likely is it that you would recommend the program at <SITE NAME> to other families with children?**

- Very likely
- Moderately likely
- A little likely
- Not at all likely

**C18. Is there anything else you would like to tell us about the summer meals site where your child receives meals this summer?**

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## SECTION D. FOOD SITUATION IN YOUR HOUSEHOLD

The next questions are about the food situation in your household in the last 30 days and whether you were able to afford the food you need. For each statement or question below, please select one response that best describes your household's food situation.

**D1. In the last 30 days... (CHECK ONE BOX ONLY.)**

- We had enough of the kinds of food we wanted to eat → **GO TO SECTION E**
- We had enough food but not always the kinds of food we wanted to eat
- We sometimes did not have enough food to eat
- We often did not have enough food to eat

**D2. In the last 30 days, we worried whether our food would run out before we got money to buy more.**

- Often true
- Sometimes true
- Never true
- Don't know

**D3. In the last 30 days, the food that we bought just didn't last, and we didn't have money to get more.**

- Often true
- Sometimes true
- Never true
- Don't know

**D4. In the last 30 days, we couldn't afford to eat balanced meals.**

- Often true
- Sometimes true
- Never true
- Don't know

**D5. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- Yes
- No → **GO TO D6**
- Don't know → **GO TO D6**

**D5a. In the last 30 days, on how many days did this happen?**

\_\_\_ Days



**D6. In the last 30 days, did you (the parent or caregiver) ever eat less than you felt you should because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D7. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D8. In the last 30 days, did you lose weight because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D9. In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?**

- Yes
- No → GO TO D10
- Don't know → GO TO D10

**D9a. In the last 30 days, on how many days did this happen?**

\_\_\_ Days

**The next questions are about the food situation of your children. For each statement or question, please select one response that best describes your children's food situation.**

**D10. In the last 30 days we relied on only a few kinds of low-cost food to feed the child(ren) because we were running out of food.**

- Often true
- Sometimes true
- Never true
- Don't know

**D11. In the last 30 days we couldn't feed the child(ren) a balanced meal because we couldn't afford it.**

- Often true
- Sometimes true
- Never true
- Don't know

**D12. In the last 30 days my child(ren) were not eating enough because we could not afford enough food.**

- Often true
- Sometimes true
- Never true
- Don't know

**D13. In the last 30 days did you ever cut the size of any of your child(ren)'s meals because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D14. In the last 30 days did your child(ren) ever skip meals because there wasn't enough money for food?**

- Yes
- No → GO TO D15
- Don't know → GO TO D15

**D14a. In the last 30 days, on how many days did this happen?**

\_\_\_ Days

**D15. In the last 30 days was your child(ren) ever hungry but you just couldn't afford more food?**

- Yes
- No
- Don't know

**D16. In the last 30 days did your child(ren) ever not eat for a whole day because there wasn't enough money to buy food?**

- Yes
- No
- Don't know

## SECTION E. ABOUT YOU AND YOUR HOUSEHOLD

**E1. How old are you?**

- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60 or older

**E2. Are you male or female?**

- Male
- Female

**E3. What language do you usually speak at home?**

- English
- Spanish
- Other (PLEASE SPECIFY): \_\_\_\_\_

**E4. What is the highest level of school you have completed?**

- No schooling completed
- Less than grade 12
- 12th grade
- GED or alternative credential
- Some college credit but no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)
- Master's degree (for example: MA, MS, MEng, MED, MSW, MBA)
- Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

**E5. Were you born outside of the United States, Puerto Rico, or other U.S. territories?**

- Yes
- No

**E5a. How long have you lived in the United States?**

- less than 1 year
- 1 year but less than 5 years
- 5 years but less than 10 years
- 10 years or more

**E6. Last month, were you ...? (CHECK ONLY ONE.)**

- With a job or business but not at work
- Not working at a job or business
- Working at a job or business
- Looking for work

**E6a. What is the main reason you did not work last month?**

- Taking care of home/family
- Going to school
- Retired
- Unable to work for health reasons
- Disabled
- On layoff/unemployed
- On vacation
- On strike
- Other (PLEASE SPECIFY): \_\_\_\_\_

**E7. In general, would you say your health is ...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**E8. Including yourself, how many adults ages 19 and older are now living in this household?**

|\_|\_| Number of people in the household

**E8a. Of these, how many are adults over 60 years?**

|\_|\_| Number of adults over 60 years

**E9. In the last 30 days, has there been a change in the number of people living in your household?**

- Yes
- No

**E9a. What caused the change? (CHECK ALL THAT APPLY.)**

- Birth of child
- New step, foster, or adopted child
- Marriage/new partner
- Separation or divorce
- Family/boarder moving in
- Family/boarder moving out
- Other (PLEASE SPECIFY): \_\_\_\_\_

**E10. In the past 12 months, did anyone in your household: (CHECK ALL THAT APPLY.)**

- Attend a Head Start program?
- Attend a day care program or child care center that provides meals and snacks at no cost?
- Receive free or reduced price lunch at school?
- Receive free or reduced price breakfast at school?
- Receive snacks at before or after school programs?
- Receive food from a food pantry, food bank, or soup kitchen?

**E11. In the past 12 months, did anyone in your household receive: (CHECK ALL THAT APPLY)**

- Financial assistance to pay rent or housing costs
- Assistance from (STATE NAME FOR LIHEAP) to pay electric or gas utility bills
- Help with paying medical expenses through (STATE NAME FOR MEDICAID)
- Assistance from (STATE NAME FOR TANF)
- Benefits from (STATE NAME FOR SNAP)
- Benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

**E12. Please indicate whether you or anyone in your household received income in the last 12 months from any of the following: (CHECK ALL THAT APPLY)**

- Wages, salary, commissions, bonuses, or tips
- Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social security or Railroad Retirement
- Supplemental Security Income
- Any public assistance or welfare payments from the state or local welfare office
- Retirement, survivor, or disability pensions
- Any other sources of income received regularly such as Veterans (VA) payments, unemployment compensation, child support, or alimony

**E13. What was the total income received last month by you and other household members before taxes? Please include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, and so forth.**

\$ \_\_\_\_\_

**E14. Which category best describes your total household income last year, before taxes or other deductions? (CHECK ONLY ONE)**

- under \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to 49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 or more

**E15. Which of the following best describes your household's current financial condition?**

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head

**E16. Did your name or address change recently?**

- No. We will send \$10 to the name and address on the survey letter.
- Yes. Please let us know where to send \$10 for this survey.

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

**E17. Would you be available for a follow-up telephone interview in the next month or so? The interview will take about an hour and you will receive \$20 as a token of appreciation.**

- No
- Yes. Please let us know your contact information.

HOME NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**E18. Because phone numbers and email addresses change over time, please tell us the name and contact information of two people who will know how to find you.**

Contact Person # 1: \_\_\_\_\_

Phone Number for Contact Person # 1: \_\_\_\_\_

Contact Person # 2: \_\_\_\_\_

Phone Number for Contact Person # 2: \_\_\_\_\_

**Thank you for participating in the Summer Meals Study**