



OMB Control No: 0584-0606  
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## APPENDIX E-7. Nonparticipant 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 in your household. 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 with children ages 18 years and younger.**

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

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

The survey should take about 15 minutes. 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 any government programs 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 40 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



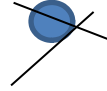
or



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 CHILDREN IN YOUR HOUSEHOLD**

**A1. How many children ages 18 and younger are now living in your household?**

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

**A1a. 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 of Hispanic, 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"/> 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

	Age (years)	Is this child a boy or a girl?	Is this child of Hispanic, Latino?	What is the race of this child? (SELECT ONE OR MORE.)
				<input type="checkbox"/> White

**A2. Which of the following best describes where children in your household usually 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

**A3. How many children in your household attended/will attend a summer program this summer?**

- None → **GO TO QUESTION A4**
- \_\_\_ Number of children who attended/will attend a summer program this summer

**A3a. 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

**A4. Who is involved in making the decision about where children in your household will do this summer? (CHECK ALL THAT APPLY.)**

- Parent/Guardian
- Brother/Sister
- Grandparent or other relative
- Child
- Other (PLEASE SPECIFY): \_\_\_\_\_

**A5. When do you begin looking for information about summer programs for children in your household?**

- April
- May
- June
- July
- I do not look for information about summer programs for children in my household

**A6. Do you know of any programs in your area that offer free meals to children ages 18 and younger in this summer?**

- Yes
- No

**A7. Did you know that the program at (SITE NAME) is offering free meals to children ages 18 and younger, this summer?**

- Yes
- No

**A8. Did any of the children in your household ever attend a summer program that offered free meals to children ages 18 and younger?**

- Yes
- No → GO TO SECTION C

## SECTION B. ABOUT CHILDREN WHO EVER ATTENDED A SUMMER PROGRAM

Please complete this section if children in your household ever attended a summer program that offered free meals to children ages 18 and younger.

**B1. How many children in your household ever attended a summer program that offered free meals to children ages 18 and younger?**

\_\_\_ Number of children ages 18 and younger

**B2. When was the last time children in your household attended a summer program that offered free meals to children ages 18 and younger?**

- Last summer
- 2 summers ago
- 3 to 4 summers ago
- 5 or more summers ago

**B3. Thinking about the program where children in your household received free meals in the summer, how satisfied were you with your children's experience at the program?**

- Very satisfied
- Satisfied
- Slightly satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied

**B4. Overall, how satisfied were you (the parent or caregiver) with the food served at the summer program that offered free meals to children ages 18 and younger?**

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

**B5. How likely is it that you would recommend the summer program that offers free meals to children ages 18 and younger, to families with children?**

- Extremely likely
- Likely
- Not sure
- Unlikely
- Extremely unlikely

**B6. Why didn't children in your household attend the summer program at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- Did not know about the program at <SITE NAME>
- Didn't want to send child to a program if I am not familiar with the program or its staff
- Location is not convenient
- Visiting relatives/friends
- Program schedule is not convenient
- Don't have transportation to and from <SITE NAME>
- Program does not offer enough activities to keep the child engaged
- Children do not like meals served at <SITE NAME>
- Children/you think only needy families should send children to the program every week
- Children/you don't want others to think you can't provide meals/snacks for your children
- Children want to stay home for the summer months
- Children who attended previously are now over 18 years of age
- Proof of income is required
- Children were enrolled in other summer programs
- Other (PLEASE SPECIFY): \_\_\_\_\_

**B7. Which of the following features would have made it possible for children in your household to attend the summer program at <SITE NAME>? (CHECK ALL THAT APPLY.)**

- Games and activities
- Number of weeks the program is available
- Number of days each week the program is available
- Daily schedule (number of hours)
- Walkable distance from home
- Free transportation
- Staff supervision
- Having friends of child attending the program
- Affordable program cost
- Other (PLEASE SPECIFY): \_\_\_\_\_
- I am not interested in sending children in my household to a summer program that offers free meals to children ages 18 and younger

**GO TO SECTION D**

## SECTION C. SENDING YOUR CHILDREN TO SUMMER PROGRAMS

Please complete this section if children in your household never attended a summer program that offered free meals to children ages 18 and younger.

**C1. Why didn't children in your household attend the summer program at <SITE NAME> this summer? (CHECK ALL THAT APPLY.)**

- Did not know about the program at <SITE NAME>
- Didn't want to send children to a program if I am not familiar with the program or its staff
- Location is not convenient
- Visiting relatives/friends
- Program schedule is not convenient
- Don't have transportation to and from the program location
- Program does not offer enough activities to keep the child engaged
- Children were enrolled in other summer programs
- Children do not like meals served at <SITE NAME>
- Children/you think only needy families should send children to the program every week
- Children/you don't want others to think you can't provide meals/snacks for your child
- Children want to stay home for the summer months
  
- Proof of income is required
- Other (PLEASE SPECIFY): \_\_\_\_\_

**C2. Which of the following features would have made it possible for children in your household to attend the summer program at <SITE NAME>? (CHECK ALL THAT APPLY.)**

- Games and activities
- Number of weeks the program is available
- Number of days each week the program is available
- Daily schedule (number of hours)
- Walkable distance from home
- Free transportation
- Staff supervision
- Having friends of children attending the program
- Affordable program cost
- Other (PLEASE SPECIFY): \_\_\_\_\_
- I am not interested in sending children in my household to a summer program that offers free meals to children ages 18 and younger



## SECTION D. LEARNING ABOUT SUMMER MEAL PROGRAMS

**D1. 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): \_\_\_\_\_

**D2. 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): \_\_\_\_\_

**D3. What information do parents and caregivers need to know about summer programs that offer free meals to children ages 18 and younger, to make a decision about sending children in the household to the program? (CHECK ALL THAT APPLY.)**

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

## SECTION E. 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.

**E1. In the last 30 days ... (CHECK ONLY ONE.)**

- We had enough of the kinds of food we wanted to eat → **GO TO SECTION F**
- 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

**E2. 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

**E3. 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

**E4. In the last 30 days, we couldn't afford to eat balanced meals.**

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

**E5. 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 E6**
- Don't know → **GO TO E6**

**E5a. In the last 30 days, on how many days did this happen?**

\_\_\_ Days

**E6. 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

**E7. 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

**E8. In the last 30 days, did you lose weight because there wasn't enough money for food?**

- Yes
- No
- Don't know

**E9. 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 E10**
- Don't know → **GO TO E10**

**E9a. 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.**

**E10. 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

**E11. 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

**E12. 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

**E13. 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

**E14. In the last 30 days did your child(ren) ever skip meals because there wasn't enough money for food?**

- Yes
- No → GO TO E15
- Don't know → GO TO E15

**E14a. In the last 30 days, on how many days did this happen?**

\_\_\_ Days

**E15. In the last 30 days was your child(ren) ever hungry but you just couldn't afford more food?**

- Yes
- No
- Don't know

**E16. 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

<b>SECTION F. ABOUT YOU AND YOUR HOUSEHOLD</b>
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**F1. How old are you?**

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

**F2. Are you male or female?**

- Male
- Female

**F3. What language do you usually speak at home?**

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

**F4. 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)

**F5. Were you born outside of the United States, Puerto Rico, or other U.S. territories?**

- Yes
- No

**F5a. 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

**F6. 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

**F6a. FMCS. 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): \_\_\_\_\_

**F7. In general, would you say your health is ...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**F8. ACS 2016 Modified Stem. Including yourself, how many adults ages 19 and older are now living in this household?**

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

**F8a. Of these, how many are adults over 60 years?**

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

**F9. In the last 30 days, has there been a change in the number of people living in your household?**

- Yes
- No

**F9a. 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): \_\_\_\_\_

**F10. 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?

**F11. 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)

**F12. 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

**F13. 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

**F14. 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.**

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

**F15. 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

**F16. 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

**F17. 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: \_\_\_\_\_

**F18. 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: \_\_\_\_\_



**F19. 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**