## **INSTRUMENT I.1**

SNAP EMPLOYMENT AND TRAINING (E&T) REGISTRANT AND PARTICIPANT (R/P)

SURVEY

OMB # xxxx-xxxx Expiration: xx/xx/20xx Reference No.: 40272.401



# SNAP Employment and Training (E&T) Registrant and Participant

# **Final**

September 11, 2014

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection will be entered after clearance. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Thank you for helping us with the SNAP Employment and Training (E&T) Study. We need your help to better understand the labor skills and training people need to get jobs in the local labor market. The results of the study will help programs better meet the needs of people who are looking for jobs.

This survey asks questions about your work history, skills and training needs, and challenges you faced in getting the training you wanted to get and keep a job in your area. The survey takes about 20 minutes to complete.

The information you provide will be used only for statistical purposes. In accordance with the Privacy Act of 1974, your responses will not be disclosed in identifiable form without your consent. Your participation in this survey is completely voluntary. You may skip any questions that make you uncomfortable or that you would prefer not to answer.

At the end of the survey I will ask for your mailing address so we can send you a gift card in appreciation of your time. The gift card will not affect your benefits in any way.

Is it okay to begin now?

# **Section A: Education and Training**

The first questions are about your education and any training you've received.

L.	What	t is the highest grade or degree you have completed?	
	Sei	lect one only	
	•	Less than 8th grade	.1
	$\mathbf{C}$	8th to 12th grade, no diploma	.2
	O	High school diploma or GED	.3
	O	Some college but no degree	.4
	•	Associate degree Occupational/vocational program	5
	•	Associate degree Academic program	6
	•	Bachelors degree (For example: BA, AB, BS)	
	O	Masters degree or higher	.8
	O	Other	. 99
		Specify	
la.	Do v	ou have certifications in any of the following areas?	
	_	lect all that apply	
		Commercial drivers' license (CDL),	.1
		Nursing,	.2
		Dental,	.3
		Secretarial,	.4
		Cosmetology,	.5
		Construction,	.6
		Mechanical, or	.7
		Another certification?	.99
		Specify	
		No	.0

### **Section B: Employment History**

For the next questions, please tell us about any paid jobs. They could be part- or full-time or self-employment in your own business. Don't include any unpaid work or volunteering.

2.	Have	e you <u>ever</u> worked at a job for pay?	
	O	Yes1	
	O	No0	GO TO
		Q3a	
3.	Are	you <u>currently</u> working at a job for pay?	
	O	Yes1	GO TO Q4
	0	No	
	_	LL WITH "HAVE NEVER WORKED"	
IF 3		LL WITH "ARE NOT CURRENTLY WORKING"	
3a.	Wha	t is the <u>main</u> reason you (have never worked/are not currently working)?	
	Se	lect only one.	
	0	Could not find work or lack of jobs available in the area1	
	O	Lack necessary schooling, training, skills or experience2	
	O	Could not get along with supervisor or co-workers3	
	O	Physical or mental health problems4	
	0	Alcohol or substance abuse5	
	O	Family responsibilities; caring for children, spouse, or parents6	
	O	Attending school7	
	O	Transportation issues or problems (no car or no public transportation available, transportation costs too much)8	
	O	Chose not to work9	
	O	Other99	)
		Specify	

IF Q	2 = 1
4.	How many jobs have you had in the last 24 months? This includes regular and temporary employment and self-employment. Please do not include any unpaid jobs.
	Select one only
	O None
	O 11
	O 22
	O 33
	O 44
	O 55
	<b>O</b> 6 or more
Plea	se think about your <i>two</i> most recent jobs, including your current job or jobs.
5.	For each of these jobs, please enter the name of the company.
O.	
	Job 1
	Job 2
The	next questions are about your (job/jobs) at (this company/these companies).
6a.	Are you currently working at [FILL JOB 1]?
	O Yes1
	O No0
Inter	viewer: Fill (is/was) and (do/did) in this section based on the response to 6a.
6b.	What kind of work (do/did) you do, or what (is/was) your job title? For example: plumber, machinist, food service worker, home health aide, or day laborer.
	WORK PERFORMED/JOB TITLE
6c.	About when did you start working at [FILL JOB 1]?
	START DATE
	MONTH / YEAR
	O Don't remember

	a = 0
d.	When did your job at [INSERT JOB 1] job end?
	END DATE
	MONTH / YEAR
	O Still work there / job hasn't ended1
	O Don't rememberd
F 6c	c = d or 6d = d
ie.	About how long did you work at that job?  Select one only
	O Less than 3 months
	O Between 3 and 6 months2
	O Between 7 and 12 months3
	O More than a year4
if.	What type of job (is/was) this? Was it Select one only
	O Regular,1
	O Temporary, such as seasonal or contract, or2
	O You don't remember?d
g.	How many hours (do/did) you usually work at [INSERT JOB 1] during a typical week?
	TOTAL HOURS WORKED IN A TYPICAL WEEK
	(0-99)
	O Hours (vary/varied) each week
	O Don't remember
F 6g	g = N OR D
h.	About how many hours (do/did) you work at [INSERT JOB 1] in a typical week?  Select one only
	O 1 - 19 hours
	O 20 –29 hours2
	O 30 – 34 hours3
	O 35 – 40 hours4
	O Over 40 hours5
	O Don't rememberd

IF 6	g < 30	OR 6h = 1 or 2	
6i.	Wha	t is your main reason for working less than 30 hours in a typical week?	
	Se	lect one only	
	O	Employer reduced hours	1
	O	Could only find part-time work	2
	O	Full-time is less than 30 hours	3
	0	That is what was available	4
	0	Child care problems (including being pregnant)	5
	O	Other family/personal obligations	6
	O	Health/medical limitations	7
	O	School/training	8
	O	Didn't want/need more hours	9
	O	Other	99
		Specify	
6j.	How	much (are/were) you paid at [INSERT JOB 1]?	
-,-		DATE OF DAY	
	Se	lect one only	
	0	Hourly	1
	O	Weekly	
	O	Monthly	
	O	Yearly	4
	O	Don't remember	
F 6	a = 0		
		t was your reason for leaving [INSERT JOB 1]?	
	Wha	t was your reason for leaving [INSERT JOB 1]? lect one only	
	Wha		1
	<b>Wha</b> Se	lect one only	
	Wha Se	lect one only  Layoff, company downsized, or plant closed	2
	Wha Se	lect one only  Layoff, company downsized, or plant closed  Fired	2 3
	Wha Se O	lect one only  Layoff, company downsized, or plant closed  FiredQuit	2 3 4
	Wha Se O	lect one only  Layoff, company downsized, or plant closed  Fired  Quit  Became disabled	2 3 4 5
6k.	What See	Layoff, company downsized, or plant closed	2 3 4 5 6

IF 6k = 2 or 3					
6l. Why did you (quit/get fired from) your last job? Was it because you					
Select all that apply					
□ Didn't like supervisor or co-workers,1					
□ Didn't like job duties,2					
□ Didn't like job earnings,3					
☐ Had difficulty getting to work on time (late or missed days),4					
☐ Didn't have or like opportunities for advancement,5					
□ Didn't like location,6					
☐ Transportation issues or problems (no car or public transportation available, transportation cost too much),					
☐ Decided to go to school,8					
☐ Had child care responsibilities (including being pregnant),9					
☐ Had other family or personal reasons,10					
☐ Had physical or mental health issues or problems, or11					
□ Something else?99					
7a - I: REPEAT SERIES OF QUESTIONS IN Q6a - I, IF TWO JOBS GIVEN IN ITEM 5.					
The next questions are about your job at (FILL JOB 2).					
7a. Are you currently working at [FILL JOB 2]?  O Yes1					
O Yes					
<b>9</b> No					
Interviewer: Fill (is/was) and (do/did) in this section based on the response to 7a.					
7b. What kind of work (do/did) you do, or what (is/was) your job title? For example: plumber, machinist, food service worker, home health aide, or day laborer.					
WORK PERFORMED/JOB TITLE					
7a About when did you start working at ITU L 100 010					
7c. About when did you start working at [FILL JOB 2]?					
START DATE					
MONTH / YEAR					
O Don't rememberd					
IF 7a = 0					

7d.	When did your job at [INSERT JOB 2] job end?					
	END DATE					
	MONTH / YEAR					
	O Still work there / job hasn't ended	1				
	O Don't remember	d				
IF 70	c = d or 7d = d					
7e.	About how long did you work at that job?  Select one only					
	O Less than 3 months	1				
	O Between 3 and 6 months	2				
	O Between 7 and 12 months	3				
	O More than a year	4				
7f.	What type of job (is/was) this? Was it Select one only					
	O Regular,	1				
	O Temporary, such as seasonal or contract, or	2				
	O Don't remember	d				
7g.	How many hours (do/did) you usually work at [INSERT JOB 2] during a typical of the total hours worked in a typical week (0-99)					
	O Hours (vary/varied) each week					
	O Don't remember	d				
IF 7	g = N OR D					
7h.	About how many hours (do/did) you work at [INSERT JOB 2] in a typical week? Select one only	•				
	O 1 - 19 hours	1				
	O 20 –29 hours	2				
	O 30 – 34 hours	3				
	O 35 – 40 hours	4				
	O Over 40 hours	5				
	O Don't remember	d				
IF 70	g < 30 OR 7h = 1 or 2					
`						

	Co	t is your main reason for working less than 30 hours in a typical week	
		lect one only  Employer reduced hours	1
	0	• •	
	0	Could only find part-time work  Full-time is less than 30 hours	
	0	That is what was available	
	0	Child care problems (including being pregnant)	
	0	Other family/personal obligations	
	0	Health/medical limitations	
	0	School/training	
	0	Didn't want/need more hours	
	9	Other	
	•	Specify	
7j.	Цом	much (are/were) you paid at [INSERT JOB 2]?	
j.		DATE OF DAY	
	\$	ect one only	
	ЭС О	Hourly	1
	0	Weekly	
	•	Monthly	
	•	Yearly	
	0	Don't remember	
	t = 0		
F 7a			
		t was your reason for leaving [INSERT JOB 2]?	
	Se	ect one only	
	Se O	lect one only  Layoff, company downsized, or plant closed	
	Se O	Layoff, company downsized, or plant closed	2
	Se O O	Layoff, company downsized, or plant closed	2 3
	Se O O	Layoff, company downsized, or plant closed	2 3 4
F 7a	Se O O O	Layoff, company downsized, or plant closed	2 3 4 5
	Se O O	Layoff, company downsized, or plant closed	2 4 5 6

П	F	7	k	_	2	O	r	2
ш	_	7	n.	_	_	U	١.	•

7I.	Why did y	you (quit/get	fired from) your	last job?	Was it because	you
-----	-----------	---------------	------------------	-----------	----------------	-----

#### **Section C: Searching for Work and Barriers**

ASK IF: If not currently employed or working less than 30 hours. (3=0 or (3=1 and 6g<30) or (3=1 and 6h=1 or 2) or (3=1 and 7g<30) or (3=1 and 7h=1 or 2)). Otherwise go to Q16.

The next questions are about searching or looking for a job, even if you haven't been looking a lot lately.

iacoi	<b>y</b> .			
9.	Have	you looked for a job in the last 12 months?		
	O	Yes	1	
	•	NoQ14	0	GO TO
10.		se indicate what you have been doing to find a job, or to find a better ths. Have you	one, in the la	ast 12
	Se	lect all that apply		
		Contacted employer directly and/or have interviewed,	1	
		Contacted employment agency or school employment center,	2	
		Sent out resumes/filled out applications,	3	
		Looked at ads in newspapers or job listings online (e.g. Monster or Craiglist),	4	
		Attended job training programs, or	5	
		Something else?	99	
		Specify		

Se	lect all that apply	
	Building and grounds cleaning and maintenance	1
	Business and financial operations	2
	Community and social service	3
	Construction and extraction	4
	Education, training, and library	5
	Farming, fishing, and forestry	6
	Food preparation and serving related	7
	Healthcare	8
	Installation, maintenance, and repair	9
	Management	10
	Office and administrative support	11
	Personal care and service	12
	Sales and related	13
	Transportation and material moving	14
	Something else	99
	Specify	
	Don't know	d
Have	you gotten any job offers in the past 12 months, whether you took the job	or not?
0	Yes	1
O	No	0 GO TO

IF 12 =1

# 13. In what type(s) of business(es) were you offered (a job/jobs)? Select all that apply ☐ Building and grounds cleaning and maintenance......1 □ Business and financial operations......2 □ Construction and extraction......4 ☐ Education, training, and library......5 □ Healthcare.....8 □ Installation, maintenance, and repair.....9 □ Management......10 □ Something else......99 Specify Don't know.......d 14. What problems have you had getting or keeping a job? Select all that apply □ Physical or mental health issues......1 □ Need to care for family members with physical/mental health issues......2 ☐ Transportation issues or problems (no car or public transportation available, or transportation costs too much)......4 □ Speaking, reading, and/or writing English......5 ☐ Immigration or citizenship restrictions.......6 □ Don't have enough education.....8 □ Can't get along with bosses/coworkers.....9 ☐ Housing problems (homelessness, unstable housing, no affordable housing).......12 Specify

15. When you were looking for a job, did you feel that you faced any discrimination because of your ...

SELECT ONE PER ROW

		YES	NO
a.	Gender/sex?	1 O	O 0
b.	Race?	1 O	O 0
C.	Ethnicity?	1 O	<b>O</b> 0
d.	Age?	1 O	O 0
e.	National origin?	1 O	<b>O</b> 0
f.	Religion?	$\mathbf{O}_{\mathtt{l}}$	<b>O</b> 0
g.	Sexual orientation?	O 1	<b>O</b> 0
h.	Something else?	1 O	$\mathbf{C}_{0}$

#### Section D: SNAP and the SNAP Employment & Training Program

Our records show that you are currently receiving SNAP benefits. Did the state agency tell 16. you to participate in SNAP E&T to keep your benefits (in a letter or some other way), did you volunteer to participate, or are you not participating in an employment and training program? Select one only GO TO 16b..... GO TO 16b GO TO O Didn't want to volunteer......4 GO TO O Never got told I had to participate......5 GO TO Participated in the past but not in the last 12 months......6 GO TO 16a. Why didn't you participate in the program? Select all that apply GO TO □ Location not on public transportation routes......1 GO TO 34 ☐ Transportation issues or problems (no car or public transportation, GO TO 34..... GO TO 34..... □ Need to care for child or others......5 GO TO 34..... □ Program at a bad time......6 GO TO 34..... GO TO 34..... GO TO 34..... ☐ Was in a program before and didn't like it......9 GO TO 34..... GO TO 34

Specify

16b.	What	were your main reasons for participating in SNAP E&T?	
	Sei	ect all that apply	
		Keep SNAP benefits,1	
		Get childcare,2	
		Get other benefits,3	
		Improve my English,4	
		Gain job search skills,5	
		Learn about self employment,6	
		Earn a certification/credential/license,7	
		Learn a new skill/industry,8	
		Get promoted, 9	
		Get a raise,	
		Get a job,	
		Find a better job, or	
		Something else?99	
		Specify	
17.	o O Are y	you either begun participating in an employment and training program through htly completed a SNAP E&T program?  Yes	GO TO 34 GO TO 19
Inter	viewer.	Use the response to Q18 to fill (do/did) in the upcoming questions.	
IF 18	= 2 0	3	
18a.	Whe	n did you complete the program or stop attending the program?	
	O	MONTH YEAR  Don't rememberd	

	What is the name of this SNAP employment and training program?					
		SNAP E&T PROGRAM NAME				
	\ <b>^</b> \\	we did you arrell in INCEPT PROCESM NAMES				
	wne	n did you enroll in [INSERT PROGRAM NAME]?  START				
	MON	ITH YEAR				
	How	many days a week (do/did) you participate in the program?				
		DAYS PER WEEK				
	How	many hours a day (do/did) you participate in the program?				
		HOURS PER DAY				
3.	How	many weeks (will/did) the program last?				
		AUMADED OF MEEKO				
		NUMBER OF WEEKS				
	O	NUMBER OF WEEKS  Program doesn't end/ Ongoing while getting SNAP				
		Program doesn't end/ Ongoing while getting SNAP1				
4.	Whe	Program doesn't end/ Ongoing while getting SNAP				
1.	Whe	Program doesn't end/ Ongoing while getting SNAP				
1.	Whe	Program doesn't end/ Ongoing while getting SNAP				
<b>!</b> -	Whe	Program doesn't end/ Ongoing while getting SNAP				
l.	Whe	Program doesn't end/ Ongoing while getting SNAP				
L.	Whe	Program doesn't end/ Ongoing while getting SNAP				
	Whe	Program doesn't end/ Ongoing while getting SNAP				
٠.	Whee Se	Program doesn't end/ Ongoing while getting SNAP				
-	Whee Se	Program doesn't end/ Ongoing while getting SNAP				
-	Whee	Program doesn't end/ Ongoing while getting SNAP				
	Whee	Program doesn't end/ Ongoing while getting SNAP				
-	Whee	Program doesn't end/ Ongoing while getting SNAP				
	Whee See	Program doesn't end/ Ongoing while getting SNAP				

S	elect all that apply	
	Location not on public transportation routes	1
	Inconvenient or unsafe location	2
	Transportation issues or problems (no car or public transportation, transportation costs too much)	3
	1 Too expensive to get there	4
	Need to care for child or others	5
	Program at a bad time	6
	1 None	0
	1 Other	99
	Specify	
_		
S	elect all that apply	
5		1
	GED preparation/testing,	
	GED preparation/testing,	2
	GED preparation/testing,  Post-secondary education,  Skills assessment,	3
	GED preparation/testing,  Post-secondary education,  Skills assessment,  ESL/English classes,	2 3
	GED preparation/testing,	2 4 5
	GED preparation/testing,  Post-secondary education,  Skills assessment,  ESL/English classes,  Job search training/assistance,  Job specific training,	2 4 5
	GED preparation/testing,	2 4 5 6
	GED preparation/testing,  Post-secondary education,  Skills assessment,  ESL/English classes,  Job search training/assistance,  Job specific training,  On the job training (OJT),  Vocational skills training,	2 4 5 6 7
	GED preparation/testing,  Post-secondary education,  Skills assessment,  ESL/English classes,  Job search training/assistance,  Job specific training,  On the job training (OJT),  Vocational skills training,  Certification or licensing preparation or testing,	2 4 5 6 7 8
	GED preparation/testing,	

27.	What support services did you receive through the program?					
	Select all that apply					
	□ Onsite childcare,1					
		Childcare vouchers or funds,				
	☐ Transportation assistance,					
		Tutoring,4				
	☐ Assistance applying for government benefits,					
		Referrals to other organizations,6				
		Legal aid,7				
		Housing assistance,8				
		Domestic violence assistance,9				
		Counseling/therapy,10				
		Clothing/work equipment/tools,11				
		Medical assistance, or				
		Something else?99				
		Specify				
		None	GO TO			
27a.		important were these support services for you to be able to participate in the p	rogram?			
	Se	lect one only				
	0	Very important,				
	O	Not so important, or				
	0	Didn't matter at all?0				
28.	Did y	ou find a job after (completing/you stopped attending) the program?				
	Se	lect one only				
	$\mathbf{C}$	Yes, found a job through the program,1				
	$\mathbf{C}$	Yes, found a job on my own without help from the program,2				
	O	No, didn't find a job after the program, or3				
	O	Stopped attending the program because I found a job?4				
	O	Don't rememberd				

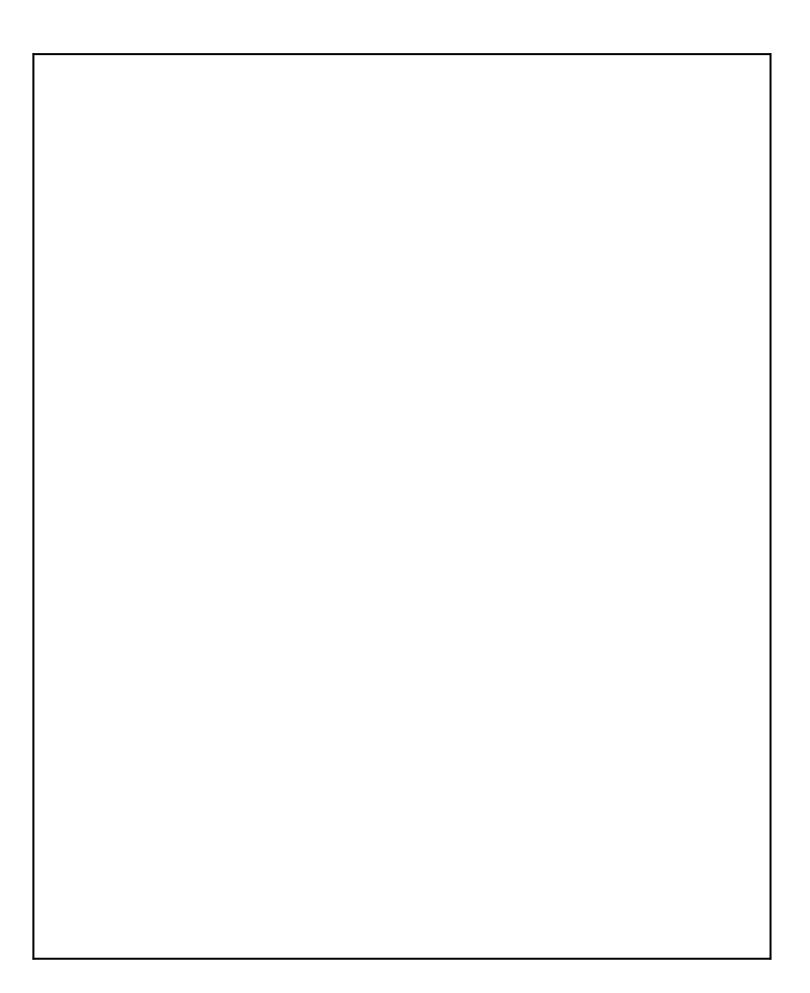
IF 18 = 3

#### 29. Why did you stop attending the SNAP E&T program?

Select all that apply □ Wasn't learning anything......1 □ Didn't think the program would help to find a job......4 Got a job/reemployed......5 □ Too far from home......6 Transportation issues or problems (no car or public transportation, Started (other) school/training......8 ☐ Child care problems, got pregnant, or had a baby......9 □ Own physical or mental health problems......10 ☐ Caring for family members physical or mental health problems......11 □ SNAP case closed, no longer required ......12 Specify

	3 = 2 o		
30.	-	you receive a certificate or degree/diploma from the program?	
	O	Yes1	
	•	No	GO TO
	O	Don't knowd Q31	GO TO
30a.		t kind of certificate or degree/diploma did you receive?	
	Se	lect one only	
	0	Participation/attendance	
	O	GED	
	0	High school diploma3	
	0	Associate's degree4	
	0	English proficiency certification/ TOEFL5	
	O	Certificate or license (e.g food handler, forklift operator, hairdressing, plumbing, CDL)6	
	O	Other99	)
		Specify	
		you finished the program, what other activities did you participate in with this	
IF 18 <b>31.</b>	After orga	you finished the program, what other activities did you participate in with this nization?	
	After orga	you finished the program, what other activities did you participate in with this nization?  lect all that apply	
	After orga	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	
	After orga	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	
	After orga	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	
	After orga	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	)
	After orga	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	)
	After orga	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	)
31.	Se	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	)
31.	Se	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	)
31.	Se	r you finished the program, what other activities did you participate in with this nization?  lect all that apply  Follow-up or refresher courses	

33.	Wha	t do you think would make the program better for your needs?	
		lect all that apply	
		A more convenient location	
	_	More training programs for specific jobs2	
	_	More convenient times	
	_	Provide childcare	
		Develop a work plan	
		Provide transportation service to training or work	
		Provide online training	
		Provide more post training services/activities	
		Something else9	
	Ц	Specify	
		Nothing0	
	ш	Notifing	
The		ew questions are about previous SNAP E&T programs.  17 = 0: Have you been in any SNAP employment and training programs in the pa	st 24
04.	mon		3t 24
		18 = 2 or 3: Besides the recently completed program, have you been in other SN doyment and training programs in the past 24 months?	ΑP
		= $1$ : Besides the program you are currently in, have you been in other SNAP oyment and training programs in the past 24 months?	
	O	Yes1	
	O	No	GO TO
	O	Don't remember	GO TO
34a.	prog you	17 = 1: Excluding the (current/ most recently completed) participation in a SNAP ram which we have discussed, how many separate times in the past 24 months participated in a SNAP E&T program?  Nect one only	
	O	11	
	O	22	
	O	33	
	•	44	
	•	55	
	O	6 or more6	



	1a > 0				
35.	How long ago did the SNAP E&T program prior to the one you (are currently/were/ most recently) in end?				
	Se	lect one only			
	O	Within the past 3 months			
	O	Between 3 and 6 months ago2			
	O	7 to 12 months ago			
	O	More than a year ago4			
36.		e (current/most recently completed) SNAP E&T program, did you participate in ities similar to ones you participated in before?			
	O	Yes	GO TO		
	O	No			
	O	Don't rememberd			
IF:	36 = 1				
27	What	types of activities did you participate in through these other SNAD employment	at and		
37.	train	t types of activities did you participate in through these other SNAP employmenting programs?  Heat all that apply	nt and		
37.	train Se	ing programs? lect all that apply	nt and		
37.	train Se₁ □	ing programs?  lect all that apply  GED preparation/testing1	nt and		
37.	train Se	ing programs?  lect all that apply  GED preparation/testing	nt and		
37.	train Se₁ □	ing programs? lect all that apply  GED preparation/testing	nt and		
37.	train Se	ing programs?  lect all that apply  GED preparation/testing	nt and		
37.	train Se	ing programs? lect all that apply  GED preparation/testing	nt and		
37.	train Second	ing programs?  lect all that apply  GED preparation/testing	nt and		
37.	train Second	ing programs?  lect all that apply  GED preparation/testing	nt and		
37.	train Second	ing programs?  lect all that apply  GED preparation/testing	nt and		
37.	train Second	ing programs?  lect all that apply  GED preparation/testing			
37.	train Second	ing programs?  lect all that apply  GED preparation/testing	)		
37.	train Second	ing programs?  lect all that apply  GED preparation/testing			
37.	train Se	ing programs?  lect all that apply  GED preparation/testing			
37.	train Se	ing programs?  dect all that apply  GED preparation/testing			

	Select one only  O Very helpful,	1
	O Somewhat helpful, or	
	O Not helpful at all?	
END		
Thank	you for participating in this important study.	
We will addres	be sending a gift card in appreciation of your participation. Please enter you would like the gift card mailed to. Please enter your phone number and may contact you if we have any questions.	
	First Name:	
	Middle Initial:	
	Last Name:	
	Street Address 1:	
	Street Address 2:	
	City:	
	State:	
	Zip:	
	Telephone:	
	Email Address:	