

Attachment C: Demographic Questionnaire

PURPOSE: This document will be used to collect basic demographic information on each of the focus group participants. It will be distributed to participants by email before each focus group. Mathematica will enter the data into a database to allow ASPE to understand the characteristics of the focus group participants.

1. Your “fake name” for today (this is the name we will use instead of your real name during the discussion to protect your privacy?): _____

2. How old are you? _____ years old

3. What is your gender? _____

4. How many people live in your household (including you)? _____

5. How many children aged 18 and younger live in your household? _____

6. How many children aged 5 and younger live in your household? _____

7. What is your total **household** income during the PAST 12 MONTHS? *Note: This is total income for your entire household, not just your own personal income.*

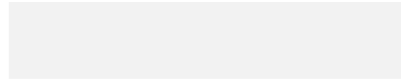
<input type="checkbox"/> \$1-\$4,999	<input type="checkbox"/> \$15,000-\$19,999	<input type="checkbox"/> \$40,000-\$49,999
<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> \$20,000-\$29,999	<input type="checkbox"/> \$50,000-\$69,999
<input type="checkbox"/> \$10,000-\$14,999	<input type="checkbox"/> \$30,000-\$39,999	<input type="checkbox"/> \$70,000 or more

8. What is the highest level of education that you completed?

<input type="checkbox"/> Grade school or some high school	<input type="checkbox"/> Some college, technical, or vocational school, or a 2-year degree	<input type="checkbox"/> 4-year college degree or higher
<input type="checkbox"/> High school graduate or GED		

9. Are you Spanish/Hispanic/Latino? Yes, Spanish/Hispanic/Latino No, not Spanish/Hispanic/Latino

1. 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 0990-0421. 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.



9. What is your race? PLEASE CHECK ALL THAT APPLY.

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other race |

10. In addition to your participation in [FOCAL PROGRAM NAME], have you participated in any of the following programs in the past 3 months? PLEASE CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> TANF or other general cash assistance | <input type="checkbox"/> Child protective services/foster care services |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> WIC |
| <input type="checkbox"/> SNAP benefits, also known as food stamps | <input type="checkbox"/> Healthy relationship or parenting classes or services |
| | <input type="checkbox"/> Other _____ |