

# 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 at the beginning of each focus group. Insight 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)? \_\_\_\_\_

1. How many of these people are currently working for pay?

\_\_\_\_\_

5. How many children aged 12 and younger live in your household? \_\_\_\_\_

6. 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.*

\$1-\$4,999

\$15,000-\$19,999

\$40,000-\$49,999

\$5,000-\$9,999

\$20,000-\$29,999

\$50,000-\$69,999

\$10,000-\$14,999

\$30,000-\$39,999

\$70,000 or more

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

Grade school or some high school

Some college, technical, or vocational school, or a 2-year degree

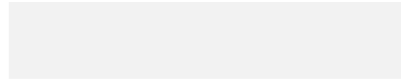
4-year college degree or higher

High school graduate or GED

8. 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.

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

10. What is your marital status?

- Married
- Single, living with a partner
- Single, not living with a partner

11. How many hours per week do you currently work?

- 25 or more hours in a typical week
- 24 or fewer hours in a typical week)

12. In addition to your [PROGRAM NAME] benefits, have you received any of the following benefits in the past 12 months? PLEASE CHECK ALL THAT APPLY.

- [LOCAL PROGRAM NAME] or TANF or other general assistance
- [LOCAL PROGRAM NAME] or Children's Health Insurance Program, also known as CHIP
- [LOCAL PROGRAM NAME] or childcare subsidy
- [LOCAL PROGRAM NAME] or WIC
- [LOCAL PROGRAM NAME] or rental assistance
- Tax refunds or Earned Income Tax Credit
- [LOCAL PROGRAM NAME] or SNAP benefits, also known as food stamps
- [LOCAL PROGRAM NAME] or Medicaid
- Other \_\_\_\_\_

13. What is your ZIP Code? \_\_\_\_\_