

Appendix O.1

Post-SNAP Participant Survey

Comparison Group – English



OMB Approval No. 0584-XXXX
Expiration Date: XX/XX/20XX

Food and Shopping

The Food and Nutrition Service, United States Department of Agriculture is conducting a study to understand grocery shopping and eating behaviors. Earlier this year you participated in a survey about food and shopping from the Food and Nutrition Service, United States Department of Agriculture. The survey will answer questions like these:

- **Where do people buy certain foods?**
- **What types of foods are people buying and eating?**
- **How do people decide what foods to buy?**


We invite you to participate again in a brief follow-up survey about food and shopping. As an invited participant, your household represents many other households similar to yours, so your answers are important. This survey should take about 20 minutes to complete.

The survey should be completed by the primary food shopper in your household. The primary food shopper is the person who does the grocery shopping most often. The survey includes questions about foods purchased and eaten by your household. By household, we mean people who live with you and with whom you purchase and prepare food.


- If you live alone, please answer all questions for yourself.
- If you live with others, but you purchase foods and prepare meals for yourself only, please answer all questions for yourself.
- If you live with others and you share food purchases and meal preparation with people in your household, please answer all questions for your household.


There are no right or wrong answers. If you are unsure of how to answer a question, please give the best answer you can. Please know that as required by law, your information will be kept private and will be included with those of other survey participants. The law prohibits us from giving anyone any information that may identify you or your household. If you decide not to take part, that will not affect any benefits or services received by you or anyone in your household.

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: 

Please remember to answer questions on both the front and back of each page. After you are done, return the survey in the enclosed postage-paid envelope. After we receive your completed survey, we will send you \$20 in cash as a token of our appreciation. If you need additional information, please call 1-XXX-XXX-XXXX or email us at XXXX.com.

Thank you.

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 number. The time required to complete this information collection is estimated to average 20 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.

SECTION A. SHOPPING FOR GROCERIES

When answering these questions, please think about your household. By household, we mean people who live with you and with whom you purchase and prepare food. If you purchase foods and prepare meals for yourself only, please answer only for yourself.

A1. Where do you buy most of the groceries for your household?

Store name: _____

A1a. Is the store above a ... (CHECK ONLY ONE)

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local markets
- Small local store or corner store
- Farmers market/farm stands/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where: _____

A2. Why do you shop for groceries at this store? (CHECK ALL THAT APPLY)

- Close to home
- Close to work or school
- Location convenient but not close to home, work, or school
- Affordable prices
- Lots of in-store promotions
- Deals on fruits and vegetables
- Variety of products
- Ethnic foods are available
- High-quality meat
- Preferred products are always available
- Better or fresher produce than other stores
- Good service
- Store is clean
- Store is familiar to me
- Convenient store hours
- Frequent shopper program or savings card
- Store accepts EBT
- Home delivery option
- Other, tell us why: _____

A3. How often do you usually shop for groceries?

- More than once a week
- Once a week
- Once every two weeks
- Once a month or less
- Rarely make any major shopping trips, only small trips
- Rarely shop for food

SECTION B. SHOPPING FOR FRUITS AND VEGETABLES

B1. Where do you usually buy fruits and vegetables for your household? (CHECK ONLY ONE)

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local markets
- Small local store or corner store
- Farmers market/farm stands/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where: _____

B2. How often do you make special efforts to go to a particular store to buy fresh or high-quality fruits or vegetables?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

B3. What is your household's usual MONTHLY expense for fruits and vegetables (include fresh, frozen, canned, and dried fruits and vegetables)?

\$ |__|__|__|

- Don't know

B4. Since May 20XX, how many times did you shop for fruits and vegetables at farmers markets?

- Never → **GO TO B5**
- Less than once a month
- Once a month
- Every other week
- Once a week
- More than once a week

B4a. Some farmers markets provide a matching amount to <STATE NAME FOR SNAP/EBT card> customers when they buy fruits and vegetables using their <STATE NAME FOR SNAP/EBT CARD>. For example, the market may give \$2 for every \$5 spent using <STATE NAME FOR SNAP/EBT card>. Did you get any such matching amount at the farmers market where you shopped?

- Yes
- No
- Don't know

B5. Some stores offer coupons, or discounts on fruit and vegetable purchases. In the past month, did you get any coupons or discounts when you shopped for fruits and vegetables?

- Yes
- No
- Don't know

B6. In the past month, how often did you buy the following types of fruits and vegetables? For each type listed, put an **X** in the box that represents how often you bought it.

	More than once a week	Once a week	Every other week	Less than once a month	Never
Fresh fruits	•	•	•	•	•
Frozen fruits	•	•	•	•	•
Canned fruits	•	•	•	•	•
Dried fruits	•	•	•	•	•
100 percent fruit juice	•	•	•	•	•
Fresh vegetables	•	•	•	•	•
Frozen vegetables	•	•	•	•	•
Canned vegetables	•	•	•	•	•
Dried vegetables (e.g. mushrooms, dehydrated potatoes)	•	•	•	•	•

B7. In the past month, when you bought fruits, what kind did you buy? For each type listed, put an **X** in the box that represents the type of fruit that you usually buy.

	Fresh	Frozen	Canned	Dried	I did not buy it
	CHECK ALL THAT APPLY				
Bananas	•	•	•	•	•
Apples	•	•	•	•	•
Berries	•	•	•	•	•
Oranges	•	•	•	•	•
Melons	•	•	•	•	•
Grapes	•	•	•	•	•
Peaches	•	•	•	•	•
Pineapples	•	•	•	•	•
Pears	•	•	•	•	•
Other: _____	•	•	•	•	•
Other: _____	•	•	•	•	•
Other: _____	•	•	•	•	•

B8. In the past month, when you bought vegetables, what kind did you buy? For each type listed, put an **X** in the box that represents the type of vegetable that you usually buy.

	Fresh	Frozen	Canned	Dried	I did not buy it
CHECK ALL THAT APPLY					
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce/leafy salad greens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legumes/shelled beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C. YOUR OPINIONS ABOUT FRUITS AND VEGETABLES

C1. For each statement listed, put an X in the box that best indicates how much you personally agree or disagree with that statement. If you don't understand a statement or don't have an opinion, select "**Does not apply.**"

	Strongly disagree	Somewhat Disagree	Neither disagree nor agree	Somewhat Agree	Strongly agree	Does not apply
I enjoy trying new foods	•	•	•	•	•	•
I enjoy trying new fruits	•	•	•	•	•	•
I enjoy trying new vegetables	•	•	•	•	•	•
I eat enough fruits to keep me healthy	•	•	•	•	•	•
I eat enough vegetables to keep me healthy	•	•	•	•	•	•
I encourage my family to eat fruits and vegetables	•	•	•	•	•	•
I encourage my friends to eat fruits and vegetables	•	•	•	•	•	•

These questions are about the different kinds of fruits and vegetables you ate or drank during the LAST MONTH. Please think about all fruits, vegetables, and fruit juices that you had last month. Include those that were raw, cooked, eaten as snacks, and at meals; eaten at home and away from home in restaurants, with friends, and as take-out; and eaten alone and mixed with other foods.

C2. Over the past month, how many times per month, week, or day did you drink **100% juice** such as orange, mango, apple, grape, or pineapple juices? **Do not count** fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include juice you drank at all mealtimes and between meals.

- Never
GO TO C3
- 1 to 3
times **last**
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C2a. Each time you drank **100% juice**, how much did you usually drink?

- Less than $\frac{3}{4}$ cup
(less than 6 ounces)
- $\frac{3}{4}$ to $1\frac{1}{4}$ cup
(6 to less than 10 ounces)
- $1\frac{1}{4}$ to 2 cups
(10 to 16 ounces)
- More than 2 cups
(more than 16 ounces)

C3. Over the past month, how many times per month, week, or day did you eat **fruit**? Count any kind of fruit – fresh, canned, and frozen. **Do not count** juices. Include fruit you ate at all mealtimes and for snacks.

- Never
GO TO C4
- 1 to 3
times **last**
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C3a. Each time you ate **fruit**, how much did you usually eat?

- Less than 1 medium fruit
 - 1 medium fruit
 - OR
 - 2 medium fruits
 - More than 2 medium fruits
- Less than ½ cup
 - About ½ cup
 - About 1 cup
 - More than 1 cup

C4. Over the past month, how many times per month, week, or day did you eat a **lettuce or green leafy salad (with or without other vegetables)**?

- Never
GO TO C5
- 1 to 3
times **last**
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C4a. Each time you ate **lettuce or green leafy salad**, how much did you usually eat?

- About ½ cup
- About 1 cup
- About 2 cups
- More than 2 cups

C5. Over the past month, how many times per month, week, or day did you eat **any kind of fried potatoes, including French fries, home fries, or hash brown potatoes**?

- Never
GO TO C6
- 1 to 3
times **last**
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C5a. Each time you ate **fried potatoes**, how much did you usually eat?

- Small order or less
(About 1 cup or less)
- Medium order
(About 1 ½ cups)
- Large order
(About 2 cups)
- Super-size order or more
(About 3 cups or more)

C6. Over the past month, how many times per month, week, or day did you eat other white potatoes? Count **baked, boiled, and mashed potatoes, sweet potatoes, potato salad, and white potatoes that were not fried.**

- Never
GO TO C7
- 1 to 3
times last
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C6a. Each time you ate **these potatoes**, how much did you usually eat?

- 1 small potato or less
(1/2 cup or less)
- 1 medium potato
($\frac{1}{2}$ to 1 cup)
- 1 large potato
(1 to 1 $\frac{1}{2}$ cups)
- 2 medium potatoes or more
(1 $\frac{1}{2}$ cups or more)

C7. Over the past month, how many times per month, week, or day did you eat cooked dried beans? Count **refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans?**

- Never
GO TO C8
- 1 to 3
times last
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C7a. Each time you ate **these beans**, how much did you usually eat?

- Less than 1/2 cup
- $\frac{1}{2}$ to 1 cup
- 1 to 1 $\frac{1}{2}$ cups
- More than 1 $\frac{1}{2}$ cups

C8. Over the past month, how many times per month, week, or day, did you eat **other vegetables?** Count **raw, cooked, canned, and frozen vegetables such as tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, plantains, yucca, chayote or other squash, and broccoli.** DO NOT COUNT: **lettuce salads; white potatoes; cooked dried beans; vegetables in mixtures such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry, soups, etc.; and rice.**

- Never
GO TO C9
- 1 to 3
times last
month
- 1 to 2
times
per week
- 3 to 4
times
per week
- 5 to 6
times
per week
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or more
times
per day

C8a. Each time you ate **these other vegetables**, how much did you usually eat?

- Less than 1/2 cup
- $\frac{1}{2}$ to 1 cup
- 1 to 2 cups
- More than 2 cups

C9. Over the past month, how many times per month, week, or day did you have **tomato sauces such as spaghetti or noodles or mixed into foods such as lasagna**? DO NOT COUNT: **Tomato sauce on pizza.**

- Never
GO TO C10
- 1 to 3
times last
month
- 1 to 2
times
per week
- 3 to 4
times
per
week
- 5 to 6
times
per
week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C9a. Each time you ate **tomato sauce**, how much did you usually eat?

- About ¼ cup
- About ½ cup
- About 1 cup
- More than 1 cup

C10. Over the past month, how many times per month, week, or day did you have **Mexican-type salsa made with tomato**?

- Never
GO TO D1
- 1 to 3
times last
month
- 1 to 2
times
per week
- 3 to 4
times
per
week
- 5 to 6
times
per
week
- 1 time
per day
- 2 times
per day
- 3 times
per day
- 4 times
per day
- 5 or
more
times
per day

C10a. Each time you ate **salsa**, how much did you usually eat?

- Less than 1 tablespoon
- 1 to less than 3
tablespoons
- 3 to 5 tablespoons
- More than 5 tablespoons

SECTION D. FOOD SITUATION IN YOUR HOUSEHOLD

These 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, "we worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for your household?

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

D2. In the last 30 days, "the food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household?

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

D3. In the last 30 days, "we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household?

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

D4. 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 D5**
- Don't know → **GO TO D5**

D4a. In the last 30 days, how often did this happen?

___ Days

D5. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know

D6. 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

D7. In the last 30 days, did you lose weight because there wasn't enough money for food?

- Yes
- No
- Don't know

D8. 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 D9**
- Don't know → **GO TO D9**

→ D8a. In the last 30 days, how often did this happen?

___ Days

D9. Over the last month, has your household had any unusually large expenses that affected your spending on food?

- Yes
- No
- Don't know

SECTION E. YOU AND YOUR HOUSEHOLD

- E1. Are you male or female?**
- Male
 - Female
- E2. What is your marital status?**
- Now married
 - Widowed
 - Divorced
 - Separated
 - Never married
- E3. How old are you?**
- 18-29 years old
 - 30-39 years old
 - 40-49 years old
 - 50-59 years old
 - 60 or older
- E4. What language(s) do you usually speak at home? (CHECK ALL THAT APPLY)**
- English
 - Spanish
 - Other, tell us which languages: _____
- E5. What is your ethnicity?**
- Hispanic or Latino
 - Not Hispanic or Latino
- E6. Which one or more of the following would you say is your race? (CHECK ALL THAT APPLY)**
- American Indian or Alaska Native
 - Asian
 - Native Hawaiian Or Other Pacific Islander
 - Black or African American
 - White
- E7. Were you born outside of the United States, Puerto Rico, or other U.S. territories?**
- Yes
 - No → **GO TO E8**

E7a. 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

E8. What is the highest grade or level of school you have completed or the highest degree you have received?

- Never attended school or only attended Kindergarten
- Less than high school
- High school diploma or GED
- Some college, no degree
- Associate degree: occupational, technical, or vocational program
- Associate degree: academic program
- Bachelor's degree (example: BA, AB, BS, BBA)
- Master's degree (example: MA, MS, MEng, MEd, MBA)
- Professional school degree (example: MD, DDS, DVM, JD)
- Doctoral degree (example: PhD, EdD)

E9. Which of the following were you doing last month? (CHECK ONLY ONE)

- With a job or business but not at work → **GO TO E9a**
- Not working at a job or business → **GO TO E9a**
- Working at a job or business → **GO TO E10**
- Looking for work → **GO TO E10**

E9a. What is the main reason you did not work last month?

- Taking care of house/family
- Going to school
- Retired
- Unable to work for health reasons
- Disabled
- On layoff/unemployed
- On vacation
- On strike
- Other, please specify: _____

E10. In general, would you say your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

E11. Thinking only about yourself, in general, how healthy is your overall diet?

- Excellent
- Very good
- Good
- Fair
- Poor

E12. In general, how healthy is your household's overall diet?

- Excellent
- Very good
- Good
- Fair
- Poor
- Does not apply to me

E13. Including you, how many people currently live in your household? By household, we mean the people who share food and income with you. Please do not include people in your home who your SNAP/Food Stamp benefits and other income do not support.

|__|__| number of people who currently live in your household

E14a. How many of these are children 5-17 years old?

|__|__| number of children

E14b. How many of these are children under 5 years of age?

|__|__| number of children

E14c. How many are adults over 60 years?

|__|__| number of adults over 60

E14. How long have you lived at the current address?

- Less than three months
- Three to six months
- Six to nine months
- Nine months to a year
- More than one year

E15. In the last 6 months, has there been a change in the number of people living in your household?

- Yes → **GO to E15a**
- No → **GO to E16**

E15a. What caused the change? (CHECK ALL THAT APPLY)

- Birth of child
- New step, foster, or adopted child
- Marriage/New partner
- Separation or divorce

- Death of a household member
- Family/boarder moving in
- Family/boarder moving out
- Other, tell us what the change was: _____

E16. Do you or anyone who lives in your household get food from any of the following sources? (CHECK ALL THAT APPLY)

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- National School Lunch Program
- Senior Farmers Market Program
- Meals on Wheels
- Food Pantry
- Other, please specify: _____

E17. Do you or anyone in your household currently get SNAP/Food Stamp benefits? This includes any SNAP or Food Stamp benefits, even if the amount is small and even if benefits are received on behalf of children in the household.

- Yes
- No

E18. Please indicate whether you or anyone in your household received income in the last month from any of the following: (CHECK ALL THAT APPLY)

- Wages, salary, commissions, bonuses, or tips from all jobs
- 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 (SSI)
- 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

E19. 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).

\$ |__|__|__|__|

E20. 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

SECTION F. CONTACT INFORMATION

Please provide us with your contact information so we can send you \$20 for completing the survey. We will not share your contact information with anyone.

First name: _____

Last name: _____

Street address: _____

City: _____

State: _____

Zipcode: _____

Thank you for completing this survey.