

Summer Meals Survey

U.S. Department of Agriculture



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Instructions for completing the survey

- Use black or blue ink to answer
- Write your answers in the space provided or Mark to indicate your answer
- If you want to change your answer, mark and mark the right answer
- Follow the **GO TO QUESTION** instructions when specified
- There are no right or wrong answers. Your answers will help make the program better.

SECTION A. ABOUT THE CHILDREN IN YOUR HOUSEHOLD

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

|__|__| Total number of children ages 18 and under in your household

A2. How many children ages 18 and younger living in your household are:

|__|__| Less than five years of age

|__|__| Between 5 and 12 years of age

|__|__| Between 13 and 18 years of age

A3. Which of the following best describes where all children ages 18 and younger in your household spend their daytime in the summer months?

SELECT ONE OR MORE

- At home with parent/guardian/sibling
- 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
- At a summer job
- Other (please specify _____)

A4. Thinking about all children ages 18 and younger in your household, how many went to or will go to a summer program that offers education and/or activities this summer, 2018?

None → GO TO **QUESTION A6**

|_|_|_| Number of children ages 18 and younger who went to or will go to a program

A5. Do these summer programs provide meals and/or snacks to children ages 18 and younger?

SELECT ONLY ONE

- Yes, meals and snacks are available for purchase
- 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

A6. Have you heard of any programs in your area that offer free meals to children ages 18 and younger in the summer?

- Yes
- No

A7. Did you know that the program at <SITE NAME> at <ADDRESS> is offering free meals to children ages 18 and younger, this summer, 2018?

- Yes
- No

A8. Did, or have you planned to have, any of the children ages 18 and younger in your household go to the program at <SITE NAME> located at <address> this summer?

- Yes
- No → GO TO **SECTION C**

A9. When did you first find out about the summer program at <SITE NAME> located at <Address>?

- This year
- Last year
- A few years ago
- Not sure

A10. In what month this year, 2018, did you find out about the summer program at <SITE NAME>?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May |
| <input type="checkbox"/> February | <input type="checkbox"/> June |
| <input type="checkbox"/> March | <input type="checkbox"/> July |
| <input type="checkbox"/> April | <input type="checkbox"/> August (|

A11. How did you find out about the summer program at <SITE NAME> this summer?

SELECT ONE OR MORE

- Flyer or poster at child's school
- Flyer or poster at local government or public assistance office
- Flyer or poster at local food bank
- Flyer or poster at church or other community group
- Television or radio
- Poster or billboard on a bus stop/bus/train
- Toll-free hotline
- Internet or social media
- Mail
- Email or text message
- Staff at child's school told me about it
- My child told me about it
- My relative told me about it
- My friend or neighbor told me about it
- U.S. Department of Agriculture, Food and Nutrition Service (FNS) Site Finder
- This survey
- Other (please specify): _____

A12. Did the summer 2018 program materials you received about <SITE NAME> include information about ...?

SELECT ONE OR MORE

- Free meals
- Program schedule (dates and times for the program)
- Program Location/address
- Program contact information
- Types of activities offered
- Program activity fee
- How to apply
- Transportation options
- Child safety
- Other (please specify): _____
- Did not receive any program materials → **GO QUESTION A14**

A13. Did the information about the program include all the details you needed to make a decision about sending your child to the program at <SITE NAME> this summer?

- Yes → GO TO SECTION B
 No

A14. Did you contact the program staff at <SITE NAME> to get information about ...

SELECT ONE OR MORE

- Free meals
 Program schedule (dates and times for the program)
 Program Location/address
 Program contact information
 Types of activities offered
 Cost to attend program (excluding meals)
 How to apply
 Transportation options
 Child safety
 Other (please specify): _____

SECTION B. YOUR EXPERIENCE WITH THE SUMMER PROGRAM AT <SITE NAME> LOCATED AT <ADDRESS> THIS SUMMER

Answer the following questions for a child who went to the program at <SITE NAME> at <ADDRESS> this summer.

B1. How many children ages 18 and younger in your household went or will go to the program at <SITE NAME> this summer, 2018?

|_|_| Number of children.

If more than one child in your household went to the program at <SITE NAME>, please answer the questions for the child who had the most recent birthday. We do not mean the youngest child, just the child who had the last birthday.

B2. How old is this child?

|_|_| Age of child who went to the program at <SITE NAME>

B3. Is this child a boy or a girl?

- Boy
 Girl

B4. What is your relationship to this child?

- Parent (biological, adoptive, or foster)
- Grandparent
- Sibling
- Other (please specify): _____

B5. Is this child Hispanic or Latino?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

B6. What is the race of this child?

SELECT ONE OR MORE

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

B7. Besides going to the summer program at <SITE NAME>, did or will this child go to any other programs that offer education, activities, and/or food this summer?

- Yes
- No → GO TO QUESTION B9
- Not sure → GO TO QUESTION B9

B8. Do these other summer programs provide meals or snacks to children ages 18 and younger?

SELECT ONLY ONE

- Yes, meals and snacks are available for purchase
- 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

B9. **FOR SCHOOL BASED SITE ONLY:** Does your child go to <THIS SCHOOL> during the school year?

- Yes
- No

B10. Besides going to the program at <SITE NAME>, does/will this child get summer meals at the school they go to during the school year?

- Yes
- No
- Don't know

B11. Who was involved in making the decision for this child to go to the program at <SITE NAME> this summer?

SELECT ONE OR MORE

- Parent (biological, adoptive, or foster)
- Grandparent
- Sibling
- Other (please specify): _____

B12. Is 2018 the first summer this child went to or will go to the summer program at <SITE NAME>?

- Yes, first time child went to this program
- No, child went to this program in previous years

B13. Has this child already gone to the program at <SITE NAME> this summer, 2018?

- Yes
- No, will start going later this summer

B14. What are the main reasons for deciding to send this child to the program at <SITE NAME> this summer?

SELECT ONE OR MORE

- Childcare is provided
- Meals are free
- Hours fit my schedule
- Free transportation is provided
- Good location
- Games and activities are provided
- My child does not want to stay home
- My child's friends go there
- My child can make new friends there
- Proof of income is not required
- Other reasons (please specify): _____

B15. About how far from your home is the program at <SITE NAME>?

- Less than 1 mile
- Between 1 mile and 3 miles
- More than 3 miles but fewer than 5 miles
- Between 5 miles and 10 miles
- More than 10 miles

B16. How did or will this child usually travel to and from the program at <SITE NAME> this summer?

SELECT ONLY ONE

- Walk
- Bike
- Family vehicle
- Program provides transportation
- Public transportation
- Other (please specify): _____

B17. Other than the way this child usually travels to and from the program at <SITE NAME>, which of the following options are also available to the child to get to and from the program at <SITE NAME> this summer?

SELECT ONE OR MORE

- Walk
- Bike
- Family vehicle
- Program provides transportation
- Public transportation
- Other (please specify): _____
- No other option

B18. Thinking about how often this child went to or will go to the program at <SITE NAME> this summer, would you say that this child ...

- Went to or will go to the program as often as you desired
- Went to or will go to the program less often than you desired

B19. Did/will this child go to the program at <SITE NAME> every week the program is offered this summer?

- Yes
- No
- Don't know/ not sure

B20. How many weeks did or will this child go to the program at <SITE NAME> this summer?

|__|_| Number of weeks child went to or will go to <SITE NAME> this summer

B21. About how many days a week did or will this child usually go to the program at <SITE NAME> this summer?

- Once a week
- 2 days each week
- 3 days each week
- 4 days each week
- 5 or more days each week

B22. Thinking about how often this child went to or will go to the program at <SITE NAME> this summer, would you say that the number of days this child went to the program ...

- Was or will be about the same each week
- Varied or will vary from week to week

B23. Why did or will this child not go to the program at <SITE NAME> for all weeks that the program was/is offered this summer?

SELECT ONE OR MORE

- My child went to or will go to the program every week the program was/is offered**
- Visiting relatives/friends
- At other summer programs
- Others might think our family cannot provide meals/snacks for our child
- Only needy families should send children to the program every week
- Friends not going to the program
- Not enough activities to keep the child happy
- Prefer to be home some days/weeks
- The location was not safe
- Did not want to stay at the site to eat the meal
- There was no shelter from the heat or rain
- Do not like food served at the program
- Do not like times when meals are provided
- Other (please specify): _____

B24. Which of the following features would improve how often this child goes to the program at <SITE NAME>?

SELECT ONE OR MORE

- Games and activities
- Number of weeks the program is offered
- Number of days each week the program is offered
- Daily schedule (number of hours)
- Walkable distance from home
- Cost of program (not including meals and/or snacks)
- Being able to take the meals home or to another place away from the site
- Safe location
- Shelter from heat and rain
- Staff supervision
- Having friends of child going to the program
- Free transportation
- Other (please specify): _____
- None of the above
- Does not apply to me, my child goes to the program every day**

B25. On days that this child went to the program at <SITE NAME> this summer, how often did this child eat meals and/or snacks provided by the program?

SELECT ONLY ONE

- Every day the child went → **GO TO QUESTION B27**
- Most days the child went
- Some days the child went
- Never
- Don't know
- Child has not yet gone to the program at <SITE NAME> this summer → GO TO SECTION D**

B26. What would have encouraged this child to eat the meals and/or snacks provided by <SITE NAME> on all days that the child went there, this summer?

SELECT ONE OR MORE

- If <MEAL NOT SERVED> was provided
- If child could bring meals and/or snacks home
- Better looking food
- Better tasting food
- Larger amount of food
- Information about what foods will be provided
- More hot meals
- More variety of food
- Healthier food
- Information on the nutrition content of foods
- More time to eat
- Shelter from heat and rain
- Safe location
- Shorter lines
- Being able to take the meals home or to another place away from the site Meals for parents/caregivers
- No change is needed; I am satisfied with the meals/snacks
- I don't know enough about the meals and/or snacks to answer this question

B27. In general, how would you rate the appearance of meals and/or snacks served by the program at <SITE NAME> this summer?

- Excellent
- Good
- Poor
- I don't know enough about the meals and/or snacks provided by the program

B28. In general, how would you rate the variety of foods served at meals and/or by the program at <SITE NAME> this summer?

- Excellent
- Good
- Poor
- I don't know enough about the meals and/or snacks provided by the program

B29. Overall, how satisfied or dissatisfied are you with the meals and/or snacks provided by the program at <SITE NAME> this summer?

- Very Satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied
- I don't know enough about the meals and/or snacks provided by the program

B30. Thinking about your experience with the program at <SITE NAME>, how satisfied or dissatisfied are you with the program this summer?

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

B31. How likely is it that you would recommend the program at <SITE NAME> to other families with children?

- Very likely
- Somewhat likely
- Not at all likely

B32. Is there anything else you would like to tell us about the summer meals site where this child receives meals this summer?

GO TO SECTION D

SECTION C. PRIOR EXPERIENCE WITH THE SUMMER MEALS PROGRAM AND REASONS FOR NOT SENDING YOUR CHILDREN TO A SUMMER MEALS PROGRAM THIS SUMMER

C1. Did any of the children in your household ever go to a program that offered education and/or activities along with free meals, or a program that offers just free meals to children ages 18 and younger?

Yes

No → GO TO **QUESTION C8**

C2. Thinking about all children ages 18 and younger in your household, how many children ever went to a summer program that offered education and/or activities along with free meals or a program that offered just free meals?

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

C3. How old were these children when they attended a program that offered education and/or activities along with free meals or a program that offers just free meals?

SELECT ONE OR MORE

0 to 4 years

5 to 12 years

13 to 18 years

C4. Overall, how satisfied or dissatisfied were you with the program?

Very Satisfied

Satisfied

Neither satisfied or dissatisfied

Dissatisfied

Very dissatisfied

C5. How likely is it that you would recommend the program to other families with children?

Very likely

Somewhat likely

Not at all likely

C6. Why or why haven't children in your household gone to the summer program at <SITE NAME> located at <ADDRESS> this summer? This summer program is the nearest place that offers free summer meals to children in your area.

SELECT ONE OR MORE

- Did not know about the program at <SITE NAME>
- Don't think my children are eligible to receive free meals
- Visiting relatives/friends
- At other summer programs
- Others might think our family cannot provide meals/snacks for our child
- Only needy families should send children to the program every week
- Friends not going to the program
- Not enough activities to keep the child engaged
- Prefer to be home some days/weeks
- Do not like the meals and/or snacks
- Do not like times when meals are provided
- Meals could not be brought home
- Meals not provided for parents/caregivers
- Other (please specify):

C7 Which of the following features would have made it possible for children in your household to go to the summer program at <SITE NAME> this summer?

SELECT ONLY ONE

- Games and activities
- If meals were offered more weeks during the summer
- If meals were offered more days during the week
- Daily schedule (number of hours)
- Walkable distance from home
- Free transportation
- Affordable program cost
- Staff supervision
- If child could bring meals and/or snacks home
- Meals for parents/caregivers
- Having friends of children going to the program
- Being able to take the meals home or to another place away from the site
- Shelter from heat and rain
- Safe location
- 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. STAYING INFORMED ABOUT SUMMER MEALS PROGRAMS

D1. 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?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> January | <input type="checkbox"/> May |
| <input type="checkbox"/> February | <input type="checkbox"/> June |
| <input type="checkbox"/> March | <input type="checkbox"/> July |
| <input type="checkbox"/> April | <input type="checkbox"/> Other (please specify <u>MONTH</u>): _____ |

D2. 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?

SELECT UP TO THREE

- Flyer or poster at child's school
- Flyer or poster at local government or public assistance office
- Flyer or poster at local food bank
- Flyer or poster at church or other community group
- Television or radio
- Poster or billboard on a bus stop/bus/train
- Toll-free hotline
- Internet or social media
- Mail
- Email or text message
- U.S. Department of Agriculture, Food and Nutrition Service (FNS) Site Finder
- Other (please specify): _____

D3. If available, would you send this child to the program at <SITE NAME> next summer?

- Yes → **GO TO SECTION E**
- No
- Don't know/Not sure

D4. Which of the following are reasons this child may not go to the program at <SITE NAME> next summer?

SELECT ONE OR MORE

- Childcare is not provided
- Child's friends will not go
- Child not interested
- Child will go to another program
- Child will stay somewhere else during the day/for the summer
- Activities do not appeal to the child
- Cost too much
- Is not easy to get to
- Location unsafe
- Can't take the meals home or to another place away from the site
- No shelter from heat and rain
- No transportation
- Doesn't provide the meals/snacks we want
- Meals are not of high quality
- Doesn't offer education or sports and recreational activities
- Inadequate supervision
- Doesn't have a good reputation
- 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...

- 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 QUESTION E7**
- Don't know → **GO TO QUESTION E7**

E6. In the last 30 days, on how many days did this happen?

|_|_| days

E7. 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

E8. 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

E9. In the last 30 days, did you lose weight because there wasn't enough money for food?

- Yes
- No
- Don't know

E10. 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 QUESTION E12
- Don't know → GO TO QUESTION E12

E11. 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.

E12. 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

E13. 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

E14. 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

E15. 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

E16. In the last 30 days did your child(ren) ever skip meals because there wasn't enough money for food?

- Yes
- No → GO TO QUESTION E18
- Don't know → GO TO QUESTION E18

E17. In the last 30 days, on how many days did this happen?

|_|_| days

E18. In the last 30 days was your child(ren) ever hungry but you just couldn't afford more food?

- Yes
- No
- Don't know

E19. 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

SECTION F. ABOUT YOU AND YOUR HOUSEHOLD

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. Last month, were you ...?

- 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

F6. Including yourself, how many adults ages 19 and older are now living in this household?

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

F7. In the past 12 months, did anyone in your household:

SELECT ONE OR MORE

- Go to a Head Start program?
- Go to a daycare program or childcare center that provides meals and snacks at no cost?
- Get free or reduced price lunch at school?
- Get free or reduced price breakfast at school?
- Get snacks at before or after school programs?
- Get food from a food pantry, food bank, or soup kitchen?

F8. In the past 12 months, did anyone in your household receive:

SELECT ONE OR MORE

- 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)

F9. **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 EBT or Summer Electronic Benefits Transfer for Children (SEBTC).**

- Yes
- No
- Don't know

F10. Please indicate whether you or anyone in your household received income in the last 12 months from any of the following:

SELECT ONE OR MORE

- 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

F11. Which category best describes your total household income last year, before taxes or other deductions?

SELECT 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

F12. 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

F13. We have the following address on file, is this still correct?

NAME: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

- Yes. We will send \$10 to the name and address above.
- No. Please let us know where to send \$10 for this survey.

NAME: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

F14. 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 thank you.

No

Yes. Please let us know your contact information.

HOME NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

F15. 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: _____

**CAREGIVERS PLEASE HAVE YOUR CHILD/TEEN COMPLETE
THE REST OF THIS SURVEY. THEIR ANSWERS WILL HELP MAKE
THE PROGRAM BETTER**

If only one child in your household attended or attends the program at <SITE NAME> then have this child complete the remainder of the summer meals survey.

- If this child is 12 years of age or younger, please help them complete the [red pages](#).
- If this child is between 13 and 18 years of age, have them complete the [blue pages](#).

If more than one child in your household attended or attends the program at <SITE NAME>, then have the child who had the most recent birthday complete the remainder of the summer meals survey.

- If this child is 12 years of age or younger, please help them complete the [red pages](#).
- If this child is between 13 and 18 years of age, have them complete the [blue pages](#).

If your child or teen did not attend or will not attend the summer meal program at <SITE NAME> this summer:

- If you have a child 12 years of age or younger, **THANK YOU FOR COMPLETING THIS SUMMER MEALS STUDY SURVEY.**
- If you have a child between 13 and 18 years of age, have them complete the [blue pages](#).