**Attachment D.5 Interview Screening Form**

***SNAP Senior Access Evaluation***

***Interview Information Sheet***

Thank you for participating in this interview! To help us learn more about you for our research, please fill out the following information. Only the study team will see this information and the form will be kept private, except as otherwise required by law.

Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:  60- 64 Veteran:  Yes

65 – 69  No

70 - 74

75- 79

80 +

Gender:  Male I think of myself as:  Lesbian or gay

Female  Straight, not gay

Transgender  Bisexual

Write-in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Something else

Prefer not to Answer  Don’t know

Prefer not to Answer

Ethnicity:  Hispanic or Latino

Not Hispanic or Latino

Race (please check all that apply):   American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific

Islander

White or Caucasian

Prefer not to Answer

Highest education level:  8th grade or under

Some high school

High school diploma or GED

Associate’s Degree

Bachelor’s degree or equivalent

Some graduate school

Graduate Degree

Use of the internet (check all that apply):  On my home computer

On my cell phone

At the library or other community site

On a friend or relative’s computer

Rarely or Never

Other (specify):

Disability\*:

Yes, I have a disability

No, I don’t now have a disability

Prefer not to answer

*\*You are considered to have a disability if you have physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history of such an impairment or medical condition.*

Household\*\* Monthly Income:  Less than $1,000

$1,001 – 1,500

$1501 – 1,999

$2,000 - 2,999

$3,000 or more

Number of people in the Household\*\*: \_\_\_\_\_\_\_\_\_\_\_\_

*\*\*Household is people who live together, buy food as a group, and prepare meals as a group*.