

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
 65 - 69
 70 - 74
 75- 79
 80 +

Veteran: Yes
 No

Gender: Male
 Female
 Transgender
 Write-in: _____
 Prefer not to Answer

I think of myself as: Lesbian or gay
 Straight, not gay
 Bisexual
 Something else
 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

Public reporting burden for this collection of information is estimated to average 6 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

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.*

