Appendix O. SNAP Participants   
Focus Group Demographic Questionnaire

OMB No. 0584-XXXX

*Modernizing Channels of Communication   
With SNAP Participants*

March 2, 2020

**Project Officer: Andrew Burns**

Office of Policy Support

Food and Nutrition Service

U.S. Department of Agriculture

1320 Braddock Place

Alexandria, VA  22314

703.305.1091

Andrew.Burns@usda.gov

Modernizing Channels of Communication With SNAP Participants: SNAP Participants Focus Group Demographic Questionnaire

***PURPOSE:*** *This demographic questionnaire will be administered prior to the focus group discussion. Participants will be handed a hardcopy version of the questionnaire. Insight staff will collect the completed questionnaire prior to the start of the focus group.*

1. How old are you?

18 to 25

26 to 35

36 to 50

51 to 64

65+

1. What is your gender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your current employment status?

Employed full time (35+ hours/week)

Employed part time (1 to 34 hours/week)

Not employed

1. What is your education level?

Grade school or some high school

High school graduate or GED

Some college, technical, or vocational school

Two-year degree

Four-year college degree or higher

1. Including you, how many people are currently in your SNAP household?

One person (just me)

2–3 people

4–6 people

6 or more people \_\_\_\_\_\_\_

*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 0584-xxxx. The time required to complete this information collection is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place Alexandria, VA 22314, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.*

1. Including you, how many people currently live or stay in your home? \_\_\_\_\_\_\_
2. About how many years have you been receiving SNAP benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where do you access the internet? (Select all that apply)

Home

Work or school

Friend’s or relative’s house

Community location (e.g., library, community center, cafe)

Mobile device (e.g., phone)

Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. What are the different devices you use to access the internet? (Select all that apply)

Smartphone

Desktop or laptop

Tablet

E-reader

Smart watch

Smart TV

Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. What are all the ways you pay for the internet on your phone or tablet?

Unlimited monthly data plan

Limited monthly data plan

Pay-as-you-go data plan

Government-subsidized phone plan (e.g., a set amount of data is provided free, and any additional amount is paid for by phone holder)

Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Not applicable—I do not pay for the internet on my phone or tablet

1. How do you connect to the internet on your phone? (Select all that apply)

Data plan

Wi-Fi connection

Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Which mobile device do you plan to bring? Phone and/or tablet? \_\_\_\_\_