

## **Appendix S2. Screenshots of Web Survey (English)**

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# Log-In Page



OMB Number: 0584-3000  
Expiration Date: XX/XX/20XX



## Welcome to the Study of Food and Well-Being.

You will need the login information included in the letter we mailed to you to start the survey.

[Para completar en español, haga clic aquí.](#)

Enter the username and password found on the letter we mailed to you.

Username:

Password:

**CLICK "OK" TO CONTINUE.**

If you have questions or difficulty logging in, we are here to help! Please call XXX-XXX-XXXX.

**OK**

### Public Burden Statement

This information is being collected to assist the Food and Nutrition Service (FNS) in understanding the interrelated factors that affect food insecurity and poverty. This is a voluntary collection and FNS will use the information to aid in the administration of the Supplemental Nutrition Assistance Program. This collection does request personally identifiable information under the Privacy Act of 1974. 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 0.5845 hours 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: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

### Privacy Act Statement

**Authority:** This information is being collected under the authority of Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018). Disclosure of the information is voluntary.

**Purpose:** Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program.

**Routine Use:** The information may be shared with SNAP contract researchers and USDA SNAP research and administrative staff.

**Disclosure:** Furnishing the information on this form is voluntary, and there are no consequences to you for not providing the information.

## Introduction

I1

We are conducting surveys with people to learn about the challenges households face getting affordable food. We are trying to reach the adult who does most of the planning or preparing of meals in your household.

Are you the adult who does most of the planning or preparing of meals in your household?

Yes

No

**NEXT >>**

I3b

Do you have a phone number for the adult who does most of the planning or preparing of meals in your household?

Yes

No

<< **BACK**

**NEXT >>**

I4

Please enter their telephone number, area code first.

<< BACK

NEXT >>

I5d

Thank you for your time. We will try contacting the adult who does most of the planning or preparing of meals in your household.

<< BACK

NEXT >>

I5e

Thank you for your time. We are trying to reach the adult who does most of the planning or preparing of meals in your household.

Please ask the adult who does most of the planning or preparing of meals in your household to complete the survey online or by calling the study line at XXX-XXX-XXXX.

If you **are** the adult who does most of the planning or preparing of meals in your household, press Back to change your response.

<< BACK

NEXT >>

The survey will take approximately 35 minutes. It has questions about your household's food-related experiences, benefits you may receive, and your overall health and well-being. Participating in the study has no known risks and your answers will help design programs that are more effective at reducing hunger and benefiting all households in [COUNTY]. As a way of saying thank you, we will send eligible households a \$35 Visa gift card for helping us.

Your participation in this survey is voluntary and you may stop at any time. You may also refuse to answer any question. Your benefits will not be affected by any answers to questions or if you choose not to participate.

All the information you give us will be kept private to the extent allowed by law. Your name will not be attached to any of your answers. Your information will be used only in combination with information from other households for research purposes and all confidential information will be stored safely and destroyed at the end of the study.

Do you agree to participate in the survey?

- Yes
- No

<< BACK

NEXT >>

I8

First, we'd like to confirm your address. According to our records we have...

[SAMPLE ADDRESS STREET 1]  
[SAMPLE ADDRESS STREET 2]  
[SAMPLE ADDRESS STREET 3]  
[SAMPLE ADDRESS CITY]  
[SAMPLE ADDRESS STATE]  
[SAMPLE ADDRESS ZIP]

Is this address correct?

Yes

No

<< BACK

NEXT >>

I8b

Please correct your address.

*Click into the box that needs correcting. Once the address is corrected, Hit Click Next to continue.*

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

<< BACK

NEXT >>

I8c1

Thank you for correcting your address.

A member of the study team will review your responses and give you a call if you are eligible to participate.

You can also call our study line at XXX-XXX-XXXX.

What is the best number where we can reach you?

<< BACK

NEXT >>

I8d

Thank you for your time. A member of the study team will review your responses and give you a call if you are eligible to participate. You can also call our study line at XXX-XXX-XXXX.

<< BACK

NEXT >>

## Household [SF]

SF1

Now, we have some questions about the people who live and stay at this address.

How many people are living or staying at this address?

Please **include** yourself and everyone who has lived or stayed here for at least the past 2 months.

Please **do not include** anyone who has lived somewhere else in the past 2 months, such as a college student living away or someone in the Armed Forces on deployment.

NUMBER OF PEOPLE

<< BACK

NEXT >>

SF2

Do all the people who live with you typically share the food that is bought for the household?

Yes

No

<< BACK

NEXT >>

SF3

Including yourself, how many people in your household share the food that is bought for the household?

NUMBER OF PEOPLE

<< BACK

NEXT >>

SF4

What is your relationship to the [HH\_NotShareFood] people who live in the household but do **not** share food?

*Please select all that apply.*

- Spouse
- Unmarried partner
- Child/step-child/adopted child
- Grandchild
- Parent
- Brother/sister
- Other relative (e.g., uncle, cousin, in-law)
- Foster child
- Housemate/Roommate
- Roomer/Boarder
- Other non-relative

<< BACK

NEXT >>

## Screener [S]

S0

Including yourself, how many of the [HH\_SHAREFOOD] people who live in your household and share food are 60 years old or older?

NUMBER OF PEOPLE

<< BACK

NEXT >>

S2

The next question is about [your] income. [Please consider the [HH\_ShareFood] people who live together and share food.]

[HH\_SHAREFOOD > 1: Which category corresponds to [your household's / this group's] total monthly income **last month before taxes**?

HH\_SHAREFOOD = 1: Which category corresponds to your total monthly income **last month before taxes**?

Please include income received from earnings from work, unemployment compensation, workers compensation, pensions/retirement, Social Security, child support, alimony, welfare, disability, and any other forms of income.

- Less than \$[THRESHOLD A]
- \$[THRESHOLD A] – \$[THRESHOLD B]
- More than \$[THRESHOLD B]

<< BACK

NEXT >>

S3

Thank you for your time. I'm sorry your household is not eligible for the study.

<< BACK

NEXT >>

## Respondent Characteristics [RC]

RC1

Now we'd like to get a little more information about you. First, what is your name?

 NAME

<< BACK

NEXT >>

RC2

Are you:

*Please select all that apply.*

- Male
- Female
- Transgender, non-binary, or another gender

<< BACK

NEXT >>

RC4

What is your age?

 AGE (IN YEARS)

<< BACK

NEXT >>

RC4a

Which age range best applies to you?

- 18-24 years old
- 25-49 years old
- 50-59 years old
- 60 years old or older

<< BACK

NEXT >>

RC5

Where were you born?

- In the United States
- Outside the United States, including Puerto Rico, Guam, etc.

<< BACK

NEXT >>

RC9a

Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

<< BACK

NEXT >>

RC9d

Are you...?

- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

<< BACK

NEXT >>

RC10

What is your race? You can choose one or more options.

*Please select all that apply.*

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Some other race *Please specify race or origin*

<< BACK

NEXT >>

RC11

What is the highest degree or level of school you have **completed**?

If currently enrolled, please indicate the previous grade or highest degree received.

- No schooling completed
- Nursery school
- Kindergarten
- Grade 1 through 11
- 12th grade – No diploma
- Regular high school diploma
- GED or alternative credential
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's 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 a bachelor's degree (*for example: MD, DDS, DVM, LLB, JD*)
- Doctorate degree (*for example: PhD, EdD*)

<< BACK

NEXT >>

RC13

What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

<< BACK

NEXT >>

RC14

**Last week**, did you work for pay at a job (or business)?

- Yes
- No – Did not work (or retired)

<< BACK

NEXT >>

RC15

**Last week**, did you do **any** work for pay, even for as little as one hour?

- Yes
- No

<< BACK

NEXT >>

RC17

How did you usually get to work **last week**?

Please indicate the method of transportation used for most of the distance.

- Car, truck, motorcycle, or van
- Public transportation (Bus, train...)
- Walking or biking
- Worked from home
- Other method

<< BACK

NEXT >>

RC18

Has a lack of transportation options ever prevented you from working or limited your job choices?

Yes

No

<< BACK

NEXT >>

## Household Characteristics [HHC]

HHC1a

We'd like to get some information about the other [HH\_OTHERSHAREFOOD] people living in your household who share food.

Starting with the oldest person, what are the names of the other [HH\_OTHERSHAREFOOD] people living in your household who share food?

<input type="text"/>	NAME 1
<input type="text"/>	NAME 2
<input type="text"/>	NAME 3
<input type="text"/>	NAME 4

<< BACK

NEXT >>

## HHC1b

[Now, let's get some information about [NAME]]. How is [NAME] related to you?

- Husband or wife
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

<< BACK

NEXT >>

## HHC2

What is [NAME]'s sex?

- Male
- Female
- Transgender, non-binary, or another gender

<< BACK

NEXT >>

## HHC4

What is [NAME]'s age?

AGE (IN YEARS)

<< BACK

NEXT >>

## HHC4a

Which age range best applies to [NAME]?

- 5 years old or younger
- 6-17 years old
- 18-24 years old
- 25-49 years old
- 50-59 years old
- 60 years old or older

<< BACK

NEXT >>

## HHC5

Where was [NAME] born?

- In the United States
- Outside the United States, including Puerto Rico, Guam, etc.

<< BACK

NEXT >>

## HHC9a

Is [NAME] of Hispanic, Latino, or Spanish origin?

- Yes
- No

<< BACK

NEXT >>

HHC9b

Is [NAME]...?

- Mexican, Mexican American, Chicano
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

<< BACK

NEXT >>

HHC10

What is [NAME's] race?

*Please select all that apply.*

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Some other race *Please specify race or origin*

<< BACK

NEXT >>

HHC11

**Last week**, did [NAME] work for pay at a job (or business)?

- Yes
- No – Did not work (or retired)

<< BACK

NEXT >>

HHC12

**Last week**, did [NAME] do **any** work for pay, even for as little as one hour?

- Yes
- No

<< BACK

NEXT >>

## HHC14

How did [NAME] usually get to work **last week**?

Please indicate the method of transportation used for most of the distance.

- Car, truck, motorcycle, or van
- Public transportation (Bus, train...)
- Walking or biking
- Worked from home
- Other method

<< BACK

NEXT >>

## HHC15

As far as you know, has a lack of transportation options ever prevented [NAME] from working or limited their job choices?

- Yes
- No

<< BACK

NEXT >>

## Disability [D]

D1

Next, we have some questions for you about everyday activities and how much difficulty [you / people in your household] may experience doing these activities. [Please only consider the [HH\_ShareFood] people who live together and share food when answering these questions.]

<< BACK

NEXT >>

D2

[Are you / Is anyone in your household] deaf or have serious difficulty hearing?

Yes

No

<< BACK

NEXT >>

D2a

Who is deaf or has serious difficulty hearing?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

D3

[Are you / Is anyone in your household] blind or [do you / does anyone] have serious difficulty seeing even when wearing glasses?

- Yes
- No

<< BACK

NEXT >>

D3a

Who is blind or has serious difficulty seeing even when wearing glasses?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

D4

Because of a physical, mental, or emotional condition, [do you / does anyone in your household] have serious difficulty concentrating, remembering, or making decisions?

[Consider anyone in your household 5 years old or over.]

- Yes
- No

<< BACK

NEXT >>

D4a

Because of a physical, mental, or emotional condition, who has serious difficulty concentrating, remembering, or making decisions?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

D5

[Do you / Does anyone in your household] have serious difficulty walking or climbing stairs?

[Consider anyone in your household 5 years old or over.]

- Yes
- No

<< BACK

NEXT >>

D5a

Who has serious difficulty walking or climbing stairs?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

D6

[Do you / Does anyone in your household] have difficulty dressing or bathing?

[Consider anyone in your household 5 years old or over.]

- Yes
- No

<< BACK

NEXT >>

D6a

Who has difficulty dressing or bathing?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

D7

Because of a physical, mental, or emotional condition, [do you / does anyone in your household] have difficulty doing errands alone such as visiting a doctor's office or shopping?

[Consider anyone in your household 15 years old or over.]

- Yes
- No

<< BACK

NEXT >>

D7a

Because of a physical, mental, or emotional condition, who has difficulty doing errands alone such as visiting a doctor's office or shopping?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

D8

Because of a physical, mental, or emotional condition, [do you / does anyone in your household] have serious difficulty preparing meals?

[Consider anyone in your household 15 years old or over.]

- Yes
- No

<< BACK

NEXT >>

D8a

Because of a physical, mental, or emotional condition, who has serious difficulty preparing meals?

- [RESPONDENT NAME] (Me)
- [HH MEMBER NAME #1]
- [HH MEMBER NAME #2]
- [HH MEMBER NAME #3]
- [HH MEMBER NAME #4]

<< BACK

NEXT >>

## Financial Well-Being [F]

F0

Next, we have some questions on how you feel about your financial situation.

<< BACK

NEXT >>

F1

How well do the following statements describe your situation? [Please consider the [HH\_ShareFood] people who live together and share food.]

[I am / We are] just getting by financially.

Would you say this statement describes your situation **completely, very well, somewhat, very little, or not at all?**

- Completely
- Very well
- Somewhat
- Very little
- Not at all

<< BACK

NEXT >>

F2

Because of [my/our] money situation, I feel like [I/we] will never have the things [I/we] want in life.

Would you say this statement describes your situation completely, very well, somewhat, very little, or not at all?

- Completely
- Very well
- Somewhat
- Very little
- Not at all

<< BACK

NEXT >>

ME3

I am worried that [I / we] will not be able to pay the medical bills if [I get / someone in our household gets] sick or has an accident.

Would you say this statement describes your situation completely, very well, somewhat, very little, or not at all?

- Completely
- Very well
- Somewhat
- Very little
- Not at all

<< BACK

NEXT >>

F3

Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?

Yes

No

<< BACK

NEXT >>

F4

[Do you / Does your household] have at least 3 months of your typical income set aside in case of an unexpected financial event?

Yes

No

<< BACK

NEXT >>

F5

[Do you / Does your household] have at least 1 month of your typical income set aside in case of an unexpected financial event?

- Yes
- No

<< BACK

NEXT >>

F7

[Have you / Has your household] set aside money for retirement?

- Yes
- No

<< BACK

NEXT >>

F9

Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?

- Yes
- No

<< BACK

NEXT >>

F10

Looking ahead, do you think that **5 years from now** you [and your household] will be **better off** financially, **worse off**, or just about the same as now?

- Will be better off
- Same
- Will be worse off
- Don't know

<< BACK

NEXT >>

## Income [IN]

IN0

Next, we have some questions about income [you received / received by members of your household] **last month**. [For income received jointly, report the whole amount for only one person and report no income for the other person.]

[Please only consider the [HH\_ShareFood] people who live together and share food when answering these questions.]

<< BACK

NEXT >>

IN1a

[Did you / Including yourself, did anyone in your household] receive income from **wages, salary, commissions, bonuses, tips, or other pay** last month?

Yes

No

<< BACK

NEXT >>

IN1c

Give your best estimate of the **total amount** [you/your household] received from **wages, salary, commissions, bonuses, tips, or other pay from all jobs** last month.

Please report the amount before deductions for taxes, health insurance, or other items.

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN2a

[Did you / Including yourself, did anyone in your household] **own or share in a business or farm** that provided income last month?

Yes

No

<< BACK

NEXT >>

IN2c

Give your best estimate of the **total amount** [you/your household] received from **businesses or farms** last month.

Please report **net** income after business expenses.

Please indicate if net income was a loss.

\$  .00 TOTAL AMOUNT LAST MONTH

Loss

<< BACK

NEXT >>

IN4a

[Did you / Including yourself, did anyone in your household] receive income from **Social Security or Railroad Retirement** last month?

Yes

No

<< BACK

NEXT >>

IN4c

Give your best estimate of the **total amount** [you/your household] received from **Social Security or Railroad Retirement** last month.

Please provide the total amount. Do not deduct Medicare premiums.

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN5a

[Did you / Including yourself, did anyone in your household] receive **Supplemental Security Income (SSI), including Social Security Disability Income (SSDI)** last month?

This does not include Social Security.

Yes

No

<< BACK

NEXT >>

IN5c

Give your best estimate of the **total amount** [you/your household] received from **Supplemental Security Income (SSI)** last month. Include Social Security Disability Income (SSDI).

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN6a

[Did you / Including yourself, did anyone in your household] receive **public assistance or welfare payments from the state or local welfare office, [LOCAL TANF PROGRAM]**, last month?

Please do not include WIC or [SNAP NAME] benefits.

Yes

No

<< BACK

NEXT >>

IN6c

Give your best estimate of the **total amount** [you/your household] received from **public assistance or welfare payments from the state or local welfare office** last month.

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN7a

[Did you / Including yourself, did anyone in your household] receive income from a **pension, a retirement account (such as an IRA or 401k), or a survivor or disability benefit** last month?

Do not include Social Security.

Yes

No

<< BACK

NEXT >>

IN7c

Give your best estimate of the **total amount** [you/your household] received from a **pension, a retirement income (such as an IRA or 401(k)), or a survivor or disability benefit** last month.

Do not include Social Security.

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN3a

[Did you / Including yourself, did anyone in your household] receive income from **interest, dividends, rent (after expenses), royalties, estates or trusts** last month?

This includes even small amounts credited to an account.

Yes

No

<< BACK

NEXT >>

IN3c

Give your best estimate of the **total amount** [you/your household] received from **interest, dividends, rent (after expenses), royalties, estates, or trusts** last month.

Please report even small amounts credited to an account.

Please indicate if net income from rent was a loss.

\$  .00 TOTAL AMOUNT LAST MONTH

Loss

<< BACK

NEXT >>

IN8a

[Did you / Including yourself, did anyone in your household] receive **any other sources of income** such as Veterans' (VA) payments, unemployment compensation, child support or alimony last month?

Yes

No

<< BACK

NEXT >>

IN8c

Give your best estimate of the **total amount** [you/your household] received from **any other sources of income** such as Veterans' (VA) payments, unemployment compensation, child support or alimony last month.

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN9a

That adds up to a **total income** of [TOTAL HH INCOME] for [you/your household] last month. Is that correct?

- Yes
- No

Category	Amount reported
Wages, salary, commissions, bonuses, tips, or other pay from all jobs:	[TOTAL AMOUNT FOR CATEGORY]
Income from businesses or farms:	[TOTAL AMOUNT FOR CATEGORY] [-Loss]
Social Security or Railroad Retirement:	[TOTAL AMOUNT FOR CATEGORY]
Supplemental Security Income (SSI), including Social Security Disability Income (SSDI):	[TOTAL AMOUNT FOR CATEGORY]
Any public assistance or welfare payments from the state or local welfare office:	[TOTAL AMOUNT FOR CATEGORY]
Pensions, retirement accounts, or survivor or disability benefits:	[TOTAL AMOUNT FOR CATEGORY]
Interest, dividends, rent, royalties, estates, or trusts:	[TOTAL AMOUNT FOR CATEGORY] [-Loss]
Any other sources of income such as Veterans' (VA) payments, unemployment compensation, child support or alimony:	[TOTAL AMOUNT FOR CATEGORY]

<< BACK

NEXT >>

IN9b

What is your best estimate of the total income [you/your household] received from all sources **last month**?

\$  .00 TOTAL AMOUNT LAST MONTH

<< BACK

NEXT >>

IN9c

Some people find it easier to select a range. Which category corresponds to your [household's] total income from all sources last month?

- Less than [\$500],
- [\$500] to less than [\$1,000],
- [\$1,000] to less than [\$1,500],
- [\$1,500] to less than [\$2,000],
- [\$2,500] to less than [\$3,000],
- [\$3,000] to less than [\$4,000], or
- [\$4,000] or more?
- DON'T KNOW

<< BACK

NEXT >>

IN10

Did you receive any money from family or friends who did not live in your household last month?

- Yes
- No

<< BACK

NEXT >>

## Housing and Vehicles [HV]

HV0

Next, we have some questions about housing and vehicles in your household.

<< BACK

NEXT >>

HV1

**In what year** did you first move into this house, apartment, or mobile home?

YEAR

<< BACK

NEXT >>

## HV2

Approximately how many years have you lived in this house, apartment, or mobile home?

YEARS

I've lived here less than one year

<< BACK

NEXT >>

## HV2a

Approximately how many **months** have you lived here?

MONTHS

<< BACK

NEXT >>

HV3

How many drive-able motor vehicles (cars, trucks, and motorcycles) are there in your household?

VEHICLES

<< BACK

NEXT >>

## Household Food Security [FS]

FS1

In order to buy just enough food to meet [your needs/the needs of your household], would you need to spend more than you do now, or could you spend less?

- More
- Less
- Same

<< BACK

NEXT >>

FS2

About how much [**more** would you need to spend/**less** could you spend] each week to buy just enough food to meet the needs of your household?

\$  .00 DOLLARS

<< BACK

NEXT >>

FS3

Which of these statements best describes the food eaten in your household in the last 12 months:

- Enough of the kinds of food [I/we] want to eat
- Enough but not always the **kinds** of food [I/we] want
- Sometimes **not enough** to eat
- Often** not enough to eat

<< BACK

NEXT >>

FS4

Now you will read several statements that people have made about their food situation. For these statements, please select whether the statement was **often** true, **sometimes** true, or **never** true for [you/your household] in the last 12 months—that is, since last [CURRENT\_MONTH].

The first statement is “[I/We] worried whether [my/our] food would run out before [I/we] got money to buy more.”

- Often true
- Sometimes true
- Never true

<< BACK

NEXT >>

FS5

"The food that [I/we] bought just didn't last, and [I/we] didn't have money to get more." Was that **often**, **sometimes**, or **never** true for [you/your household] in the last 12 months?

- Often true
- Sometimes true
- Never true

<< BACK

NEXT >>

FS6

"[I/we] couldn't afford to eat balanced meals." Was that **often**, **sometimes**, or **never** true for [you/your household] in the last 12 months?

- Often true
- Sometimes true
- Never true

<< BACK

NEXT >>

FS7

In the last 12 months, since last [CURRENT\_MONTH], did [you/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

<< BACK

NEXT >>

FS8

How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months

<< BACK

NEXT >>

FS9

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No

<< BACK

NEXT >>

FS10

In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No

<< BACK

NEXT >>

FS11

In the last 12 months, did you lose weight because there wasn't enough money for food?

- Yes
- No

<< BACK

NEXT >>

FS12

In the last 12 months, did [you/you or other adults in your household] ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No

<< BACK

NEXT >>

FS13

How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months

<< BACK

NEXT >>

FS14

Now you will read several statements that people have made about the food situation of their children. For these statements, please select whether the statement was **often** true, **sometimes** true, or **never** true for [you/your household] in the last 12 months for [your child/children living in the household who are under 18 years old].

"[I/we] relied on only a few kinds of low-cost food to feed [my/our] [child/ children] because [I was/we were] running out of money to buy food."

- Often true
- Sometimes true
- Never true

<< BACK

NEXT >>

FS15

"[I/We] couldn't feed [my/our] [child/the children] a balanced meal, because [I/we] couldn't afford that."

- Often true
- Sometimes true
- Never true

<< BACK

NEXT >>

FS16

"[My/Our child was/The children were] not eating enough because [I/we] just couldn't afford enough food."

- Often true
- Sometimes true
- Never true

<< BACK

NEXT >>

FS17

In the last 12 months, since [CURRENT\_MONTH] of last year, did you ever cut the size of [your child's/any of the children's] meals because there wasn't enough money for food?

- Yes
- No

<< BACK

NEXT >>

FS18

In the last 12 months, did [CHILD'S NAME/any of the children] ever skip meals because there wasn't enough money for food?

- Yes
- No

<< BACK

NEXT >>

FS19

How often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months

<< BACK

NEXT >>

FS20

In the last 12 months, [was your child/were the children] ever hungry but you just couldn't afford more food?

- Yes
- No

<< BACK

NEXT >>

FS21

In the last 12 months, did [your child/any of the children] ever not eat for a whole day because there wasn't enough money for food?

Yes

No

<< BACK

NEXT >>

## Drugs and Incarceration [AD]

AD0

The next set of questions are about your health and events that may have happened during the lives of the people in your household. These things can happen in any household, but some people may feel uncomfortable with these questions. We will keep this information confidential to the extent allowed by law. You may skip any questions you do not want to answer.

<< BACK

NEXT >>

ME4

Would you say that in general your health is...?

- Excellent
- Very good
- Good
- Fair
- Poor

<< BACK

NEXT >>

AD1

Have you ever been diagnosed with a mental illness or severe depression?

- Yes
- No

<< BACK

NEXT >>

AD1a

Has anyone else in the household ever been diagnosed with a mental illness or severe depression?  
[Please consider the [HH\_ShareFood] people who live together and share food.]

- Yes
- No

<< BACK

NEXT >>

AD3

Have you ever used illegal street drugs or abused prescription medications?

- Yes
- No

<< BACK

NEXT >>

AD3a

Has anyone else in the household ever used illegal street drugs or abused prescription medications?

- Yes
- No

<< BACK

NEXT >>

AD4

Have you ever served time in a jail, prison, or juvenile detention center?

- Yes
- No

<< BACK

NEXT >>

AD4a

Has anyone else in the household ever served time in a jail, prison, or juvenile detention center?

- Yes
- No

<< BACK

NEXT >>

## Social Capital [SC]

SC1a

Next, you will read a list of types of groups or organizations in which people sometimes participate.

Have you participated in any of these groups during the last 12 months, that is since [CURRENT\_MONTH] [PREVIOUS\_YEAR]?

	Yes	No
A school group, neighborhood, or community association such as PTA or neighborhood watch group?	<input type="radio"/>	<input type="radio"/>
A service or civic organization such as American Legion or Lions Club?	<input type="radio"/>	<input type="radio"/>
A sports or recreation organization such as a soccer club, bowling league or softball team?	<input type="radio"/>	<input type="radio"/>
A church, synagogue, mosque, or other religious institution or organization, <b>not counting</b> your attendance at religious services?	<input type="radio"/>	<input type="radio"/>
Any other type of organization? <i>Please specify:</i> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

<< BACK

NEXT >>

SC2

The next questions ask about how often you did something during a **typical month** in the last 12 months, that is since [CURRENT\_MONTH, PREVIOUS\_YEAR].

<< BACK

NEXT >>

## SC6

How often did you and your neighbors do favors for each other?

By favors we mean such things as watching each other's children, helping with shopping, house sitting, lending garden or house tools and other small things to help each other.

- Basically every day
- A few times a week
- A few times a month
- Once a month
- Less than once a month
- Not at all

<< BACK

NEXT >>

## SC7

We'd like to know how much you trust people in your neighborhood. Generally speaking, how many of the people in your neighborhood can you trust?

- All of the people
- Most of the people
- Some of the people
- None of the people

<< BACK

NEXT >>

SC8a

[If you / If your household] had a problem with which you needed help, for example, sickness or moving, how much help would you expect to get from **family**?

- All of the help needed
- Most of the help needed
- Very little of the help needed
- No help

<< BACK

NEXT >>

SC8b

[If you / If your household] had a problem with which you needed help, for example, sickness or moving, how much help would you expect to get from **friends**?

- All of the help needed
- Most of the help needed
- Very little of the help needed
- No help

<< BACK

NEXT >>

SC8c

[If you / If your household] had a problem with which you needed help, for example, sickness or moving, how much help would you expect to get from **other people in the community besides family and friends, such as a social service agency or a church?**

- All of the help needed
- Most of the help needed
- Very little of the help needed
- No help

<< BACK

NEXT >>

## Perception of Local Retail Food Environment [RFE]

RFE0

Next, we have some questions about where and how you get food.

<< BACK

NEXT >>

RFE3

What is the name of the store **where you buy most of your food?**

STORE

<< BACK

NEXT >>

RC20

Does a lack of transportation options determine where you shop for groceries?

- Yes
- No

<< BACK

NEXT >>

RFE4

Thinking about the store **where you buy most of your food**, how do you usually travel to this store?

*If you use more than one method, choose the method you use most often.*

- Walk
- Bicycle
- Bus or other public transportation
- Drive your own car
- Ask someone to drive you for free
- Ask someone to drive you for money (Uber, Lyft, taxi, pay a friend)
- Other (*please specify*):

<< BACK

NEXT >>

RFE5

Thinking about how you **usually** travel to the store **where you buy most of your food**, about how long does it take to get from your home to the store?

- 10 minutes or less
- 11 to 20 minutes
- 21 to 30 minutes
- More than 30 minutes

<< BACK

NEXT >>

RFE6

How important are each of the following factors in your decision to shop at the store where you **buy most of your food**?

	Not at all important	A little important	Somewhat important	Very important
The location is convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selection of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prices of foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<< BACK

NEXT >>

## Perception of Local Food Assistance Programs [FAP]

FAP0

Next, we have questions about benefits [you received/received by members of your household.]  
[Please consider the [HH\_ShareFood] people who live together and share food.]

<< BACK

NEXT >>

FAP1

Have you or anyone in your household ever received WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children?

Yes

No

<< BACK

NEXT >>

FAP2a

How long ago did you last receive WIC?

- Still receiving
- Within the last year
- 1-4 years ago
- More than 4 years ago

<< BACK

NEXT >>

FAP2b

Have you or anyone in your household ever applied for WIC?

- Yes
- No

<< BACK

NEXT >>

#### FAP4

Have you or anyone in your household **ever** received [SNAP NAME], which used to be called Food Stamps?

- Yes
- No

<< BACK

NEXT >>

#### FAP5

How long ago did you last receive [SNAP NAME]?

- Still receiving
- Within the last year
- 1-4 years ago
- More than 4 years ago

<< BACK

NEXT >>

FAP6

Have you or anyone in your household ever applied for [SNAP NAME]?

- Yes
- No

<< BACK

NEXT >>

FAP7

Had you heard of [SNAP NAME] before today's interview?

- Yes
- No

<< BACK

NEXT >>

FAP8

As far as you know, did your household ever receive [SNAP NAME] or Food Stamps when you were a child?

- Yes
- No

<< BACK

NEXT >>

FAP10

Do you know where you would have to go to apply for [SNAP NAME]?

- Yes
- No

<< BACK

NEXT >>

FAP12

Do you think you may be eligible to receive [SNAP NAME]?

- Yes
- No

<< BACK

NEXT >>

FAP13

Why do you think you may not be eligible for [SNAP NAME]? Is it because...?

	Yes	No
You have a job and think you are not eligible.	<input type="radio"/>	<input type="radio"/>
You earn too much money to be eligible.	<input type="radio"/>	<input type="radio"/>
You have too much in savings or in other assets to be eligible.	<input type="radio"/>	<input type="radio"/>
You think you are not eligible because of your citizenship status.	<input type="radio"/>	<input type="radio"/>
A government employee told you that you were probably not eligible.	<input type="radio"/>	<input type="radio"/>
You applied previously and were told you were not eligible.	<input type="radio"/>	<input type="radio"/>
Is there some other reason? <i>Please specify:</i> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

<< BACK

NEXT >>

FAP14

If you found out you were eligible for [SNAP NAME] would you apply?

- Yes
- No

<< BACK

NEXT >>

FAP15

Why [haven't you applied/wouldn't you apply] for [SNAP NAME]?

Below is a list of reasons people have provided for deciding not to apply for SNAP.

Please read each statement and select whether it is a reason you [decided not to/would not] apply for [SNAP NAME].

	Yes	No
You do not know where to go or who to contact to apply.	<input type="radio"/>	<input type="radio"/>
You have no need for the benefits.	<input type="radio"/>	<input type="radio"/>
You believe others are in greater need of the benefits.	<input type="radio"/>	<input type="radio"/>
You do not like to rely on government assistance.	<input type="radio"/>	<input type="radio"/>
You feel embarrassed applying for or using benefits.	<input type="radio"/>	<input type="radio"/>
The application process is too long and too complicated.	<input type="radio"/>	<input type="radio"/>
Is there some other reason? <i>Please specify:</i> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

<< BACK

NEXT >>

FAP19

During the past 30 days, did [you/anyone in your household] go to a food pantry or food bank for groceries?

Yes

No

<< BACK

NEXT >>

## Close and Contact Information [CC]

CC0

Thank you very much for your time. You have really helped us with this study.

<< BACK

NEXT >>

CC1

We are also conducting in-person interviews to learn more about some families' experiences and access to affordable food. Those who are selected for the in-person interview will each get \$50 *in addition to* the gift card for this survey. If you agree to take part, a member of the study team **may** contact you in the next few [weeks/months] with more information and to schedule interviews.

Are you willing to be contacted about taking part in an in-person interview? You can change your mind about participating at a later time.

Yes

No

<< BACK

NEXT >>

CC1b

Thank you. What is a good phone number to reach you?

<< BACK

NEXT >>

CC1c

May we send you text messages at this number? Message and data rates may apply.

Yes

No

<< BACK

NEXT >>

CC1d

In case we have trouble reaching you, what is another phone number where you can be reached?

<< BACK

NEXT >>

CC1e

May we send you text messages at this number? Message and data rates may apply.

Yes

No

<< BACK

NEXT >>

## CC2

Is there an adult **relative**, 18 years of age or older, living in your household who you think might also like to participate in the in-person interview? For example, a child who is 18 years or older, or your parent, grandparent, aunt, uncle, sibling, or cousin. Any household members who are selected for the in-person interview will also get \$50.

- Yes
- No

<< BACK

NEXT >>

## CC2a1

We will reach out to them directly and they can decide if they want to participate.

Can you please provide the contact information for any adult **relatives**, 18 years of age or older, living in your household who might like to participate in the interview (for example, your child, parent, grandparent, aunt, uncle, sibling, or cousin)?

Relative 1 is my:

- Child
- Parent
- Grandparent
- Aunt
- Uncle
- Sibling
- Cousin
- Other

<< BACK

NEXT >>

CC2a2, CC2a3

Relative 1 Name:

Relative 1 Phone Number:

<< BACK

NEXT >>

CC2b1

Relative 2 is my:

- Child
- Parent
- Grandparent
- Aunt
- Uncle
- Sibling
- Cousin
- Other

<< BACK

NEXT >>

CC2b2, CC2b3

Relative 2 Name:

Relative 2 Phone Number:

<< BACK

NEXT >>

CC2c1

Relative 3 is my:

- Child
- Parent
- Grandparent
- Aunt
- Uncle
- Sibling
- Cousin
- Other

<< BACK

NEXT >>

CC2c2, CC2c3

Relative 3 Name:

Relative 3 Phone Number:

<< BACK

NEXT >>

CC3

Is there an adult **relative**, 18 years of age or older, living in [COUNTY] who may be interested in participating in the interview? For example, a child who is 18 years or older, or your parent, grandparent, aunt, uncle, sibling, or cousin. Any family members in the county who are selected for the in-person interview will also get \$50.

Yes

No

<< BACK

NEXT >>

## CC3a1

We will reach out to them directly and they can decide if they want to participate.

Can you please provide the contact information for at least one other adult **relatives**, 18 years of age or older, who might like to participate in the interview (for example, your child, parent, grandparent, aunt, uncle, sibling, or cousin)?

Relative 1 is my:

- Child
- Parent
- Grandparent
- Aunt
- Uncle
- Sibling
- Cousin
- Other

<< BACK

NEXT >>

## CC3a2, CC3a3

Relative 1 Name:

Relative 1 Phone Number:

<< BACK

NEXT >>

CC3b1

Relative 2 is my:

- Child
- Parent
- Grandparent
- Aunt
- Uncle
- Sibling
- Cousin
- Other

<< BACK

NEXT >>

CC3b2, CC3b3

Relative 2 Name:

Relative 2 Phone Number:

<< BACK

NEXT >>

CC3c1

Relative 3 is my:

- Child
- Parent
- Grandparent
- Aunt
- Uncle
- Sibling
- Cousin
- Other

<< BACK

NEXT >>

CC3c2, CC3c3

Relative 3 Name:

Relative 3 Phone Number:

<< BACK

NEXT >>

CC4a

Now we'd like to confirm your address so we can send you your \$35 Visa gift card.

Please provide the name we should address the gift card to.

NAME

<< BACK

NEXT >>

CC4b

Our records list the following mailing address:

[SAMPLE ADDRESS STREET 1]

[SAMPLE ADDRESS STREET 2]

[SAMPLE ADDRESS STREET 3]

[SAMPLE ADDRESS CITY]

[SAMPLE ADDRESS STATE]

[SAMPLE ADDRESS ZIP]

Is this the mailing address you would like us to send your gift card to?

Yes

No

<< BACK

NEXT >>

CC4c

What mailing address would you like us to send your gift card to?

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

<< BACK

NEXT >>

END

Thank you again for your help and have a good day.