

DATE: _____

NO: _____

Food Site _____

Interviewer _____

2014 Confidential Food Bank Survey

Everything in the survey is confidential.

- You do not have to fill out the survey to get food today.
- Pantry staff will not look at your answers.
- Do not write your name.

Background information:

This month, food pantries like this one are asking people to take this survey. The purpose of the survey is to help us to understand your experiences in providing food for yourself and your family and trying to make ends meet. The survey may look a bit long, but the questions are all very important for getting the information we need. Our goal is to improve the food service to the community.

SURVEY

1. Are you: Male Female

2. What is your race and ethnicity? (Check all that apply)

- White Black or African American American Indian or Native Alaskan
 Asian Hispanic or Latino Native Hawaiian or Other Pacific Islander
 Other

3. What is your age? _____ What is the age of your spouse or partner? _____

4. Please write in the ages of other people living in your household:

5. How many military veterans live in your household? 0 1 2 3

Are you a military veteran? No Yes Is your spouse? No Yes

6. Which of the following best describes your household? (check ✓ only one box)

- | | |
|--|--|
| <input type="checkbox"/> Single female parent with children under 18 | <input type="checkbox"/> Single person living alone |
| <input type="checkbox"/> Single male parent with children under 18 | <input type="checkbox"/> Single person living with housemate |
| <input type="checkbox"/> Two parents/adults with children under 18 | <input type="checkbox"/> Two adults (couple), no children |
| <input type="checkbox"/> Grandparent(s)+parent(s)+children under 18 | <input type="checkbox"/> Other _____ |

7. What is the highest grade completed by you and your spouse or partner:

	You <i>Check ✓ <u>one</u> only</i>	Spouse/ partner <i>Check ✓ <u>one</u> only</i>
8th grade or less	<input type="checkbox"/>	<input type="checkbox"/>
Some high school (no diploma/no GED)	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate or GED	<input type="checkbox"/>	<input type="checkbox"/>
Technical or vocational school or trade certificate	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
2-year community college graduate	<input type="checkbox"/>	<input type="checkbox"/>
4-year college graduate or more	<input type="checkbox"/>	<input type="checkbox"/>

8. Which of the following best describes your housing situation (check ✓ only one box)

- | | |
|--|---|
| <input type="checkbox"/> Own your home (including paying mortgage) | <input type="checkbox"/> Staying temporarily with friends or family |
| <input type="checkbox"/> Own a mobile home or RV, and rent the pad | <input type="checkbox"/> Staying in a shelter or transitional housing |
| <input type="checkbox"/> Pay full rent | <input type="checkbox"/> Living in a car, van or motel |
| <input type="checkbox"/> Share rent with other people | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Pay rent and have a Section 8 voucher | <input type="checkbox"/> Other homeless |
| <input type="checkbox"/> Live in public housing | <input type="checkbox"/> Other “permanent” or stable housing |

9. In the last 2 years, have you or another adult household member:

	Yes	No
Moved to find work?	<input type="checkbox"/>	<input type="checkbox"/>
Moved to find housing you could afford?	<input type="checkbox"/>	<input type="checkbox"/>
Been evicted or received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>
Put your home up for sale if you couldn’t afford the mortgage?	<input type="checkbox"/>	<input type="checkbox"/>
Lost your home due to foreclosure?	<input type="checkbox"/>	<input type="checkbox"/>
Been unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
Received unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Had a drop in your monthly income?	<input type="checkbox"/>	<input type="checkbox"/>

10. Have there been times in the last 12 months when you did not have enough money to buy food that you or your family needed?

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

11. How often do you worry about where your next meal is coming from?

- Never Rarely Sometimes Often Always

12. In the last 12 months, did you ever cut the size of your children's meals or did they ever skip meals because there was not enough money for food?
 Yes No No children

13. IF "YES" to #12- How often did this happen?
 Almost every month
 Some months but not every month
 In only 1 or 2 of the past 12 months

14. Including today, how many times have you or other members of your household gotten food from a food pantry in the last 12 months? _____ times (include today)

15. How often do you or members of your household get food from the following sources?

	Often	Sometimes	Never
Grocery Store/ Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discount Store (outlet, warehouse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soup Kitchen/ Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Pantry/ Food Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmers Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Garden or Community Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How do you get to the Food Pantry? _____

17. How long does it take you to get to:

	0-15 min.	15-30 min.	30-45 min.	45-60 min.	More than 60 min.
Grocery Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Are there times you cannot get to the Food Pantry because of transportation? **Yes** **No**

19. Do you have friends or neighbors that need to get to the Food Pantry but cannot because of transportation? **Yes** **No**

20. When you add the food you get from a pantry to the rest of your food supply, are you able to meet your food needs for the month? **Yes** **No**

21. In the last 12 months, have you been able to afford to eat balanced meals?

- Never Rarely Sometimes Often Always

22. Does your household currently get SNAP (food stamps)?

- Yes No

23. If you get SNAP (food stamps), how long do they usually last? (check ✓ only one box)

- All month 3 weeks 2 weeks less than 2 weeks

24. If you do not get SNAP (food stamps), why not? (check ✓ all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Benefits were cut off | <input type="checkbox"/> Too complicated; too many questions |
| <input type="checkbox"/> Do not know if I qualify | <input type="checkbox"/> Too embarrassing |
| <input type="checkbox"/> Too hard to get to office during office hours | <input type="checkbox"/> Benefits too low; not worth effort |
| <input type="checkbox"/> Do not have transportation to office | <input type="checkbox"/> Non-citizen |
| <input type="checkbox"/> Do not qualify – income too high | <input type="checkbox"/> I am planning to apply |
| <input type="checkbox"/> Do not qualify – assets too high | <input type="checkbox"/> Other: _____ |

25. What happened that made it necessary for you to be here today? (check ✓ all that apply)

A. Benefits

- Ran out of SNAP (food stamps)
- SNAP (food stamps) were cut off
- Public Assistance (TANF, SSI/DI) not enough
- Lost Employment-Related Day Care (ERDC)/ childcare funding

B. Costs

- Unusual expenses recently
- High food costs
- High medical costs
- High child care costs
- High heating costs
- High cost of gasoline/fuel
- High rent or mortgage costs
- Debt

C. Employment

- Unemployed a long time
- Recent job loss
- Working but wages are too low
- Unemployment benefits ran out
- Retired: fixed income is too low

D. Personal factors

- Too sick to work
- Caring for ill family member
- Recent divorce/separation
- Alcohol or drug use
- Ex-spouse not sending child support
- Domestic abuse or threat of violence
- Other (please specify) _____
- Other (please specify) _____

26. Which of the following best describes the employment situation for the people in your household?

	You <i>Check ✓ one</i>	Spouse/ partner <i>Check ✓ one</i>	Other adult or teen <i>Check ✓ one</i>
Working full time (one job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working part time (one job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working full time job plus part time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working more than one part time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and unable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying home with child or disabled person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed and looking for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed and not looking for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Have you or anyone in your household been unemployed during the past 2 years?

Yes

No

If yes, how long were they unemployed?

	You <i>Check ✓ one</i>	Spouse/ partner <i>Check ✓ one</i>	Other adult or teen <i>Check ✓ one</i>
Less than 5 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 weeks to 26 weeks (6 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 weeks (6 months) to 52 weeks (1 year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Are you, or is anyone in your household, not working because you can't afford or find suitable child care?

Yes

No

29. What are your household's current sources of income? (check ✓ all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Employment, regular | <input type="checkbox"/> Farm related work |
| <input type="checkbox"/> Employment, temporary | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Day labor | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Self-employment | <input type="checkbox"/> Worker's compensation or SAIF |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Student grants or work study |
| <input type="checkbox"/> TANF- cash welfare for families | <input type="checkbox"/> Family or friend's support |

- Social Security
- SSI or Social Security Disability Insurance
- Retirement or pension
- Veteran's benefits
- Armed Forces
- No income

30. If you are not currently receiving TANF or SSI/SSDI benefits, are you applying or planning to apply for them? (check all that apply) TANF SSI or SSDI

31. Which of these do you currently owe money to, if any? (check all that apply)

- Credit cards
- Overdue (unpaid) rent
- Debt to family/friends
- Vehicle loan
- Taxes (back taxes and penalties)
- Overdue (unpaid) utility bills
- Other: _____
- Hospital or doctor/dentist
- Student loans
- Child support
- Collection agency
- Payday advance/ car title loan
- Home loan bank or mortgage company
- None of the above – I have no debts

32. What is your household's monthly income? Find the column that fits your household size and then check the box next to the income range that fits your monthly income:

People in your Household & Monthly Household Income

1 person	2 people	3 people	4 people	5 people
<input type="checkbox"/> \$0- \$465	<input type="checkbox"/> \$0- \$630	<input type="checkbox"/> \$0 - \$795	<input type="checkbox"/> \$0- \$960	<input type="checkbox"/> \$0- \$1125
<input type="checkbox"/> \$466- \$931	<input type="checkbox"/> \$631- \$1261	<input type="checkbox"/> \$796- \$1591	<input type="checkbox"/> \$961- \$1921	<input type="checkbox"/> \$1126- \$2251
<input type="checkbox"/> \$932- \$1722	<input type="checkbox"/> \$1262- \$2333	<input type="checkbox"/> \$1592- \$2943	<input type="checkbox"/> \$1922- \$3554	<input type="checkbox"/> \$2252- \$4164
<input type="checkbox"/> over \$1723	<input type="checkbox"/> over \$2334	<input type="checkbox"/> over \$2944	<input type="checkbox"/> over \$3555	<input type="checkbox"/> over \$4165

6 people	7 people	8 people	9 people	10 people
<input type="checkbox"/> \$0- \$1290	<input type="checkbox"/> \$0- \$1455	<input type="checkbox"/> \$0- \$1620	<input type="checkbox"/> \$0- \$1785	<input type="checkbox"/> \$0- \$1950
<input type="checkbox"/> \$1291- \$2581	<input type="checkbox"/> \$1456- \$2911	<input type="checkbox"/> \$1621- \$3241	<input type="checkbox"/> \$1786- \$3571	<input type="checkbox"/> \$1951- \$3901
<input type="checkbox"/> \$2582- \$4775	<input type="checkbox"/> \$2912- \$5385	<input type="checkbox"/> \$3242- \$5996	<input type="checkbox"/> \$3572- \$6607	<input type="checkbox"/> \$3902- \$7218
<input type="checkbox"/> over \$4776	<input type="checkbox"/> over \$5386	<input type="checkbox"/> over \$5997	<input type="checkbox"/> over \$6608	<input type="checkbox"/> over \$7219

33. Are you registered to vote? Yes No

34. Does your household have:

	Yes	No
A land-line phone?	<input type="checkbox"/>	<input type="checkbox"/>
A cell phone?	<input type="checkbox"/>	<input type="checkbox"/>
A car?	<input type="checkbox"/>	<input type="checkbox"/>
A personal computer?	<input type="checkbox"/>	<input type="checkbox"/>
Internet access?	<input type="checkbox"/>	<input type="checkbox"/>
A bank or credit union account?	<input type="checkbox"/>	<input type="checkbox"/>

35. Health Insurance:

	0	1	2	3	4	5	6	7	8
How many <u>adults</u> in your household <u>do not</u> have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many <u>children</u> in your household <u>do not</u> have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Do you, or does anyone in your household, have diabetes?

Yes No Don't know

37. Are there any other medical conditions that affect your diet?

Yes No Don't know

38. If Yes, Please explain how it affects your diet. _____

39. Do any members of your household have a weight condition?

Yes, Underweight Yes, Overweight No

40. If nutritional services were available at this Food Pantry, would you be interested in receiving assistance or recommendations from them?

Yes No

41. Are you or any household member putting off:

	Yes	No
Prescriptions because you can't afford them?	<input type="checkbox"/>	<input type="checkbox"/>
Medical care because you can't afford it?	<input type="checkbox"/>	<input type="checkbox"/>
Dental care because you can't afford it?	<input type="checkbox"/>	<input type="checkbox"/>

42. What would help improve your situation and make emergency food assistance less necessary for your family? (check ✓ all that apply and feel free to add)

A. Employment

- Employment
- Increased work hours
- Higher wages

B. Education/ Training

- GED
- College classes or degree
- Job training or apprenticeship

Other

- _____ (please specify)
- _____ (please specify)

C. Services/ Resources

- Affordable housing
- Health care
- Safe, affordable child care
- Transportation
- Drug or alcohol abuse treatment
- Counseling

D. Household

- Classes on budgeting
- Classes on how to can and preserve food
- Classes on how to shop and prepare food
- Community garden or home garden

Your opinions and experiences are very important.

We encourage you to add comments below or on the back of this page.

For example: If you could talk to a legislator or the Governor, what would you tell them?

What would you like to tell us?

For others in a situation like yours, what would you tell them has helped you?

Comments: