

Appendix A

Eligible Nonparticipant Survey Instrument

A Study of Program Access and Declining Food Stamp Participation Eligible Non-Participant Survey (RDD)

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I. SCREENING INTERVIEW

Introduction

Hello, my name is _____ and I am calling from Abt Associates in Amherst, Massachusetts on behalf of the United States Department of Agriculture. We are conducting a nationwide study about people's knowledge of the Food Stamp Program, and we are interested in talking with you even if you do not receive food stamps. May I please speak with a member of this household who is at least 18 years old?

The purpose of the study is to learn about people's knowledge of the Food Stamp Program and any experiences they may have had with it. Also, why some people do not participate, even though they might be eligible for food stamp benefits. Your telephone number was randomly selected by a computer program so that I might ask you a few questions to determine if you qualify for our study. My questions should only take a couple of minutes of your time right now. Depending on your situation, I might ask you to complete a longer interview.

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 0536-0053. 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.

S1. Did you or anyone in your household receive food stamps or food stamp benefits last month?

YES (END INTERVIEW).....1
NO.....2
REFUSED (END INTERVIEW)7
DON'T KNOW (END INTERVIEW)8

S2. Did you or anyone in your household file a signed food stamp application last month?

YES (END INTERVIEW).....1
NO.....2
REFUSED (END INTERVIEW)7
DON'T KNOW (END INTERVIEW)8

S3. Last month, did everyone in your household receive TANF (INSERT NAME OF STATE PROGRAM), SSI, or General Assistance (INSERT NAME OF STATE PROGRAM) benefits or had you been approved to receive benefits?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

- S4. How many people live in your household? By household I mean yourself and the people who live with you and share food with you. PROBE: Include any persons who live with you more than half of the time, even if they are not related to you.

_____ NUMBER OF PEOPLE IN HOUSEHOLD
 LIVE ALONE.....1
 REFUSED (TERMINATE)7
 DON'T KNOW (TERMINATE).....8

- S5. Do you live in a group home, such as a dormitory or nursing home?

YES (END INTERVIEW).....1
 NO.....2
 REFUSED (TERMINATE)7
 DON'T KNOW (TERMINATE)8

- S6. Are you (or anyone else in your household) 60 years of age or older?

YES.....1
 NO.....2
 REFUSED (TERMINATE)7
 DON'T KNOW (TERMINATE)8

- S7. Last month, was your total household income before taxes more or less than \$X,XXX per month? (CATI: FILL IN \$ AMOUNT HERE BASED ON # OF HOUSEHOLD MEMBERS FROM S4). PROBE: Income from all sources. Your best estimate is fine.

MORE THAN \$X,XXX PER MONTH (END INTERVIEW)1
 LESS THAN OR EQUAL TO \$X,XXX PER MONTH.....2
 REFUSED (END INTERVIEW)7
 DON'T KNOW (END INTERVIEW)8

<u>People in Household</u>	<u>Income</u>
1	\$ 905.00
2	1,219.00
3	1,533.00
4	1,848.00
5	2,162.00
6	2,476.00
7	2,790.00
8	3,104.00
Each additional person:	+ \$ 315.00

- S8. Do you (or anyone in your household) own a motor vehicle such as a car, truck, van or motorcycle? Please include any vehicles that you may be making payments on.

YES.....1
 NO (SKIP TO S10)2
 REFUSED (SKIP TO S10)7
 DON'T KNOW (SKIP TO S10)8

S8a. If yes, how many vehicles? _____ VEHICLES

S9. What is the year, make, and model of each vehicle?
Please tell me for each vehicle whether the vehicle is used primarily for either business or to transport a disabled person.

	YEAR	MAKE	MODEL	BUSINESS OR DISABLED TRANSPORT
VEHICLE 1	_____ REFUSED 97 DON'T KNOW 98	_____ REFUSED 97 DON'T KNOW 98	_____ REFUSED 97 DON'T KNOW 98	YES..... 1 NO..... 2 REFUSED 7 DON'T KNOW 8
VEHICLE 2	_____ REFUSED 97 DON'T KNOW 98	_____ REFUSED 97 DON'T KNOW 98	_____ REFUSED 97 DON'T KNOW 98	YES..... 1 NO..... 2 REFUSED 7 DON'T KNOW 8
VEHICLE 3	_____ REFUSED..... 97 DON'T KNOW .. 98	_____ REFUSED 97 DON'T KNOW .. 98	_____ REFUSED 97 DON'T KNOW .. 98	YES 1 NO 2 REFUSED 7 DON'T KNOW .. 8

IF MAKE OR MODEL UNKNOWN, ASK S9a. IF YEAR UNKNOWN, ASK S9b. OTHERWISE SKIP TO S10.

ASK S9a FOR A VEHICLE BEFORE GOING ON TO THE NEXT VEHICLE.

S9a. What is the approximate value of each vehicle owned?

Vehicle 1 \$_____

Vehicle 2 \$_____

Vehicle 3 \$_____

ASK S9b FOR A VEHICLE BEFORE GOING ON TO THE NEXT VEHICLE.

S9b. (Is the vehicle/Are any of the vehicles) less than five years old? PROBE: That would be model year 1995 or earlier.

YES 1
NO..... 2
REFUSED..... 7
DON'T KNOW 8

IF NO HOUSEHOLD MEMBERS ARE AGED, 60+ (SEE S6) READ S10. IF HOUSEHOLD INCLUDES ONE OR MORE MEMBERS AGED 60+ READ S11 INSTEAD.

- S10. Last month, did your household assets exceed \$2000? This would include any cash on hand and money in checking and savings accounts, savings certificates, stocks and bonds, individual retirement accounts (IRAs) and Keogh accounts.

YES (END INTERVIEW).....1
 NO.....2
 REFUSED (TERMINATE)7
 DON'T KNOW (TERMINATE)8

- S11. Last month, did your household assets exceed \$3000? This would include any cash on hand and money in checking and savings accounts, savings certificates, stocks and bonds, individual retirement accounts (IRAs) and Keogh accounts.

YES (END INTERVIEW).....1
 NO.....2
 REFUSED (TERMINATE)7
 DON'T KNOW (TERMINATE)8

END INTERVIEW FOR THOSE NOT ELIGIBLE: (IF ELIGIBLE, CONTINUE WITH S12).

That is all the questions I have for you. On behalf of the United States Department of Agriculture, I want to thank you for participating in this interview.

CONTINUE IF RESPONDENT IS ELIGIBLE:

- S12. If someone from your household were to apply for food stamp benefits, who would be the most likely person to go to the office and complete the application? PROBE: would it be you or someone else?
 NOTE: IF RESPONDENT SAYS MIGHT EQUALLY BE HIM/HER OR SOMEONE ELSE,
 CODE AS RESPONDENT.

RESPONDENT1
 SOMEONE ELSE (SKIP TO S14).....2
 REFUSED.....7

- S13. I would like to continue with the second portion of this interview. Your participation in the second portion of the interview is very important. It will help the Food Stamp Program officials understand how to better serve eligible families. Anything you tell us will be used for research purposes only and will be kept completely confidential. Your participation will not affect any benefits you are receiving now or at any time in the future. None of the information you provide will be given to the local food stamp office. The interview will take approximately 30 minutes.

CONTINUE (SKIP TO SECTION II).....1
 SCHEDULE CALLBACK2
 REFUSED (TERMINATE)7

- S14. Can I speak to that person?

YES - ANSWERS PHONE (GO TO S15).....1
 NOT AVAILABLE.....2
 REFUSED (TERMINATE)7
 DON'T KNOW (SCHEDULE CALLBACK)8

S14a. I would like to complete the interview with this person. When is a good time to call back and who should I ask for? (SCHEDULE CALLBACK)

S15. Hello, my name is _____ and I am calling from Abt Associates in Amherst, Massachusetts on behalf of the United States Department of Agriculture. We are conducting a nationwide study about Food Stamp Program participation. The purpose of the study is to learn about people's knowledge of the Food Stamp Program and any experiences they may have had with it. Also, why some eligible people do not participate. Your participation in the study is very important, even though you do not get food stamps.

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 ____-____. The time required to complete this information collection is estimated to average 30 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.

II. INTERVIEW FOR ELIGIBLE NON-PARTICIPANTS

A. Knowledge of Food Stamp Program and Reasons for Nonparticipation

First, I'd like to ask you some questions about your experiences with food stamps, cash assistance, or other benefit programs.

A1. Have you or anyone in your household ever received (BENEFIT)?

IF YES TO A1, ASK A1a AND A1b:

A1a. How long ago did you last receive (BENEFIT)?

A1b. How much did you receive each month from (BENEFIT)?

IF NO TO A1, ASK A1c.

A1c. Have you or anyone in your household ever applied for (BENEFIT)?

BENEFIT	A1. RECEIVED?				A1a. LAST RECEIPT	A1b. AMOUNT RECEIVED	A1c. APPLIED?			
	YES	NO	RF	DK			YES	NO	RF	DK
Food stamps	1	2	7	8	Still receiving..... 1 Within the last year 2 1-4 years ago 3 More than 4 years ago.. 4 DK..... 8	\$..... DK.....8	1	2	7	8
Welfare or cash assistance	1	2	7	8	Still receiving..... 1 Within the last year 2 1-4 years ago 3 More than 4 years ago.. 4 DK..... 8	\$..... DK.....8	1	2	7	8
Medical Assistance	1	2	7	8	Still receiving..... 1 Within the last year 2 1-4 years ago 3 More than 4 years ago.. 4 DK..... 8	\$..... DK.....8	1	2	7	8
WIC	1	2	7	8	Still receiving..... 1 Within the last year 2 1-4 years ago 3 More than 4 years ago.. 4 DK..... 8	\$..... DK.....8	1	2	7	8

A1d. IF APPLIED FOR FOOD STAMPS AND WAS NOT APPROVED: When was the last time you applied for food stamps?

_____ (SKIP TO A3)

YEAR
REFUSED.....7
DON'T KNOW8

A1e.	Was it more than 4 years ago?	
	YES	1
	NO.....	2
	REFUSED.....	7
	DON'T KNOW	8

IF A1 = YES OR A1c = YES FOR FOOD STAMPS, SKIP TO A3.

A2.	Had you heard of food stamps or the Food Stamp Program before today's interview?	
	YES	1
	NO (SKIP TO SECTION B).....	2
	REFUSED (SKIP TO A5).....	7
	DON'T KNOW (SKIP TO A5)	8

A3.	As far as you know, did your family ever receive food stamp benefits when you were a child?	
	YES	1
	NO.....	2
	REFUSED.....	7
	DON'T KNOW	8

A4.	As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?	
	YES	1
	NO.....	2
	REFUSED.....	7
	DON'T KNOW	8

A5.	Do you know where you would have to go to apply for food stamps or other assistance?	
	YES	1
	NO.....	2
	REFUSED.....	7
	DON'T KNOW	8

A6.	Did you or someone else in your household contact the local welfare office to inquire about food stamps or welfare benefits within the last six months, that is, any time since (MONTH)?	
	YES (SKIP TO A6a)	1
	NO.....	2
	REFUSED.....	7
	DON'T KNOW	8

A6y.	Did you or someone else in your household contact the local welfare office in the last twelve months, that is, any time since (MONTH)?	
------	--	--

YES1
 NO (SKIP TO A7).....2
 REFUSED (SKIP TO A7).....7
 DON'T KNOW (SKIP TO A7)8

A6a. Did you apply for food stamp benefits at the time you contacted the welfare office?

YES1
 NO (DEFINED AS NEAR APPLICANT)2
 REFUSED.....7
 DON'T KNOW8

A7. Do you think you may be eligible to receive food stamp benefits?

YES (SKIP TO A9)1
 NO.....2
 REFUSED (SKIP TO A9).....7
 DON'T KNOW8

A8. Why do you think you (may not be eligible/are unsure if you are eligible) for food stamps? Is it because?

	YES	NO	REF	DK
a. You have a job and think you are not eligible.	1	2	7	8
b. You earn too much money to be eligible.	1	2	7	8
c. You get other government benefits and are not eligible.	1	2	7	8
d. You have too much in savings to be eligible.	1	2	7	8
e. Your car is worth too much to be eligible.	1	2	7	8
f. You received a lump sum payment and think you are not eligible.	1	2	7	8
g. You reached the time limit on cash assistance.	1	2	7	8
h. You think you are not eligible because of your citizenship status.	1	2	7	8
i. A worker at the food stamp office told you that you were probably not eligible.	1	2	7	8
j. Someone else told you that you were not eligible.	1	2	7	8
k. You applied previously and were told you were not eligible.	1	2	7	8
l. Is there some other reason? (SPECIFY: _____)	1	2	7	8

IF "YES" TO ITEM i OR j, ASK A8a.

A8a. You said a worker or someone else told you that you were not eligible for food stamp. Was this within the...

Last month1
 Last six months.....2
 Last year.....3
 More than one year ago4
 REFUSED.....7
 DON'T KNOW8

A9. If you found out you were eligible for food stamp benefits, would you apply?

YES (SKIP TO SECTION B)1
 NO (SKIP TO A10).....2
 REFUSED (SKIP TO A10).....7
 DON'T KNOW (SKIP TO A10).....8

A10. If you were to apply for food stamps, how much per month do you think you are eligible to receive in benefits? PROBE: Your best guess is fine.

\$10 or less1
 Between \$11 and \$252
 Between \$26 and \$503
 Between \$51 and \$1004
 Between \$101 and \$1505
 Between \$151 and \$2006
 Between \$201 and \$3007
 Over \$3008
 DON'T KNOW 98

A11. Why (haven't you applied/wouldn't you apply) for food stamp benefits? I am going to read you a list of reasons people have provided for deciding not to apply for food stamps. Please listen to each statement and tell me whether it is a reason you (decided not to/would not) apply for food stamp benefits.

	YES	NO	RF	DK
a. You do not know how to apply.	1	2	7	8
b. The benefits are too small.	1	2	7	8
c. You are not eligible for cash assistance so it is not worth the effort.	1	2	7	8
d. You can get by on your own without food stamp benefits.	1	2	7	8
e. You do not like to rely on government assistance.	1	2	7	8
f. You do not want to be seen shopping with food stamps.	1	2	7	8
g. You do not want people to know you need financial assistance.	1	2	7	8

	YES	NO	RF	DK
h. You do not want to go to the welfare office.	1	2	7	8
i. You would have to answer questions that are too personal.	1	2	7	8
j. The application process requires too much paperwork.	1	2	7	8
k. It would require too much time away from work.	1	2	7	8
l. It would require too much time away from home and child care or elder care responsibilities.	1	2	7	8
m. It is too difficult to get to the food stamp office.	1	2	7	8
n. You had a previous bad experience with the Food Stamp Program	1	2	7	8
o. You had a previous bad experience with another government program	1	2	7	8
p. The work requirements are too difficult.	1	2	7	8
q. The requirements to participate in the program are too difficult.	1	2	7	8

A12. ASK ONLY IF R IS NEAR APPLICANT (A6a = 2):

	YES	NO	RF	DK
a. Your situation changed and you no longer needed food stamps.	1	2	7	8
b. A family emergency occurred which prevented you from completing the application process.	1	2	7	8
c. The application form was too difficult for you to complete.	1	2	7	8
d. You never heard from the food stamp office to tell you what to do.	1	2	7	8
e. You found out it would take a long time before you could receive any food stamps.	1	2	7	8
f. You had to wait too long when you visited the food stamp office	1	2	7	8
g. The other adults in your household would not cooperate with the application process.	1	2	7	8
h. You did not want the welfare office to contact your landlord or employer.	1	2	7	8

A13. Do you think there is a limit on the amount of time eligible households can receive food stamp benefits?

YES1
 NO (SKIP TO A14).....2
 REFUSED (SKIP TO A14).....7

DON'T KNOW (SKIP TO A14).....8

A13a. How many years do you think eligible households can receive food stamp benefits?

_____ YEARS

AS LONG AS THEY NEED THEM..... 96

REFUSED..... 97

DON'T KNOW 98

A14. What about TANF (INSERT NAME OF STATE PROGRAM) or welfare benefits? Do you think there is a limit on the amount of time eligible households can receive benefits?

YES.....1

NO (SKIP TO A15).....2

REFUSED (SKIP TO A15).....7

DON'T KNOW (SKIP TO A15).....8

A14a. How many years do you think eligible households can receive benefits?

_____ YEARS

AS LONG AS THEY NEED THEM..... 96

REFUSED..... 97

DON'T KNOW 98

A15. Have you seen or heard about the Food Stamp Program in any of the following places? Have you...

	YES	NO	REF	DK
Read any articles about the Program in the newspaper?.....	1	2	7	8
Hear any announcements or advertisements on the radio or TV?..	1	2	7	8
Seen any posters, flyers, or brochures?	1	2	7	8
Seen any billboards or advertisements on buses, taxis, or trains?	1	2	7	8
Heard any presentations by community groups?	1	2	7	8
Received any mail or telephone calls about food stamps?.....	1	2	7	8
Any thing else (SPECIFY:_____)?	1	2	7	8

A16. How much do you know about what you would have to do in order to get food stamp benefits?
Would you say you ...

Are well informed about the process1

Have some idea about the process2

Do not have any idea what is involved3

REFUSED.....7

DON'T KNOW8

B. Household Composition/Characteristics

My next several questions are about the characteristics of your household. Your answers to these questions will tell me which questions I need to ask. Remember, all the information you tell me is for research purposes only and will remain confidential. Please tell me about your household situation.

B1. How many household members are. . . (MAKE SURE TOTAL MATCHES S4)

Under five years old?
Five to 17 years old?.....
18-59 years of age?.....
60 years of age or older?.....
TOTAL

B2. Is English the primary language spoken in your household?

YES (SKIP TO Q. B4)1
NO.....2

B3. What language do you and your family most often speak at home?

SPANISH.....1
CHINESE.....2
PORTUGUESE3
FRENCH4
ARABIC5
ITALIAN6
VIETNAMESE.....7
LAOTIAN.....8
CAMBODIAN.....9
HMONG 10
OTHER (SPECIFY) 11

B4. What is your date of birth?

_____/_____/_____
MONTH DAY YEAR

DON'T KNOW8

NO SECTION C.

D. Time/Cost of Application

My next several questions are about how much time it would take you and how much it would cost you to go to the food stamp office to find out about or apply for food stamps.

IF DON'T KNOW WHERE FOOD STAMP OFFICE IS LOCATED (A5 = NO), THEN SKIP TO D5.

D1. Approximately how many miles is it from your house to the food stamp office?

_____ MILES
REFUSED.....7
DON'T KNOW8

D1a. Approximately how much time would it take you to get to the food stamp office?

_____ TOTAL HOURS

OR

_____ TOTAL MINUTES
REFUSED..... 97
DON'T KNOW 98

D2. If you were going to the food stamp office, how would you get there? (READ ITEM IF NECESSARY)

Drive your own car1
Take a bus or other public transportation (SKIP TO D3).....2
Take a taxicab.....3
Have someone drive you.....4
Borrow a car.....5
Walk.....6
OTHER (SPECIFY)7

D2a. Is public transportation available to the food stamp office?

YES.....1
NO.....2
REFUSED.....7
DON'T KNOW8

D3. How convenient is the office location for you? Do you consider the location ...

Very convenient (SKIP TO D5)1
Somewhat convenient (SKIP TO D5)2
Somewhat inconvenient3
Very inconvenient4
REFUSED.....7
DON'T KNOW8

D4. What, if anything, is wrong with the location of the office? (CIRCLE ALL THAT APPLY)

It is too far from home1
It is in a congested area with lots of traffic2
It is difficult to find parking3
It is in an unsafe neighborhood.....4
It is not easily accessible by public transportation.....5
It costs too much to get there.....6
The building is depressing7
OTHER (SPECIFY) 96
REFUSED..... 97
DON'T KNOW 98

D5. How many trips do you **think** you'd have to make to the food stamp office before you received food stamps or other assistance or were denied benefits?

_____ NUMBER OF TRIPS
REFUSED.....7
DON'T KNOW8

D6. Counting **all** the visits you think you would have to make to the food stamp office to apply for or see about food stamps or other assistance, how much time do you think you would have to spend? Count time traveling there and back as well as time spent waiting, filling out paperwork, meeting with program staff, etc.

_____ total hours
OR
_____ total minutes
REFUSED.....7
DON'T KNOW8

D7. Would you have to miss any work to apply for food stamps or other assistance?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

D8. Would you need child care or elder care when you went to apply for food stamps or other assistance?

YES1
NO (GO TO SECTION E).....2
REFUSED (GO TO SECTION E).....7
DON'T KNOW (GO TO SECTION E)8

D8a. How easy would it be for you to arrange for child care or elder care?

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult.....	3
Very difficult.....	4
REFUSED.....	7
DON'T KNOW	8

D8b. Would you need to pay for the care?

YES	1
NO.....	2
REFUSED.....	7
DON'T KNOW	8

E. Stigma

IF R HAS RECEIVED FOOD STAMPS (A1 = YES), ASK QUESTIONS E1 THROUGH E6.
OTHERWISE ASK QUESTIONS E7 THROUGH E10.

E1. My next questions are about how people feel about using food stamps. Have you ever done anything to hide that you got food stamps?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E2. Have you ever avoided telling people you got food stamps?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E3. Did you ever go out of your way to shop at a store where no one knew you?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E4. Have you ever been treated disrespectfully when using food stamps in a store?

YES1
NO (SKIP TO E5)2
REFUSED.....7
DON'T KNOW8

E5. Were you ever treated disrespectfully when you told people that you received food stamps?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E6. Have you ever given your food stamps to someone else because you were embarrassed to use them?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

SKIP TO SECTION F.

E7. The next questions are about how you might feel if you received food stamp benefits. Please answer

“yes” or “no”. If I got food stamps, I might go out of my way so people would not find out.”

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E8. “I might not shop in certain stores because I don't want people there to know I use food stamps.”

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E9. “People in stores would treat me disrespectfully when I use food stamps.”

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

E10. “People would treat me disrespectfully if they found out that I got food stamps.”

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

F. Prior Experience and Satisfaction with Food Stamp Office

IF R IS NEAR APPLICANT, A6 = 1 AND A6a = 2: My next set of questions are about your experiences at the Food Stamp or welfare office the last time you contacted the office to inquire about benefits. GO TO F1.

IF R RECEIVED FOOD STAMPS WITHIN THE LAST FOUR YEARS (A1 = YES AND A1a = 2 OR 3), OR R APPLIED FOR FOOD STAMPS WITHIN THE LAST 4 YEARS, A1d = 1996 OR AFTER, OR A1e = 2: My next set of questions are about your experiences at the Food Stamp or welfare office the last time you contacted the food stamp office. (SKIP TO F13.)

IF R NEVER APPLIED FOR FOOD STAMPS (A1c = NO) OR APPLIED MORE THAN 4 YEARS AGO (A1d LT 9/96 OR A1e = A, 7, OR 8), SKIP TO SECTION G.

F1. When you last contacted the food stamp or welfare office, did you know which specific programs you were interested in?

YES1
NO (SKIP TO F2)2
SOME IDEA.....3
REFUSED (SKIP TO F2)7
DON'T KNOW (SKIP TO F2).....8

F1a. Which programs were you interested in?

PROGRAM:	YES	NO	RF	DK
Food Stamps	1	2	7	8
TANF (INSERT STATE NAME)	1	2	7	8
Medicaid	1	2	7	8
SCHIP (INSERT STATE NAME)	1	2	7	8
SSI	1	2	7	8
General Assistance (INSERT STATE NAME)	1	2	7	8
OTHER (SPECIFY: _____)	1	2	7	8

F2. When you last contacted the food stamp or welfare office, did you apply for (PROGRAM NAME FROM GRID)? (IF YES, ASK F2a.)

F2a. Were you approved for (PROGRAM NAME FROM GRID) when you last applied?

PROGRAM	F2. APPLIED?				F2a. APPROVED?			
	YES	NO	RF	DK	YES	NO	RF	DK
TANF (INSERT NAME OF STATE PROGRAM)	1	2	7	8	1	2	7	8
Medicaid	1	2	7	8	1	2	7	8
SCHIP (INSERT STATE NAME)	1	2	7	8	1	2	7	8
SSI	1	2	7	8	1	2	7	8
General Assistance (INSERT STATE NAME)	1	2	7	8	1	2	7	8
OTHER (SPECIFY) _____	1	2	7	8	1	2	7	8

F3. Did you pick up or did they mail you a food stamp application?

YES (SKIP TO F5).....1
NO.....2

F4. What was the main reason you were not provided with a food stamp application? Was it because... (READ LIST. CIRCLE ONE.)

You did not want to apply.....1
You did not ask for an application.....2
No one suggested that you complete one, so you didn't think you'd be eligible3
You could not wait for an appointment4
The caseworker said you probably wouldn't be eligible5
DON'T KNOW 8

F5. How convenient for you were the hours the office was open? Would you say they were ...

Very convenient (SKIP TO F7).....1
Somewhat convenient (SKIP TO F7).....2
Somewhat inconvenient3
Very inconvenient4
REFUSED (SKIP TO F7)7
DON'T KNOW (SKIP TO F7).....8

F6. What was the problem with the office hours at the Food Stamp Office? (CIRCLE ALL THAT APPLY)

It is open only during normal business hours1
You would have to take time off from work to get there.....2
It is difficult to schedule meetings with a caseworker at convenient times3
It is not open evenings or weekends4
There are few workers available at lunchtime when I could get there.....5
Other problems (SPECIFY)6
REFUSED.....7
DON'T KNOW 8

F7. When you last contacted the food stamp office, how satisfied were you with the services provided by the receptionist or telephone operator in letting you know about what to do next? Would you say...

Very satisfied1
Somewhat satisfied2
Somewhat dissatisfied3
Very dissatisfied4
REFUSED.....7
DON'T KNOW8

F8. Did you speak with a caseworker?

YES.....1
NO (GO TO F9)2
REFUSED (GO TO F9).....7
DON'T KNOW (GO TO F9).....8

F8a. How long did you wait to speak with a welfare caseworker or food stamp caseworker about your case?

_____ minutes

F9. Were you informed about the requirements for applying and participating in the Food Stamp Program?

YES.....1
NO (SKIP TO F10)2
REFUSED (SKIP TO F10)7
DON'T KNOW (SKIP TO F10).....8

F9a. How were you informed? (CIRCLE ALL THAT APPLY. READ LIST IF NECESSARY.)

CASEWORKER TOLD ME ABOUT THEM1
CASEWORKER OR OTHER OFFICE STAFF GAVE YOU WRITTEN
MATERIALS LIKE PAMPHLETS OR BROCHURES.....2
PICKED UP WRITTEN MATERIALS YOURSELF.....3
RECEIVED MATERIALS IN THE MAIL AFTER YOUR VISIT.....4
ATTENDED A GROUP MEETING WHERE BENEFITS AND
GUIDELINES WERE EXPLAINED.....5
WATCHED A VIDEO ON BENEFITS AND GUIDELINES.....6
TOLD TO COME IN TO OFFICE.....7
REFUSED..... 97
DON'T KNOW 98

F10. After meeting or talking with the worker, did you feel that you really understood what you'd need to do to get food stamps, were you somewhat unsure, or had you no idea at all of what was required of you?

Really understood1
Somewhat unsure.....2
No idea at all.....3

F11. In general, do you feel that the Food Stamp Program requirements are reasonable or unreasonable?

REASONABLE.....1
UNREASONABLE.....2
REFUSED.....7
DON'T KNOW8

F12. Overall, how successful was your contact with the office? Did you...

Accomplish everything you expected to during that visit or
telephone call, or did you (GO TO F13)1
Accomplish some, but not all things that you expected to accomplish?2
Or did you not accomplish anything.....3
REFUSED (GO TO F13).....7
DON'T KNOW (GO TO F13).....8

F12a. Can you tell me what you were not able to do during this contact? (CODE ALL THAT APPLY)

FIND OUT IF ELIGIBLE1
FIND OUT AMOUNT OF BENEFIT2
GET LIST OF ALL REQUIREMENTS.....3
COMPLETE AN APPLICATION.....4
OTHER (SPECIFY)5
REFUSED.....7
DON'T KNOW8

F13. Now, please tell me your opinions about the caseworker assigned to you at the food stamp office. As I read each statement, please tell me if you agree or disagree. FOR EACH ANSWER TO F13, ASK F13a.

F13a. Do you strongly (agree/disagree) or somewhat (agree/disagree)?

	F13. AGREE/DISAGREE				F13a. STRONGLY/SOMEWHAT			
	YES	NO	RF	DK	STRONGLY	SOMEWHAT	RF	DK
a. The kinds of services I received were suitable because of my needs	1	2	7	8	1	2	7	8
b. I agreed with my caseworker's decisions.	1	2	7	8	1	2	7	8
c. Overall, my caseworker kept me well informed.	1	2	7	8	1	2	7	8
d. I felt that my caseworker was doing his or her part to help solve my problems.	1	2	7	8	1	2	7	8
e. My caseworker was knowledgeable about food stamp benefits and procedures.	1	2	7	8	1	2	7	8
f. My caseworker treats clients respectfully.	1	2	7	8	1	2	7	8

F14. Compared to other public offices with which you have had contact, how would you rate the treatment you received at the food stamp office? Would you say you were treated better, the same, or worse than you were treated at other places such as the Division of Motor Vehicles, voter registration, WIC, the post office, or the unemployment office?

BETTER1
 THE SAME2
 WORSE3
 REFUSED.....7
 DON'T KNOW8

G. Housing/Community

My next questions are about your housing situation.

G1. What best describes your living arrangement? Do you:

- Own or are you buying your own home (SKIP TO G4)1
- Rent your home or apartment2
- Live with family or friends and **not** pay rent.....3
- Live with family or friends and pay **part** of the rent4
- Live in a homeless shelter or shelter for domestic violence (SKIP TO G6)5
- Live on the street, or (SKIP TO G6)6
- Live in some other arrangement? (SPECIFY)7

G2. Do you live in public housing?

- YES (SKIP TO G4)1
- NO.....2
- REFUSED.....7
- DON'T KNOW8

G3. Do you pay less rent because the government pays for part of it through a Section 8 housing subsidy?

- YES1
- NO.....2
- REFUSED.....7
- DON'T KNOW8

G4. Last month, what did your household spend on housing? (Please include rent or mortgage, and if applicable, home insurance, property taxes and water usage).
PROMPT: Your best estimate is fine.

- \$00
- REFUSED..... 97
- DON'T KNOW 98

G5. Did that amount include any utilities, such as gas, heat or air conditioning, electricity, and water?

- YES (GO TO G7).....1
- SOME, BUT NOT ALL (ASK G5A).....2
- NO (ASK G5A).....3
- REFUSED (GO TO G7)7
- DON'T KNOW (GO TO G7).....8

G5a. How much did your household pay for utilities last month? Please include all utilities such as gas, heat or air conditioning, electricity, and water that are not included in your housing costs. (PROMPT: Your best estimate is fine.)

- \$ _____ Total utilities (GO TO G7)
- REFUSED (GO TO G7)7
- DON'T KNOW (GO TO G7).....8

G6. What length of time have you been living in a shelter or on the street?

_____ days
 _____ weeks
 _____ months
 _____ years
 REFUSED..... 97
 DON'T KNOW 98

G7. In the past 12 months, since (CURRENT MONTH, 1999), have you (or your children) received any of the following types of help from community organizations, neighborhood centers or religious organizations, other than friends or family?

	YES	NO	RF	DK
Shelter from an emergency shelter	1	2	7	8
Clothing or clothing vouchers	1	2	7	8
Money	1	2	7	8
Child care or help paying for child care	1	2	7	8
Transportation or help paying for transportation	1	2	7	8
Free medical services	1	2	7	8
Help paying your utilities, like electricity, gas or water	1	2	7	8
Help paying your phone bill or enabling you to use a telephone	1	2	7	8
Help paying for your rent	1	2	7	8
Legal aid or help paying for legal aid	1	2	7	8
Any other kind of help? (SPECIFY) _____	1	2	7	8

- G8. In the past 12 months, since (CURRENT MONTH, 1999), did you or any other adults in your household ever get emergency food from a...

	YES	NO	RF	DK
Church	1	2	7	8
Food pantry	1	2	7	8
Food bank	1	2	7	8

IF "YES" TO ANY IN G8, ASK G9. OTHERWISE SKIP TO G10.

- G9. How often did this happen — almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month.....1
 Some months but not every month.....2
 Only 1 or 2 months3
 REFUSED.....7
 DON'T KNOW8

- G10. In the past 12 months, since (CURRENT MONTH, 1999), did you or other members of your household ever eat any meals at a soup kitchen?

YES.....1
 NO.....2
 REFUSED.....7
 DON'T KNOW8

H. Employment Status

Many working families still qualify for food stamp benefits. My next several questions are about your job status last month. Again, I would like to remind you that your answers will remain strictly confidential.

H1. Last month, were you earning money from a job? Include any self-employment.

YES1
NO (SKIP TO H5).....2

H2. Last month, how many hours did you usually work per week? Include all jobs.

_____ HOURS
REFUSED..... 97
DON'T KNOW 98

H3. OMITTED

H4. How much money did you earn per hour, week or month from your job(s) before taxes and any other deductions?

\$ _____ per hour
OR
\$ _____ per week
OR
\$ _____ per month

IF ONE PERSON IN HOUSEHOLD, SKIP TO SECTION I.

H5. Last month, did anyone else in your household work at a job for pay, not including schoolchildren aged 17 or under?

YES1
NO (SKIP TO SECTION I)2
REFUSED (SKIP TO SECTION I)7
DON'T KNOW (SKIP TO SECTION I)8

H6. IF YES: How many people in your household, besides yourself, worked at a job for pay last month?

_____ NUMBER OF PEOPLE WHO WORKED
REFUSED (SKIP TO SECTION I) 97
DON'T KNOW (SKIP TO SECTION I) 98

ASK H7a FOLLOWED BY H7b FOR EACH OTHER WORKING HOUSEHOLD MEMBER.

H7a. Last month, how many hours per week did each person usually work?

H7b. Last month, about how much money did this person earn per hour, week or month from their job(s) before taxes and any other deductions?

PERSON 1	PERSON 2	PERSON 3	PERSON 4
_____ HOURS REFUSED..... 97 DON'T KNOW 98	_____ HOURS REFUSED..... 97 DON'T KNOW..... 98	_____ HOURS REFUSED 97 DON'T KNOW 98	_____ HOURS REFUSED 97 DON'T KNOW 98
\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98	\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98	\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98	\$ _____ PER HOUR \$ _____ PER WEEK \$ _____ PER MONTH REFUSED 97 DON'T KNOW 98

I. Income/Sources of Income

Now I'm going to ask you some questions about your household income last month. I want to assure you that none of the answers you give me will be discussed with anyone.

Last month, did you or anyone else in your household, including children, receive (INCOME SOURCE)?
FOR EACH INCOME SOURCE RECEIVED, ASK a.

- a. How much money did you and other household members receive last month from (INCOME SOURCE)?

INCOME SOURCE	RECEIVED?				a. AMOUNT RECEIVED
	YES	NO	RF	DK	
I1. Cash from a cash assistance program like TANF (INSERT NAME OF STATE PROGRAM) or General Assistance (INSERT NAME OF STATE PROGRAM)?	1	2	7	8	\$_____
I2. Income from child support either directly from your child's other parent or through a government agency?	1	2	7	8	\$_____
I3. Disability income through Supplemental Security Income--that is, SSI--or from some other source?	1	2	7	8	\$_____
I4. Regular income from friends or relatives outside the household?	1	2	7	8	\$_____
I5. Social Security checks from the government or Veteran's benefits?	1	2	7	8	\$_____
I6. Any other retirement or pension, public or private?	1	2	7	8	\$_____
I7. Money from any other source? This might include unemployment insurance, worker's compensation, alimony, foster child payments, rent from tenant or boarder and so on.	1	2	7	8	\$_____

- I8. Last month, did you or anyone in your household receive WIC, Women, Infants and Children Program, benefits such as food packages or vouchers for purchasing food?

YES1
 NO.....2
 REFUSED.....3
 DON'T KNOW4

19. SEE B1. IF CHILD/REN OF AGES 5-17 IN HOUSEHOLD, ASK: Last month, did any school-aged child in your household receive free or reduced-price breakfasts or lunches at school?

YES	1
NO.....	2
REFUSED.....	7
DON'T KNOW	8

J. Assets

My next several questions ask about your household assets. Please remember that these questions are for research purposes only and will not be shared with anyone. Your responses to these questions will not affect your eligibility for benefits now or in the future.

J1. Do you have a checking account?

YES1
NO (GO TO J3).....2
REFUSED (GO TO J3).....7
DON'T KNOW (GO TO J3)8

J2. How much money, on average, do you estimate is in your checking account?

\$ _____
REFUSED.....7
DON'T KNOW8

J3. Do you have a savings account?

YES1
NO (GO TO J5).....2
REFUSED (GO TO J5).....7
DON'T KNOW (GO TO J5)8

J4. How much money do you have in savings accounts?

\$ _____
REFUSED.....7
DON'T KNOW8

J5. Do you have any other bank accounts or financial investments?

YES1
NO (GO TO SECTION K)2
REFUSED (GO TO SECTION K)7
DON'T KNOW (GO TO SECTION K).....8

J6. What is the approximate value **in total** of these other bank account and financial investments?
Please include amounts in individual retirement accounts (IRAs), stocks, mutual funds, certificates of deposit (CDs), money market accounts, 401k accounts and elsewhere.

\$ _____
REFUSED.....7
DON'T KNOW8

K. Food Security

My next set of questions are about the food eaten in your household. Over the past several years, USDA has been developing a set of questions to tell us about the food needs of adults and children. You may find some of these questions sensitive.

K1. Which of these statements best describes the food eaten in your household in the last 12 months:

- (I/We) have enough to eat and the kinds of food (I/we) want1
- (I/We) have enough to eat but not always the kinds of food (I/we) want2
- Sometimes (I/we) don't have enough to eat, or3
- Often (I/we) don't have enough to eat4
- REFUSED.....7
- DON'T KNOW 8

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for (you/your household) in the last 12 months.

K2. The first statement is, "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

- Often true1
- Sometimes true2
- Never true.....3
- REFUSED.....7
- DON'T KNOW8

K3. "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 true1
- Sometimes true2
- Never true.....3
- REFUSED.....7
- DON'T KNOW8

K4. "(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 true1
- Sometimes true2
- Never true.....3
- REFUSED.....7
- DON'T KNOW8

IF CHILDREN UNDER 18 IN THE HOUSEHOLD (SEE B1), ASK QUESTIONS K5 -K7. IF NO CHILDREN SKIP TO K8 :

- K5. (I/we) relied on only a few kinds of low-cost food to feed (my/our) child(ren) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true1
Sometimes true2
Never true.....3
REFUSED.....7
DON'T KNOW8

- K6. “(I/We) couldn’t feed (my/our) child(ren) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true1
Sometimes true2
Never true.....3
REFUSED.....7
DON'T KNOW8

IF K2, K3 AND K4 EQUAL “NEVER” (3), AND K5 AND K6 EQUAL “NEVER” (3) OR BLANK, THEN SKIP TO SECTION L. OTHERWISE CONTINUE.

- K7. My/Our child was/The children were not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true1
Sometimes true2
Never true.....3
REFUSED.....7
DON'T KNOW8

- K8. In the last 12 months, did you (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 (ASK K8a)1
NO.....2
REFUSED.....7
DON'T KNOW8

- K8a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month.....1
Some months but not every month2
Only 1 or 2 months3
REFUSED.....7
DON'T KNOW8

K9. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

K10. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

K11. In the last 12 months, did you lose weight because you didn't have enough money for food?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

IF NO TO K7, K8, K9, K10, AND K11, SKIP TO SECTION L.

K12. 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 (ASK K12a)1
NO.....2
REFUSED.....7
DON'T KNOW8

K12a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month.....1
Some months but not every month.....2
Only 1 or 2 months3
REFUSED.....7
DON'T KNOW8

IF CHILDREN UNDER 18 IN HOUSEHOLD (SEE B1), ASK K13-16, OTHERWISE SKIP TO SECTION L.

The next questions are about the children living in the household who are under 18 years old. You may find some of the following questions sensitive. I want to remind you that all of the information you give will remain confidential and in answering these questions you will help the food stamp program better understand the needs of families and children it seeks to serve.

K13. In the last 12 months, since (NAME OF CURRENT MONTH) last year, did you ever cut the size of (your child's/any of your children's) meals because there wasn't enough money for food?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

K14. In the last 12 months did (your child/any of your children) ever skip a meal because there wasn't enough money for food?

YES1
NO (GO TO K15)2
REFUSED (GO TO K15)7
DON'T KNOW (GO TO K15).....8

K14a. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month.....1
Some months but not every month2
Only 1 or 2 months3
REFUSED.....7
DON'T KNOW8

K15. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

K16. 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?

YES1
NO.....2
REFUSED.....7
DON'T KNOW8

L. Demographics

My last few questions are about the characteristics of your household. Remember, all information will remain confidential. Please tell me about your household situation.

L1. Are you...

Married and living with your (husband/wife) (GO TO L3).....	1
Separated or living apart from your (husband/wife)?	2
Divorced,.....	3
Widowed, or.....	4
Never married?.....	5
REFUSED.....	7
DON'T KNOW	8

L2. **IF NOT LIVING WITH SPOUSE:** Are you living with a partner?

YES	1
NO.....	2
REFUSED.....	7
DON'T KNOW	8

L3. **CODE GENDER WITHOUT ASKING. IF UNCLEAR, ASK:** Are you male or female?

MALE	1
FEMALE	2

L4. What was the last grade or year of school you completed?

SOME ELEMENTARY SCHOOL (GRADES 1-8).....	1
COMPLETED ELEMENTARY SCHOOL	2
SOME HIGH SCHOOL.....	3
COMPLETED HIGH SCHOOL OR RECEIVED GED.....	4
TECHNICAL OR VOCATIONAL SCHOOL.....	5
SOME COLLEGE.....	6
ASSOCIATE'S DEGREE	7
BACHELOR'S DEGREE.....	8
ADVANCED DEGREE.....	9
NO FORMAL SCHOOLING	0
OTHER (SPECIFY: _____).....	96
REFUSED.....	97
DON'T KNOW	98

L5. Which of the following do you consider yourself to be? (READ LIST AND CODE ONE)

Hispanic or Latino	1
Not Hispanic or Latino	2

L6. Which of the following do you consider yourself to be? You may choose more than one. (READ LIST AND CODE ALL RESPONSES)

White.....1
 Black or African American.....2
 Asian.....3
 American Indian or Alaska Native.....4
 Native Hawaiian or Pacific Islander.....5
 REFUSED.....7
 DON'T KNOW.....8

L7. Were you born in the United States?

YES (SKIP TO L8)1
 NO.....2
 REFUSED.....7
 DON'T KNOW.....8

L7a. Are you a United States citizen?

YES.....1
 NO.....2
 REFUSED.....7
 DON'T KNOW.....8

L8. SEE B1. IF THERE ARE CHILDREN UNDER 18 IN HOUSEHOLD, ASK: Were **all** the children in your household born in the United States?

YES (SKIP TO L9)1
 NO.....2
 REFUSED.....7
 DON'T KNOW.....8

L8a. Are the children in your household ... (READ LIST)

All US citizens.....1
 Are some, but not all US citizens, or are2
 None of the children in the household US citizens.....3
 REFUSED.....7
 DON'T KNOW.....8

L9. Is anyone in your household disabled? By disabled, I mean unable to work or limited in the amount or type of work because of a mental or physical condition.

YES.....1
 NO.....2
 REFUSED.....7
 DON'T KNOW.....8

L10. The next questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to [FILL VAR: AREA CODE/TELEPHONE NUMBER FROM SAMPLE TELEPHONE NUMBER]? Don't count any cell phone or pager numbers.

YES1
 NO (GO TO L13).....2
 REFUSED (GO TO L13).....7
 DON'T KNOW (GO TO L13)8

L11. Is this second number for home use only, for business use only, or for both home and business use?

HOME ONLY1
 BUSINESS ONLY (GO TO L13)2
 BOTH HOME AND BUSINESS.....3
 REFUSED (GO TO L13).....7
 DON'T KNOW (GO TO L13)8

L11a. Is this second number used only for computer or fax communication?

YES1
 NO.....2
 REFUSED (GO TO L13).....7
 DON'T KNOW (GO TO L13)8

L12. Do you have a third home phone number in addition to the two you have already told me about?

YES1
 NO (GO TO L13).....2
 REFUSED (GO TO L13).....7
 DON'T KNOW (GO TO L13)8

L12a. Is this third number for home use only, for business use only, or for both home and business use?

HOME ONLY1
 BUSINESS ONLY (GO TO L13)2
 BOTH HOME AND BUSINESS.....3
 REFUSED (GO TO L13).....7
 DON'T KNOW (GO TO L13)8

L12b. Is this third number used only for computer or fax communication?

YES1
 NO.....2
 REFUSED.....7
 DON'T KNOW8

L13. During the past 12 months, has your household been without telephone service for 1 week or more?

YES1
NO (GOT TO CLOSE)2
REFUSED (GO TO CLOSE)7
DON'T KNOW (GO TO CLOSE)8

L13a. For how long was your household without telephone service in the past 12 months?

_____ NUMBER
(IF ONE WEEK OR LESS, ENTER 0 FOR THE NUMBER)

ENTER PERIOD: _____

DAY(S)1
WEEK(S)2
MONTH(S)3
REFUSED7

These are all the questions I have for you. Thank you for your participation in this survey.