



Child-Parent Center (CPC) Preschool-to-Third Grade Study Parent Survey

<input type="text"/>	<input type="text"/>
Child Name	Child ID
<input type="text"/>	<input type="text"/>
School Name	School ID
<input type="text"/>	<input type="text"/>
Teacher Name	Teacher ID

Thank you for agreeing to participate in the CPC Preschool-to-Third Grade Study!
The survey is one part of the CPC Preschool-to-Third Grade study and was described in the consent form you signed agreeing to participate in the study. Your responses will be kept confidential, and will not be shared with anyone outside the research group, including your child's school.

When you have completed the survey, you will receive a **\$20 gift card** as a thank you. If you would like to complete the survey by phone instead, please call 1-888-391-9991 and ask about the "SRI study."

Cuando haya completado la encuesta, usted recibirá una **tarjeta de regalo de \$20** como agradecimiento. Si usted prefiere completar la encuesta por teléfono, por favor llame a 1-888-391-9991 y pregunte por "el estudio de SRI."

If you have questions, please leave a message at **1-855-460-2633** and someone will return your call.

Si tiene alguna pregunta, llame al **1-855-460-2633** sin cobro y deje un mensaje.



IMPORTANT: Please use a BLACK pen. Mark response boxes with an "X." Use block printing for any text or numeric responses. If you wish to change a response, mark the correct response and CIRCLE it.

1. What is your relationship to your child? (Mark (X) one only.)

- | | |
|--|---|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Biological Father |
| <input type="checkbox"/> Adoptive Mother | <input type="checkbox"/> Adoptive Father |
| <input type="checkbox"/> Foster Mother | <input type="checkbox"/> Foster Father |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Other female relative guardian
(e.g., aunt, grandmother) | <input type="checkbox"/> Other male relative guardian
(e.g., uncle, grandfather) |
| <input type="checkbox"/> Other female non-relative guardian | <input type="checkbox"/> Other male non-relative guardian |

2. What language do family members speak most often to your child at home? (Mark (X) one only.)

- English Spanish English and Spanish EQUALLY
 Another language (please specify):

3. About how many children's books does your child have of his or her own? (Enter a whole number.)

 books

4. On average, about how many hours of television does your child watch at home, per day?

(Your best estimate is fine. Enter whole numbers.)

 hours and minutes

5. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medicare or through something else?

- No, my child does not have health insurance
 Yes ► If Yes, please indicate which kind: (Mark (X) one only.)
- Through Minnesota Care or Medical Assistance, Illinois Comprehensive Health Insurance Plan (I-CHIP), or All Kids
 - Through a private insurer or HMO
 - Through another agency (please specify):

6. Is there a place, other than an emergency room, where your child usually goes when he or she is sick or you need advice about his or her health?

- Yes No

7. Is there a doctor or other health care provider that you usually take your child to for well-child care?

(A health care provider is a doctor, nurse, nurse practitioner, physician assistant, or another person who sees your child for health care.)

- Yes No

8. Overall, would you say your child's health is...? (Mark (X) one only.)

- Excellent
 Very good
 Good
 Fair
 Poor



9. In the past year, did your child have an illness or health condition that limited his or her ability to do the same activities as other children his or her age?

- Yes ► If Yes, please describe:
 No

10. Has a doctor or other health professional ever told you that your child was developmentally delayed? (A developmental delay means the child is somewhat slower physically or mentally than other children the same age.)

- Yes No

11. How much did your child weigh when he or she was born?

(Just your best estimate is fine. Enter whole numbers.)

pounds and ounces **OR** kilograms and grams

12. About how much does your child weigh now?

(Just your best estimate is fine. Enter a whole number.)

pounds **OR** kilograms

13. About how tall is your child now?

(Just your best estimate is fine. Enter whole numbers.)

feet and inches **OR** meters and centimeters

14. Overall, would you say the health of you and your spouse or partner (if applicable) is ...

You	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Spouse/partner	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

15. In the past year, did you have an illness or health condition that limited your ability to do the same activities as other adults?

- Yes ► If Yes, please describe:
 No

16. How much control do you feel you have over each item below?

(Mark (X) one for each item.)

	<i>No control at all</i>	<i>Very little control</i>	<i>Some control</i>	<i>A lot of control</i>
a. Your life overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your work situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How your children do in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



17. In the last month, how often have you felt each of these things? (Mark (X) one for each item.)

	<i>Almost Every Day</i>	<i>A Few Times a Week</i>	<i>About Once a Week</i>	<i>2 or 3 Times a Month</i>	<i>About Once a Month</i>	<i>Never</i>
a. Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Very sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are in need of emotional support, call CRISIS CONNECTION at 1-800-273-TALK

18. Do you have someone...? (Mark (X) ALL that apply.)

<input type="checkbox"/>	a. You can really count on to distract you from your worries when you feel under stress
<input type="checkbox"/>	b. You really count on to help you feel more relaxed when you are under pressure or tense
<input type="checkbox"/>	c. Who accepts you totally, including both your worst and your best points
<input type="checkbox"/>	d. You can really count on to care about you, regardless of what is happening to you
<input type="checkbox"/>	e. You can really count on to help you feel better when you are feeling generally down in the dumps
<input type="checkbox"/>	f. You can count on to console you when you are very upset
<input type="checkbox"/>	g. You can count on to help out when there's an emergency with your children
<input type="checkbox"/>	h. You can count on to baby sit the children
<input type="checkbox"/>	i. None of the above

19. Nowadays, a person has to live pretty much for today and let tomorrow take care of itself. Would you say you...? (Mark (X) one only.)

Strongly agree Agree Disagree Strongly disagree

20. How much do you agree with each of the statements below about your neighborhood? (Mark (X) one for each item.)

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
a. This is a close-knit neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People around here are willing to help their neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People in this neighborhood do not share the same values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People in this neighborhood can be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This neighborhood is a safe place for me and my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There are enough resources in my neighborhood for families with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



21. Which type of child care or early education setting did your child spend the MOST TIME in last year?

(Mark (X) one only.)

- Child care center
- Head Start program
- Preschool or pre kindergarten program in a public school
- Private preschool or nursery school
- Family child care home
- Relative, friend, or neighbor outside your home
- No care outside the home ► *If so, please skip ahead to question 25.*

22. About how many hours each day did your child usually spend at this program or setting?

(Just your best estimate is fine. Enter a whole number.)

hours each day

23. Last year, in a typical week, how many days each week did your child attend this program or setting?

(Just your best estimate is fine. Enter a whole number.)

days each week

24. How many months did your child attend this program or setting last year?

(Just your best estimate is fine. Mark (X) one only.)

- Less than 3 months
- 3-5 months
- 6-8 months
- 9 months to a full year

25. How much do you agree with each of the statements below about your attitudes toward education and schools? (Mark (X) one for each item.)

	Strongly agree	Agree	Disagree	Strongly disagree
a. Education is important for getting a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Education is important for building good character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Education is important for developing basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I like my child's school or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am satisfied with my child's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My child's school or center is a good place for him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel welcome in my child's school or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel welcome in my child's class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My child's teacher is responsive to questions I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can discuss my child's progress with the teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My child's school or center gives me ideas for activities to do at home with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. My child's school or center does a good job of informing me about my child's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



26. How far in school do you think your child will get? (Mark (X) one only.)

- | | |
|---|---|
| <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Complete a 2-year college degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Complete a 4-year college degree |
| <input type="checkbox"/> Complete high school | <input type="checkbox"/> Some graduate work |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Complete a graduate degree |

27. What grades do you expect your child to earn in high school? (Mark (X) one only.)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mostly As | <input type="checkbox"/> Mostly Cs |
| <input type="checkbox"/> As and Bs | <input type="checkbox"/> Cs and Ds |
| <input type="checkbox"/> Mostly Bs | <input type="checkbox"/> Ds or worse |
| <input type="checkbox"/> Bs and Cs | |

28. So far this year, have you done any of the things below? (Mark (X) ALL that apply.)

<input type="checkbox"/>	a. Discussed your child's progress with the teacher
<input type="checkbox"/>	b. Volunteered in the classroom
<input type="checkbox"/>	c. Helped the teacher with assignments or activities
<input type="checkbox"/>	d. Participated in a parent program activity at the school or center
<input type="checkbox"/>	e. Received newsletters or information about school activities
<input type="checkbox"/>	f. Gone on field trips
<input type="checkbox"/>	g. Attended school events
<input type="checkbox"/>	h. Attended special events for parents
<input type="checkbox"/>	i. Discussed school activities with other parents in the school or center
<input type="checkbox"/>	j. Attended parent-teacher conferences
<input type="checkbox"/>	k. Attended meetings of the parent-teacher association or another group
<input type="checkbox"/>	l. Planned school trips
<input type="checkbox"/>	m. Planned classroom activities
<input type="checkbox"/>	n. <i>None of the above</i>

29. So far this year, have you attended any meetings or workshops at the school that focus on any of these or other topics? (Mark (X) ALL that apply.)

<input type="checkbox"/>	a. Employment and job training
<input type="checkbox"/>	b. Parenting
<input type="checkbox"/>	c. Adult education
<input type="checkbox"/>	d. Child development
<input type="checkbox"/>	e. Financial skills
<input type="checkbox"/>	f. Health and physical well being
<input type="checkbox"/>	g. Other, please specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
<input type="checkbox"/>	h. <i>None of the above</i>



30. So far this year, about how often have you participated in school or center activities?

(Mark (X) one only.)

- More than once a week Once a month
 Once a week Less than once a month
 Two or three times per month Never

31. How much did you participate in activities at the school for this school year (2012-2013)?

(Mark (X) one for each item.)

	<i>More than once a week</i>	<i>Once a week</i>	<i>Two or three times per month</i>	<i>Once a month</i>	<i>Less than once a month</i>	<i>Never</i>
a. Meeting with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering in the school or classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending workshops to further your career, and vocational interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Attending workshops to further your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Attending workshops on financial skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Attending workshops on health, nutrition, and physical well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attending workshops on child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Receiving home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Since the beginning of this school year, how many days has your child missed school?

(Just your best estimate is fine. Enter a whole number.)

days

33. How often do you engage in the following activities at home with your child?

(Mark (X) one for each item.)

	<i>Every day</i>	<i>5-6 days a week</i>	<i>3-4 days a week</i>	<i>2 days a week</i>	<i>Once a week</i>	<i>Never</i>
a. Read to your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell stories to your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work on number or math activities with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Write or draw with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cook with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watch educational programs on TV with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Play educational games on a computer or electronic device with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



34. How often do you engage in the following activities with your child?

(Mark (X) one for each item.)

	<i>More than once a week</i>	<i>Once a week</i>	<i>Two or three times per month</i>	<i>Once a month</i>	<i>Less than once a month</i>	<i>Never</i>
a. Go to the library with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go to a community center with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Go to a museum, zoo, or aquarium with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Go to a playground or park with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss school progress with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Praise your child for improving in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Encourage your child to do well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. In a typical day, how much time overall do you participate in learning activities with your child at home (for example reading to, playing games, or going on outings)? (Mark (X) one only.)

- Less than half an hour
- Half an hour to an hour
- 1 to 2 hours
- 2 to 3 hours
- 3 to 4 hours
- 4 or more hours

36. Before your child started preschool, had you ever done the following? (Mark (X) all that apply.)

- Participated in parent education programs or classes
- Participated in a home visiting program
- Participated in adult education or literacy classes, including English as a Second Language

37. In your house, are there rules or routines about any of the following? (Mark (X) all that apply.)

- What kinds of food your children eat
- What time your children go to bed
- What chores your children do

38. How often do you do the following? (Mark (X) one for each item.)

	<i>More than once a week</i>	<i>Once a week</i>	<i>Two or three times per month</i>	<i>Once a month</i>	<i>Less than once a month</i>	<i>Never</i>
a. Read the newspaper (on line or in print)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use the Internet in your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use the Internet somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



39. Are you a member of any of the following groups or organizations? (Mark (X) all that apply.)

<input type="checkbox"/>	a. Local school council
<input type="checkbox"/>	b. PTA or other school group
<input type="checkbox"/>	c. Community organization
<input type="checkbox"/>	d. A church or religious group
<input type="checkbox"/>	e. A political organization
<input type="checkbox"/>	f. Neighborhood groups
<input type="checkbox"/>	g. Other
<input type="checkbox"/>	h. <i>None of the above</i>

40. Do you live with a spouse or partner?

- Yes
 No

41. How many of the following people normally live in the same household with you?

(Put a number next to each type of person.)

children age 5 or younger, including the child in this study
 children age 6 or older
 other relatives
 non-relatives

42. How many of the children are your child's siblings? (Enter a number.)

siblings

43. What is your child's mother's birth date? (Month/Date/Year)

/ /

44. What is your child's father's birth date? (Month/Date/Year)

/ /

45. How would you describe your child's racial or ethnic group? (Mark (X) all that apply.)

- Black/African-American, non-Hispanic
 African immigrant
 White/Caucasian, non-Hispanic
 Asian
 Pacific Islander or Native Hawaiian
 Alaska Native or American Indian

Hispanic/Latino

Other 1 (please specify):

Other 2 (please specify):



46. What is the highest grade or year of school you and your spouse/partner (if applicable) has ever completed? (Mark (X) one for each person.)

You	Spouse/partner
<input type="checkbox"/> Less than high school diploma or equivalent	<input type="checkbox"/> Less than high school diploma or equivalent
<input type="checkbox"/> High school diploma or equivalent (GED)	<input type="checkbox"/> High school diploma or equivalent (GED)
<input type="checkbox"/> Some college	<input type="checkbox"/> Some college
<input type="checkbox"/> Bachelor's degree (BA, BS)	<input type="checkbox"/> Bachelor's degree (BA, BS)
<input type="checkbox"/> Graduate or professional degree	<input type="checkbox"/> Graduate or professional degree

47. What is your current marital status? (Mark (X) one only.)

- Single, never married
- Single, living with a partner
- Married, living with spouse
- Married, separated
- Divorced or widowed

48. What is the employment status of you and your spouse/partner (if applicable)? (Mark (X) one for each person.)

You	Spouse/partner
<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Employed full-time
<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Employed part-time
<input type="checkbox"/> Unemployed/not working	<input type="checkbox"/> Unemployed/not working

49. We don't need to know the exact amount, but which of the following categories best describes your total family income for the year 2011? (Just your best estimate is fine. Mark (X) one only.)

- Under \$15,000 per year (\$1,250 per month)
- \$15,000 to under \$20,000 per year (\$1,250 to less than \$1,667 per month)
- \$20,000 to under \$25,000 per year (\$1,667 to less than \$2,083 per month)
- \$25,000 to under \$30,000 per year (\$2,083 to less than \$2,500 per month)
- \$30,000 to under \$35,000 per year (\$2,500 to less than \$2,916 per month)
- \$35,000 to under \$40,000 per year (\$2,916 to less than \$3,333 per month)
- \$40,000 to under \$50,000 per year (\$3,333 to less than \$4,166 per month)
- \$50,000 or more per year (\$4,166 per month or more)



50. Do you currently receive any of the following benefits? (Mark (X) all that apply.)

<input type="checkbox"/>	a. Medicaid or Medicare
<input type="checkbox"/>	b. Food Stamps
<input type="checkbox"/>	c. WIC
<input type="checkbox"/>	d. Free or reduced price school lunches for your children
<input type="checkbox"/>	e. Public Housing
<input type="checkbox"/>	f. Section 8 Housing Voucher
<input type="checkbox"/>	g. Social Security payments
<input type="checkbox"/>	h. Disability (SSI) for yourself
<input type="checkbox"/>	i. Disability (SSI) for other family member
<input type="checkbox"/>	j. Child care assistance or subsidy
<input type="checkbox"/>	k. Unemployment insurance
<input type="checkbox"/>	l. None of the above

51. And do you currently receive any other forms of assistance such as from a church or a food bank?

- No
 Yes ► If Yes, please specify:

52. What is the zip code where you currently live?

--	--	--	--	--

53. How many times have you moved in the past 12 months?

(Just your best estimate is fine. Enter a whole number.)

moved

--	--

 times

54. Which of these statements about food best describes your household in the last 6 months?

(Mark (X) one only.)

- We have enough to eat and the kind of foods we want
 We have enough to eat but not always the kinds of food we want
 Sometimes we don't have enough to eat
 Often we don't have enough to eat

For food assistance, call the number below for your area:

Chicago and Evanston, IL - Greater Chicago Food Depository, (773) 247-3663
 Normal, IL - Peoria Area Food bank, (309) 671-3906
 Minnesota - Emergency Food Shelf, (763) 450-3860

55. Are you from an immigrant or refugee group? (We only care about how you identify yourself.

We are not interested in the legal or documented status of your immigration.)

- Yes
 No



Thank you very much!

Please give us the address where you'd like us to send a \$20 gift card as a token of our appreciation for your time.

Your first name

Your last name

Street

City

State

Zip

Your phone number

Your email (if you have one)

We'd also like to have the name and phone number of one or two people who will know how to get in touch with you in case you move or we are unable to reach you in the future.

Name #1

Relationship to you

Phone number

Name #2

Relationship to you

Phone number

Thank you very much again for your help!

If you have questions about this survey or the research study in general, please leave a message on our toll-free line: 1-855-460-2633

