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2022

### 2022 NH Family Needs Assessment Survey Instrument

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[BEGIN Consent Block]

**RESEARCHER AND TITLE OF STUDY**

My name is Jess Carson, and I am a research assistant professor at the Carsey School of Public Policy, at the University of New Hampshire. This project is the 2022 Family Needs Assessment Survey for the statewide Preschool Development Grant (UNH IRB #IRB-FY2022-285).

**WHAT IS THE PURPOSE OF THIS FORM?**

This consent form describes the research study and helps you to decide if you want to participate. It provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant. You should:

- Read the information in this document carefully, and contact me with any questions, particularly if you do not understand something.
- Not agree to participate until all your questions have been answered, or until you are sure that you want to.
- Understand that your participation in this study involves you taking a one-time online survey that will last about 10 minutes.
- Understand that the potential risks of participating in this study are minimal.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of this study is to help us understand how families with kids are doing, what kinds of things are helpful when trying to raise a family, and what the state, its workers, its schools, and its communities could do to make things easier.

**WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE?**

Participation involves taking a one-time online survey, which will involve answering questions about your family and your experience with supports meant to help families. We will also ask you about other kinds of programs that might be helpful to your family, your use of childcare, and your family's employment situation. You must be at least 18 years old to participate, must live in New Hampshire, and must have at least one child under the age of nine. We expect about 1,000 people will participate and that this survey will take about 10 minutes to complete.

**WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?**

You are not anticipated to receive any direct benefits from participating in this research. However, your input is important! Leaders across the state will use the information collected here to make plans how to use state resources to help families. This includes important decisions about programs to help with kids' developmental needs, childcare, parent and child mental health care, food, and other financial and emotional support for families.

**WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?**

If you are a New Hampshire resident and have a child under age 9, you are eligible to participate and receive a \$10 gift card to Amazon.

You should complete the survey only once. You will receive compensation for only one set of responses if you are eligible to participate in the study. We may exclude your data or not provide compensation to you if we determine that you did not meet the eligibility criteria for the study or that your responses were not made in good faith (e.g., answering attention check items correctly). You will need to provide both your name and email address to receive the compensation.

**DO YOU HAVE TO TAKE PART IN THIS STUDY?**

Taking part in this study is completely voluntary. You may choose not to take part at all. If you agree to participate, you may refuse to answer any question. If you decide not to participate or not to complete this survey, you will not be eligible for compensation.

**CAN YOU WITHDRAW FROM THIS STUDY?**

If you agree to participate in this study and you then change your mind, you may stop participating at any time. Any data collected as part of your participation will remain part of the study records. If you decide to stop participating at any time, you will not be eligible for compensation.

**HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?**

I plan to maintain the confidentiality of all data and records associated with your participation in this research.

There are, however, rare instances when I may be required to share individually identifiable information with the following:

- Officials at the University of New Hampshire,
- Regulatory and oversight government agencies, or
- The sponsor(s).

Further, any communication via the internet poses minimal risk of a breach of confidentiality.

To help protect the confidentiality of your information, responses will be reviewed to ensure they meet eligibility requirements. Once deemed eligible, we will send an e-gift card via email, then separate your name and email address from your survey responses. Your email address will be removed from our records. Your name will be stored in separate list to meet UNH tax policy rules, and that list will be stored in a secure cloud-based storage location (i.e., OneDrive), not linkable to your survey responses. Only the research team will have access to this data,

including me (Jess Carson), Carsey School Policy Analyst Sarah Boege, Carsey School Research Assistant Kamala Nasirova, and UNH Survey Center Project Director Zachary Azem. Data, once de-identified may be used for future studies. I will report the results only in aggregate, and not report responses for any individual respondent nor describe responses among respondents that have five or fewer members in the sample. The results may be used in reports, presentations, and publications.

**IS THERE ANYTHING ELSE YOU SHOULD KNOW ABOUT THIS STUDY?**

You will only be able to access this survey from a browser that has enabled cookies. You may stop this survey and return to it later without losing your place if needed.

**WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY**

If you have any questions pertaining to the research you can contact Jess Carson, [REDACTED] or [REDACTED] to discuss them.

If you have questions about your rights as a research subject you can contact Melissa McGee in UNH Research Integrity Services, [REDACTED] or [REDACTED] to discuss them.

To download this form for your records, click [here](#).

- Click here if you consent to participate in the research study.
- Click here if you decline to participate in the research study.

[END Consent Block]

[Insert CAPTCHA here. If fail to answer, SKIP TO: End of survey]

[BEGIN Eligibility Block]

Thank you for your interest in completing this survey.

**Q1.** In which of the following states, if any, do you live?

- California (1)
- Maine (2)
- Massachusetts (3)
- New Hampshire (4)
- Pennsylvania (5)
- Texas (6)
- None of the above (99)

→ (If Q1≠ 4 (“New Hampshire”) **SKIP TO: End of survey**)

Thank you for your interest, but you do not meet the geographic requirements of this survey.

**Q2.** Do you live in a different state for part of the year?

- Yes (1)
- No (0)

→(If Q2=1 (“Yes”))

**Q3.** Are you registered to vote in New Hampshire?

- Yes (1)
- No (0)
- Don't know/Not sure (98)

→ (If Q2 =1 (“Yes”) and Q3=0 (“No”) **SKIP TO: End of survey**)

Thank you for your interest, but you do not meet the geographic requirements of this survey.

**Q4.** Are you age 18 or older?

- Yes (1)
- No (0)

→ (If Q4=0 (“No”) **SKIP TO: End of survey**)

Thank you for your interest, but we are only surveying adults.

**Q5.** Are you a parent or guardian for a child or children younger than age 9?

- Yes (1)
- No (0)

→ (If Q5 = 0 (“No”) **SKIP TO: End of survey**)

Thank you for your interest, but we are only surveying parents or guardians of children under age 9.

Section Q. Eligibility Screener Block

[END Eligibility Block]

## Section A: Young children in your family

[BEGIN Section A]

**A1.** Below, please enter the number of children in the following age ranges for whom you are a parent or guardian.

- Under 12 months (have not had their first birthday): \_\_\_\_\_ (1)
- 1 or 2 years old: \_\_\_\_\_ (2)
- 3 or 4 years old: \_\_\_\_\_ (3)
- 5 years old: \_\_\_\_\_ (4)
- 6 to 8 years old: \_\_\_\_\_ (5)
- 9 years old or older: \_\_\_\_\_ (6)
- Total: \_\_\_\_\_

**A2.** What is your relationship to the child or children under 9 years old for whom you are a parent or guardian? (Please select all that apply)

- Mother/Stepmother (1)
- Father/Stepfather (2)
- Foster parent/Legal guardian (3)
- Grandparent (4)
- Other relationship, please specify (97) \_\_\_\_\_

**A3.** Including yourself, how many adults live in your household?

- One (1)
- Two (2)
- Three (3 or more)

**A4.** [Survey Center: Please insert honeypot question here with 5 response options. If any response, **SKIP TO: End of survey**]

[END Section A]

[BEGIN Section B]

## Section B: Your children's special needs

**B1.** Do any of your children under 9 years old have any physical, behavioral, or mental health conditions or development delays?

- Yes (1)
- No (0)
- Not sure (96)
- Prefer not to say (99)

**B2.** Has your child or children aged 2 or younger been diagnosed with any of the following? (Please select all that apply)

- Serious medical or health condition (1)
- Physical disability (2)
- Behavior or mental health issues (3)
- Intellectual disability like Down Syndrome (4)
- Autism Spectrum Disorder (5)
- Other development delays (like speech or motor delays), or learning difficulties (6)
- Other condition (Please specify) (97) \_\_\_\_\_
- No conditions for any children aged 2 or younger (96)

**B3.** Has your child or children aged 3 or 4 years old been diagnosed with any of the following? (Please select all that apply)

- Serious medical or health condition (1)
- Physical disability (2)
- Behavior or mental health issues (3)
- Intellectual disability, like Down Syndrome (4)
- Autism Spectrum Disorder (5)
- Other development delays (like speech or motor delays), or learning difficulties (6)
- Other condition (Please specify) (97) \_\_\_\_\_
- No conditions for any children aged 3 or 4 (96)

**B4.** Has your child or children aged 5 to 8 years old been diagnosed with any of the following? (Please select all that apply)

- Serious medical or health condition (1)
- Physical disability (2)
- Behavior or mental health issues (3)
- Intellectual disability, like Down Syndrome (4)
- Autism Spectrum Disorder (5)
- Other development delays (like speech, or motor delays), or learning difficulties (6)
- Other condition (Please specify) (97) \_\_\_\_\_
- No conditions for any children aged 5 to 8 (96)

[END Section B]

[BEGIN Section C]



## Section C: Out of home child care and education

→(If A1\_1, A1\_2, or A1\_3>0 (has child(ren) under age 5))

**C1.** Have you tried getting your child(ren) under age 5 into an early childhood care and education setting in the past year?

- Yes, and it was difficult (1)
- Yes, and it was not too difficult (2)
- No, I have not tried to get early childhood care and education for my child(ren) in the past year (3)

→(If C1=1 (“was difficult”))

**C2.** What type of problems have you had? (Please select all that apply)

- Couldn't find a place with an opening (1)
- Couldn't find a place that matched my schedule (2)
- Couldn't find an affordable option (3)
- Couldn't find a place that accepted my childcare scholarship (4)
- Couldn't find a program that I think is high quality (5)
- Did not have transportation (6)
- Programs with openings were too far away (7)
- Worried it was not safe to send my child(ren) (8)
- Other (Please specify) (97) \_\_\_\_\_
- None of these (96)

→(If C1=1 (“was difficult”))

**C3.** Were you eventually able to get early childhood care and education for your child?

- Yes (1)
- No, but I'm still looking (2)
- No, and I stopped looking (3)

→(If A1\_1, A1\_2, or A1\_3>0 (has child(ren) under age 5))

**C4.** Are any of your children under age 5 regularly cared for by someone other than a parent or guardian? (By regularly, we mean five hours a week or more).

- Yes (1)
- No (0)

→ (If C4=0(“No”) AND C3 ≠3)

**C5.** Why don't you use any early childhood care and education for your child(ren) under age 5? (Please select all that apply)

- I don't need it (1)
- I prefer my child(ren) be cared for by their parent(s)/guardian(s) (2)
- I can't afford it (3)
- I can't find an open spot (4)
- I can't find an option close enough to home or work (5)
- I don't have transportation (6)
- Available programs would not match my family's schedule (7)
- Available programs would not match my child(ren)'s special needs (8)

## Section C: Out of home child care and education

- Other (Please specify) (97) \_\_\_\_\_

→ (If C4=0("No"))

**C6.** If early care and education options were affordable, easily accessible, and matched well with your family's schedule, how likely would you be to have someone other than a parent regularly care for any of your children under age 5?

- Extremely likely (1)
- Somewhat likely (2)
- Neither likely nor unlikely (3)
- Somewhat unlikely (4)
- Extremely unlikely (5)

→ (If C4=1("Yes"))

**C7.** What type of early childhood care and education do you regularly use for your child(ren) under age 5? (Please select all that apply)

- Head Start or Early Head Start (1)
- Early childhood care or education at a center (not Head Start) (2)
- Licensed home family child care (3)
- A relative (like a grandparent, aunt, or uncle) (4)
- A friend or neighbor who is not a relative (5)
- Preschool or prekindergarten in a public school (6)
- Preschool special education (7)
- Other (Please specify) (97) \_\_\_\_\_

→ (If C4=1("Yes"))

**C9.** On a regular day, how well does your child(ren) under age 5's care arrangement work?

- It's ideal; there is nothing I would change (1)
- It's working well (2)
- It's working okay (3)
- It's not working well (4)
- It's not working at all (5)

→ (If C9>1 (anything besides ideal))

**C10.** What might improve the arrangement? If it... (Please select all that apply)

- Was more affordable (1)
- Accepted state childcare scholarships (2)
- Was a different kind of setting (center, school, etc.) (3)
- Was open nights and weekends (4)
- Had more bilingual options or supports for English language learners (5)
- Focused more on health and safety (6)
- Had better quality caregivers and/or teachers (7)
- Had less staff turnover (8)
- Was closer to my work or school (9)

## Section C: Out of home child care and education

- Was closer to my home (10)
- Had more diversity among children and teachers (11)
- Focused more on curriculum (12)
- Offered more individualized attention to each child (13)
- Don't know (98)
- Other (Please specify) (97) \_\_\_\_\_

→(If A1\_4 or A1\_5>0 (has child(ren) age 5 through 8))

**C12.** What type of education and care settings do you regularly use for your child(ren) age 5 through 8? Please select all that apply.

- Public, private, or charter school (1)
- Before or after school care in a town recreation program (2)
- Center-based child care and education program (3)
- Licensed home family child care program (4)
- A relative (like a grandparent, aunt, or uncle) (5)
- A friend or neighbor who is not a relative (6)
- Summer camp or summer recreation program (in summer) (7)
- Other (Please specify) (97) \_\_\_\_\_

→(If A1\_4 or A1\_5>0 (has child(ren) age 5 through 8))

**C13.** On a regular day, how well does that child care and education arrangement for your child(ren) age 5 or older work?

- It's ideal; there is nothing I would change (1)
- It's working well (2)
- It's working okay (3)
- It's not working well (4)
- It's not working at all (5)

→ (If C13 >1 (anything besides ideal))

**C14.** What might improve the arrangement? If it... (Please select all that apply)

- Was more affordable (1)
- Accepted state childcare scholarships (2)
- Was a different kind of setting (center, school, home, etc.) (3)
- Was open nights and weekends (4)
- Had more bilingual options or supports for English language learners (5)
- Focused more on health and safety (6)
- Had better quality caregivers or teachers (7)
- Had less staff turnover (8)
- Was closer to my work or school (9)
- Was closer to my home (10)
- Had more diversity among children and teachers (11)
- Focused more on academics (12)
- Offered more individualized attention to each child (13)
- Don't know (98)
- Other (Please specify) (97) \_\_\_\_\_

Section C: Out of home child care and education

**C15.** Please select “3” below, confirming you are now finished three of six total survey sections.

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

[END Section C]

Section D: Programs your family may use

[BEGIN Section D]

**D1.** Next, we'd like to ask about some programs meant to help families with their **children's learning and development**. Which comes closest to your household's experience with each program?

|  | <i>Use now<br/>(1)</i> | <i>Don't use now, but did in the past 12 months<br/>(2)</i> | <i>Don't use now, but did more than 12 months ago<br/>(3)</i> | <i>Never used but heard of it<br/>(4)</i> | <i>Never heard of it<br/>(5)</i> | <i>Don't know/ Prefer not to say<br/>(98)</i> |
|--|------------------------|---|---|---|----------------------------------|---|
| Family home visiting (like Home Visiting New Hampshire or Healthy Families America) (D1a)              | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>            | <input type="radio"/>                         |
| Family-Centered Early Supports and Services for children with development delays or disabilities (D1b) | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>            | <input type="radio"/>                         |
| Childcare Scholarship Fund to help pay for childcare (D1c)   | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>            | <input type="radio"/>                         |
| Special education services (D1d)   | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/>                     | <input type="radio"/>            | <input type="radio"/>                         |

→ (If D1c>1 & D1c<5 (does not receive subsidy now, but has heard of it))

**D2.** Why don't you receive a childcare scholarship? (Please select all that apply)

- I don't need or want it (1)
- I don't think I am eligible (2)
- I don't know how to apply (3)
- I applied but didn't qualify (4)
- Enrolling was hard, confusing, or took too long (5)
- I had a bad experience signing up (6)
- I can't afford the cost-share or co-pay (7)
- The provider(s) I would use doesn't accept subsidies (8)
- My income changes too frequently for enrollment to be worthwhile (9)
- I didn't want to share personal information (10)
- I never considered it (11)
- Other (Please specify) (97) \_\_\_\_\_
- None of these (96)

**D3.** Next, let's review programs that help families with **food**. Which comes closest to your household's experience with each of the following programs?

Section D: Programs your family may use

|   | Use now<br>(1)        | Don't use<br>now, but<br>did in the<br>past 12<br>months<br>(2) | Don't use<br>now, but<br>did more<br>than 12<br>months<br>ago (3) | Never<br>used but<br>heard of<br>it (4) | Never<br>heard of<br>it (5) | Don't<br>know/<br>Prefer not<br>to say<br>(98) |
|---|-----------------------|---|---|---|-----------------------------|--|
| Supplemental Nutrition Assistance Program (SNAP or "food stamps") (D3a) | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>                   | <input type="radio"/>       | <input type="radio"/>                          |
| WIC (program for pregnant women and children) (D3b)                     | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>                   | <input type="radio"/>       | <input type="radio"/>                          |
| Food pantry (D3c)   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>                   | <input type="radio"/>       | <input type="radio"/>                          |
| National School Lunch or School Breakfast Program ("hot lunch") (D3d)   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>                   | <input type="radio"/>       | <input type="radio"/>                          |
| Summer Food Service Program ("Summer Meals") (D3e)                      | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>                   | <input type="radio"/>       | <input type="radio"/>                          |

→ (If D3a>1 & D3a<5 (does not receive SNAP now, but has heard of it))

**D4.** Why don't you receive SNAP (Supplemental Nutrition Assistance Program) or food stamps? (Please select all that apply)

- I don't need or want it (1)
- I don't think I am eligible (2)
- The amount I would get is too low to be worth applying for (3)
- I don't know how to apply (4)
- I applied but did not qualify (5)
- Enrolling was hard, confusing, or took too long (6)
- I had a bad experience signing up (7)
- I missed my recertification (8)
- My income changes too frequently for enrollment to be worthwhile (9)
- I had a bad experience using my benefits in the store (10)
- I am worried about being judged when using my benefits (11)
- I didn't want to share personal information (12)
- I've never considered it (13)
- Other (Please specify) (97) \_\_\_\_\_
- None of these/prefer not to say (96)

→ (If D3a<5 (at least heard of SNAP))

**D5.** How did you first hear about SNAP?

- Food Bank (1)
- Food Pantry (2)
- SNAP-Ed Class (3)
- Another agency told me (4)

## Section D: Programs your family may use

- Community Action Program (5)
- Family Resource Center (6)
- WIC (7)
- NH EASY (8)
- A state or local government website (9)
- A friend or relative told me (10)
- Social media (11)
- Other (Please specify) (97) \_\_\_\_\_

**D6.** How do you find out about services and programs that might help your family?  
(Please select all that apply)

- Family, friend, or neighbor (1)
- My child's school or childcare provider (2)
- A health care provider, like a doctor's office (3)
- Fliers at the grocery store or other public place (4)
- NH Department of Health and Human Services or NH Connections websites (5)
- NH Department of Education website (6)
- NH EASY website (7)
- Local TV or radio (8)
- Google search (9)
- A family resource center (10)
- Social media (11)
- Other (Please specify) (97) \_\_\_\_\_
- None of these (96)

**D7.** What other kinds of help would be useful for you and your family? (Please select all that apply)

- Finding or paying for housing (1)
- Paying for food (2)
- Getting health insurance or health care (3)
- Finding or paying for childcare (4)
- Support for my child's development (5)
- Support for my child's behavior (6)
- Parenting information and education (7)
- Paying bills or expenses not covered by a specific program (8)
- Transportation (9)
- English language services (like translation and interpretation) (10)
- Support for parents' mental health or substance use recovery (11)
- Help finding a job or getting job training (13)
- Pre- or post-natal services, like postpartum depression (14)
- Something else (Please specify) (97) \_\_\_\_\_
- None of these/prefer not to say (96)

**D8.** Please enter your zip code. \_\_\_\_\_

[END Section D]

Section E: Family Concerns

[BEGIN Section E]

**E1.** How concerned are you about the following regarding any of your children under 9 years old?

|   | Very concerned<br>(4) | Somewhat concerned<br>(3) | Not very concerned<br>(2) | Don't know/<br>Prefer not to say (98) |
|---|-----------------------|---------------------------|---------------------------|---------------------------------------|
| My child(ren) misbehaving (trouble following direction, getting along with others) (E1a)  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| My child(ren) having trouble learning (E1b)   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| [DISPLAY IF A1_1, A1_2, OR A1_3>0]<br>My child(ren) having difficulties in their childcare, preschool or Head Start program (E1c) | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| [DISPLAY IF A1_4, A1_5, OR A1_6>0]<br>My child(ren) struggling in school (E1d)  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| My child(ren)'s mental health (E1e)   | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| My child(ren)'s social emotional development (E1f)  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| My child(ren)'s relationships with peers (E1g)  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| My child(ren) not developing as well as I would like (E1h)  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |
| My child(ren) having trouble with eating or sleeping (E1i)  | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>                 |

**E2.** At any time in the **last 6 months**, did any of your children need mental health services, but DID NOT GET THEM for any reason?

- Yes (1)
- No (0)
- Prefer not to say (99)



## Section E: Family Concerns

**E3.** In the **last 12 months**, have you had to move to a temporary residence (e.g., with relatives, a shelter) because of difficulty paying rent or mortgage?

- Yes (1)
- No (0)
- Prefer not to say (99)

**E4.** "We worried whether our food would run out before we got money to buy more." Was that **often true**, **sometimes true**, or **never true** for your household in the **last 12 months**?

- Often true (1)
- Sometimes true (2)
- Never true (3)
- Not applicable/prefer not to say (96)

**E5.** "The food we bought just didn't last, and we didn't have money to get more." Was that **often true**, **sometimes true**, or **never true** for your household in the **last 12 months**?

- Often true (1)
- Sometimes true (2)
- Never true (3)
- Not applicable/prefer not to say (96)

[END Section E]

## Section F: Employment of adults in your household

[BEGIN Section F]

**F1.** Next, we have a few questions about your work situation. Do you have a paid job?

- Yes (1)
- No (0)
- Prefer not to say (99)

→ (If  $F1 = 1$ )

**F2.** About how many hours per week do you usually work for pay? \_\_\_\_\_

→ (If  $F1 = 1$ )

**F3.** About how many hours do you spend per week on work-related schooling or job training, OUTSIDE of your work hours? \_\_\_\_\_

→ (If  $F1 = 1$ )

**F4.** Which of the following describes your work schedule? (Please select all that apply)

- I sometimes or always work at night (any time after 6 p.m. and before 8 a.m.) (1)
- I sometimes or always work on Saturday or Sunday (2)
- The number of hours I work may be different each week (3)
- The days of the week I work may be different each week (4)
- None of the above (96)

→ (If  $A3 > 0$  (at least one other adult in household))

**F5.** Do any of the other adults in your household have a paid job?

- Yes (1)
- No (0)
- Prefer not to say (99)

[END Section F]

## Section G: Demographics

[BEGIN Section G]

**G1.** Before we finish, we would like to get some information on your background. Which of the following best describes your gender?

- Female (1)
- Male (2)
- Transgender (3)
- Nonbinary or Gender nonconforming (4)
- None of these (96)
- Prefer not to say (99)

**G2.** Which of the following ethnic or racial groups do you identify with? (Please select all that apply)

- Native American, Inuit, or Aleut (1)
- Asian American/Pacific Islander (2)
- African American/Black/Caribbean American (3)
- White (4)
- Latinx, Hispanic, or Spanish origin (5)
- Other (Please specify) (97) \_\_\_\_\_
- Prefer not to say (99)

**G3.** What's your marital status?

- Married (1)
- Widowed (2)
- Divorced (3)
- Separated (4)
- Never married (5)
- Living together (6)

**G4.** What is the highest grade in school or level of education that you've completed?

- Eighth grade or less (1)
- Some high school (2)
- High school graduate (includes G.E.D.) (3)
- Technical school or associates degree (4)
- Some college (5)
- College graduate (6)
- Postgraduate work (7)
- Don't know/Not sure (98)

**G5.** How much **total** income did you and your family receive in 2021 before taxes?

- Less than \$15,000 (Less than \$1,250 per month) (1)
- \$15,000-\$29,999 (\$1,250-\$2,499 per month) (2)
- \$30,000-\$44,999 (\$2,500-\$3,749 per month) (3)
- \$45,000-\$59,999 (\$3,750-\$4,999 per month) (4)
- \$60,000-\$74,999 (\$5,000-\$6,249 per month) (5)
- \$75,000-\$99,999 (\$6,250-\$8,333 per month) (6)

## Section G: Demographics

- \$100,000-\$149,999 (\$8,334-\$12,499 per month) (7)
- \$150,000-\$199,999 (\$12,500-\$16,666 per month) (8)
- \$200,000 and over (\$16,667 and over per month) (9)
- Don't know/Not sure (98)

**G6.** What is your age?

- 18 – 24 (1)
- 25 – 34 (2)
- 35 – 44 (3)
- 45 – 54 (4)
- 55 – 64 (5)
- 65 or older (6)
- Prefer not to say (99)

**G7.** In which town do you live?

▼ Acworth (1) ... Other (997)

**G8.** You indicated an "other" town above. Which town is that? \_\_\_\_\_

**G9.** Were you born in the United States or in another country?

- The United States (1)
- Another country (2)
- Prefer not to say (99)

→ (If G3 = 1 or 6 (married or living together))

**G10.** And was your spouse or significant other born in the United States or in another country?

- The United States (1)
- Another country (2)
- Prefer not to say (99)

**G11.** What is your first language? (Please select one response)

- English (1)
- Spanish (2)
- Arabic (3)
- Nepali (4)
- Swahili (5)
- Kir (6)
- Other (Please specify) (97) \_\_\_\_\_
- Prefer not to say (99)

**G12.** What language(s) does your child/children under age 9 speak at home with you or other adults? (Please select all that apply)

- English (1)
- Spanish (2)

## Section G: Demographics

- Arabic (3)
- Nepali (4)
- Swahili (5)
- Kir (6)
- Other (Please specify) (97) \_\_\_\_\_
- Prefer not to say (99)

[END Section G]

**To receive compensation for this survey, please enter your first name, last name, and a valid email address, below.**

**First name** \_\_\_\_\_

**Last name** \_\_\_\_\_

**Email address** \_\_\_\_\_

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