

SNAP-Ed Demographic Form – Adults

OFFICE USE ONLY–FY19

PQ1NUM _____

___ Pre-test ___ Post-test

Please answer the following demographic questions.

1. What is your **gender**? Check (✓) 1 answer.

- Female Male

2. What is your **age**? Check (✓) 1 answer.

- 18-59 years old 60 years or older

3. What is your **race**? Check (✓) all that apply.

- African-American or Black
 American Indian or Alaska Native
 White
 Native Hawaiian or Pacific Islander
 Asian
 Other

4. Are you **Latino/Hispanic**? Check (✓) 1 answer.

- Yes No

5. How many people, **TOTAL**, counting yourself, live in your household? This may include non-relatives who live with you. Check (✓) 1 answer.

- 1 5 9
 2 6 10 or more
 3 7
 4 8

6. Have you ever seen this logo before? Check (✓) 1 answer.

- Yes
 No
 Not sure



7. Have **you** or any **other members of your household** used **ANY** of the following programs in the past year? Check (✓) all that apply.

- SNAP (EBT card)
 WIC
 School breakfast
 School lunch
 Free summer meals
 Head Start
 Food pantry or food bank
 Soup kitchen or free meal site
 Senior meal site
 Do not participate in any of these

8. Write down one change you plan to make because of this program.

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