

SNAP-Ed Demographic Form – Adults

OFFICE USE ONLY–FY20

PQ1NUM _____

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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