

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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