

Recorder # _____

Site # _____

Date: _____

We are Ball State students helping Second Harvest learn how they can improve the experience here at this school's event. We appreciate your time and willingness to complete our survey. We request that those filling out the survey be age 18 or older. None of your personal information will be shared with Second Harvest or the school. **You can stop or skip questions at any time.** Thank you!

1. How much has COVID-19 impacted your family's need for food? (1 a little/being lowest impact, 5 a lot/being highest impact) [circle one]

1 (lowest) A little bit	2	3	4	5 (highest) A lot	Prefer to not respond 0
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2. **Before** COVID-19, how often did you attend these events at the school? [circle one]

Never 1 My first visit	Sometimes 2	Frequently 3	Every Month 4	Prefer to not respond 0
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3. **During** COVID-19, how often have you attended these events at the school? [circle one]

Never 1 My first visit	Sometimes 2	Frequently 3	Every Month 4	Prefer to not respond 0
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4. How likely is it that you will come to this food distribution **after** COVID-19? (1 being lowest likelihood, 5 being highest likelihood) [circle one]

1 (very unlikely to come again)	2	3	4	5 (very likely to come again)	Prefer to not respond 0
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5. To what degree do you feel the school staff has supported your student's needs with these events? (1 being lowest likelihood, 5 being highest likelihood) [circle one]

1 (Not very much support)	2	3	4	5 (a great deal of support)	Prefer to not respond 0
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6. Do you use any other kinds of food assistance? (Yes / No) **If yes, which ones?**

SNAP 1	WIC 2	Other Food Pantries 3	Prefer to not respond 0
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QR Code for Survey



7. Would you be interested in answering more questions in a follow up interview? [circle one]

Yes 1	No 2
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If yes, please provide your name/email/phone number:

Name: _____

Email: _____

Phone: _____

Thank you for your time and participation!