SNAP Opinion Study

Start of Block: Consent

consent [BLINDED] I am inviting you to participate in a short research survey about your views on food assistance programs, including the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps). [BLINDED]

I anticipate that completing this survey will take no more than about 10 minutes of your time. Upon completing your responses, you will have the opportunity to claim a $5 Amazon gift certificate.

You will have the opportunity to elect to receive invitations to participate in future surveys about SNAP benefits; doing so is optional.

All of your responses will be anonymous and cannot be identified with you, even if you elect to share your email address to claim your gift certificate or elect to participate in follow-up surveys.

I do not anticipate that this survey will pose any significant risks to you. In addition, your overall participation is voluntary and you can discontinue participation in the survey at any time by closing your browser.

[BLINDED]

Please indicate whether or not you consent to participate in this research survey. I recommend that you keep a copy of this agreement for your records.

Do you agree to participate in this study?

- ○ I agree (1)
- ○ I do not agree (2)

End of Block: Consent

Start of Block: Bot Detection

botdetect Before starting the survey, please complete the CAPTCHA below.

End of Block: Bot Detection

Start of Block: Food Assistance Experience

programexp For this study, we are interested in hearing from people who have experience with the Supplemental Nutrition Assistance Program (SNAP), also sometimes called food stamps.

Have you had experience with SNAP? Check all that apply.

- ☐ I have applied for SNAP benefits (1)
- ☐ I have received SNAP benefits (2)
- ☐ ⊗ I have not applied for or received SNAP benefits (3)

Page Break

whenapplied To the best of your memory, when was the **most recent time** you **applied** for Supplemental Nutrition Assistance Program (SNAP) benefits, also known as food stamps?

- ○ Within the last year (1)
- ○ Within the last 2-3 years (2)
- ○ Within the last 5 years (3)
- ○ More than 5 years ago (4)
- ○ Don't remember (5)

Page Break

X→

whenreceived To the best of your memory, when was the **most recent time** you **received** Supplemental Nutrition Assistance Program (SNAP) benefits, also known as food stamps?

- ○ Within the last year (1)
- ○ Within the last 2-3 years (2)
- ○ Within the last 5 years (3)
- ○ More than 5 years ago (4)
- ○ Don't remember (5)

End of Block: Food Assistance Experience

Start of Block: Quota Screeners

empstat Which of the following best describes your current employment status?

- ○ Full-time employee (1)
- ○ Part-time employee (2)
- ○ Temporarily laid off (3)
- ○ Unemployed (4)
- ○ Retired (5)
- ○ Permanently disabled (6)
- ○ Homemaker (7)
- ○ Student (8)
- ○ Other (please specify): (9) _____

educ What is the highest level of schooling you have completed?

- ○ Elementary or some high school (1)
- ○ High school or high school equivalent (e.g., GED) (2)
- ○ Some college (3)
- ○ Associates degree or vocational program (4)
- ○ College (5)
- ○ Graduate or professional school (6)

X→

raceeth Which racial or ethnic group best describes you?

- ○ White (1)
- ○ Black or African American (2)
- ○ American Indian or Alaska Native (3)
- ○ Asian (4)
- ○ Native Hawaiian or Pacific Islander (5)
- ○ Other (6)

X→

hispanic Are you of Hispanic, Latino, or Spanish origin?

- ○ Yes (1)
- ○ No (0)

gender Which gender best describes you?

- Male (1)
- Female (2)
- Other (3)

yob In what year were you born?

_____

End of Block: Quota Screeners

Start of Block: Demographics

partyid Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?

- Strong Republican (1)
- Not strong Republican (2)
- Independent, lean Republican (3)
- Independent (4)
- Independent, lean Democrat (5)
- Not strong Democrat (6)
- Strong Democrat (7)
- None of the above (8)

Page Break

totalfaminc Just for statistical purposes, in which of these groups does your TOTAL FAMILY INCOME, from all sources, fall, before taxes?
Total income includes interest or dividends, rent, tips, Social Security, other pensions, alimony or child support, unemployment compensation, public aid (welfare), armed forces or veteran's allotment.

▼ Less than $5,000 (1) ... $60,000 or more (21)

polideocons Below is a seven-point scale on which the political views that people might hold are arranged from very liberal to very conservative. Where would you place yourself on this scale?

- ○ Very liberal (1)
- ○ Liberal (2)
- ○ Somewhat liberal (3)
- ○ Neither liberal nor conservative (4)
- ○ Somewhat conservative (5)
- ○ Conservative (6)
- ○ Very conservative (7)
- ○ None of the above (8)

Page Break

state In which state do you live? If you live in multiple states, pick the state in which you spend most of your time.

▼ Alabama (1) ... Washington, DC (51)

polinterest How often do you pay attention to politics and elections?

- Always (1)
- Most of the time (2)
- About half of the time (3)
- Some of the time (4)
- Never (5)

disabilityself Do **you** have a long-standing illness, a chronic condition, or a disability that affects your daily life?

- Yes (1)
- No (2)
- Not sure (3)

polmobil Thinking about the **past two years**, have you done any of the following things? Please check all that apply.

- [ ] Talked to people and tried to show them why they should vote for or against one of the political parties or candidates or support an issue? (1)
- [ ] Voted in a national election? (2)
- [ ] Went to any political meetings, rallies, speeches, or dinners in support of a particular issue, candidate or party? (3)
- [ ] Wore a campaign button or put a campaign sticker or sign somewhere in your house, office, or car? (4)
- [ ] Did any work for one of the parties or candidates? (5)
- [ ] Gave money to a political candidate, party, or other cause? (6)
- [ ] Contacted an elected official to express your opinion on policy or legislation? (7)
- [ ] ⊗ None of the above (8)

numhh How many people live in your household, counting yourself?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 or more (8)

martial What is your marital status?

- Married (1)
- Not married, but in a relationship (2)
- Widowed (3)
- Divorced (4)
- Separated (5)
- Single (6)
- Never married (7)

End of Block: Demographics

Start of Block: Demographics - HH Members

disabilityfam Do any of **your family members that you live with** have a long-standing illness, a chronic condition, or a disability that affects your daily life?

- Yes (1)
- No (2)
- Not sure (3)

numchildren How many children younger than 18 live in your household?

- 0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 or more (9)

End of Block: Demographics - HH Members

Start of Block: SNAP Application Experience

applyhelp Did you get any help applying for Supplemental Nutrition Assistance Program (SNAP) or food stamps benefits from anyone? Please check all that apply.

- [ ] A friend or family member (1)
- [ ] A coworker (2)
- [ ] My employer (3)
- [ ] A church or faith group (4)
- [ ] A union or worker group (5)
- [ ] A legal assistance or aid group (6)
- [ ] A food bank (7)
- [ ] A health care provider or clinic (8)
- [ ] Government agency staff (9)
- [ ] A community group (10)
- [ ] Someone else (please share who) (11) _____
- [ ] None of the above (12)

timeapp We're interested in how **long it took you to complete and submit your application** for Supplemental Nutrition Assistance Program (SNAP) benefits, or food stamps.

Use the slider below to indicate about how long it took for you to do the following things, even if it is just your best guess.

	Number of minutes 0 10 20 30 40 50 60 70 80 90 100	Don't remember or doesn't apply
putting together required records ()		
getting questions answered by program staff or others ()		
reading about the program and understanding rules ()		
participating in interviews ()		

answers How much do you **agree or disagree** with the following statement: **"Supplemental Nutrition Assistance Program (SNAP), or food stamps, staff gave me answers to the questions I needed answered."**

- ○ Strongly agree (1)
- ○ Somewhat agree (2)
- ○ Neither agree nor disagree (3)
- ○ Somewhat disagree (4)
- ○ Strongly disagree (5)
- ○ Don't remember or not sure (6)

stress How much do you **agree or disagree** with the following statement: **"Applying for the Supplemental Nutrition Assistance Program (SNAP), or food stamps, was stressful."**

- ○ Strongly agree (1)
- ○ Somewhat agree (2)
- ○ Neither agree nor disagree (3)
- ○ Somewhat disagree (4)
- ○ Strongly disagree (5)
- ○ Don't remember or not sure (6)

respect How much do you **agree or disagree** with the following statement: **"Supplemental Nutrition Assistance Program (SNAP), or food stamps, staff treated me with respect when I was applying for benefits."**

- ○ Strongly agree (1)
- ○ Somewhat agree (2)
- ○ Neither agree nor disagree (3)
- ○ Somewhat disagree (4)
- ○ Strongly disagree (5)
- ○ Don't remember or not sure (6)

challenges When you were applying for the Supplemental Nutrition Assistance Program (SNAP), or food stamps, **which challenges or difficulties did you encounter**? Please check all that apply.

- [ ] Had trouble finding application materials (1)
- [ ] Had trouble submitting application materials (18)
- [ ] Had trouble understanding the program rules and requirements (2)
- [ ] Had trouble compiling necessary documents and records (3)
- [ ] Had trouble contacting program staff in person (4)
- [ ] Had trouble contacting program staff over the phone (5)
- [ ] Had trouble visiting program offices (6)
- [ ] Had trouble completing forms because they were too long or complicated (7)
- [ ] Had trouble proving I was eligible (8)
- [ ] Had trouble getting benefits as soon as I needed them (9)
- [ ] Had trouble documenting income (10)
- [ ] Had trouble documenting assets (11)
- [ ] Had trouble documenting medical expenses (12)
- [ ] Had trouble documenting disability (13)
- [ ] Had trouble documenting work hours (14)

- [ ] Had trouble documenting utility expenses (15)
- [ ] Something else (please write in here) (16)

_____

- [ ] ⊗ None of the above (17)

biggestchallenge When you were applying for the Supplemental Nutrition Assistance Program (SNAP), or food stamps, which of these challenges was the **most difficult or burdensome** for you?

- ○ Had trouble finding application materials (1)
- ○ Had trouble submitting application materials (18)
- ○ Had trouble understanding the program rules and requirements (2)
- ○ Had trouble compiling necessary documents and records (3)
- ○ Had trouble contacting program staff in person (4)
- ○ Had trouble contacting program staff over the phone (5)
- ○ Had trouble visiting program offices (6)
- ○ Had trouble completing forms because they were too long or complicated (7)
- ○ Had trouble proving I was eligible (8)
- ○ Had trouble getting benefits as soon as I needed them (9)
- ○ Had trouble documenting income (10)
- ○ Had trouble documenting assets (11)
- ○ Had trouble documenting medical expenses (12)
- ○ Had trouble documenting disability (13)
- ○ Had trouble documenting work hours (14)
- ○ Had trouble documenting utility expenses (15)
- ○ Something else (please write in here) (16)

_____

- ○ ⊗ None of the above (17)

mostrespapp In your opinion, who is **most** responsible for your Supplemental Nutrition Assistance Program, or food stamps, application experience? Select all that apply.

- [ ] Local SNAP workers (1)
- [ ] Your local government (2)
- [ ] Your state governor (3)
- [ ] Your state legislature (7)
- [ ] The U.S. Department of Agriculture (4)
- [ ] The White House (5)
- [ ] Congress (6)
- [ ] The Social Security Administration (8)
- [ ] The U.S. Department of Health and Human Services (9)
- [ ] Someone else (please write in here) (10)

_____

- [ ] Not sure (11)

openresponseapp Do you have any additional feedback you'd like to share about your experience applying for the Supplemental Nutrition Assistance Program (SNAP), or food stamps, including any barriers you may have faced or how the process could have simplified? Click next to continue when you're done.

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_____

End of Block: SNAP Application Experience

Start of Block: Program Advocacy

everaskedfeedback Have you ever been asked for your opinion or feedback on the Supplemental Nutrition Assistance Program (SNAP), or food stamps? Please check all that apply.

- ☐ Yes, by government staff (1)
- ☐ Yes, by an organization outside of government, like a community organization or religious or faith group (2)
- ☐ Yes, by family or friends (3)
- ☐ Yes, by someone else (please write who here) (4) _____
- ☒ I have never been asked for my opinion or feedback (5)

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programadvocacy Have you ever done any of the following things to express your opinion or feedback about the Supplemental Nutrition Assistance Program (SNAP), or food stamps? Please check all that apply.

- [ ] Joined a community organization that works on SNAP issues (1)
- [ ] Talked to a community organization that works on SNAP issues (10)
- [ ] Voted in an election because of SNAP issues (2)
- [ ] Contacted a politician about SNAP issues (3)
- [ ] Contacted a state SNAP benefit agency (4)
- [ ] Contacted the federal government about SNAP issues (5)
- [ ] Spoke to the media about SNAP issues (6)
- [ ] Talked to other SNAP benefit recipients about issues (7)
- [ ] Talked to family, friends, or neighbors about SNAP issues (11)
- [ ] Something else (please write in here) (8)

_____

- [ ] None of the above (9)

Page Break

barriers What are the barriers you might face to expressing your opinion or feedback about the Supplemental Nutrition Assistance Program (SNAP), or food stamps? Please check all that apply.

- [ ] I don't have the time (1)
- [ ] It would be stressful (10)
- [ ] I wouldn't know who to contact about my opinion or feedback (2)
- [ ] I wouldn't know how to share my opinion or feedback (3)
- [ ] I wouldn't know what information I should share (4)
- [ ] My opinion or feedback wouldn't make a difference (5)
- [ ] I don't trust government staff (6)
- [ ] My opinion or feedback isn't relevant (7)
- [ ] I don't know how my opinion or feedback would be used (9)
- [ ] Something else (please write in here) (11) _____
- [ ] I don't face any of these barriers (8)

End of Block: Program Advocacy

Start of Block: Form Feedback - Treatment

formtreatask The U.S. Department of Agriculture, which operates the Supplemental Nutrition Assistance Program (SNAP), or food stamps, is currently looking for feedback on SNAP

application forms from people with firsthand experience applying for the program.

Submitting feedback is fast, easy, and gives you an opportunity to make your voice heard about your experiences with SNAP benefits. It also helps make the process better for everyone.

The government is especially interested in hearing about how long it took you to complete your application and what made the application process challenging.

For example, you might share that it took you ${timeapp/ChoiceNumericEntryValue/1} minutes to read about and understand SNAP rules.

The government will take your responses to learn how to change SNAP forms to make the application process easier.

Are you interested in submitting a short anonymous comment about your experience with SNAP application forms to help make the application process simpler and easier?

- ○ Yes (1)
- ○ No (2)

Page Break

JS

formtreatfeedback You can provide your feedback on your experience with SNAP application forms below, and click next to submit to the federal government.

Your comment will be anonymous and will help the Department of Agriculture make the application process simpler and easier.

Your comment might share how long it took you to complete the application, including how long it took you to compile necessary records and read and understand program rules. You can also share the specific obstacles that you faced to applying for SNAP benefits.

_____

_____

_____

_____

_____

End of Block: Form Feedback - Treatment

Start of Block: Form Feedback - Control

X→

formcontrolask The U.S. Department of Agriculture, which operates the Supplemental Nutrition Assistance Program (SNAP), or food stamps, is currently looking for feedback on SNAP application forms.

Are you interested in submitting a short anonymous comment about your experience with SNAP application forms?

- ○ Yes (1)
- ○ No (2)

Page Break

formcontrolfeedback You can provide your feedback on your experience with SNAP application forms below, and click next to submit. Your comment will be anonymous.

_____

_____

_____

_____

_____

End of Block: Form Feedback - Control

Start of Block: Efficacy Outcomes

efficacyoutcome1 How much do you agree or disagree with the following statement: "**My opinion and experiences about the Supplemental Nutrition Assistance Program (SNAP), or food stamps, matters.**"

- ○ Strongly agree (1)
- ○ Somewhat agree (2)
- ○ Neither agree nor disagree (3)
- ○ Somewhat disagree (4)
- ○ Strongly disagree (5)
- ○ Not sure (6)

efficacyoutcome2 How much do you agree or disagree with the following statement: "**If I were asked in the future, I would offer my opinions and experiences about SNAP to government agencies to make the program easier to use."**

- ○ Strongly agree (1)
- ○ Somewhat agree (2)
- ○ Neither agree nor disagree (3)
- ○ Somewhat disagree (4)
- ○ Strongly disagree (5)
- ○ Not sure (6)

End of Block: Efficacy Outcomes

Start of Block: Follow-up

emailforgiftcard So that we can send you your Amazon gift certificate, please enter your email address below. We will not use your email address for any other purposes. We will not connect your email address with your survey responses. If you are not interested in the gift certificate, you can leave the text box blank.

_____

followupsurvey Are you interested in being contacted for further anonymous research surveys about your experiences with the Supplemental Nutrition Assistance Program (SNAP), or food stamps? We will not use your email address for any other purposes and we will not connect your email address with your survey responses.

- ○ Yes, I am interested in future surveys (please re-confirm your email here) (4)

_____

- ○ No, I am not interested in future surveys (5)

End of Block: Follow-up