

SBHC Food Pantry Post-Survey

Please complete for each family receiving a food bag for the first time. Thank you!

This data will be used for reporting purposes only - no identifying information will be shared.

* Required

1. Name *

2. Phone Number or Email Address *

3. How many people live in your household? *

4. What is your race/ethnicity? *

Mark only one oval.

Black or African-American

Hispanic/Latino

White

Hawaiian/Pacific Islander

Asian

American Indian

Two or More Races

Prefer not to say

5. What is your gender? *

Mark only one oval.

- Male
- Female
- Prefer to self-describe
- Prefer not to say

6. How many times have you received food from this food pantry? *

Mark only one oval.

- First Time
- 1-2
- 3-5
- 6-10
- 10+

7. How many servings of fruits or vegetables does your child eat a day? (One serving is most easily identified by the size of the palm of your child's hand.) *

Mark only one oval.

- 0
- 1-2
- 3+

8. In the past 12 months were you worried about running out of food before you had money for more?

Mark only one oval.

Yes

No

9. In the past 12 months, did you run out of food and did not have money or food stamps for more?

Mark only one oval.

Yes

No

10. Since receiving items from the food pantry, have you signed up to receive SNAP benefits?

Mark only one oval.

Yes

No

I was already signed up for SNAP benefits

11. Is your child enrolled in the Stephens School-Based Health Clinic? *

Mark only one oval.

Yes

No

12. If no, would you like them to be?

Mark only one oval.

Yes

No

13. Has your child had a physical in the past year? *

Mark only one oval.

Yes

No

14. If yes, was this at the Stephens School-Based Health Clinic?

Mark only one oval.

Yes

No

15. Who referred you to the food pantry? *

Check all that apply.

Stephens Health Clinic

School Counselor (Ms. Shutes)

CommUNITY School Site Coordinator (Ms. Hadley)

Parent Engagement Facilitator (Ms. Washington)

Other School Staff

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