Dear Parent,

We are conducting a survey to understand how you are preparing and coping with the spreading COVID-19 (coronavirus), especially when it comes to your needs with food.

- Please answer to the best of your ability.
- There are no right or wrong answers.
- There is no risk for filling out the survey. By filling out the survey you agree to participate in the survey.

**NOTE: Red asterisk * means question is required.**

**Brighter Bites COVID-19 Response - Parent Survey**

1. How much have you seen or heard about the COVID-19 (coronavirus)? *

   - A great deal
   - A fair amount
   - Not very much
   - Nothing at all

2. Due to the coronavirus, are you concerned about any of the following in regards to you and your family? (check all that apply) *

   - Financial stability
   - My employment status will change in the near future
   - Availability of food
   - Affordability of food
   - Availability and/or affordability of housing
   - Access to reliable transportation
   - Access to child care
   - Access to your clinic/doctor
   - Other

3. DURING THE PAST 7 DAYS, HOW MANY TIMES DID YOUR FAMILY: *

<table>
<thead>
<tr>
<th>1-2 times per week</th>
<th>3-4 times per week</th>
<th>5-6 times per week</th>
<th>7+ times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://fs27.formsite.com/res/submit
Eat food from any type of restaurant? This includes restaurants such as fast food, sit down restaurants, buffet restaurants, taco shops, donut shops, and pizza places.

4. Due to coronavirus, has your frequency of eating food from restaurants changed? *
   ○ Increased
   ○ Decreased
   ○ Stayed the same

5. How true do you find the following statement? Please mark one answer choice for each statement. Due to coronavirus: *

<table>
<thead>
<tr>
<th>Statement</th>
<th>Often True</th>
<th>Sometimes True</th>
<th>Never True</th>
</tr>
</thead>
<tbody>
<tr>
<td>You worried whether your food would run out before you got money to buy more.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>The food you bought just didn't last and you didn't have money to get more.</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

6. Due to coronavirus, currently how often do you buy or get fruits and vegetables and other groceries for the family from a large grocery store or super market? (such as Randall's, HEB, Kroger's, Fiesta, Whole Foods, Sprouts, Sam's club, Costco, Wal-mart, or Target) *
   ○ Never
   ○ Less than once a month
   ○ 1-2 times per month
   ○ 1 time per week
   ○ 2+ times per week

7. Due to coronavirus, currently how often do you buy or get fruits and vegetables and other groceries for the family from these locations? *

<table>
<thead>
<tr>
<th>Location</th>
<th>Less than once a month</th>
<th>1-2 times per month</th>
<th>1 time per week</th>
<th>2+ times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>A small local store or corner store (usually locally owned and do not sell gas), or a convenience store (such as 7-11 or mini market usually sell gas)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A farmer's market/food co-op/farm stand</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A food bank/food pantry, or other food distributions</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

8. At this time, how do you or your family member(s) shop at these grocery stores or super markets? (check all that apply) *
   □ Physically shop inside the store
9. Due to the coronavirus, has your consumption of fruits and vegetables: *
   - Increased
   - Decreased
   - Stayed the same

10. Which of the following is true for you? (According to CDC information, symptoms of coronavirus include: fever, cough, shortness of breath) *
   - I have not experienced any symptoms of coronavirus
   - I am currently experiencing the symptoms but have not been diagnosed
   - I have already been diagnosed with coronavirus
   - I have been diagnosed with coronavirus and have recovered

11. I am concerned that I will get the coronavirus.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Prefer not to answer

12. I am concerned that my child will get the coronavirus. (for parents only)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Prefer not to answer

COVID-19 (coronavirus) is a new disease and there is limited information on its risk factors. However, based on currently available information, some high-risk conditions can include those in the following question:

13. Some behaviors and health conditions may be related to coronavirus, which we would like to understand better. Please check if any of the below apply to you or a member of your immediate family who live with you. (check all that apply) *

<table>
<thead>
<tr>
<th></th>
<th>No one in my family</th>
<th>Myself</th>
<th>One or more member(s)</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shop online and Curbside pick up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shop online and delivered to home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Diagnosed by a doctor as having diabetes

Diagnosed by a doctor with heart disease

Diagnosed by a doctor as having auto-immune conditions (such as celiac’s disease, Crohn’s disease, rheumatoid arthritis, etc.) or going through cancer treatment

Diagnosed by a doctor as having chronic lung disease or moderate to severe asthma.

Is a current smoker (cigarettes, e-cigarettes)

14. Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus? (Check all that apply). *
- Washing my hands with soap and water more often
- Using more disinfectants, such as hand sanitizers and cloth wipes
- Avoiding shaking hands with others
- Practicing social distancing (staying at least six feet away from other people outside of my home)
- Washing or cleaning food purchased from the grocery store.
- Other measures you are practicing? Please list

15. How would you rate your current health status? *
- Poor
- Fair
- Good
- Very good
- Excellent

16. Does your family use the following? *

<table>
<thead>
<tr>
<th>Service</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC (Women Infants and Children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNAP Benefits / Lone Star EBT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double Dollars Incentive Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid/Texas Health Steps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free/Reduced meals at school</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**17. How many people live in your home? (NUMBERS ONLY)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (17 years or younger)</td>
<td></td>
</tr>
<tr>
<td>Elders (65 years or older)</td>
<td></td>
</tr>
<tr>
<td>Adults (18 years or older, and younger than 65)</td>
<td></td>
</tr>
</tbody>
</table>

**18. How do you most identify yourself? (Select only one)**

- [ ] Black or African American
- [ ] Mexican-American, Latino or Hispanic
- [ ] White, Caucasian, or Anglo
- [ ] Asian (Chinese, Indian, or another Asian country)
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Native American or Alaska Native
- [X] Other [specify]

**19. (Parents only) How do you most identify your child? (Select one response for only one child in your family)**

- [ ] Black or African American
- [ ] Mexican-American, Latino or Hispanic
- [ ] White, Caucasian, or Anglo
- [ ] Asian (Chinese, Indian, or another Asian country)
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Native American or Alaska Native
- [X] Other [specify]

**20. What language(s) do you speak most of the time at home? (Select only one)**

- [ ] Most or only English
- [ ] Both English and Spanish equally
- [ ] Most or only Spanish
21. What is YOUR gender? *
- Male
- Female

22. What is YOUR date of birth?

23. What is YOUR age?

24. What is your home zip code?

25. First name: *

26. Last Name: *

27. If you have a Brighter Bites keychain with 6 numbers, write the numbers here (see photo example below):

28. Brighter Bites School Name: *
29. Please share your greatest concern at this time, or any other thoughts you would like to share with us.

Thank you for completing this form. You may click next to submit.