

Appendix B

Survey of New EBT Users

A. Introduction

Hello, this is _____ calling from Abt Associates of Cambridge, Massachusetts. May I speak with (NAME OF RESPONDENT)?

IF NECESSARY, SAY: I'm calling about a study of the [STATE NAME] EBT system that we are doing for the U.S. Department of Agriculture.

WHEN CONNECTED WITH RESPONDENT:

(Hello, this is _____ calling from Abt Associates of Cambridge, Massachusetts.) We are doing a study for the U.S. Department of Agriculture about using EBT cards for food stamp benefits.

A1. Have you read the letter we sent you that explains the purpose of the study?

YES (SKIP TO A2a) 1
NO 2

A2. (IF "NO" TO A1, READ THE FOLLOWING TO RESPONDENT):

We are asking food stamp recipients about how they use the EBT system and whether they like the EBT card. Your participation in this study is entirely voluntary. If you decide not to participate, this will in no way affect your benefits or eligibility. The interview will take just a few minutes, and the information you provide can help the U.S. Department of Agriculture improve the way EBT systems throughout the country operate.

All information you give us will be kept confidential. Your answers will be combined with those of others, so that no individuals can be identified.

A2a. Before continuing, I need to tell you that, according to the the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0536-0051. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A3. Do you have any questions about why we need to interview you or any other questions about the study?

YES 1
NO (SKIP TO A4) 2

A3a. What questions do you have?

A4. Do you currently live in a group living arrangement, such as a shelter or group home, where your EBT card is used to pay for meals?

YES (TERMINATE INTERVIEW) 1
NO 2

A5. According to our information, you received your first EBT card in November 1999. Is that correct?

YES (SKIP TO A6) 1
NO 2
DON'T KNOW (SKIP TO A6)..... 8
REFUSED (SKIP TO A6) 9

A5a. Did you ever have an EBT card?

YES 1
NO (SKIP TO A5d) 2
DON'T KNOW (SKIP TO A5d) 8
REFUSED (SKIP TO A5d)..... 9

A5b. In what month and year did you get your first EBT card from [STATE NAME]?

__ __ MONTH
__ __ __ __ YEAR

(IF RESPONSE IS SEPTEMBER 1999 OR EARLIER, TERMINATE INTERVIEW. IF OCTOBER 1999 OR LATER, GO TO A6.)

DON'T KNOW (ASK TO A5c) 8
REFUSED (ASK A5c) 9

A5c. Was it before October 1999?

- YES (TERMINATE INTERVIEW) 1
- NO (SKIP TO A6) 2
- DON'T KNOW (TERMINATE INTERVIEW)..... 8
- REFUSED (TERMINATE INTERVIEW) 9

A5d. Do you have an authorized representative who received your EBT card (that is, a person chosen by you to get your benefits)?

- YES 1
- NO (TERMINATE INTERVIEW)..... 2
- DON'T KNOW (TERMINATE INTERVIEW)..... 8
- REFUSED (TERMINATE INTERVIEW) 9

A5e. In what month and year did he or she receive your EBT card?

__ __ MONTH
__ __ __ __ YEAR

(IF RESPONSE IS SEPTEMBER 1999 OR EARLIER, TERMINATE INTERVIEW. IF OCTOBER 1999 OR LATER, GO TO A6.)

- DON'T KNOW (ASK A5f) 8
- REFUSED (ASKA5f)..... 9

A5f. Was it before October 1999?

- YES (TERMINATE INTERVIEW) 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

A6. Prior to receipt of your current [STATE NAME] EBT Card, had you ever received or used an EBT card issued by another state?

- YES (TERMINATE INTERVIEW) 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

A7. Did you receive food stamp benefits this month, or do you expect to?

YES 1
NO 2
DON'T KNOW 8
REFUSED..... 9

A8. Are you the person in your household who usually does the grocery shopping with the EBT card?

YES (SKIP TO A11) 1
NO 2

A8a. Do you shop with the card at least once a month?

YES (SKIP TO A11) 1
NO 2
DON'T KNOW 8
REFUSED..... 9

A8b. Who is the person who usually shops with the EBT card?

_____/_____
LAST NAME FIRST NAME

(IF UNCLEAR) Is that Mr. or Ms.?

MR. 1
MS. 2

A8c. Is this person your food stamp authorized representative?

IF NECESSARY, CLARIFY: A person chosen by you to use the card to shop for your food.

YES (SKIP TO A8e) 1
NO 2
DON'T HAVE AN AUTHORIZED REPRESENTATIVE..... 3
DON'T KNOW 8
REFUSED..... 9

A8d. What is this person's relationship to you?

- SPOUSE/SIGNIFICANT OTHER 1
- SON OR DAUGHTER 2
- FATHER OR MOTHER 3
- FRIEND 4
- OTHER (SPECIFY) _____ 5
- DON'T KNOW 8
- REFUSED..... 9

A8e. Does (he/she) live with you?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

A8f. Why does _____ do most of the shopping? (RECORD VERBATIM)

A8g. Do you do any of the non-food stamp grocery shopping for the household?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

A9. Most of this survey has to do with use of the EBT card, so it would make most sense if I spoke with _____. Before I go, however, I have just a few general questions to ask you.

GO TO SECTION G

A9a. May I speak with _____ now, or may I have (his/her) telephone number, please? (RECORD BELOW)

CONTACT THE SECONDARY RESPONDENT AND READ THE FOLLOWING INTRODUCTION:

Hello, my name is _____ from Abt Associates in Cambridge, Massachusetts. We are doing a study for the U.S. Department of Agriculture about the [STATE NAME] EBT system. (RESPONDENT) gave me your name as the person who is most knowledgeable about (his/her) card and who uses it to shop for (his/her) food.

A10. (FOR PERSON, OTHER THAN RECIPIENT, WHO USUALLY SHOPS WITH EBT CARD): Prior to helping (RECIPIENT) with (his/her) shopping, did you have experience using an EBT card here or in another state?

- YES (TERMINATE INTERVIEW) 1
- NO 2
- DON'T KNOW (TERMINATE INTERVIEW) 8
- REFUSED (TERMINATE INTERVIEW)..... 9

A11. Can you (or RECIPIENT) use (your/his/her) food stamp EBT card to get cash from another government program?

IF NECESSARY, EXPLAIN: Benefit payments for programs such as welfare, TANF, Social Security, SSI and Veterans benefits are sometimes made through an EBT card.

- YES (SKIP TO A12) 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

A11a. (Have you/Has RECIPIENT) used the card in the past to get benefits from any welfare or cash assistance program?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

A12. Is (your/RECIPIENT's) current EBT card the first (you have/he has/she has) received in [STATE NAME], or is it a replacement card?

FIRST CARD	1
REPLACEMENT CARD (GO TO SECTION B)	2
DON'T KNOW	8
REFUSED	9

A13. How did you get (your/RECIPIENT's) current EBT card? Did you . . .

Get it in the mail (SKIP TO SECTION C)	1
Pick it up at the local food stamp office (SKIP TO SECTION C)..	2
Get it from (RECIPIENT), or (SKIP TO SECTION C)	3
Did you get it some other way? (PLEASE SPECIFY BELOW) ..	4

_____ (SKIP TO SECTION C)	
DON'T KNOW (SKIP TO SECTION C)	8
REFUSED (SKIP TO SECTION C).....	9

B. Replacement Cards

B1. How many replacement cards (have you/has RECIPIENT) received since (you/he/she) first started using the EBT system in [STATE NAME]?

— —
DON'T KNOW 98
REFUSED 99

B1a. Did you (or RECIPIENT) have to pay for (it/the most recent replacement card)?

YES 1
NO (SKIP TO B2) 2
DON'T KNOW (SKIP TO B2) 8
REFUSED (SKIP TO B2) 9

B1b. How much did you (or RECIPIENT) pay to get the replacement card?

\$__ __ . __ __

B2. Thinking about the process (you/RECIPIENT) went through to get the card (you/he/she) currently (have/has), was (your/his/her) previous EBT card lost, stolen, damaged, held by a retailer or ATM, or something else?

LOST 1
STOLEN 2
DAMAGED 3
HELD BY RETAILER 4
HELD BY ATM 5
OTHER (PLEASE SPECIFY BELOW) 6

DON'T KNOW 8
REFUSED 9

B3. Do you recall at what point during the month (you/RECIPIENT) realized (you/he/she) would need a new EBT card? Was it . . . (READ LIST AND CODE ONE RESPONSE)

- Within 5 days after (you/RECIPIENT) received (your/his/her) monthly food stamp benefits?..... 1
- Between 6 and 10 days after (you/he/she) had received (your/his/her) benefits?..... 2
- Between 11 and 15 days after (you/he/she) had received (your/his/her) benefits?..... 3
- More than 15 days after (you/he/she) had received (your/his/her) benefits? 4
- DON'T KNOW 8
- REFUSED..... 9

B4. Where was the (lost/stolen/damaged/held) card reported?

- HELP DESK/CUSTOMER SERVICE/"800" NUMBER..... 1
- CITIBANK/DELUXE/EBT VENDOR..... 2
- CASE WORKER/FOOD STAMP WORKER..... 3
- OTHER PERSON AT FOOD STAMP OFFICE..... 4
- OTHER (PLEASE SPECIFY BELOW) 5

- DON'T KNOW 8
- REFUSED..... 9

B5. How much time passed between when (you/RECIPIENT) realized the EBT card was (lost/stolen/damaged/held) and when (you/he/she) reported it as such? (RECORD LESS THAN ONE HOUR AS ONE HOUR)

- REPORTED IMMEDIATELY 1
- ___ ___ HOURS
- ___ ___ DAYS
- DON'T KNOW (ASK B5a)..... 8
- REFUSED (ASK B5a)..... 9

B5a. Was it more or less than 24 hours?

MORE 1
LESS 2
DON'T KNOW 8
REFUSED 9

B6. How did you get (your/RECIPIENT's) replacement EBT card? Did you . . .

Get it in the mail (SKIP TO B13) 1
Pick it up at the local food stamp office 2
Get it from (RECIPIENT), or (SKIP TO B13) 3
Did you get it some other way? (PLEASE SPECIFY BELOW) ... 4

(SKIP TO B13)
DON'T KNOW (SKIP TO B13) 8
REFUSED (SKIP TO B13) 9

B7. Who went to the local food stamp office to pick up the new EBT card? (CODE ALL THAT APPLY.)

RECIPIENT 1
RESPONDENT (WHO IS NOT RECIPIENT) 2
SOMEBODY ELSE (PLEASE SPECIFY RELATIONSHIP) 3

DON'T KNOW 8
REFUSED 9

B8. When (you/RECIPIENT) went to get the new EBT card, how much time did (you/he/she) spend at the food stamp office?

__ __ HOURS
__ __ MINUTES
DON'T KNOW 8
REFUSED 9

B9. How much time did (you/RECIPIENT) spend traveling to the food stamp office? If you don't remember, how much time do (you/RECIPIENT) normally spend traveling to the food stamp office?

__ __ HOURS
 __ __ MINUTES

(INTERVIEWER: CONFIRM THIS IS ONE-WAY TRAVEL TIME.)

DON'T KNOW 8
 REFUSED 9

B10. When (you/RECIPIENT) went to pick up the card, did (you/he/she) take care of any other business at the food stamp office during the same trip, or was the only purpose of the trip to get the new EBT card?

TOOK CARE OF OTHER BUSINESS 1
 NEW CARD WAS ONLY PURPOSE 2
 OTHER RESPONSE (PLEASE SPECIFY BELOW) 3

DON'T KNOW 8
 REFUSED 9

B11. Did (you/RECIPIENT) have to miss any work to get the new card?

YES 1
 NO (SKIP TO B12) 2
 DON'T KNOW (SKIP TO B12) 8
 REFUSED (SKIP TO B12) 9

B11a. How much in wages did you lose by going to get the new card?

NO LOST WAGES 1
 \$__ __ __ . __ __
 DON'T KNOW 8
 REFUSED 9

B12. Did (you/RECIPIENT) have to pay a babysitter, bus fare, taxi fare, tolls or parking fees, or any other out-of-pocket expenses to go get the new card?

- YES 1
- NO (SKIP TO B13) 2
- DON'T KNOW (SKIP TO B13)..... 8
- REFUSED (SKIP TO B13) 9

B12a. How much did you have to pay, and for what?

- \$__ __ . __ __ BABYSITTER COST
- \$__ __ . __ __ BUS OR TAXI FARE (MAKE SURE COST INCLUDES BOTH GOING TO AND RETURNING FROM FOOD STAMP OFFICE)
- \$__ __ . __ __ TOLLS OR PARKING FEES (MAKE SURE COST INCLUDES BOTH GOING TO AND RETURNING FROM FOOD STAMP OFFICE)
- \$__ __ . __ __ OTHER COST (SPECIFY) _____
- DON'T KNOW 8
- REFUSED..... 9

SKIP TO B14

B13. Once (you/RECIPIENT) received the card in the mail, did (you/he/she) have any problems activating the card or using it the first time?

- YES 1
- NO (SKIP TO B14)..... 2
- DON'T KNOW (SKIP TO B14)..... 8
- REFUSED (SKIP TO B14) 9

B13a. What problems occurred? (RECORD VERBATIM)

B14. How many days passed between when (you/RECIPIENT) reported the EBT card as (lost/stolen/damaged) and when (you/he/she) received a new card?

— —

RECORD NUMBER OF DAYS. ENTER 0 IF REPORTED AS “SAME DAY” OR “IMMEDIATELY.”

DON'T KNOW 98
REFUSED..... 99

FOR RESPONDENTS IN FLORIDA AND MINNESOTA ONLY

B15. Did the replacement card have a new PIN?

YES 1
NO (SKIP TO NEXT SECTION)..... 2
DON'T KNOW (SKIP TO NEXT SECTION)..... 8
REFUSED (SKIP TO NEXT SECTION) 9

B15a. How long after you got the new card did you get the new PIN? (IF LESS THAN ONE DAY, ENTER 1 DAY)

_____ DAYS

C. Training

I would like to ask you a few questions about how you learned to use (your/RECIPIENT'S) [STATE NAME] EBT Card.

C1. Different states help their food stamp participants learn about EBT in different ways. In what different ways did you learn how to use the [STATE NAME] EBT system? Did you . . . (READ AND CHECK ALL THAT APPLY)

Receive an EBT handbook or other printed materials, either in the mail or when you applied for food stamps?..... 1

Watch a video or get instruction about EBT when you applied for food stamps?..... 2

Get EBT training from an instructor or a video after benefits were approved 3

Practice using EBT equipment at the food stamp office or training facility.....	4
Learn from a friend or relative?.....	5
Learn from a store clerk?.....	6
Learn some other way? (PLEASE SPECIFY BELOW)	7

DON'T KNOW	8
REFUSED.....	9

IF ANY MATERIALS RECEIVED IN MAIL, SKIP TO C3

C2. Are you sure (you/RECIPIENT) didn't receive something in the mail?

YES (SKIP TO C5).....	1
NO 2	
DON'T KNOW (SKIP TO C5).....	8
REFUSED (SKIP TO C5)	9

C3. What materials did (you/RECIPIENT) receive in the mail? Did they send (you/him/her)?

C3a. Instructions for how to use the [STATE NAME] EBT Card?

YES 1	
NO (SKIP TO C3b).....	2
DON'T KNOW (SKIP TO C3b).....	8
REFUSED (SKIP TO C3b)	9

C3a1. Did you read the instructions or have a friend or somebody at home explain them to you?

YES	1
NO 2	
DON'T KNOW	8
REFUSED.....	9

C3b. Instructions for how to get help using the EBT card?

YES 1
 NO (SKIP TO C3c) 2
 DON'T KNOW (SKIP TO C3c) 8
 REFUSED (SKIP TO C3c)..... 9

C3b1. Did you read the instructions (or have a friend or somebody at home explain them to you)?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

C3c. An explanation of (your/RECIPIENT'S) rights and responsibilities in the EBT system?

YES 1
 NO (SKIP TO C3d) 2
 DON'T KNOW (SKIP TO C3d)..... 8
 REFUSED (SKIP TO C3d) 9

C3c1. Did you read the explanation (or have a friend or somebody at home explain it to you)?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

C3d. Something that told you what (your/RECIPIENT'S) secret PIN number is?

YES 1
 NO 2

(NOTE TO INTERVIEWER: IF RESPONDENT IS UNCERTAIN WHAT YOU MEAN BY "PIN", PLACE A CHECKMARK HERE ____ AND READ THE FOLLOWING:)

By "PIN" I mean your personal identification number. This is the code you need to enter at the store's EBT terminal when you use your [STATE NAME] EBT Card.

C3e. Instructions telling (you/RECIPIENT) not to tell anyone (your/his/her) PIN and to keep the PIN number safe?

YES 1
NO (SKIP TO C3f)..... 2
DON'T KNOW (SKIP TO C3f)..... 8
REFUSED (SKIP TO C3f) 9

C3e1. Did you read the instructions (or have a friend or somebody at home explain them to you)?

YES 1
NO 2
DON'T KNOW 8
REFUSED..... 9

C3f. Instructions for how to change (your/RECIPIENT'S) PIN number?

YES 1
NO (SKIP TO C3g)..... 2
DON'T KNOW (SKIP TO C3g)..... 8
REFUSED (SKIP TO C3g) 9

C3f1. Did you read the instructions (or have a friend or somebody at home explain them to you)?

YES 1
NO 2
DON'T KNOW 8
REFUSED..... 9

C3g. Directions for how to get additional information if you are having trouble understanding how to use the EBT card?

YES 1
NO 2
DON'T KNOW 8
REFUSED..... 9

C4. Did you have any questions about the [STATE NAME] EBT system after receiving these materials?

YES 1
NO (SKIP TO C5)..... 2
DON'T KNOW (SKIP TO C5)..... 8

REFUSED (SKIP TO C5) 9

C4a. What questions did you have? (RECORD VERBATIM)

C5. Have you ever needed to call and speak to somebody at Customer Service or the EBT Help Desk to get help with any of the following?

	YES	NO	DON'T KNO W	REFUSE D
Report a card as lost, stolen, damaged, or taken				
Find out where card could be used				
Inquire about PIN				
Report missing benefits				
Get a mistake in your EBT account fixed				
Other				

(IF NO ITEMS MARKED "YES," SKIP TO C6)

C5a. The last time you called, was the person at the Help Desk or Customer Service able to help you?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

C5b. How satisfied were you with the help provided? (READ LIST)

- Very satisfied 1
- Somewhat satisfied 2
- Neither satisfied nor dissatisfied 3
- Somewhat dissatisfied 4
- Very dissatisfied 5
- DON'T KNOW 8
- REFUSED 9

C6. THIS QUESTION LEFT BLANK IN FINAL SURVEY

C7. Did you ever go to the food stamp office or to another location to receive extra help or training on how to use the EBT system?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

IF NO TRAINING ON C1 OR C7, SKIP TO SECTION D

C8. When you first went to get EBT training, did somebody else go with you so they would know how to use the card?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

C9. When you went to your first EBT training, how much time did you spend at that place?

_____ HOURS
_____ MINUTES

C10. How much time did you spend traveling to your first EBT training?

_____ HOURS
_____ MINUTES

INTERVIEWER: CONFIRM THIS IS ONE-WAY TRAVEL TIME. IF
RESPONDENT IS UNSURE, ASK FOR NORMAL TRAVEL TIME TO THIS
LOCATION.)

DON'T KNOW 98
REFUSED..... 99

C11. When you went to be trained, did you get a new EBT card, take care of any other business at the same place, or was the only purpose of the trip to receive help with the EBT system? (CIRCLE ALL THAT APPLY)

- FINISH APPLICATION/GET APPROVED FOR FOOD STAMPS.. 1
- GOT A NEW EBT CARD..... 2
- TOOK CARE OF OTHER BUSINESS 3
- TRAINING WAS ONLY PURPOSE 4
- OTHER RESPONSE (SPECIFY BELOW) 6

- DON'T KNOW 8
- REFUSED..... 9

C12. Did you have to miss any work to go for training?

- YES 1
- NO (SKIP TO C13)..... 2
- DON'T KNOW (SKIP TO C13)..... 8
- REFUSED (SKIP TO C13) 9

C12a. How much in wages did you lose by going to training?

- NO LOST WAGES 1
- \$__ __ __ . __ __
- DON'T KNOW 8
- REFUSED..... 9

C13. Did (you/RECIPIENT) have to pay a babysitter, bus fare, taxi fare, tolls or parking fees, or any other out-of-pocket expenses to go for training?

- YES 1
- NO (SKIP TO D1)..... 2
- DON'T KNOW (SKIP TO D1) 8
- REFUSED (SKIP TO D1)..... 9

C13a. How much did you have to pay, and for what?

\$__ __ . __ __ Babysitter cost

\$__ __ . __ __ Bus or taxi fare

(MAKE SURE COST INCLUDES BOTH GOING TO AND RETURNING FROM TRAINING FACILITY)

\$__ __ . __ __ Tolls or parking fees

(MAKE SURE COST INCLUDES BOTH GOING TO AND RETURNING FROM TRAINING FACILITY)

\$__ __ . __ __ Other cost (SPECIFY) _____

DON'T KNOW 8
REFUSED..... 9

D. PIN Use

D1. Just after (you/RECIPIENT) received (your/his/her) EBT card and PIN, did (you/he/she) have any problems remembering the PIN?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

(NOTE TO INTERVIEWER: IF RESPONDENT IS UNCERTAIN WHAT YOU MEAN BY "PIN", PLACE A CHECKMARK HERE _____ AND READ THE FOLLOWING:)

By "PIN" I mean your personal identification number. This is the code you need to enter at the store's EBT terminal when you use your EBT card.

D2. Did you ever write (your/RECIPIENT'S) PIN on a slip of paper to help you remember it?

- YES 1
- NO (SKIP TO D3)..... 2
- DON'T KNOW (SKIP TO D3) 8
- REFUSED (SKIP TO D3) 9

D2a. Where do you keep the slip of paper? Do you keep it . . . (CODE ALL THAT APPLY)

- With the card?..... 1
- In your wallet (or purse)?, or 2
- In another place that is not with the card? 3
- DON'T KNOW 8
- REFUSED..... 9

D3. Did you ever tell somebody else (your/RECIPIENT'S) PIN so they could help you remember it?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

D4. Did you ever enter the wrong PIN when using (your/RECIPIENT'S) EBT card?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

D5. Did problems remembering the PIN ever prevent you from using the card?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

D6. Did (you/RECIPIENT) ever request a new PIN?

YES (SKIP TO D8)..... 1
NO 2
DON'T KNOW 8
REFUSED 9

D7. Did you know that you can request a new PIN?

YES 1
NO (SKIP TO SECTION E)..... 2
DON'T KNOW (SKIP TO SECTION E) 8
REFUSED (SKIP TO SECTION E) 9

D7a. Do you know how to request a new PIN?

YES 1
NO (SKIP TO SECTION E)..... 2
DON'T KNOW (SKIP TO SECTION E) 8
REFUSED (SKIP TO SECTION E) 9

D7b. Where did you get that information? (CODE ALL THAT APPLY)

- AT TRAINING/MEETING..... 1
- WRITTEN MATERIALS..... 2
- WHEN I RECEIVED CARD..... 3
- FRIEND TOLD ME 4
- CALLED CUSTOMER SERVICE..... 5
- CASEWORKER TOLD ME..... 6
- OTHER (SPECIFY) _____ 7
- DON'T KNOW 8
- REFUSED..... 9

SKIP TO SECTION E

D8. How did you get the new PIN? Did you . . .

- Change your PIN over the phone? (SKIP TO SECTION E)..... 1
- Call customer service to have a new PIN mailed?..... 2
- Go to the office? (SKIP TO SECTION E) 3
- DON'T KNOW (SKIP TO SECTION E) 8
- REFUSED (SKIP TO SECTION E)..... 9

D8a. How long did it take from the time you made the request until it arrived in the mail?

____ DAYS

E. Other System Use

E1. On average, how often do you use (your/RECIPIENT'S) EBT card at the food store?
(READ LIST AND CODE ONE RESPONSE)

- Less than once a month..... 1
- More than once a month, but less than once a week 2
- At least once a week or more often 3
- DON'T KNOW 8
- REFUSED..... 9

E2. Have you ever needed help from someone at the store to use (your/RECIPIENT'S) EBT card?

- YES 1
- NO (SKIP TO E3)..... 2
- DON'T KNOW (SKIP TO E3)..... 8
- REFUSED (SKIP TO E3) 9

E2a. When you needed help, was that when you were first learning to use the card, or because of a problem?

- FIRST LEARNING TO USE CARD..... 1
- PROBLEM..... 2
- BOTH 3.....
- OTHER (SPECIFY)
- DON'T KNOW 8
- REFUSED..... 9

E3. Do you ever find it difficult to use the EBT card?

- YES 1
- NO (SKIP TO E4)..... 2
- DON'T KNOW (SKIP TO E4)..... 8
- REFUSED (SKIP TO E4) 9

E3a. What do you find difficult? (MULTIPLE)

- TROUBLE SWIPING CARD..... 1
- TROUBLE REMEMBERING PIN..... 2
- TROUBLE KEEPING TRACK OF BALANCE 3
- GET IN WRONG LANE..... 4
- POS/TERMINAL DOESN'T WORK..... 5
- TROUBLE GETTING CASH 6
- OTHER (RECORD VERBATIM) _____
- _____
- _____
- _____
- _____

E4. Do you know how to check the remaining food stamp balance in (your/RECIPIENT'S) EBT account?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

E4a. Have you ever checked the remaining food stamp balance by using a special "balance-only" terminal in the store or food stamp office?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

E4b. Have you ever called the special telephone number to get a recorded message with your account balance?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

E4c. Have you ever obtained your food stamp balance from a customer service operator?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

E4d. Have you **ever** used the EBT receipt from the store or ATM to check your remaining food stamp balance?

YES 1
 NO 2
 DON'T KNOW 8
 REFUSED..... 9

E5. If you had a problem with (your/RECIPIENT's) [STATE NAME] EBT Card or account, whom would you go to or call for help? (DO NOT READ LIST. CODE ALL MENTIONED)

HELP DESK/CUSTOMER SERVICE/"800" NUMBER .. 1
 CITIBANK/DELUXE/EBT VENDOR..... 2
 CASE WORKER/FOOD STAMP WORKER OR OFFICE..... 3
 FAMILY MEMBER OR FRIEND..... 4
 OTHER (SPECIFY) _____ 5
 DON'T KNOW 8
 REFUSED 9

(PROBE): Anybody else?

E6. Has anybody ever used your card without permission to buy groceries or withdraw benefits?

- YES 1
- NO (SKIP TO E7) 2
- DON'T KNOW (SKIP TO E7) 8
- REFUSED (SKIP TO E7) 9

E6a. Had this person previously used your card with your permission?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

E7. Overall, how satisfied are you with your [STATE NAME] EBT Card? (READ LIST AND CODE ONE)

- Very satisfied 1
- Somewhat satisfied 2
- Neither satisfied nor dissatisfied 3
- Somewhat dissatisfied 4
- Very dissatisfied 5
- DON'T KNOW 8
- REFUSED 9

F. Respondent Characteristics

(ASK ONLY IF RESPONDENT IS NOT SAMPLED RECIPIENT. IF RESPONDENT IS SAMPLED RECIPIENT, GO TO SECTION G.)

F1. Not including possible use of the [STATE NAME] EBT card, have you ever used an ATM or bank debit card to get cash?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F2. What is your employment status right now—are you currently employed full time, part time, or not employed?

- EMPLOYED FULL TIME 1
- EMPLOYED PART TIME 2
- NOT EMPLOYED 3

RETIRED.....4
 DON'T KNOW8
 REFUSED.....9

F3. What was the last grade of school you completed? (CIRCLE ONE NUMBER; IF GED, CIRCLE 12)

ELEMENTARY SCHOOL	01 02 03 04 05 06 07 08
HIGH SCHOOL	09 10 11 12
VOCATIONAL/TECHNICAL SCHOOL	13 14
COLLEGE	13 14 15 16
GRADUATE SCHOOL	17 18 19 20
NO FORMAL SCHOOLING	00
SPECIAL EDUCATION	96

F4. Please tell me which of the following age groups you are in. Are you . . . (READ LIST AND CODE ONE)

Under 18 years old.....	1
18 – 29 years old.....	2
30 – 39 years old.....	3
40 – 49 years old.....	4
50 – 59 years old.....	5
60 – 69 years old.....	6
70 years or over.....	7
DON'T KNOW	8
REFUSED.....	9

F5. What language do you and your family most often speak at home?

ENGLISH (SKIP TO F7)	01
SPANISH.....	02
VIETNAMESE	03
LAOTIAN.....	04
CAMBODIAN/KHMER	05
HMONG	06
CHINESE.....	07
KOREAN	08
TAGALOG.....	09
THAI 10	
FRENCH/CAJUN.....	11
PORTUGUESE.....	12
NATIVE AMERICAN	13
OTHER (SPECIFY) _____	20
DON'T KNOW	88
REFUSED.....	99

F6. Do you feel comfortable speaking and reading English?

YES (SKIP TO F7).....	1
NO 2	
DON'T KNOW	8
REFUSED.....	9

F6a. When you go to the food stamp office, do you usually take someone with you to translate?

- YES 1
- NO 2
- DON'T KNOW8
- REFUSED.....9

F7. Which of the following do you consider yourself to be? (READ LIST AND CODE ONE)

- Hispanic or Latino 1
- Not Hispanic or Latino.....2

F7a. Which of the following do you consider yourself to be? (READ LIST AND CODE ALL RESPONSES)

- White 1
- Black 2
- Asian 3
- American Indian or Alaskan Native4
- Native Hawaiian or Pacific Islander.....5
- None of the above.....6
- DON'T KNOW8
- REFUSED.....9

F8. Do you have a disability that makes it hard for you to get around town, go shopping, or use the [STATE NAME] EBT Card?

- YES 1
- NO (SKIP TO F9)2
- DON'T KNOW (SKIP TO F9)8
- REFUSED (SKIP TO F9).....9

F8a. What is the disability?

CLOSING: Those are all my questions. Thank you very much for your time.

F9. CODE WITHOUT ASKING:

GENDER: MALE 1
FEMALE.....2

G. Recipient Characteristics

G1. Not including possible use of the [STATE NAME] EBT card, have you ever used an ATM or bank debit card to get cash?

YES 1
NO 2
DON'T KNOW8
REFUSED.....9

G2. What is your employment status right now—are you currently employed full time, part time, or not employed?

EMPLOYED FULL TIME1
EMPLOYED PART TIME.....2
NOT EMPLOYED3
RETIRED.....4
DON'T KNOW8
REFUSED.....9

G3. What was the last grade of school you completed? (CIRCLE ONE NUMBER; IF GED, CIRCLE 12)

ELEMENTARY SCHOOL	01 02 03 04 05 06 07 08
HIGH SCHOOL	09 10 11 12
VOCATIONAL/TECHNICAL SCHOOL	13 14
COLLEGE	13 14 15 16
GRADUATE SCHOOL	17 18 19 20
NO FORMAL SCHOOLING	00
SPECIAL EDUCATION	96

G4. Please tell me which of the following age groups you are in. Are you . . . (READ LIST AND CODE ONE)

Under 18 years old.....	1
18 – 29 years old.....	2
30 – 39 years old.....	3
40 – 49 years old.....	4
50 – 59 years old.....	5
60 – 69 years old.....	6
70 years or over.....	7
DON'T KNOW	8
REFUSED.....	9

G5. What language do you and your family most often speak at home?

ENGLISH (SKIP TO G6).....	01
SPANISH.....	02
VIETNAMESE	03
LAOTIAN.....	04
CAMBODIAN/KHMER	05
HMONG	06
CHINESE.....	07
KOREAN.....	08
TAGALOG.....	09
THAI	10
FRENCH/CAJUN.....	11
PORTUGUESE.....	12
NATIVE AMERICAN	13
OTHER (SPECIFY) _____	20
DON'T KNOW	88
REFUSED.....	99

G6. Do you feel comfortable speaking and reading English?

YES (SKIP TO G7).....	1
NO	2
DON'T KNOW	8
REFUSED.....	9

G6a. When you go to the food stamp office, do you usually take someone with you to translate?

- YES 1
- NO 2
- DON'T KNOW8
- REFUSED.....9

G7. Which of the following do you consider yourself to be? (READ LIST AND CODE ONE)

- Hispanic or Latino 1
- Not Hispanic or Latino.....2

G7a. Which of the following do you consider yourself to be? (READ LIST AND CODE ALL RESPONSES)

- White 1
- Black 2
- Asian 3
- American Indian or Alaskan Native4
- Native Hawaiian or Pacific Islander.....5
- None of the above.....6
- DON'T KNOW8
- REFUSED.....9

G8. Do you have a disability that makes it hard for you to get around town, go shopping, or use the [STATE NAME] EBT Card?

- YES 1
- NO (SKIP TO G9).....2
- DON'T KNOW (SKIP TO G9)8
- REFUSED (SKIP TO G9)9

G8a. What is the disability?

.....
.....

CLOSING: Those are all my questions. Thank you very much for your time.

G9. CODE WITHOUT ASKING:

GENDER: MALE 1

FEMALE.....2

RETURN TO A9a IF NEED TO SPEAK WITH PERSON WHO DOES SHOPPING