



We care about your opinions! Please take a few minutes to share your honest thoughts with us. Your feedback will be used to help us improve the services and products we provide. Taking this survey is optional and will not impact receiving diapers. We will keep your answers private and anonymous. Questions? Contact (202)656-8503 or data@dcdiaperbank.org. Thank you for your time!

(1) How many children in your household wear diapers? (please circle one) 1 2 3 4 Other \_\_\_\_\_

(2) How long have you been getting diapers from Community of Hope Healthcare? (please check one)

- This is my first time       Less than 1 year       1 – 2 years       More than 2 years

3) How often do you get diapers from Community of Hope Healthcare? (please check one)

- More than once a month       Once a month       Every few months       Once a year

(4) Thinking about the past year, how often did the following happen?

	Always	Often	Sometimes	Rarely	Never
a. Your child / children had to miss child care or school because you did not have enough diapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You or another adult in your household missed work or school because you did not have enough diapers for your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You were worried about how you will afford diapers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You feel you do not have enough diapers to change your child's diaper as often as you would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(5) How often are the following items barriers when buying diapers?

	Always	Often	Sometimes	Rarely	Never
a. Cost of diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Distance to nearest store to buy diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Time to shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of help with shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other: _____					

(6) Have you had to make a choice between buying diapers and spending money on.... (please check all that apply)

- Food       Utilities       Car Payments       Medicine or Healthcare  
 Rent/Housing       Clothing       Transportation (gas, bus/metro fare, etc.)       Non-food Basic Needs (toilet paper, soap, toothpaste, etc.)  
 Other: \_\_\_\_\_

For the next questions, please indicate how much you agree or disagree:

(7) Receiving these diapers/pull-ups for my child(ren) allows me to:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. Take my child to daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pay my bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Go to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Save money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Go to school or job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Look for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(8) Receiving these diapers/pull-ups for my child(ren) has helped me:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. Feel like a better parent/caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reduce my stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Feel less frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feel like the community cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Change my child's diaper as often as I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(9) Receiving these diapers/pull-ups has helped my child:**

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. Have less diaper rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cries less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To be happier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sleep better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(10) Since you started getting diapers/other products, how likely are you to?**

	Less Likely	About the Same	Somewhat More Likely	Definitely More Likely
a. Start a conversation about other needs you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Keep scheduled appointments with CoH Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ask for assistance with other needs you may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Communicate with CoH Health between visits /appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Participate in other programs provided by CoH Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Seek other services provided by CoH Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(11) What other services do you receive from Community of Hope Healthcare?** (please check all that apply)

- |                                             |                                                    |                                                                     |
|---------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> None, just diapers | <input type="checkbox"/> Well Baby Medical Visit   | <input type="checkbox"/> Meeting with Social Worker/Case Manager    |
| <input type="checkbox"/> Legal Help         | <input type="checkbox"/> Parenting Classes         | <input type="checkbox"/> Housing Counseling/ Help Finding a Shelter |
| <input type="checkbox"/> Home Visit         | <input type="checkbox"/> GED / Language Classes    | <input type="checkbox"/> Post-natal Medical Visit                   |
| <input type="checkbox"/> Food               | <input type="checkbox"/> Centering Pregnancy Group | <input type="checkbox"/> Centering Parenting Group                  |
| <input type="checkbox"/> Other _____        |                                                    | <input type="checkbox"/> Child Care Services                        |

**(12) In addition to yourself and your child(ren) in diapers, what other age groups live in your household?**

- Children (under age 13)       Teens (ages 13-18)       Adults (ages 19-64)       Older Adults (ages 65+)

**(13) What other items does your household need and sometimes can't afford?** (please check all that apply)

- |                                       |                                           |                                                                            |
|---------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Pads/Tampons | <input type="checkbox"/> Formula          | <input type="checkbox"/> Wipes                                             |
| <input type="checkbox"/> Baby Food    | <input type="checkbox"/> Adult Diapers    | <input type="checkbox"/> Adult Hygiene (soap, deodorant, toothpaste, etc.) |
| <input type="checkbox"/> Bottles      | <input type="checkbox"/> Nursing Supplies | <input type="checkbox"/> Baby Hygiene (wash, lotion, rash cream, etc.)     |
| <input type="checkbox"/> Pullups      | <input type="checkbox"/> Stroller         | <input type="checkbox"/> Pack n Play/Crib                                  |
| <input type="checkbox"/> Books        | <input type="checkbox"/> School Supplies  | <input type="checkbox"/> Toys and activities for children                  |
| <input type="checkbox"/> Car Seat     | <input type="checkbox"/> Other: _____     |                                                                            |

**(14) How old are you?** (please check one)

- Under 18 years old       18-24 years old       25-34 years old       35-44 years old  
 45-54 years old       55-64 years old       65-74 years old       75 years or older

**(15) What is your relationship with the child / children you are getting diapers for today?** (please check one)

- Mother       Father       Grandmother       Grandfather  
 Legal Guardian       Foster Parent       Other: \_\_\_\_\_

**(16) What is the zip code where you live?** \_\_\_\_\_

**(17) How do you identify?** (check all that apply)

- American Indian or Alaska Native       Black or African American       White  
 Asian       Latino      Other: \_\_\_\_\_

**(18) Complete the following sentence:** Diapers mean \_\_\_\_\_ to me.

**(19) Other comments or questions for us?** \_\_\_\_\_

**Thank you!**