



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 Montgomery County DHHS - Child Welfare? (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 Montgomery County DHHS - Child Welfare? (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)

| | | | |
|---------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Utilities | <input type="checkbox"/> Car Payments | <input type="checkbox"/> Medicine or Healthcare |
| <input type="checkbox"/> Rent/Housing | <input type="checkbox"/> Clothing | <input type="checkbox"/> Transportation (gas, bus/metro fare, etc.) | <input type="checkbox"/> Non-food Basic Needs (toilet paper, soap, toothpaste, etc.) |
| <input type="checkbox"/> 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 MoCo DHS CW | <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 MoCo DHS CW between visits /appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Participate in other programs provided by MoCo DHS CW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Seek other services provided by MoCo DHS CW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(11) What other services do you receive from Montgomery County DHHS - Child Welfare? (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)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Under 18 years old | <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 35-44 years old |
| <input type="checkbox"/> 45-54 years old | <input type="checkbox"/> 55-64 years old | <input type="checkbox"/> 65-74 years old | <input type="checkbox"/> 75 years or older |

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

- | | | | |
|---|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other: _____ | |

(16) What is the zip code where you live? _____

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

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Latino | Other: _____ |

(18) Complete the following sentence: Diapers mean _____ to me.

(19) Other comments or questions for us? _____

Thank you!