

## 1. Welcome!

Thank you for taking the time to complete this survey. The purpose of this information collection is to help the federal program team understand diaper need in communities across the country. **This is an anonymous, voluntary collection of information; you are not required to complete this survey to receive diapering supplies.** It should take you about 20 minutes to complete this survey. Your responses will be kept private and will be accessible only to staff of PDX Diaper Bank and your diaper provider. The information collected will be shared with both federal program staff and a research team, but your responses will be anonymous.

Some of the items in this survey are requested by the federal government and subject to the Paperwork Reduction Act of 1995 (Pub. L. 104-13). The purpose of the items is to understand characteristics and outcomes for participants of the Diaper Distribution Pilot. Public reporting burden for the baseline and follow-up collection of information is estimated to average 5 minutes per response. This collection is voluntary and has been approved by the Office of Management and Budget (OMB #0970-0642, Expiration 04/30/2028).

## 2. Caregiver Information

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "Prefer not to answer" and move to the next question.**

**This section will ask you questions about yourself.**

Date of Enrollment

Please enter the first day this family received diapers.

Date

MM/DD/YYYY

### \* Caregiver Information

Your Date of Birth

Date

MM/DD/YYYY

\* In which county or reservation do you reside?

- |  |   |  |
|--|---|--|
| <input type="radio"/> Baker County           | <input type="radio"/> Hood River County | <input type="radio"/> Polk County              |
| <input type="radio"/> Benton County          | <input type="radio"/> Jackson County    | <input type="radio"/> Sherman County           |
| <input type="radio"/> Clackamas County       | <input type="radio"/> Jefferson County  | <input type="radio"/> Tillamook County         |
| <input type="radio"/> Clatsop County         | <input type="radio"/> Josephine County  | <input type="radio"/> Umatilla County          |
| <input type="radio"/> Columbia County        | <input type="radio"/> Klamath County    | <input type="radio"/> Umatilla Reservation     |
| <input type="radio"/> Coos County            | <input type="radio"/> Lake County       | <input type="radio"/> Union County             |
| <input type="radio"/> Crook County           | <input type="radio"/> Lane County       | <input type="radio"/> Wallowa County           |
| <input type="radio"/> Curry County           | <input type="radio"/> Lincoln County    | <input type="radio"/> Warm Springs Reservation |
| <input type="radio"/> Deschutes County       | <input type="radio"/> Linn County       | <input type="radio"/> Wasco County             |
| <input type="radio"/> Douglas County         | <input type="radio"/> Malheur County    | <input type="radio"/> Washington County        |
| <input type="radio"/> Gilliam County         | <input type="radio"/> Marion County     | <input type="radio"/> Wheeler County           |
| <input type="radio"/> Grant County           | <input type="radio"/> Morrow County     | <input type="radio"/> Yamhill County           |
| <input type="radio"/> Harney County          | <input type="radio"/> Multnomah County  |  |
| <input type="radio"/> Other (please specify) |   |  |

\* Which organization are you receiving diapers from?

- Community Action Organization (in Washington County)
- Community Action Partnership of East Central Oregon (Pendleton)
- Klamath & Lake Community Action Services
- Community Action Team (in Columbia, Clatsop, and Tillamook counties)
- NeighborImpact
- United Community Action Network (in Roseburg)
- Community Services Consortium (Linn, Benton and Lincoln Counties)

\* Enter the Diaper ID number assigned to you by your Diaper Distribution Pilot (DDDRP) service provider.

If you don't know your number, ask a staff member before continuing.

**Important:** Starting October 1, 2025, some providers will assign a different type of Family ID number to new families.

Every family must have **one** unique ID number that will be entered when receiving diapers, and will be used to aggregate data from:

This enrollment survey (BES)  
All diaper distributions  
The outcomes survey

**Check carefully that the number you enter here is the same number your family uses every time.**

\* What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 64
- 65 +
- Prefer not to answer

\* What is your sex?

- Female
- Male
- Prefer not to answer

\* What is your race or ethnicity? (Select one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

\* What is the highest level of education you have completed?

- Grades 0-8
- Grades 9-12, no high school diploma
- High School Graduate, GED, or Equivalency Diploma
- 12th Grade + Some Post-Secondary
- 2 or 4 Years College Graduate
- Graduate or Other Post-Secondary School
- Prefer not to answer

\* Do you currently work for pay?

- Yes
- No
- Prefer not to answer

### 3. Employment Follow-Up

\* Over the next 6 months, do you plan to look for paid work?

- Yes
- No
- Not sure
- Prefer not to answer

#### 4. Number of Children

\* How many children in diapers do you have? Please enter a number between 1 and 5.

## 5. Child Information - Child #1

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "Prefer not to answer" and move to the next question.**

**This section will ask about the children you are enrolling or have enrolled in the program. If you are enrolling or have enrolled more than one child in the program, please pick the oldest to answer about first. Subsequent pages will ask about your younger child(ren) in diapers.**

\* Please enter the date of birth for your oldest child that you are enrolled or have enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

\* How old is your oldest child that you are enrolling or have enrolled in the program?

- Not yet born
- Newborn - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 15 months
- 16 - 18 months
- 19 - 23 months
- 2 years
- 3 years
- 4 years
- 5 - 7 years
- 8 - 11 years
- 12 - 14 years
- 15+ years
- Prefer not to answer

\* What is the race or ethnicity of your oldest child that you are enrolling or have enrolled in the program?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

\* Is your oldest child in diapers currently enrolled in Head Start or Early Head Start?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* Is your oldest child in diapers currently enrolled in child care? (This could include a babysitter, a relative, or a day care or child care center)

- Yes
- No
- Other
- Don't know
- Unknown

\* Is your oldest child in diapers currently enrolled in public pre-kindergarten?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* In the past 30 days did your oldest child in diapers have a diaper rash/infection lasting at least 5 days or a UTI (Urinary Tract Infection or bladder/urine system infection)?

- Yes
- No
- Don't know
- Not Applicable (Unborn Child)
- Prefer not to answer

\* Do you have any other children that you are enrolling or have enrolled in the program?

- Yes
- No
- Prefer not to answer

## 6. Child Information - Child #2

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "Prefer not to answer" and move to the next question.**

\* Please enter the date of birth for your second child that you are enrolling or have enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

\* How old is your second child that you are enrolling or have enrolled in the program?

- Not yet born
- Newborn - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 15 months
- 16 - 18 months
- 19 - 23 months
- 2 years
- 3 years
- 4 years
- 5 - 7 years
- 8 - 11 years
- 12 - 14 years
- 15+ years
- Prefer not to answer

\* What is the race or ethnicity of your second child that you are enrolling or have enrolled in the program?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

\* Is your second child that you are enrolling or have enrolled in the program currently enrolled in Head Start or Early Head Start?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer
- None of the above

\* Is your second child that you are enrolling or have enrolled in the program currently enrolled in child care? (This could include a babysitter, a relative, or a day care or child care center)

- Yes
- No
- Other
- Don't know
- Unknown

\* Is your second child that you are enrolling or have enrolled in the program currently enrolled in public pre-kindergarten?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* In the past 30 days did your second child that you are enrolling or have enrolled in the program have a diaper rash/infection lasting at least 5 days or a UTI (Urinary Tract Infection or bladder/urine system infection)?

- Yes
- No
- Don't know
- Not Applicable (Unborn Child)
- Prefer not to answer

\* Do you have any other children that you are enrolling or have enrolled in the program?

- Yes
- No
- Prefer not to answer

## 7. Child Information - Child #3

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "Prefer not to answer" and move to the next question.**

\* Please enter the date of birth for your third child that you are enrolling or have enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

\* How old is your third child that you are enrolling or have enrolled in the program?

- Not yet born
- Newborn - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 15 months
- 16 - 18 months
- 19 - 23 months
- 2 years
- 3 years
- 4 years
- 5 - 7 years
- 8 - 11 years
- 12 - 14 years
- 15+ years
- Prefer not to answer

\* What is the race or ethnicity of your third child that you are enrolling or have enrolled in the program?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

\* Is your third child that you are enrolling or have enrolled in the program currently enrolled in Head Start or Early Head Start?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* Is your third child that you are enrolling or have enrolled in the program currently enrolled in child care? (This could include a babysitter, a relative, or a day care or child care center)

- Yes
- No
- Other
- Don't know
- Unknown

\* Is your third child that you are enrolling or have enrolled in the program currently enrolled in public pre-kindergarten?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* In the past 30 days did your third child that you are enrolling or have enrolled in the program have a diaper rash/infection lasting at least 5 days or a UTI (Urinary Tract Infection or bladder/urine system infection)?

- Yes
- No
- Don't know
- Not Applicable (Unborn Child)
- Prefer not to answer

\* Do you have any other children that you are enrolling or have enrolled in the program?

- Yes
- No
- Prefer not to answer

## 8. Child Information - Child #4

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "Prefer not to answer" and move to the next question.**

\* Please enter the date of birth for the fourth child that you are enrolling or have enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

\* How old is your fourth child that you are enrolling or have enrolled in the program?

- Not yet born
- Newborn - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 15 months
- 16 - 18 months
- 19 - 23 months
- 2 years
- 3 years
- 4 years
- 5 - 7 years
- 8 - 11 years
- 12 - 14 years
- 15+ years
- Prefer not to answer

\* What is the race or ethnicity of your fourth child that you are enrolling or have enrolled in the program?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

\* Is your fourth child that you are enrolling or have enrolled in the program currently enrolled in Head Start or Early Head Start?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* Is your fourth child that you are enrolling or have enrolled in the program currently enrolled in child care? (This could include a babysitter, a relative, or a day care or child care center)

- Yes
- No
- Other
- Don't know
- Unknown

\* Is your fourth child that you are enrolling or have enrolled in the program currently enrolled in public pre-kindergarten?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* In the past 30 days did your fourth child that you are enrolling or have enrolled in the program have a diaper rash/infection lasting at least 5 days or a UTI (Urinary Tract Infection or bladder/urine system infection)?

- Yes
- No
- Don't know
- Not Applicable (Unborn Child)
- Prefer not to answer

\* Do you have any other children that you are enrolling or have enrolled in the program?

- Yes
- No
- Prefer not to answer

## 9. Child Information - Child #5

\* Please enter the date of birth for your fifth child that you are enrolling or have enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

\* How old is your fifth child that you are enrolling or have enrolled in the program?

- Not yet born
- Newborn - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 15 months
- 16 - 18 months
- 19 - 23 months
- 2 years
- 3 years
- 4 years
- 5 - 7 years
- 8 - 11 years
- 12 - 14 years
- 15+ years
- Prefer not to answer

\* What is the race or ethnicity of your youngest child that you are enrolling or have enrolled in the program?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

\* Is your fifth child that you are enrolling or have enrolled in the program currently enrolled in Head Start or Early Head Start?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* Is your fifth child that you are enrolling or have enrolled in the program currently enrolled in child care? (This could include a babysitter, a relative, or a day care or child care center)

- Yes
- No
- Other
- Don't know
- Unknown

\* Is your fifth child that you are enrolling or have enrolled in the program currently enrolled in public pre-kindergarten?

- Yes
- No
- Enrolled for next school year
- Don't know
- Prefer not to answer

\* In the past 30 days did your fifth child that you are enrolling or have enrolled in the program have a diaper rash/infection lasting at least 5 days or a UTI (Urinary Tract Infection or bladder/urine system infection)?

- Yes
- No
- Don't know
- Not Applicable (Unborn Child)
- Prefer not to answer

## 10. Household Information

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "prefer not to answer" and move to the next question.**

**This section will ask you about your household. A household is any person or group of people who live together as one economic unit (sharing finances). Members of your household do not need to be related by blood or marriage.**

\* How many adults live in your household?

**Include:**

- Anyone 18 or older living in the household at least part-time who shares in your household finances
- Deployed members of the military if they share in your household finances
- An adult child who attends college but lives in the household at least part-time

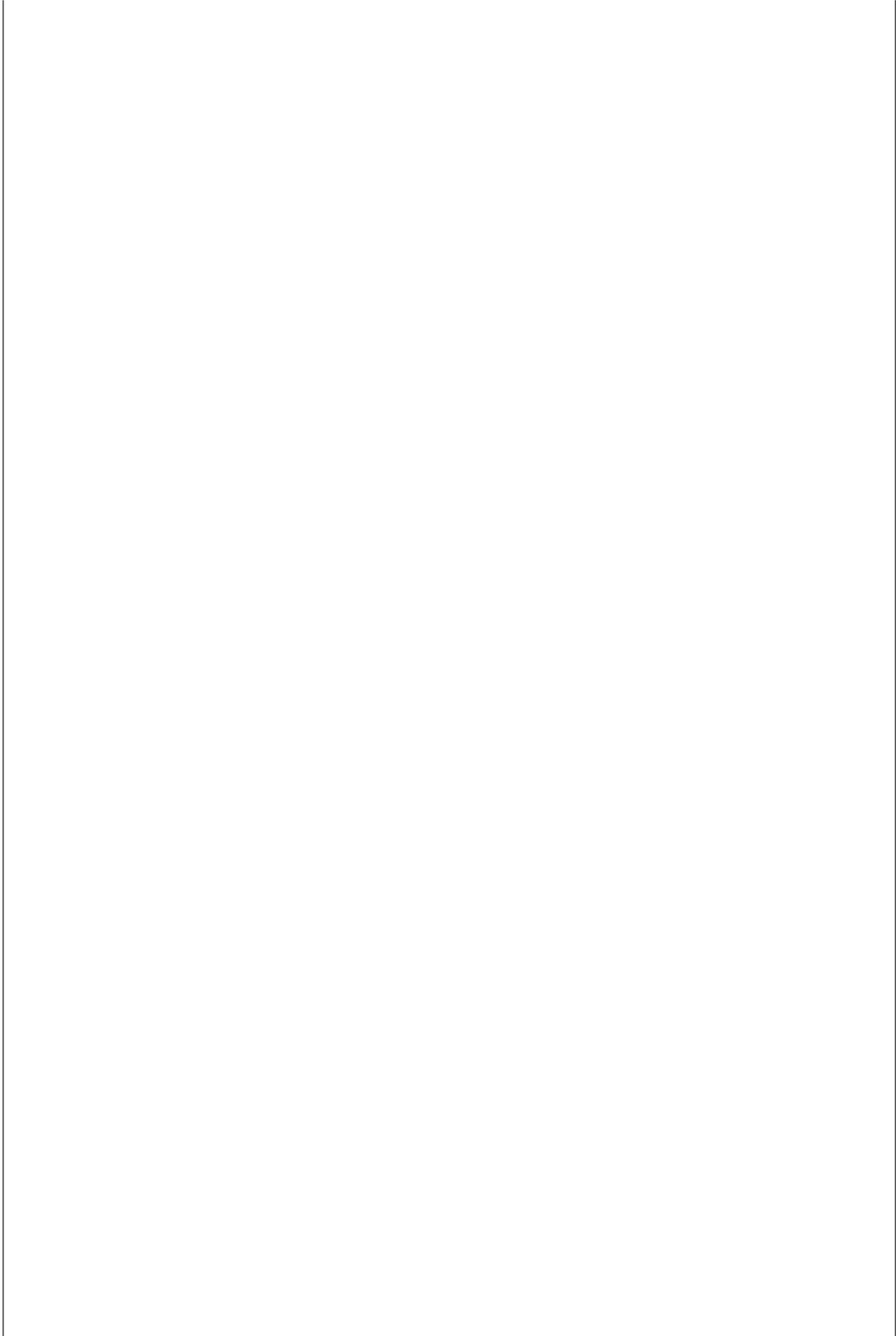
**Don't include:**

- Roommates who pay for their own food or rent
- Inmates of institutions

\* How many children reside in the household at least part-time? (Include: Anyone under age 18 who lives in the household at least part time)

\* How many individuals reside in the household total? **(Add the two previous answers)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14+



## 11. 1 Individual

\* 1 Individual: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$652.08$
- \$652.09-\$978.12
- \$978.13-\$1,304.17
- \$1,304.18-\$1,630.21
- \$1,630.22-\$1,956.25
- \$1,956.26-\$2,282.29
- \$2,282.30-\$2,608.33
- \$2,608.34-\$3,260.42
- $\geq \$3,260.43$

## 12. 2 Individuals

\* 2 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$881.25$
- \$881.26-\$1,321.88
- \$1,321.88-\$1,762.50
- \$1,762.51-\$2,203.12
- \$2,203.14-\$2,643.75
- \$2,643.76-\$3,084.38
- \$3,084.39-\$3,525.00
- \$3,525.01-\$4,406.25
- $\geq \$4,406.26$

### 13. 3 Individuals

\* 3 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$1,110.42$
- \$1,110.43-\$1,665.62
- \$1,665.63-\$2,220.83
- \$2,220.84-\$2,776.04
- \$2,776.05-\$3,331.25
- \$3,331.26-\$3,886.46
- \$3,886.47-\$4,441.67
- \$4,441.68-\$5,552.08
- $\geq \$5,552.09$

## 14. 4 Individuals

\* 4 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$1,339.58$
- \$1,339.59-\$2,009.38
- \$2,009.38-\$2,679.17
- \$2,679.18-\$3,348.96
- \$3,348.97-\$4,018.75
- \$4,018.76-\$4,688.54
- \$4,688.55-\$5,358.33
- \$5,358.34-\$6,697.92
- $\geq \$6,697.93$

## 15. 5 Individuals

\* 5 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$1,568.75$
- \$1,568.76-\$2,353.12
- \$2,353.14-\$3,137.50
- \$3,137.51-\$3,921.88
- \$3,921.89-\$4,706.25
- \$4,706.26-\$5,490.62
- \$5,490.64-\$6,275.00
- \$6,275.01-\$7,843.75
- $\geq \$7,843.76$

## 16. 6 Individuals

\* 6 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$1,797.92$
- \$1,797.93-\$2,696.88
- \$2,696.89-\$3,595.83
- \$3,595.84-\$4,494.79
- \$4,494.80-\$5,393.75
- \$5,393.76-\$6,292.71
- \$6,292.72-\$7,191.67
- \$7,191.68-\$8,989.58
- $\geq \$8,989.59$

## 17. 7 Individuals

\* 7 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$2,027.08$
- \$2,027.09-\$3,040.62
- \$3,040.64-\$4,054.17
- \$4,054.18-\$5,067.71
- \$5,067.72-\$6,081.25
- \$6,081.26-\$7,094.79
- \$7,094.80-\$8,108.33
- \$8,108.34-\$10,135.42
- $\geq \$10,135.43$

## 18. 8 Individuals

\* 8 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$2,256.25$
- \$2,256.26-\$3,384.38
- \$3,384.39-\$4,512.50
- \$4,512.51-\$5,640.62
- \$5,640.64-\$6,768.75
- \$6,768.76-\$7,896.88
- \$7,896.89-\$9,025.00
- \$9,025.01-\$11,281.25
- $\geq \$11,281.26$

## 19. 9 Individuals

\* 9 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$2,485.42$
- \$2,485.43-\$3,728.12
- \$3,728.14-\$4,970.83
- \$4,970.84-\$6,213.54
- \$6,213.55-\$7,456.25
- \$7,456.26-\$8,698.96
- \$8,698.97-\$9,941.67
- \$9,941.68-\$12,427.08
- $\geq \$12,427.09$

## 20. 10 Individuals

\* 10 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$2,714.58$
- \$2,714.59-\$4,071.88
- \$4,071.89-\$5,429.17
- \$5,429.18-\$6,786.46
- \$6,786.47-\$8,143.75
- \$8,143.76-\$9,501.04
- \$9,501.05-\$10,858.33
- \$10,858.34-\$13,572.92
- $\geq \$13,572.93$

## 21. 11 Individuals

\* 11 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$2,943.75$
- \$2,943.76-\$4,415.62
- \$4,415.64-\$5,887.50
- \$5,887.51-\$7,359.38
- \$7,359.39-\$8,831.25
- \$8,831.26-\$10,303.12
- \$10,303.14-\$11,775.00
- \$11,775.01-\$14,718.75
- $\geq \$14,718.76$

## 22. 12 Individuals

\* 12 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$3,172.92$
- \$3,172.93-\$4,759.38
- \$4,759.39-\$6,345.83
- \$6,345.84-\$7,932.29
- \$7,932.30-\$9,518.75
- \$9,518.76-\$11,105.21
- \$11,105.22-\$12,691.67
- \$12,691.68-\$15,864.58
- $\geq \$15,864.59$

## 23. 13 Individuals

\* 13 Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- $\leq \$3,402.08$
- \$3,402.09-\$5,103.12
- \$5,103.14-\$6,804.17
- \$6,804.18-\$8,505.21
- \$8,505.22-\$10,206.25
- \$10,206.26-\$11,907.29
- \$11,907.30-\$13,608.33
- \$13,608.34-\$17,010.42
- $\geq \$17,010.43$

## 24. 14+ Individuals

\* 14+ Individuals: How much money did all the adults in your household earn last month, in total, pre-tax?

- ≤\$3,631.25
- \$3,631.26-\$5,446.88
- \$5,446.89-\$7,262.50
- \$7,262.51-\$9,078.12
- \$9,078.14-\$10,893.75
- \$10,893.76-\$12,709.38
- \$12,709.39-\$14,525.00
- \$14,525.01-\$18,156.25
- ≥\$18,156.26

## 25. Needs Assessment

**Instructions: Please answer the questions below to the best of your ability. If you don't know the answer to a question or you don't feel comfortable answering, please select "Prefer not to answer" and move to the next question.**

\* Is it currently a challenge to get all the diapers your child/children need?

- Not applicable
- Yes
- No
- Prefer not to answer

\* Do you have regular care for ALL your children so you could go to work or school?

- Not applicable
- Yes
- No
- Prefer not to answer

\* In the last 6 months, did you ever have to miss work or school because you did not have enough diapers to send your child to daycare/school?

- Not applicable
- Yes
- No
- Prefer not to answer

\* In the last 6 months, did you ever have to delay changing your child's diaper to conserve supply?

- Not applicable
- Yes
- No
- Prefer not to answer

\* In the last 6 months, did you ever feel stressed or anxious about not having enough diapers for your child(ren)?

- Not applicable
- Yes
- No
- Prefer not to answer

\* In the last 6 months, did you ever need to cut back on spending on food or other essential needs items to afford diapers?

- Not applicable
- Yes
- No
- Prefer not to answer
- None of the above

## 26. Referrals

\* Were you offered information about, given a referral to, or connected with any resources by your service provider today or through the act of setting up this appointment?

- Yes
- No
- Prefer Not to Answer

## 27. Referrals Follow-Up

\* Please select the category of referral that you were connected with or received information about (can select more than one):

Advocacy and Community Education

Asset Building

Basic Needs Support

Children, Youth, and Parents

Community Economic Development

Domestic Violence Victims Assistance

Energy/Utility Assistance

Food Assistance

Health Care Resources

Head Start / Early Head Start

Housing and Homelessness Support

Migrant / Farm Worker Services

Rental Assistance

Re-Entry Services

Senior Services

Veterans Services

Other (please specify)

None of the above

## 28. Exit Page

**Thank You for Completing Our Survey! Please click "submit" below to record your response.**