

DDDRP Family Outcomes - Oregon

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 the effectiveness of our diaper program. **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).

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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 Follow-Up Survey

Families should be asked to complete this survey after being enrolled in the DDDR Program for 6 months.

Date

MM/DD/YYYY

* 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)

* In which county or reservation do you reside?

- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos County
- Crook County
- Curry County
- Deschutes County
- Douglas County
- Gilliam County
- Grant County
- Harney County

- Hood River County
- Jackson County
- Jefferson County
- Josephine County
- Klamath County
- Lake County
- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Morrow County
- Multnomah County
- Polk County
- Sherman County
- Tillamook County
- Umatilla County
- Umatilla Reservation
- Union County
- Wallowa County
- Warm Springs Reservation
- Wasco County
- Washington County
- Wheeler County
- Yamhill County
- Other (please specify)

*** Caregiver Information**

Your Date of Birth

Date

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

IMPORTANT: Please enter your Diaper ID exactly as given. Double-check before continuing. If you don't know your number, ask a staff member before continuing.

Every family has **one** unique ID number that will be entered when receiving diapers, and will be used to connect your data with the responses you entered into your enrollment survey (BES).

Check carefully that the number you enter here is the same number your family uses every time to get diapers and that was entered when you completed the BES.

3. Employment Follow-Up

* Do you currently work for pay?

- Yes
- No
- Prefer not to answer

* In the past six months, have you participated in activities to help prepare you for employment, education, or job training? (This includes searching for jobs, attending job fairs, preparing a resume, applying for jobs or training/education programs, etc.)

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

* In the past six months, have you enrolled in any education or job training programs? (This includes GED classes, community college, a job training program, or an apprenticeship etc.)

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

* Which of the following best describes your current situation? (Select one)

- Preparing for employment (job search, resume, applications)
- Enrolled in education or job training
- Currently working (full-time or part-time)
- Not currently preparing for employment or training
- Prefer not to answer

* Do you currently need a job or more hours of work?

- Yes
- No
- Prefer not to answer

4. Number of Children

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

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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 have enrolled in the program. If you 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 is enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

* 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 are enrolled in the diaper program?

- Yes
- No
- Prefer not to answer

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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 is enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

* In the past 30 days did your second child that is 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 are enrolled in the diaper program?

- Yes
- No
- Prefer not to answer

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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 is enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

* In the past 30 days did your third child that is 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 are enrolled in the diaper program?

- Yes
- No
- Prefer not to answer

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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 is enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

* In the past 30 days did your fourth child that is 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 are enrolled in the diaper program?

- Yes
- No
- Prefer not to answer

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9. Child Information - Child #5

* Please enter the date of birth for your fifth child that is enrolled in the program.

Date of Birth

Date

MM/DD/YYYY

* In the past 30 days did your fifth child that is 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. 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?

Note: **This question is trying to understand whether, including diapers from this program, you have an adequate supply.** This question is *not* asking whether you are able to get all of these diapers on your own without the program.

- Not applicable (e.g., unborn child)
- Yes
- No
- Prefer not to answer

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

Note: Caregivers should answer "Not applicable" if they do not need child care because a caregiver is on parental leave from work or if a caregiver does not intend to work (e.g., is retired, has a disability, is a homemaker).

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

* Since being enrolled in this program, 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

* Since being enrolled in this program, did you ever have to delay changing your child's diaper to conserve supply?

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

* Since being enrolled in this program, did you ever feel stressed or anxious about not having enough diapers for your child(ren)?

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

* Since being enrolled in this program, 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

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11. Comments

Do you have any feedback about the diaper program, or stories to share about how being enrolled in the program has impacted your family's wellbeing?

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