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ATTORNEYS



## **Retail Theft – Exit Survey Participant Questionnaire**

**Participant ID :**

**Date :**

**1. What is your employment status?**

- a. Employed Full time (35 + hours per week)
- b. Employed Part time
- c. Employed seasonal/occasional
- d. Unemployed, Looking for work
- e. Unemployed, disabled
- f. Unemployed, retired
- g. Unemployed, not looking for work

**2. What is your total annual income?**

- a. \$0-\$10,000
- b. \$10,001-\$20,000
- c. \$20,001-\$30,000
- d. \$30,001-\$40,000
- e. \$40,000 - \$50,000
- f. \$50,000 - \$60,000
- g. \$60,001-\$70,000
- h. \$70,000 or more

**3. How many dependents do you have?**

- a. None
- b. 1-2
- c. 3-4
- d. More than 4



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- 4. Do you have enough money to meet your needs?**
  - a. Never
  - b. Sometimes
  - c. Often
  - d. Always
  
- 5. What is your living situation today?**
  - a. I have a steady place to live
  - b. I have a place to live today, but I am worried about losing it in the future
  - c. I do not have a steady place to live
  
- 6. In the past 30 days, I worried that food would run out before I had money to buy more.**
  - a. True
  - b. False
  
- 7. In the past 12 months, has there been a time when you have had no health insurance?**
  - a. Yes
  - b. No
  - c. I'm not sure
  
- 8. Do you think you could benefit from financial training or budgeting advice?**
  - a. Yes
  - b. No
  - c. I'm not sure
  
- 9. During the past 30 days, have you used any of the following substances? (Mark all that apply.)**
  - a. Alcohol
  - b. Marijuana
  - c. Any Illicit substances (e.g., heroin, cocaine, fentanyl)
  - d. None of the above



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**10. What is your highest level of education?**

- a. Less than 12th Grade
- b. 12th Grade, High School Diploma or equivalent (GED)
- c. Vocational/Technical
- d. Associates Degree
- e. College or University
- f. Bachelor's Degree (BA, BS)
- g. Graduate Work/Graduate Degree

**11. Would you like to obtain additional education or training?**

- a. Yes
- b. No

**12. Have you been diagnosed with any mental health conditions?**

- a. Yes
- b. No

**13. How would you rate your overall mental health?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

**14. Do you feel you would benefit from any counseling/therapy?**

- a. Yes
- b. No
- c. I'm not sure

**15. Since starting this program, has your relationship with your partner and/or family:**

- a. Improved
- b. Stayed the same
- c. Gotten worse
- d. Other, please explain:



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**16. Have you had a mentor?**

- a. Yes
- b. No
- c. I would like to have a mentor

**17. What services did you have that helped address your needs?**

**18. What services did you have that did not help address your needs?**

**19. Are there any changes you would like to see in this program?**

- a. Yes (please describe):
- b. No

**20. Would you participate in a follow up interview?**

- a. Yes
- b. No

**21. Any final thoughts?**