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ATTORNEYS



Retail Theft – Needs 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. Have you experienced any of the following challenges when searching for or keeping employment? (Mark all that apply.)

- a. Transportation
- b. Availability
- c. Education level
- d. Training
- e. Work experience
- f. Alcohol/other drug issues
- g. Criminal history
- h. Lack of childcare
- i. Lack of stable housing
- j. Clothing
- k. Health concerns
- l. Not applicable

3. 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



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- g. \$60,001-\$70,000
- h. \$70,000 or more

4. How many dependents do you have?

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

5. Do you have enough money to meet your needs?

- a. Never
- b. Sometimes
- c. Often
- d. Always

6. Do you receive governmental assistance? (Mark all that apply.)

- a. Food stamps
- b. Housing
- c. Medicaid
- d. WIC (Women, Infants, and Children Nutrition Program)
- e. TANF (Temporary Assistance for Needy Families (TANF) Plan)
- f. SSI (Supplemental Security Income)
- g. Utilities
- h. Childcare
- i. Unemployment
- j. VA benefits

7. Do you think you might be eligible for any of the above benefits?

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

8. What is your living situation today?



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- 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

9. Where would you like to live?

- a. Apartment
- b. Condominium
- c. Share a house
- d. Own a home
- e. Other _____

10. What prevents you from living there? (Mark all that apply.)

- a. Availability
- b. Finances
- c. Criminal history
- d. Other _____

11. In the past 30 days, I worried that food would run out before I had money to buy more.

- a. True
- b. False

12. 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

13. Do you think you could benefit from financial training or budgeting advice?

- a. Yes
- b. No



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- c. Not sure

14. 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

15. 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

16. Would you like to obtain additional education or training?

- a. Yes
- b. No

17. Have you been diagnosed with any mental health conditions?

- a. Yes
- b. No

18. How would you rate your overall mental health?

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



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

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

20. What needs/issues do you have that you would like to address?

21. What is your race?

- a. American Indian/Alaskan Native/Native American
- b. Asian/Asian American
- c. Black/African American/African Descendant
- d. Middle Eastern/North African
- e. Native Hawaiian/Pacific Islander
- f. White
- g. Multi-Racial
- h. Prefer Not to Answer
- i. Other (please specify)

22. Are you Hispanic/Latino/a or Latinx?

- a. Yes
- b. No

23. What is your birth date? (Month/Day/Year)

24. What is your gender identify?



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- a. Male
- b. Female
- c. Transgender
- d. Prefer not to answer
- e. Other (please specify)