Community survey

Use this form to survey residents throughout your community to learn about their shopping habits and preferences.

Today's date __________________ Event/location where collecting surveys ______________________________

Store name __________________________________________________________________________________

1. Where do you and your family buy your food? (Check all that apply).
   - Grocery store or supermarket (Hy-Vee, Shop 'n Save, Country Mart)
   - Large store (Walmart, Target)
   - Corner/convenience store (7-Eleven, Casey's, Corner Market)
   - Drug store (Walgreens, CVS)
   - Dollar store
   - Mom and pop store
   - Farmers market
   - Food pantry, church or community center
   - Other place: __________________________

2. Do you shop at ____________________________________ (partner store name)? Yes / No
   If yes, go to the next question. If no, go to question 12.

3. How far away do you live from this store? ____ blocks or ____ miles or ____ minutes

4. How do you get to this store? (Pick one).
   - Walk
   - Bike
   - Bus
   - Your car
   - Borrowed car
   - Other: ______________________

5. How often do you shop at this store? (Check one.)
   - Daily
   - Weekly
   - Monthly
   - A few times a year
   - Never

6. Why do you shop at this store? (Check all that apply.)
   - It is close to where I live.
   - It is close to my work.
   - I meet my friends here.
   - It has good service.
   - It has good prices.
   - It has good quality.
   - It has a good selection.
   - It has choices I need or want.
   - I know the owner.
   - It is clean.
   - It has credit.
   - It accepts EBT/food stamps or WIC.
   - Other: ____________________________

7. About how much do you spend per week at this store? ______

8. What do you buy most from this store? Please be specific (examples: fruit, juice, chips, nonfood items).
   __________________________________________________________________________________________
   __________________________________________________________________________________________

9. Do you buy dairy products here? Yes / No

10. Do you buy fruits here? Yes / No
11. Do you buy vegetables here?  Yes / No

12. What would it take for you to buy more of your groceries at this store? (Check all that apply.)

☐ I already buy most of my groceries here
☐ Better prices
☐ Better quality
☐ More healthy snack options
    (examples: baked chips, nuts)
☐ More general grocery items
    (examples: whole-grain bread, low-fat dairy,
    canned and frozen produce)
☐ Better service
☐ Cleaner store
☐ More choices
☐ Better advertising of healthy items (I didn’t
    know they sell healthy items)
☐ Needs to accept EBT/food stamps or WIC
☐ Nicer looking exterior
☐ Being able to suggest the items I’d like to buy
    here
☐ Transportation
☐ Better safety
☐ Different store hours
☐ Other: ____________________________________

13. What would help you buy more fruits and vegetables in general? (Select your top three ideas.)

☐ In-store specials/more value for the money
☐ Free samples to taste
☐ Having recipes available at the store
☐ Seeing in-store cooking demonstrations
☐ Having a nutritionist or dietitian available to
    answer questions
☐ Having nutrition information displayed by the
    food items that are considered healthy
☐ Nice displays
☐ More variety
☐ More precut, prewashed fruits and vegetables
    available
☐ Locally grown fruits and vegetables
☐ Other: ____________________________________

14. On a scale from 1 to 10 with 1 being “not at all” and 10 being “extremely,”
    how important should healthy eating be? ______

15. On a scale from 1 to 10 with 1 being “never” and 10 being “at every meal,”
    how often are you taking steps towards healthy eating? ______

*Note, this section is optional.*
*So we can best use your answers, please also tell us:*

Age: ________  Home ZIP code: _____________

Number of people you live with: ______________  Number of children under 18 you live with: ______

Do you or does someone you live with own a car in working condition?  Yes / No

Do you or does someone you live with receive or use EBT/food stamps or WIC? (Check all that apply.)

☐ WIC
☐ EBT/food stamps
☐ Do not know
☐ Prefer not to answer
☐ No, no one in my home receives food stamps or WIC benefits.

Any other comments: ____________________________________________________________

Thank you for your time and participation!