Store owner interview

Use this form to interview the store owner and learn more about the store.

Today’s date _______________ Your names ______________________________________________

Store name __________________________________________________________

Store owner’s name ________________________________________________

Background questions

Are you a resident of this community?    Yes / No

How long have you owned or managed this store?      ____ years   ____ months

How many employees do you have, not including yourself? ________

Do you accept EBT (electronic benefits transfer, food stamps, SNAP)?      Yes / No

Do you accept WIC (Women’s, Infants and Children Program benefits)?      Yes / No

What are your store hours?

    Mon. _______  Tue. _______  Wed. _______  Thu. _______  Fri. _______  Sat. _______  Sun. _______

Please estimate the percentage of customers that fit into each category. This information will be helpful as we develop a marketing plan for your store.

    Children (school age) _______    Youth (high school) _______    Young adults _______

    Middle-aged adults _______    Senior citizens _______

Product offerings

How do you make your product selections?    ____________________________________________

What are the top three selling food items in your store?

    1._________________________    2._________________________    3._________________________

What are the top three fresh fruits or vegetables sold in your store?

    1._________________________    2._________________________    3._________________________
Have you tried to sell fresh produce items in the past? Yes / No

What, if any, challenges have you had carrying fresh produce? (Check all that apply.)

☐ Pricing
☐ Sourcing affordable produce
☐ Spoilage before it sells
☐ Other (please describe) ____________________________________________

☐ Having adequate refrigeration
☐ None

What makes it hard to carry more healthy foods in your store? ____________________________________________

What healthier items are you interested in selling? ____________________________________________

(See healthy food lists on pages 10 and 11 of Stock Healthy, Shop Healthy: Community Toolkit.)

Other

Do you advertise in the community? Yes / No

If so, what methods do you use? ____________________________________________

What works? ____________________________________________

What hasn’t worked? ____________________________________________

Providing nutrition education to your customers is important to us. Offering taste tests or samples of healthy recipes is a great way for your customers to try something new and receive a healthy recipe. Where would we have the space to hold taste tests in your store? ____________________________________________

We will provide you with posters, signs and shelf talkers that promote healthy eating. Where are good places to hang them inside and outside your store? ____________________________________________

What ideas do you have to increase availability, visibility and affordability of produce, dairy, whole grains, lean meats and other healthy foods in your store? ____________________________________________

How can we best help you to offer and sell healthier foods? ____________________________________________

Do you have any additional comments? ____________________________________________

Thank you for your time!