Round 2 - Choice Neighbor Survey 2022

We are inviting you to answer survey questions about your household and your experience when visiting this food program. Answers to these questions will help us improve our services. The survey takes about 5 minutes. Taking the survey is completely optional. If you agree to participate, you can always change your mind and stop the survey at any time. You don't have to answer any questions you don't want to. Whether or not you choose to take the survey, it won't change the services you receive from this program now or in the future.

As a thank you for taking the survey, we will provide you with a $10 gift card once you finish the survey. Please fill out only one survey per household. Your name will never be connected to the answers you provide. All the information we report will be at the group level, never about one individual.

Sometimes people need help getting food for their household. There are many programs in the community that can help, including free groceries from a food pantry, food bank, church, or other place that helps with free food.

1. Over the last 3 months, how many different places did you go to get food from a food pantry or food program?

Write number:

Next, we are interested in learning about your experience coming to **this food program.**

1. Over the last 3 months, how often did you typically come to **this food program**? *Please select one.*

օ Once a week or more

օ One to two times per month

օ Less than once a month

օ This is my first time at this food program

1. How long does it typically take to get your food from the time that you arrive at **this food program** to the time you leave, including waiting in line and filling out any paperwork? *Please select one.*

|  |  |
| --- | --- |
| օ Less than 15 minutesօ 15-30 minutesօ 31 minutes - 1 hour | օ Between 1 and 2 hoursօ More than 2 hours |

1. On a scale from 1 – 10, with 1 being very unlikely and 10 being very likely, how likely are you to recommend **this food program** to your friends/neighbors? *Please circle one.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Veryunlikely |  |  |  |  |  |  |  |  | Verylikely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Overall, how satisfied are you with your experience at **this food program?** *Please select one.*

|  |  |
| --- | --- |
| օ Very satisfiedօ Somewhat satisfied | օ Somewhat dissatisfiedօ Very dissatisfied |

1. Have you felt recently that a staff member or volunteer at **this food program** judged you because of your personal circumstances or other reasons? *Please select one.*

|  |  |
| --- | --- |
| օ Strong yesօ Yes | օ Noօ Strong No |

1. *If you said “Yes” or “Strong Yes” to the last question, please select one.* How frequently do you feel judged?

|  |  |  |
| --- | --- | --- |
| օ Frequently | օ Some of the time | օ Happened once or twice |

1. Which of the following best describes your ability to choose the foods you want at **this food program**? *Please select one.*

օ No Choice: I receive the same bag/box of food as everyone else.

օ Limited Choice: I can choose between types of prepacked bags/boxes, or I receive the same bag/box of food as everyone else, and I can choose from a few items.

օ Modified Choice: I choose general types of items (“cereal” or “soup”) from a menu or tell staff/volunteers what items I want. The volunteers or staff usually handle the food.

օ Full Choice: The program may limit how many items I can take, but I can choose my food like at a grocery store. If ordering by phone or online, I can select specific items (“cheerios” or “chicken noodle soup”).

1. How satisfied are you with your ability to choose foods at **this food program?** *Please select one.*

օ Very satisfied with the amount of choice that I have in selecting my food

օ Satisfied with the amount of choice

օ Unsatisfied with the amount of choice

օ Very unsatisfied with the amount of choice that I have in selecting my food

1. How often can you get the variety and types of food that you need or want at **this food program?** *Please select one.*

|  |  |
| --- | --- |
| օ Alwaysօ Sometimes | օ Rarelyօ Never |

1. How often are each of the following available at **this food program?** *Please select one per row.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always | Sometimes | Rarely | Never | Don't Know |
| Fresh fruits/vegetables | օ | օ | օ | օ | օ |
| Dairy | օ | օ | օ | օ | օ |
| Lean protein | օ | օ | օ | օ | օ |
| Whole grains | օ | օ | օ | օ | օ |
| Non-food products (hygiene, paper products, diapers) | օ | օ | օ | օ | օ |

1. How satisfied are you with the amount of fruits and vegetables you receive from **this food program?** *Please select one.*

|  |  |
| --- | --- |
| օ Very satisfiedօ Somewhat satisfied | օ Somewhat dissatisfiedօ Very dissatisfied |

1. How satisfied are you with the quality of fruits and vegetables you receive from **this food program?** *Please select one.*

|  |  |
| --- | --- |
| օ Very satisfiedօ Somewhat satisfied | օ Somewhat dissatisfiedօ Very dissatisfied |

1. How often do the following happen at **this food program?** *Please select one per row.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Always | Sometimes | Rarely | Never |
| I use all the food I receive | օ | օ | օ | օ |
| I receive food I do not need/do not want | օ | օ | օ | օ |
| The quality of the food is bad or it is spoiled before I can use it | օ | օ | օ | օ |
| I give away or trade some of the food items I receive | օ | օ | օ | օ |
| I donate some food back to the food program | օ | օ | օ | օ |

14B. Thinking about the last 5 months (since last October), have you noticed any of the following changes at **this food program**? *Please select one per row.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Better | No Changes | Worse | Not Applicable: I wasn’t here 5 months ago |
| Ability to choose the foods you want | օ | օ | օ | օ |
| Amount of fresh fruits and vegetables | օ | օ | օ | օ |
| Quality of fresh fruits and vegetables | օ | օ | օ | օ |
| Process for getting food | օ | օ | օ | օ |

1. Does anyone in your household have any of the following dietary factors or concerns?

*Please select all that apply.*

|  |  |
| --- | --- |
| * Low-sugar and/or “diabetes- friendly”
* Low-carb (carbohydrate)
* Low-sodium (salt) and/or low saturated fat (“heart-healthy”)
* Gluten-free
* Halal
 | * Kosher
* Vegan
* Vegetarian
* Soft diet / dental concerns
* Limited / no cooking equipment
* Food allergen (e.g., peanut, seafood, dairy)
 |
| * Other (please describe):
* None
 |

1. How do you describe your gender? *Please select one.*

|  |  |
| --- | --- |
| օ Maleօ Female | օ Some other way: օ Prefer not to answer |

1. Can you please write your age?

օ Write your age in years:

օ Prefer not to answer

1. How do you describe your race or ethnicity? *Please select all that apply.*

|  |  |
| --- | --- |
| * White or Caucasian
* Black or African American
* Hispanic or Latino
* Asian
* American Indian or Alaska Native
 | * Middle Eastern or North African
* Native Hawaiian or other Pacific Islander
* Some other race or ethnicity
* Don't know
* Prefer not to answer
 |

1. Is anyone in your household under the age of 18? *Please select one.*

օ Yes

օ No

1. Is anyone in your household over the age of 65? *Please select one.*

օ Yes

օ No

***This is the end of the survey. Thank you for your time!***