SURVEYMONKEY INSTRUMENT

ADMINISTRATIVE QUESTIONS
1. Name of Survey Location (drop down list):

INTERCEPT SURVEY QUESTIONS
2. What prompted you to come here today?
   • Need food
   • Changes/delays in benefits or social assistance
   • Current benefits are too low
   • Debt
   • Delayed wages
   • Dietary restrictions
   • Family breakup
   • Homeless
   • Low wages
   • Natural disaster
   • Relocation
   • Sickness/ medical expenses
   • Unexpected housing expenses
   • Unexpected expenses (non-housing)
   • Unemployed/recently lost job
   • Other [text]:

3. Why did you choose this specific location today? Choose up to 2 options.
   • It is close by my home
   • It is close by my work
   • Good hours
   • I come here for other services
   • The selection/quality of food
   • It’s the only place I know of to get food assistance
   • Other [text]:

4. How did you first find out about this location?
   • Word of mouth
   • Internet/ Social media
   • Print advertisement (e.g., flyer)
   • Sign out front of location
   • Other [text]:
5. **How did you get here today?**
   - Car
   - Walk
   - Bus
   - Train
   - Taxi / Uber/ Another paid ride
   - Other [text]:

6. **How satisfied are you with ....?**

<table>
<thead>
<tr>
<th></th>
<th>Very unsatisfied</th>
<th>Somewhat unsatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <strong>hours</strong> at this location.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>The <strong>amount</strong> of food I get at this location.</td>
<td></td>
<td></td>
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<tr>
<td>The <strong>quality</strong> of food I get at this location (e.g., it doesn't go bad fast).</td>
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<tr>
<td>The amount of <strong>protein</strong> I receive (e.g., meats, fish, eggs, etc.).</td>
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<tr>
<td>The amount of <strong>fresh produce</strong> I get here (e.g., fruits, vegetables).</td>
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<tr>
<td>The amount of <strong>canned food/ready-to-eat food</strong> I get here.</td>
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<tr>
<td>The <strong>shelf-life</strong> of the food I get (e.g., it doesn't go bad fast).</td>
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</tbody>
</table>
7. **How much do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Mostly disagree</th>
<th>Mostly agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I live with a disability that makes it difficult to come here.</td>
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<tr>
<td>Transportation is a barrier to get here.</td>
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<tr>
<td>Lack of childcare is a barrier to get here.</td>
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<td>I need information in a language other than English.</td>
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<tr>
<td>I’m unable or unsure how to prepare the food I get here.</td>
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<tr>
<td>The food I get here aligns with my culture or beliefs.</td>
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<tr>
<td>The food I get here aligns with my dietary needs.</td>
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</tbody>
</table>

8. **What would improve your access to food? Check all that apply.**
   - More hours and/or days available at this location
   - Better way to get to this location
   - Additional pantries/meal programs near my home
   - Additional pantries/meal programs near my work
   - The ability to make an appointment and/or reserve food here in advance
   - Other [text]:

9. **Do you have any dietary restrictions?**
   - No
   - Yes
   - If yes, please describe:

10. **How often do you come here?**
    - Daily
    - Weekly
    - Twice a month
    - Monthly
    - Other [text]:
11. Where do you get most of your food? Select the top two choices:
- This location
- Grocery stores
- Gas station / convenience store
- Discount store
- Specialty store/small grocer
- Government food assistance programs
- Farmers markets
- Community gardens
- Other food pantries

12. What nutrition benefits do you receive?
- SNAP
- WIC
- None
- Other [text]:

13. If you do not receive nutrition benefits, why not?
- I do receive nutrition benefits
- I’m not sure if I am eligible
- I know I’m not eligible
- They’re not worth the effort of applying
- Other [text]:

14. Do you know someone who needs food assistance who is not getting it? (optional)
- Yes
- No

15. What would be the best way to let other people know about this location? (optional)
- Word of mouth
- Internet/ Social media
- Print advertisement (e.g., flyer)
- Other [text]:

16. How much of the food obtained from this pantry do you and/or your family members typically consume? (Optional)
- All
- Nearly all
- Only a little of it
17. What do you do with any extra food you cannot eat? (Optional)
   - Give it to someone else
   - Compost it
   - Throw it in the trash
   - Other [text]:

18. If you could change one thing about this food pantry or meal program, what would it be? [Text Box]

19. Which would best describe how you identify?
   - African American
   - Asian
   - White
   - Pacific Islander
   - Native American
   - Hispanic/Latino
   - Multi-racial
   - Other (text fill in):
   - Choose not to provide

20. What is your age?
   - 18-29
   - 30-40
   - 41-50
   - 51-60
   - 61-70
   - 71-80
   - 81-90
   - 90+

21. How many children under the age of 18 are there in your household? If none, enter 0.
   - 0
   - 1
   - 2
   - 3
   - 4+
22. What is your zip code?
   • Text box: __________________

Thank you! Please hit the “DONE” button below to make sure your input is recorded.