

SuperShelf Statewide Food Shelf Client Survey

- You do not have to fill out this survey if you do not want to.
- You will still receive food even if you do not complete the survey.
- Your answers will help us understand how to improve food shelves throughout the state.
- The survey will take about 10 minutes.

Thank you for talking the time to fill out this survey.

1) About how often do you visit this food shelf? **Check one.**

- Once a week or more
- A few times a month
- Once a month
- Once every other month
- A few times a year
- Once a year or less
- This is my first time visiting this food shelf

2) About how long have you been visiting this food shelf? **Check one.**

- This is my first time
- About a month
- About six months
- About a year
- More than a year

3) Please respond YES or NO to the following statements. **Check one for each row.**

- | | YES | NO |
|---|--------------------------|--------------------------|
| a. I would like to provide more fresh fruits and vegetables for my family if I could. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone in my household knows how to prepare many fruits and vegetables. | <input type="checkbox"/> | <input type="checkbox"/> |

4) Which of these foods are important to you to have every time you visit the food shelf?

Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Fresh fruits and vegetables | <input type="checkbox"/> Meat, poultry, and fish | <input type="checkbox"/> Cooking items (spices, oil, etc.) |
| <input type="checkbox"/> Canned fruits and vegetables | <input type="checkbox"/> Nuts | <input type="checkbox"/> Dried and canned beans |
| <input type="checkbox"/> Whole grains (brown rice, whole wheat bread and whole wheat pasta) | <input type="checkbox"/> Eggs | <input type="checkbox"/> Canned or boxed meals (ravioli, hamburger helper, mac and cheese) |
| <input type="checkbox"/> Dairy (milk, cheese, yogurt) | <input type="checkbox"/> White bread (sliced, hot dog buns, hamburger buns) | <input type="checkbox"/> Pastries (donuts, cakes, cookies) |
| <input type="checkbox"/> Dried fruits and vegetables | <input type="checkbox"/> Peanut butter/Nut butters | <input type="checkbox"/> Candy |
| <input type="checkbox"/> Chips | <input type="checkbox"/> Soup | <input type="checkbox"/> Soda |

5) Think about all of the food you get for your house (from all places).

How much of **all the food you got was from this food shelf?** **Check one for each row.**

- | | I didn't get any | Less than half | About half | More than half | All of my food |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. In the LAST MONTH | <input type="checkbox"/> |
| b. In the last 6 MONTHS | <input type="checkbox"/> |

6) Think about of all the **fruits and vegetables** you get for your house (from all places).

How much of **all of the fruits and vegetables was from this food shelf?** **Check one for each row.**

- | | I didn't get any | Less than half | About half | More than half | All of my food |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. In the LAST MONTH | <input type="checkbox"/> |
| b. In the last 6 MONTHS | <input type="checkbox"/> |

7) Please answer YES or NO to the following statement:

*Within the past **12 months** we worried whether our food would run out before we got money to buy more.*

- YES NO I prefer not to answer

8) Please answer YES or NO to the following statement:

*Within the past **12 months** the food we bought just didn't last and we didn't have money to get more.*

YES NO I prefer not to answer

9) How many people currently live in your house, including yourself? _____

10) How many children live in your house (under 18 years)? _____

11) How many seniors (60 years or older) live in your household, including yourself, if you are a senior?

12) What is your racial background? **Please check all that apply**

- Alaska Native
- Asian, including Southeast Asian
- African (Somali, Ethiopian, Liberian, Eritrean)
- Black, African American
- Hispanic or Latino(a)
- Native American
- Native Hawaiian or Pacific Islander
- White, Caucasian
- Other: _____
- I prefer not to answer

13) What other food resources have you used in the past 12 months? **Please check all that apply**

- Fare for All or Twin Cities Mobile Market
- Market Bucks
- Meal Programs
- Other food shelves in addition to this one
- Ruby's Pantry
- School Meals
- SNAP/EBT (food stamps)
- WIC

14) How far do you have to travel to reach this food shelf?

- Less than a mile
- 1 to less than 5 miles
- 5 to less than 20 miles
- 20 to less than 40 miles
- More than 40 miles

15) Has a doctor or other health care professional ever said that you or someone in your household:

- | | YES | NO |
|---|--------------------------|--------------------------|
| a. Should lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has high blood pressure (or hypertension)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has high cholesterol (or hyperlipidemia)? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has heart disease (or cardiovascular disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has diabetes (or high blood sugar, including borderline or pre-diabetes)? | <input type="checkbox"/> | <input type="checkbox"/> |

Optional

16) Please help us understand your story. Why is the food shelf important to you?

Thank you for completing this survey!