Minnesota Statewide Food Shelf Client Survey

You are invited to participate in a statewide survey of food shelf clients across Minnesota! This survey will help us better understand clients’ needs and preferences in order to support food programs at this food shelf and others.

This survey is being conducted in a partnership between Minnesota Department of Human Services, Hunger Solutions Minnesota, SuperShelf and the University of Minnesota.

This survey is voluntary. You do not have to fill it out if you do not want to. You will still receive food even if you choose not to participate in the survey.

If you agree to take this survey, it takes about 10 minutes. We would ask you to:
- Fill out the survey today at your visit.
- Place the completed survey in the white envelope.
- Return the sealed envelope to the designated person or location at the food shelf.

Please remove this top sheet and keep this information about the survey for your records.

Thank you for participating!

Your privacy and anonymity will be protected.
The records of this survey will be kept private and will be stored securely. In any report we might create or publish, we will not include information that will make it possible to identify you. Responses to the open-ended questions may be quoted in reports, but will be kept anonymous. Responses will not be connected to any specific individual.

This survey is voluntary.
Your decision whether or not to participate will not affect your current or future relations with the food shelf, the State of Minnesota, Hunger Solutions, University of Minnesota, SuperShelf or any other services you receive. If you decide to participate, you are free to not answer any question without affecting those relationships.

If you have questions or would like to contact someone...
This survey is being coordinated by Caitlin Caspi from the University of Minnesota. If you have questions later, you are encouraged to contact her at:

717 Delaware St SE, Suite 166
Minneapolis, MN 55414
supershelf@umn.edu
612-626-7074

This survey has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP) at the University of Minnesota. To share feedback privately with the HRPP about your survey experience, call the Research Participants’ Advocate Line at 612-625-1650 or go to https://research.umn.edu/units/hrpp/research-participants/questions-concerns.
2019 – 2020 Minnesota Statewide Food Shelf Client Survey

ABOUT THIS FOOD SHELF

1) About how often do you visit this food shelf? Please check one option.
   - [ ] 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
   - [ ] I prefer not to answer

2) About how long have you been visiting this food shelf? Please check one option.
   - [ ] This is my first time
   - [ ] About a month
   - [ ] About six months
   - [ ] About a year
   - [ ] More than a year
   - [ ] I prefer not to answer

3) Are the food shelf hours convenient? Please check one option.
   - [ ] YES
   - [ ] NO
   - [ ] I prefer not to answer

4) How far do you have to travel to reach this food shelf? Please check one option.
   - [ ] 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
   - [ ] I prefer not to answer

5) Can you choose your own foods off of the shelf here? Please check one option.
   - [ ] YES
   - [ ] NO
   - [ ] I prefer not to answer

6) Please respond to the following statement: Please check one option.
   - I would recommend this food shelf to a friend, family member or neighbor.
     - [ ] Strongly agree
     - [ ] Agree
     - [ ] Neutral
     - [ ] Disagree
     - [ ] Strongly Disagree
     - [ ] I prefer not to answer
7) Please respond YES or NO to the following statements. **Please check one for each row.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>YES</th>
<th>NO</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Someone in my household knows how to prepare many fruits and vegetables.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I would like to provide more fresh fruits and vegetables for my family if I could.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Someone in my household knows how to plan and prepare meals at home.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

8) Which of these foods are important to you to have every time you visit the food shelf? **Please check all that apply.**

- Fresh fruits and vegetables
- Meat, poultry, and fish
- Cooking items (spices, oil, etc.)
- Canned fruits and vegetables
- Nuts
- Dried and canned beans
- Whole grains (brown rice, whole wheat bread and whole wheat pasta)
- White bread (sliced bread, hot dog buns, hamburger buns)
- Plain, non-whole grains (white flour tortillas, non-whole grain pasta, white rice)
- Dairy (milk, cheese, yogurt)
- Eggs
- Soup
- Non-dairy products (non-dairy milk, non-dairy cheese or yogurt)
- Canned or boxed meals (ravioli, hamburger helper, mac and cheese)
- Pastries (donuts, cakes, cookies)
- Peanut butter/Nut butters
- Chips
- Candy
- Dried fruits and vegetables
- Soda
- Culturally specific foods (provide examples)
- Other (provide examples)
- I prefer not to answer

9) How often are the following foods available when you visit the food shelf? **Please check one for each row.**

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>I prefer not to answer/Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Meat, poultry and fish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Dairy</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fresh fruits and vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Eggs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Cooking items (spices, oils, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10) When considering your experience at the food shelf, what 3 things are most important to you? Please check 3 options.

☐ The process to select my food is easy
☐ I can choose my own food
☐ Plenty of different varieties of food are available
☐ Food looks fresh and appealing
☐ Foods from my culture are available
☐ Someone at the food shelf speaks my language or can find some way to assist me in my language
☐ I can understand the signs and instructions in the food shelf
☐ Volunteers or staff greet me and make me feel welcome
☐ There is a comfortable place to wait
☐ The wait time is reasonable
☐ Volunteers or staff listen to my needs and answer my questions
☐ Other ____________________________
☐ I prefer not to answer

11) How often do you experience the following at the food shelf? Please check one for each row.

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The process to select my food is easy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I can choose my own food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Plenty of different varieties of food are available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Food looks fresh and appealing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Foods from my culture are available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Someone at the food shelf speaks my language or can find some way to assist me in my language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I am able to understand the signs and instructions in the food shelf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Volunteers or staff greet me and make me feel welcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I have a comfortable place to wait</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. The wait time is reasonable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Volunteers or staff listen to my needs and answer my questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I prefer not to answer
12) 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

13) 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

14) Think about all the fruits and vegetables you get for your household (from all places). How much of all the fruits and vegetables was from this food shelf? Please check one for each row.

<table>
<thead>
<tr>
<th></th>
<th>I didn’t get any</th>
<th>Less than half</th>
<th>About half</th>
<th>More than half</th>
<th>All of my food</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In the LAST MONTH</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. In the last 6 MONTHS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

15) Think about all the food you get for your household (from all places). How much of all the food you got was from this food shelf? Please check one for each row.

<table>
<thead>
<tr>
<th></th>
<th>I didn’t get any</th>
<th>Less than half</th>
<th>About half</th>
<th>More than half</th>
<th>All of my food</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In the LAST MONTH</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. In the last 6 MONTHS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

16) What other places do you get food from regularly? Please check all that apply.

☐ Grocery stores  ☐ Corner stores  ☐ Family or friends
☐ Dollar stores  ☐ Vending machines  ☐ Restaurants or take out
☐ Gas stations  ☐ None of the above  ☐ I prefer not to answer

17) Have you used SNAP/EBT in the past 12 months? Please check one option.

☐ YES  ☐ NO  ☐ I prefer not to answer
18) What other food resources have you used in the past 12 months? Please check all that apply.

☐ Market Bucks
☐ WIC (Women, Infants and Children program)
☐ NAPS (Nutrition Assistance Program for Seniors)
☐ Meal Programs (meals on wheels, community meals, senior dining)
☐ Other food shelves in addition to this one
☐ Ruby’s Pantry
☐ School Meals (free and reduced-priced lunch, free breakfast)
☐ Fare for All or Twin Cities Mobile Market
☐ None of the above
☐ I prefer not to answer

19) Considering all the resources available to you, including this food shelf, do you get enough food to cover your household needs? Please check one option.

☐ YES  ☐ NO  ☐ I prefer not to answer

20) In the past year, have you ever had to choose between buying food and paying for any of the following? Please check all that apply.

☐ Utilities
☐ Transportation
☐ Medical care or medication
☐ Housing
☐ Education
☐ No/Does not apply
☐ I prefer not to answer

YOU AND YOUR HOUSEHOLD

21) What are consistent sources of income for your household? Please check all that apply.

☐ Paid work
☐ Unemployment Income
☐ Social Security
☐ Disability Income
☐ Minnesota Family Investment Program (MFIP)
☐ General Assistance (GA)
☐ Child support
☐ Other _______________________________
☐ I prefer not to answer
22) Has a doctor or other health care professional ever said that you or someone in your household: **Please check one for each row.**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>I prefer not to answer (or not sure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Should lose weight?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Has high blood pressure (or hypertension)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Has high cholesterol (or hyperlipidemia)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Has heart disease (or cardiovascular disease)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Has diabetes (or high blood sugar, including borderline or pre-diabetes)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

23) How many people currently live in your home, including yourself?

________ [☐] I prefer not to answer

24) How many children live in your home (under 18 years)?

________ [☐] I prefer not to answer

25) How many seniors (65 years or older) live in your home, including yourself, if you are a senior?

________ [☐] I prefer not to answer

26) What is your gender?

________ [☐] I prefer not to answer

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

- [☐] Alaska Native
- [☐] Asian, including Southeast Asian
- [☐] African (e.g. Somali, Ethiopian, Liberian, Eritrean, etc)
- [☐] Black, African American
- [☐] Hispanic or Latinx
- [☐] Native American
- [☐] Native Hawaiian or Pacific Islander
- [☐] White, Caucasian
- [☐] ____________________________
- [☐] I prefer not to answer
If you don’t mind, we have a few extra questions for you to help us understand your story.

28) Why is the food shelf important to you?

29) What would you like to be different at the food shelf?

Thank you for being willing to completing this survey – we really appreciate it!