

Please complete this survey only once. Thank you for your feedback.

Fill in circles like THIS:  NOT like this:

1. How often do you shop at this farmers' market?

- More than once a week
- Once a week
- A few times a month (2-3 times a month)
- Once a month
- Less than once a month
- First visit

2. How did you get to this market today?

- SEPTA
- Walk
- Bike
- Car
- Other

3. How far did you travel to get to this market?

- 3 blocks or less
- 3 to 6 blocks
- More than 6 blocks

4. Since becoming a customer at this market, have you tried any new or unfamiliar fruits or vegetables?

- Yes
- No

5. Since becoming a customer at this market, do you eat more, less, or the same amount of fruits and vegetables?

- More / Increase
- Less / Decrease
- Same / No Change

6. While at the farmers' market, have you or your family ever received information about healthy eating or nutrition?

- Yes
- No

7. While at the farmers' market, have you ever observed a cooking demo?

- Yes
- No

8. Did you make a purchase at the market today?

- Yes
- No (Go to Q.10)

8b. If you made a purchase, how much did you spend at market today?

\$ \_\_\_\_\_ (Go to Q.9)

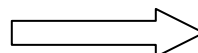
9. Which of the following items did you buy at farmers' market today (mark all that apply)?

- Fruits
- Breads/Baked Goods
- Prepared Foods
- Vegetables
- Meats/Fish
- Other: \_\_\_\_\_
- Jams/Canned Goods
- Dairy/Cheese

10. How would you rate the fruits and vegetables sold at this farmers' market, compared to other places in your neighborhood (such as a supermarket or corner store), in terms of:

	Much Worse Here	A Little Worse Here	About the Same	A Little Better Here	Much Better Here
Selection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE CONTINUE ON OTHER SIDE



11. Where do you most frequently shop for fruits and vegetables?

- Supermarket or Grocery Store
- Corner Store or Convenience Store
- Farmers' Market
- Other \_\_\_\_\_

12. At this market have you ever used an EBT (SNAP / ACCESS / Food Stamps) card?

- Yes (Go to Q.13)
- No (Go to Q.12b)

→ 12b. Why have you NOT used an EBT (SNAP / ACCESS / Food Stamps) card at market?

- Prefer to use SNAP benefits elsewhere
- Didn't know I could use SNAP benefits at market
- Don't currently receive SNAP benefits

13. Have you ever used Philly Food Bucks?

- Yes (Go to Q.13b)
- No (Go to Q.14)

→ 13b. How important are Philly Food Bucks in helping you purchase fruits and vegetables?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Important At All  | A Little Important    | Somewhat Important    | Important             | Very Important        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

→ 13c. How important are Philly Food Bucks in your decision to shop at a farmers' market?

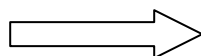
- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not Important At All  | A Little Important    | Somewhat Important    | Important             | Very Important        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

→ 13d. Has your consumption of fruits and vegetables increased, decreased, or stayed the same since you started using Philly Food Bucks?

- |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| Increased             | Decreased             | Stayed the Same       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. How much do you agree or disagree with the following statements?

- |  | Strongly Disagree     | Somewhat Disagree     | Neither Agree nor Disagree | Somewhat Agree        | Strongly Agree        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. It is easy to buy fresh fruits and vegetables in my neighborhood.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| b. The fresh produce in my neighborhood is of high quality.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| c. There is a large selection of fresh fruits and vegetables in my neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |



15. Did you visit, or do you plan to visit, other stores or businesses in this neighborhood today (i.e. bank, corner store, coffee shop, restaurant, etc.)?

- Yes                                       No                                       Unsure

*NEXT... Please tell us about yourself.*

16. In general, would you say your health is:

- Excellent                      Very good                      Good                      Fair                      Poor
- 

17. During the past 7 days, how many times did you eat fruit? (do NOT count fruit juice)

- I did not eat fruit during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

18. During the past 7 days, how many times did you eat vegetables?

- I did not eat vegetables during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

Next are a few statements that people have made about their food situation. We ask these questions because our organization wants to understand and help meet people's food needs. For these statements, please tell us whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

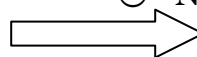
19. Within the past 12 months I worried whether our food would run out before we got money to buy more.

- Often true                       Sometimes true                       Never true

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

- Often true                       Sometimes true                       Never true

***PLEASE CONTINUE ON OTHER SIDE***



21. Gender:                     Male                     Female                     Other

22. Age:                    18-25                    26-40                    41-65                    Older than 65

23. How would you describe yourself? *(Select all that apply)*

- |   |   |
|---|---|
| <input type="radio"/> White                     | <input type="radio"/> American Indian or Alaska Native          |
| <input type="radio"/> Hispanic or Latino        | <input type="radio"/> Middle Eastern or North African           |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Asian                     | <input type="radio"/> Other: _____                              |

24. How many children age 18 and under currently live in your household?

0	1	2	3	4	5 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. What is your zip code? \_\_\_\_\_

26a. What street do you live on? \_\_\_\_\_

26b. What is the nearest cross street to where you live? \_\_\_\_\_

*(If you started walking from your house, what's the first street you would arrive at?)*

27. In the past year, have you participated in any of the following programs? *(Select all that apply)*

- |  |   |   |
|--|---|---|
| <input type="radio"/> WIC                | <input type="radio"/> WIC Farmers' Market Checks    | <input type="radio"/> Philly Food Bucks |
| <input type="radio"/> SNAP / Food Stamps | <input type="radio"/> Senior Farmers' Market Checks |   |

28. Do you smoke cigarettes?

- Yes                     No                     Smoked in the past / quit

What additional comments or suggestions do you have about this market?

Are you interested in participating in a follow-up conversation to improve the farmers' market?

Yes     No

Name: \_\_\_\_\_

Phone or email: \_\_\_\_\_

***THIS IS THE END OF THE SURVEY. THANK YOU!***

*Survey developed by The Food Trust. [www.thefoodtrust.org](http://www.thefoodtrust.org)*