

LiveWell Longmont Healthy Food Access Project – Customer Survey

Hello, I'm reaching out to people who shop at this store on behalf of the LiveWell Longmont Healthy Food Access Project; which is a voluntary program designed to increase healthy food and beverage options in neighborhood stores (such as fruits, vegetables, grains, dairy products and protein foods). Your participation in this interview will help identify the foods you want in your community. *Do you have a few minutes to answer some questions?*

Home Zip Code: _____

1. Do you do most of your grocery food shopping at this store? • Yes (SKIP Q2) • No (GO to Q2)
2. Where do you get most of your groceries? _____ (store name)
 - a. Approximate location of store: _____ (nearest intersection)
3. On average, how often do you shop at this store? (Check one)

<ul style="list-style-type: none"> • 2-3 times per year • About once per month • 2-3 times per month 	<ul style="list-style-type: none"> • About one time per week • 2-3 times per week • 4 or more times per week
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4. How far away is this store from your home? _____ minutes
 - a. How do you usually travel here? (check one)
 - Walking • Biking • Driving • Bus • Other: _____
5. Which items do you usually buy from this store ?

Item	Do you buy? (circle one)		Product Type (circle all that you buy)				
Milk	Yes	No	Nonfat/ Skim	1%	2%	Whole	Other (soy, almond, etc.)
Meat/Protein	Yes	No	Beef	Chicken	Pork	Fish	Chorizo
Other/Protein	Yes	No	Soy Products	Nuts/Seeds	Eggs		
Vegetables	Yes	No	Fresh, whole	Fresh, chopped	Frozen	Canned	
Fruits	Yes	No	Fresh, whole	Fresh, chopped	Frozen	Canned	
Breads	Yes	No	White	Whole Wheat			
Tortillas	Yes	No	White	Whole Wheat			
Rice	Yes	No	White	Brown			
Cheese	Yes	No					
Yogurt	Yes	No	Plain	Flavored			
Beans (pinto, black, kidney, lentil, etc.)	Yes	No	Dried	Canned			
Dietary restriction items	Yes	No	If yes, what types of items?				

6. Over the last month, how many times per month, week, or day did you eat fruit? Count any kind of fruit – fresh, canned, and frozen. Do not count juices. Include fruit you ate at all mealtimes and for snacks.

• Never	• 3-4 times per week	• 2 times per day	• 5 or more times per day
• 1-3 times last month	• 5-6 times per week	• 3 times per day	
• 1-2 times per week	• 1 time per day	• 4 times per day	
7. Over the last month, how many times per month, week, or day did you eat vegetables? Count any kind of vegetable – raw, cooked, canned, and frozen. Do not count white potatoes, beans, or rice. Include vegetables you ate at all mealtimes and for snacks.

• Never	• 3-4 times per week	• 2 times per day	• 5 or more times per day
• 1-3 times last month	• 5-6 times per week	• 3 times per day	
• 1-2 times per week	• 1 time per day	• 4 times per day	
8. Would you eat more fruits and vegetables if you had more/better choices?
 - Yes • No • I don't know
9. Do you or your family want to have fruits and vegetables every day in meals or for snacks?
 - Yes • No • I don't know
10. Are there any other types of food that you would like to buy from this store that are currently unavailable?

- Yes • No • I don't know

a. If yes, which items would you like to buy?

11. Are there any other types of HEALTHY food that you would like to buy from this store that are currently unavailable?

- Yes • No • I don't know

a. If yes, which items would you like to buy?

12. What would it take for you to buy more of your food at this store? (Select all that apply.)

- Finding a more convenient way to get to the store
- Better prices
- Better quality items
- Better customer service
- Better safety
- Cleaner
- Wider selection
- More staple items
- More fruits
- More vegetables
- Accept WIC
- Accept SNAP (Food Stamps)
- Closer to bus stop
- Better sidewalks to walk travel here (wheelchairs, walkers, bikes, walk, etc.)
- Crosswalks to help cross the street
- Access to bicycles (like B-Cycle)
- Bicycle lanes on the street
- I do not want to buy more food at this store
- More transportation options
- Other comment:

13. What is your age: _____ years

14. Gender:

- € Male • Female

15. What is your race/ethnicity? (Select all that apply)

- White or Caucasian
- Hispanic, Latino/a or Spanish origin
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other, please specify: _____

16. How many people live in your household (including yourself)?

- a. Number of adults _____
- b. Number of children (18 years old or younger) _____

17. Do you or anyone in your household receive any of the following? (Select all that apply.)

- WIC • SNAP • Other Benefits

Additional Comments:

Thank you for taking the time to speak with me!