**Customer Survey Questions: Walk-In**

The **purpose of the survey** is to understand your food needs and your experience with this program. Your feedback will help us improve services.

* The survey is voluntary. You do not need to complete the survey to receive food or services.
* The survey is anonymous. You will not be asked for your name.
* You will not be penalized for any answer you provide. Please feel free to answer honestly.
* The survey should take less than 5 minutes to complete.
* The survey is available in multiple languages.

**Survey Questions**

1. In the past 30 days did you get food from any food pantries or food pantry delivery programs other than this one?

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No | [ ] Prefer not to say |

1. Thinking of all the food pantries you have received food from in the past 30 days, how much of your household’s food would you say was from food pantries or food pantry delivery programs?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] A few days’ worth of food | [ ] 1-2 weeks’ worth of food | [ ] More than half our food | [ ] Almost all of our food |

1. I had a welcoming/respectful experience getting food today.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Strongly agree | [ ] Somewhat agree | [ ] Neutral | [ ] Somewhat disagree | [ ] Strongly disagree |

1. I/we liked the foods that were [available/delivered] today.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Strongly agree | [ ] Somewhat agree | [ ] Neutral | [ ] Somewhat disagree | [ ] Strongly disagree |

1. Did you have any needs that were not met by the food [available/delivered] today? Check all that apply:

[ ]  No – the foods provided met my/our needs.

[ ]  Few quality fruits and vegetables

[ ]  Poor quality generally

[ ]  Not enough protein

[ ]  Few foods that were good for my/our health and wellbeing

[ ]  Not the right amount of food overall

[ ]  Not relevant to my/our culture

[ ]  Doesn’t meet dietary needs

[ ]  Unable to prepare or eat it (don’t have needed equipment, time or other)

[ ]  Other. Describe (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To what extent does receiving food from this program help you/your household afford basic needs such as food, housing, utilities, transportation, and medical care?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] It helps a lot | [ ] It helps a moderate amount | [ ] It helps a little | [ ] It doesn’t help | [ ] I’m not sure |

1. What is your race/ethnicity? Check all that apply:

[ ]  Asian

[ ]  American Indian or Alaska Native

[ ]  Black/African American

[ ]  Hispanic, Latino, or Spanish

[ ]  Middle Eastern or North African

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  White

[ ]  Prefer not to answer

[ ]  Other