



Fresno County Community Food Assessment Consumer Survey

Language conducted in: _____

Date: _____

1. **A.** Where do you buy most of your groceries? _____
Why? _____

B. How often do you go to the grocery store? _____

C. How many bags of groceries do you usually buy on one grocery shopping trip? (Please Circle)

- 1 2 3 4 5 6 7 8 9 10 11 13 14 15+

2. What other food stores do you use and where are they located? _____

3. What is the usual time that you shop for groceries? _____
Why? _____

4. Besides stores what are other ways you regularly get food? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Senior Meal Site | <input type="checkbox"/> Community Garden |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Commodity Distribution |
| <input type="checkbox"/> Mobile Vendors | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Fast Food |
| <input type="checkbox"/> OTHERS _____ | (Specify) | |

5. In the last week, how many meals were prepared at home? _____

6. How would you rate the quality of the **fresh food** you buy? (1=worst, 5=Best)

Fruits	1	2	3	4	5
Vegetables	1	2	3	4	5
Meats	1	2	3	4	5
Breads	1	2	3	4	5
Dairy Products	1	2	3	4	5

7. **A.** Are there certain foods that you need, but is difficult to get in your neighborhood?
 NO YES, what foods and why? _____

B. Is season a factor?
 NO YES

8. **A.** How do you get to the grocery store? (Mark all that apply)
 Carpooling Bike Bus Taxi Walk Car-(your own)
 Other (specify) _____

B. How long does it usually take you to get to your usual grocery store (one-way)? _____

9. What do you see as the main problems to getting to the foods you want? _____

10. **A.** Have you ever applied for public assistance that you think you may be eligible for?
 ___ NO ___ YES (specify what applied for) _____
- B.** Explain, how were you treated? _____
- C.** How long did you spend at the County Office? _____
11. Have you ever participated in any publicly funded programs? (Food Stamp, WIC, Head Start, Summer Lunch, School Breakfast/Lunch, Cal Works (AFDC), SSI, Others)
 ___ NO ___ YES (Specify) _____

General Demographics

12. What is your home zip code? _____ Cross Streets _____
13. Male _____ Female _____ City _____
14. What language(s) do you speak in your home? _____ (Specify)
15. What ethnicity do you most closely identify with?
 ___ African American ___ Caucasian ___ Latino/Chicano
 ___ Hmong/Mong ___ Filipino ___ Russian
 ___ Vietnamese ___ Laotian ___ Asian Indian
 ___ Armenian ___ Chinese ___ Somalian
 ___ Punjab ___ Native American ___ Multi-ethnic _____
 ___ Others _____ (Specify)
16. Including yourself, how many people live in your household? _____
 Children under 18 _____
 Adults 18 to 64 _____
 Seniors (65 & over) _____
17. Are you a seasonal worker? ___ Yes ___ No
18. We've asked you about what kind of food you get and where in this survey. What would you like to see change in your neighborhood and community?

19. Do you have any other comments about this survey?

20. About how old are you? _____
21. What is your average monthly household income? _____

Thank You!