

FOOD BANK CLIENT SURVEY

Check one box to indicate how you feel about each statement.

| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
|-------------------|----------|---------|-------|----------------|

About the food available today:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1) I was pleased with the food options. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) I was pleased with the food quality. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) There were enough options to support my overall health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) There were enough options representing my culture and/or religion. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) There were enough options that I could use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

About your experience today:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6) Volunteers and staff greeted me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Some volunteers / staff could speak my language. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) I understood the signs displayed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) It was easy to move through the food bank. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) I am satisfied with the amount of choice I had. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) I am satisfied with the amount of food I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) I am satisfied with the amount of time it took to go through the food bank and receive my food. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) I felt respected. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) I would feel comfortable coming back. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We welcome any feedback you provide in the next questions.

15) Which foods were you especially glad to get today?

16) Which foods do you need that you were unable to get today?

17) What suggestions do you have for improving the food bank?

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SRCP/HER

The remaining questions help us understand who we heard from today.

- 18) Have you used this food bank before today?
- Yes
 - No
 - I'm not sure
- 19) How would you describe yourself?
- Female
 - Male
 - Transgender
 - Do not identify as any of the above
- 20) What is your race? Feel free to name more than one.
- White
 - Black or African American
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Pacific Islander
 - Other
- 21) Do you identify as Hispanic or Latino?
- Yes
 - No
- 22) What language do you speak at home?
- Mostly or all English
 - Mostly a language other than English; Please specify: _____
- 23) What is your age?
- 18-30 years old
 - 31-50 years old
 - 51-65 years old
 - 65+ years old
- 24) How many people live in your household, including you? _____
- 25) Do you or others in your household have specific food needs? Check all that apply.
- None
 - Limited ability to cook
 - Food allergy
 - Trying to lose weight
 - Vegetarian or vegan
 - Need/want low sodium or "heart healthy" foods
 - Need/want diabetes-friendly foods
 - Need/want culturally specific foods
 - Need/want kid-friendly foods
 - Other: _____