



# 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)? \_\_\_\_\_  
\_\_\_\_\_

