

[TOWN] Community Grocery Survey

[2-3 sentences explaining the purpose of this survey and who is conducting the survey.]

[Instructions on where to return the survey when complete.]

We anticipate this survey will take roughly five minutes to complete. Thank you for your input!

Section 1: What does grocery shopping look like for you?

To start, we would like to understand your current shopping preferences.

1. How often do you typically shop for groceries?

- More than once per week
- Once per week
- Every two weeks
- Once per month
- Less than once per month

2. How do you typically get your groceries?

- Personal vehicle
- Assistance of a friend or family
- Delivery
- Other _____

3. On average, how much does your household spend each time you shop for groceries?

- \$50 or less
- \$50 to \$100
- \$100 to \$150
- \$150 to \$250
- \$250 to \$500
- \$500 or more

4. What day of the week do you typically prefer to shop for groceries?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- No preference

5. What time of day do you typically prefer to shop for groceries?

- Morning (8am-12pm)
- Noon (12pm-1pm)
- Early afternoon (1pm-5pm)
- Evening (5pm-9pm)
- No preference

6. When you shop, how do you rank the importance of these different departments and offerings? (1 = most important, 8 = least important)

- ___ Locally grown food
- ___ Online shopping and curbside pick-up options
- ___ Bakery
- ___ Meat department
- ___ Organic food
- ___ Produce department
- ___ Deli and prepared items
- ___ Dairy

5. At which food stores do you buy most of your groceries? Select all that apply.

- [list of stores in a 30-mile radius, including independent, supercenter, and dollar stores]
- Other _____

6. What are your top 5 reasons for shopping at those stores? Select only your top 5 reasons.

- | | |
|--------------------|-----------------------------|
| • Location | • Hours |
| • Quality of food | • Parking availability |
| • Selection | • Supporting local business |
| • Price | • Specialty items |
| • Customer service | • Atmosphere |
| • Cleanliness | • Other: _____ |

7. Which food store(s) would be your last choice for buying groceries? Select all that apply.

- [list of stores in a 30-mile radius, including independent, supercenter, and dollar stores]
- Other _____

8. What are your top 5 reasons for not shopping at those stores? Select only your top 5 reasons.

- | | |
|--------------------|-----------------------------|
| • Location | • Hours |
| • Quality of food | • Parking availability |
| • Selection | • Supporting local business |
| • Price | • Specialty items |
| • Customer service | • Atmosphere |
| • Cleanliness | • Other: _____ |

Section 2: Grocery store considerations for [TOWN]

In this section, we are interested in knowing how you would feel about shopping for groceries in [TOWN].

9. If all grocery store options were equal, and a grocery store opened in [TOWN], how much of your grocery shopping would you anticipate spending at the local grocery store?

- A quarter ($\frac{1}{4}$)
- Half ($\frac{1}{2}$)
- Three quarters ($\frac{3}{4}$)
- All

10. What would it take for you to do most of your shopping in [TOWN], if [TOWN] had a grocery store? Please write your response in the space below.

Please rate how much you agree or disagree with the following statements:

11. I would like to have a grocery store in [TOWN]. (1 = Strongly Disagree, 5 = Strongly Agree)

1 2 3 4 5

12. I would support the [CITY and/or COUNTY] being involved in attracting a grocery store to [TOWN]. (1 = Strongly Disagree, 5 = Strongly Agree)

1 2 3 4 5

13. I would be willing to spend slightly more at a local grocery store to support the [TOWN] community's future. (1 = Strongly Disagree, 5 = Strongly Agree)

1 2 3 4 5

14. I would be willing to spend slightly more at a local grocery store to spend less on traveling. (1 = Strongly Disagree, 5 = Strongly Agree)

1 2 3 4 5

Section 3: Who are you?

This section gives us an idea of who is responding to this survey.

15. In what city do you live?

- [list of nearby cities]
- Other _____

16. In what city do you work?

- [list of nearby cities]
- Other _____

17. What is your age?

- Under 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56+

18. What is your gender? _____

19. How many people live in your household? _____

20. How many children under 18 live in your household? _____

21. What is your annual household income? (optional)

- Less than \$20,000
- \$20,000 - \$34,999
- \$35,000-\$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000+

Thank you for filling out this survey. If you would like to see a copy of the final survey results, please share your name and email address below.

Name: _____ Email: _____