**Food Pantry Guest Feedback Survey**

Thank you for taking the time to complete this survey about **your household’s overall experience with this food pantry**—it will only take 5-10 minutes of your time. Your answers will be completely **anonymous** and **confidential**. Nothing you say in this survey will affect your ability to visit a food pantry. Thank you for your honest feedback! For questions, please contact \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_.

1. How likely are you to recommend this food pantry to a friend or family member who is in a similar situation to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely likely  1 | Somewhat likely  2 | Neither likely or unlikely  3 | Somewhat unlikely  4 | Extremely unlikely  5 |
| □ | □ | □ | □ | □ |

1. What is this food pantry good at?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What could this food pantry do better?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall, how well has this food pantry met your needs?

* Not well at all
* A little bit
* Fairly well
* Very well
* Extremely well

1. How often do staff at this food pantry treat you with respect?

* Never
* Rarely
* Sometimes
* Mostly
* Always

1. How often do staff at this food pantry treat you fairly?

* Never
* Rarely
* Sometimes
* Mostly
* Always

1. How often do you visit this or another food pantry?

* This is my first time
* More than once a month
* Once a month
* Once every few months
* Once or twice a year
* Less than once a year

1. How satisfied are you with the following qualities of the food offered by this food pantry? (select one answer in each row)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very Dissatisfied | Somewhat Dissatisfied | Neutral | Somewhat Satisfied | Very Satisfied | Don’t Know |
| 1. Amount of food |  |  |  |  |  |  |
| 1. Variety of food |  |  |  |  |  |  |
| 1. Freshness of food |  |  |  |  |  |  |
| 1. Nutritional value of food |  |  |  |  |  |  |

1. Which of the following challenges do you/your household have related to the food you get from this food pantry? (select all that apply)

* Not enough time to prepare food
* Not sure how to prepare food
* Limited ways to keep food cool ( no fridge or limited fridge space)
* Limited ways to keep food frozen (no freezer or limited freezer space)
* Limited ways to cook/heat food (no microwave, stove or limited kitchen space)
* None of the above
* Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If this food pantry could offer additional services or resources, what would you be *most* interested in? (select all that apply)

* Clothing assistance
* Job search or job readiness assistance (e.g., résumé writing, training)
* Nutrition or other health information
* Cooking classes
* Health screenings or exams (e.g., blood pressure, eye or dental exam)
* Hygiene items (e.g., shampoo, deodorant, toothpaste)
* Help signing up for assistance programs (e.g., Food Stamps, WIC, Medicaid, medication)
* Transportation assistance
* None—I’m not interested in additional services/resources
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do any of the following descriptions currently apply to you? (select all that apply)

* Living with a disability
* Unemployed
* Experiencing a mental health issue
* Single parent
* Veteran
* Grandparent who is taking care of grandchild/grandchildren
* Homeless
* Experiencing addition

1. Did you miss a visit to this food pantry for any of the following reasons during the last year? (select all that apply)
   * Illness or medical reason
   * No transportation
   * Days/times did not work for my schedule
   * Did not need assistance
   * Got assistance elsewhere
   * Inconvenient location
   * I have not missed a visit
   * Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does anyone in your household have any of the following health issues or food preferences that affect the foods you/they can eat? (select all that apply)
   * Diabetes
   * High blood pressure
   * High cholesterol
   * Vegan
   * Vegetarian
   * Gluten-free/celiac disease
   * Other food allergy/sensitivity (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * None of the above
3. How many people, including yourself, live in your household?

|  |  |
| --- | --- |
| * 1 | * 5 |
| * 2 | * 6 |
| * 3 | * 7 |
| * 4 | * 8 or more |

1. What is your age? \_\_\_\_\_\_\_\_\_
2. What is your gender?

* Male
* Female
* Another gender (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* Prefer not to say

1. Which group below best describes your racial/ethnic identity (mark all that apply)?

* African/Black/African American (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* Alaska Native (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* American Indian/Native (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* Asian/Asian American (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* Hispanic or Latinx (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* Middle Eastern/Southwest Asian (if you wish, please specify)\_\_\_\_\_\_\_\_
* Native Hawaiian (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* Pacific Islander (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* White/European American (if you wish, please specify)\_\_\_\_\_\_\_\_\_
* A racial/ethnic/national identity not listed above (please specify): \_\_\_\_
* Prefer not to say

1. Is there anything else you’d like to share about your experience at this pantry?

*Survey adapted with permission from the Food Bank for Central and Northeast Missouri.*