

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	Somewhat likely	Neither likely or unlikely	Somewhat unlikely	Extremely unlikely
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What is this food pantry good at?

3. What could this food pantry do better?

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

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

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

- Never
- Rarely
- Sometimes
- Mostly
- Always

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

- Never
- Rarely
- Sometimes
- Mostly
- Always

7. 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

8. 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
a. Amount of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Variety of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Freshness of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nutritional value of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. 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: _____
10. 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): _____
11. 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 addiction

12. 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: _____

13. 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

14. How many people, including yourself, live in your household?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 |
| <input type="radio"/> 3 | <input type="radio"/> 7 |
| <input type="radio"/> 4 | <input type="radio"/> 8 or more |

15. What is your age? _____

16. What is your gender?

- Male
- Female
- Another gender (if you wish, please specify)_____
- Prefer not to say

17. 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

18. 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.