

Retail Marketing Materials Consumer Evaluation

Purpose: The Feeling Good Project of the San Francisco Department of Public Health, funded through the Network for a Healthy California would like to understand the local communities' food and beverage shopping habits. Findings from this survey will better assist our Project in working with local retail stores/markets to better serve your food purchasing needs.

Directions: Please read the questions below and check off the answer that mostly reflects your personal experience.

Demographics			
What types of stores/markets do you visit <u>most</u> to buy your groceries? (Check <u>one</u> only.)			
1. <input type="checkbox"/> chain supermarkets	<input type="checkbox"/> neighborhood markets		
<input type="checkbox"/> convenient stores	<input type="checkbox"/> farmers' markets		
2. How do you usually get to this store? <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Public Transit <input type="checkbox"/> Drive <input type="checkbox"/> Other: _____			
3. How many days per week do you eat a home cooked meal? <i>Count each day where you ate <u>at least one</u> home cooked meal that day.</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
4. How many days per week do you purchase prepared meals (not including eating at restaurants)? <i>Count each day where you purchased <u>at least one</u> prepared meal that day.</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
5. How many days per week do you eat out at restaurants? <i>Count each day where you ate out <u>at least one</u> meal that day.</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
What is your preferred language?	Age	Gender	Zip code

Shopping Habits
1. What is your main reason for visiting this store today? (Check <u>one</u> only.) <input type="checkbox"/> grocery shopping <input type="checkbox"/> passing by <input type="checkbox"/> convenient for small items <input type="checkbox"/> close to where I live <input type="checkbox"/> close to where I work <input type="checkbox"/> this is my main food retail store <input type="checkbox"/> other: _____
2. How many days a week do you visit this store, on average? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
3. What would you like to see at this store for you to shop here more often? <input type="checkbox"/> Accept EBT <input type="checkbox"/> Accept WIC <input type="checkbox"/> Lower prices <input type="checkbox"/> Larger variety <input type="checkbox"/> Coupons/Rewards <input type="checkbox"/> Other: _____
4. What would you like to see at this store for you to buy a larger variety of items? <input type="checkbox"/> Variety of produce <input type="checkbox"/> Variety of poultry <input type="checkbox"/> More healthy options <input type="checkbox"/> Others: _____
5. What are three (3) food/beverage items you would like to buy, but don't see at this store? 1.) _____ 2.) _____ 3.) _____
6. How would you rate this store, in general, compared to other stores you shop at? (1= This store is the worst ; 10= This store is the best) <input type="checkbox"/> 1 --- <input type="checkbox"/> 2 --- <input type="checkbox"/> 3 --- <input type="checkbox"/> 4 --- <input type="checkbox"/> 5 --- <input type="checkbox"/> 6 --- <input type="checkbox"/> 7 --- <input type="checkbox"/> 8 --- <input type="checkbox"/> 9 --- <input type="checkbox"/> 10
7. How would you rate how often you visit this store for food/beverage items compared to other stores? <input type="checkbox"/> I only shop at this store for food/beverage items <input type="checkbox"/> I mostly shop at this store for food/beverage items <input type="checkbox"/> I shop at others stores equally often for food/beverage items <input type="checkbox"/> I shop at this store less often for food/beverage items <input type="checkbox"/> I never shop at this store for food/beverage items

Purchasing Habits

In the past 7 days, which items were purchased, most, from this store? (Check ALL that apply.)

Beverages	Food Staples	Produce	Poultry/Seafood/Eggs
<input type="checkbox"/> alcohol (beer, wine, spirits) <input type="checkbox"/> coconut water <input type="checkbox"/> coffee <input type="checkbox"/> energy drink <input type="checkbox"/> juice, 100% <input type="checkbox"/> juice, less than 100% <input type="checkbox"/> milk <input type="checkbox"/> milk, flavored <input type="checkbox"/> milk, non-dairy <input type="checkbox"/> soda <input type="checkbox"/> sports drink <input type="checkbox"/> tea <input type="checkbox"/> vitamin water <input type="checkbox"/> water, bottled <input type="checkbox"/> yogurt drink <input type="checkbox"/> Other: _____	<input type="checkbox"/> beans, dried <input type="checkbox"/> bread, white <input type="checkbox"/> bread, whole grain <input type="checkbox"/> canned beans <input type="checkbox"/> canned fish <input type="checkbox"/> canned fruits <input type="checkbox"/> canned vegetables <input type="checkbox"/> cereal <input type="checkbox"/> cereal, whole grain <input type="checkbox"/> crackers <input type="checkbox"/> dried fruits <input type="checkbox"/> nuts <input type="checkbox"/> oatmeal <input type="checkbox"/> pasta, whole grain <input type="checkbox"/> pasta/noodle <input type="checkbox"/> rice, brown <input type="checkbox"/> rice, white <input type="checkbox"/> tortillas, corn <input type="checkbox"/> tortillas, flour <input type="checkbox"/> tortillas, wheat <input type="checkbox"/> Other: _____	<input type="checkbox"/> fruits, canned <input type="checkbox"/> fruits, fresh <input type="checkbox"/> fruits, frozen <input type="checkbox"/> herbs, dried <input type="checkbox"/> herbs, fresh <input type="checkbox"/> vegetables, canned <input type="checkbox"/> vegetables, fresh <input type="checkbox"/> vegetables, frozen <input type="checkbox"/> Other: _____ Dairy <input type="checkbox"/> butter <input type="checkbox"/> cheese <input type="checkbox"/> milk <input type="checkbox"/> yogurt <input type="checkbox"/> yogurt drink <input type="checkbox"/> Other: _____	<input type="checkbox"/> eggs <input type="checkbox"/> fish, canned <input type="checkbox"/> fish, fresh <input type="checkbox"/> fish, frozen <input type="checkbox"/> meat, fresh <input type="checkbox"/> meat, frozen <input type="checkbox"/> shellfish, fresh <input type="checkbox"/> shellfish, frozen <input type="checkbox"/> Other: _____ Miscellaneous <input type="checkbox"/> candy <input type="checkbox"/> chips <input type="checkbox"/> frozen dinners <input type="checkbox"/> herbs, dried <input type="checkbox"/> oils <input type="checkbox"/> salt <input type="checkbox"/> snacks <input type="checkbox"/> spices, dried <input type="checkbox"/> sugar <input type="checkbox"/> tobacco <input type="checkbox"/> Other: _____

Additional Comments?

DPH Office Use Only:

Interviewer: _____ Date: _____

Store Name: _____ Time: _____