



2025 Minnesota Food Shelf Shopper Survey (English)

Food Shelf Site Name:

Food Shelf Site Number:

Thank you for taking the time to fill out this survey.
Please read each question carefully and check the response(s) that best matches your experience.

How long have you been visiting this food shelf?

Please check one option.

- ☐ This is my first time
- ☐ 1-6 months
- ☐ 7-11 months
- ☐ 1-2 years
- ☐ More than 2 years
- ☐ I prefer not to answer

How often do you visit this food shelf?

Please check one option.

- ☐ Once a week or more
- ☐ A few times a month
- ☐ Once a month
- ☐ A few times a year
- ☐ This is my first visit
- ☐ I prefer not to answer

What makes it hard for you to get the food you need from this or any food shelf? **Please check all that apply.**

- ☐ It's not easy for me to get to the food shelf (e.g., I don't have transportation, gas is too expensive, too far away, limited parking)
- ☐ I can't get there when the food shelf is open
- ☐ The food shelf limits how often I can shop there
- ☐ The food shelf doesn't always have what I need
- ☐ I worry about what others might think if I shop at the food shelf
- ☐ I have no trouble getting food from the food shelf
- ☐ Other (please describe):

☐ I prefer not to answer

How long does it usually take to get your food from the time that you arrive at this food shelf, to the time you leave, including waiting in line and filling out any paperwork? **Please check one option.**

- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 31-59 minutes
- ☐ 1-2 hours
- ☐ More than 2 hours
- ☐ I prefer not to answer

When considering your experience at this food shelf, what 3 things are most important to you?

Please check 3 options.

- ☐ Volunteers or staff greet me and make me feel welcome
- ☐ The wait time is reasonable
- ☐ There is a comfortable place to wait
- ☐ I can understand the signs and instructions in the food shelf
- ☐ Someone at the food shelf speaks my language or can find a way to help me in my language
- ☐ Food looks fresh and appealing
- ☐ Many different kinds of food are available
- ☐ Foods from my culture are available
- ☐ I can choose my own food
- ☐ The process to choose my food is easy
- ☐ Volunteers or staff listen to my needs and answer my questions
- ☐ Other (please describe):

☐ I prefer not to answer

How often do you experience the following at this food shelf? **Please check one per row.**

	Never	Rarely	Sometimes	Often	Always	I prefer not to answer
I can choose my own food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The process to choose my food is easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many different kinds of food are available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteers or staff greet me and make me feel welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food looks fresh and appealing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often are the following foods available at this food shelf? **Please check one per row.**

[illegible]

What foods are important for you to have every time you visit? **Please check all that apply.**

- ☐ Canned and/or dried fruits and vegetables
- ☐ Canned or boxed meals (ravioli, hamburger helper, mac and cheese, soup)
- ☐ Cooking items (spices, oil, etc.)
- ☐ Dairy (milk, cheese, yogurt)
- ☐ Dried and canned beans
- ☐ Eggs
- ☐ Fresh fruits and vegetables
- ☐ Meat, poultry, and fish
- ☐ Nuts
- ☐ Peanut butter/nut butters
- ☐ Plain, non-whole grains (white bread, white flour tortillas, non-whole grain pasta, white rice)
- ☐ Snack foods (chips, candy, soda, pastries)
- ☐ Whole grains (brown rice, whole wheat bread, whole wheat pasta)
- ☐ Culturally specific foods (please describe):

- ☐ Other (please describe):

- ☐ I prefer not to answer

Which of the following non-food items would be most important for you to have available at this food shelf?

Please select all that apply.

- ☐ Diapers
- ☐ Cleaning products (laundry detergent, dish soap, paper products)
- ☐ Personal hygiene products (hair care, razors, hand soap, menstrual products)
- ☐ Dental hygiene products (toothpaste, floss, mouthwash)
- ☐ Toilet paper
- ☐ Pet supplies
- ☐ Other (please describe):

- ☐ I prefer not to answer

Think about all the food you get for your household (from all places). How much of all the food you got in the last 6 months was from this food shelf?

Please check one option.

- ☐ I didn't get any
- ☐ Less than half
- ☐ About half
- ☐ More than half
- ☐ All of my food
- ☐ I prefer not to answer

In the past year, have you ever had to choose between buying food and paying for any of the following? **Please select all that apply.**

- ☐ Utilities
- ☐ Transportation
- ☐ Medical care or medication
- ☐ Housing
- ☐ Education
- ☐ Childcare
- ☐ I have not had to choose between buying food and paying for other expenses
- ☐ I prefer not to answer

How would you prefer to receive your food from this food shelf? **Please check one option.**

- ☐ Shopping at the food shelf
- ☐ Food pick-up
- ☐ Delivery
- ☐ Other (please describe): _____

- ☐ I prefer not to answer

Do you have any dietary requirements? **Please select all that apply.**

- ☐ Allergen-free diet (e.g., nut allergy, lactose intolerant, shellfish allergy)
- ☐ Diabetic diet
- ☐ Gluten-free
- ☐ Halal
- ☐ Kosher
- ☐ Vegetarian diet
- ☐ Vegan or plant-based diet
- ☐ I prefer foods that do not need to be refrigerated
- ☐ I prefer ready-to-eat foods instead of ingredients (e.g., pre-cut fruits and vegetables, sandwiches, cooked meats, deli meats)
- ☐ Other (please describe):

- ☐ I have no dietary requirements
- ☐ I prefer not to answer

With which of the following group(s) do you identify? **Please select all that apply.**

- ☐ Asian or Asian American
- ☐ African (e.g., Somali, Ethiopian, Liberian, Eritrean, etc.)
- ☐ Black or African American
- ☐ Hispanic, Latino, or Latin American
- ☐ Middle Eastern or North African
- ☐ Native American, Alaska Native, or American Indian
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ A race or ethnicity not listed:

- ☐ I prefer not to answer

What is your gender?

How many people do you provide food for, including yourself?

- ☐ 1 (only myself)
- ☐ 2-4
- ☐ 5-7
- ☐ 8 or more
- ☐ I prefer not to answer

Does this include any children (under 18 years old)?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

Does this include any people 65 years or older?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

What is this food shelf doing well?

What would you like to be different at this food shelf?
