

Minnesota Statewide Food Shelf Client Survey

You are invited to participate in a statewide survey of food shelf clients across Minnesota! This survey will help us better understand clients' needs and preferences in order to support food programs at this food shelf and others.

This survey is being conducted in a partnership between Minnesota Department of Human Services, Hunger Solutions Minnesota, SuperShelf and the University of Minnesota.

This survey is voluntary. You do not have to fill it out if you do not want to. You will still receive food even if you choose not to participate in the survey.

If you agree to take this survey, it takes about 10 minutes. We would ask you to:

- ✓ Fill out the survey today at your visit.
- ✓ Place the completed survey in the white envelope.
- ✓ Return the sealed envelope to the designated person or location at the food shelf.

Please remove this top sheet and keep this information about the survey for your records.

Thank you for participating!

Your privacy and anonymity will be protected.

The records of this survey will be kept private and will be stored securely. In any report we might create or publish, we will **not** include information that will make it possible to identify you. Responses to the open-ended questions may be quoted in reports, but will be kept anonymous. Responses will not be connected to any specific individual.

This survey is voluntary.

Your decision whether or not to participate will **not** affect your current or future relations with the food shelf, the State of Minnesota, Hunger Solutions, University of Minnesota, SuperShelf or any other services you receive. If you decide to participate, you are free to not answer any question without affecting those relationships.

If you have questions or would like to contact someone...

This survey is being coordinated by Caitlin Caspi from the University of Minnesota. If you have questions later, **you are encouraged** to contact her at:

717 Delaware St SE, Suite 166
Minneapolis, MN 55414
supershelf@umn.edu
[612-626-7074](tel:612-626-7074)

This survey has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP) at the University of Minnesota. To share feedback privately with the HRPP about your survey experience, call the Research Participants' Advocate Line at 612-625-1650 or go to <https://research.umn.edu/units/hrpp/research-participants/questions-concerns>.

2019 – 2020 Minnesota Statewide Food Shelf Client Survey**ABOUT THIS FOOD SHELF**

1) About 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
 Once every other month
 A few times a year
 Once a year or less
 This is my first time visiting this food shelf
 I prefer not to answer

2) About how long have you been visiting this food shelf? **Please check one option.**

- This is my first time
 About a month
 About six months
 About a year
 More than a year
 I prefer not to answer

3) Are the food shelf hours convenient? **Please check one option.**

- YES NO I prefer not to answer

4) How far do you have to travel to reach this food shelf? **Please check one option.**

- Less than a mile
 1 to less than 5 miles
 5 to less than 20 miles
 20 to less than 40 miles
 More than 40 miles
 I prefer not to answer

5) Can you choose your own foods off of the shelf here? **Please check one option.**

- YES NO I prefer not to answer

6) Please respond to the following statement: **Please check one option.**

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	I prefer not to answer
I would recommend this food shelf to a friend, family member or neighbor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Please respond YES or NO to the following statements. **Please check one for each row.**

	YES	NO	I prefer not to answer
a. Someone in my household knows how to prepare many fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would like to provide more fresh fruits and vegetables for my family if I could.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone in my household knows how to plan and prepare meals at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) Which of these foods are important to you to have every time you visit the food shelf? **Please check all that apply.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Fresh fruits and vegetables | <input type="checkbox"/> Meat, poultry, and fish | <input type="checkbox"/> Cooking items (spices, oil, etc.) |
| <input type="checkbox"/> Canned fruits and vegetables | <input type="checkbox"/> Nuts | <input type="checkbox"/> Dried and canned beans |
| <input type="checkbox"/> Whole grains (brown rice, whole wheat bread and whole wheat pasta) | <input type="checkbox"/> White bread (sliced bread, hot dog buns, hamburger buns) | <input type="checkbox"/> Plain, non-whole grains (white flour tortillas, non-whole grain pasta, white rice) |
| <input type="checkbox"/> Dairy (milk, cheese, yogurt) | <input type="checkbox"/> Eggs | <input type="checkbox"/> Soup |
| <input type="checkbox"/> Non-dairy products (non-dairy milk, non-dairy cheese or yogurt) | <input type="checkbox"/> Canned or boxed meals (ravioli, hamburger helper, mac and cheese) | <input type="checkbox"/> Pastries (donuts, cakes, cookies) |
| <input type="checkbox"/> Peanut butter/Nut butters | <input type="checkbox"/> Chips | <input type="checkbox"/> Candy |
| <input type="checkbox"/> Dried fruits and vegetables | <input type="checkbox"/> Soda | |
| <input type="checkbox"/> Culturally specific foods (provide examples) _____ | | |
| <input type="checkbox"/> Other (provide examples) _____ | | |
| <input type="checkbox"/> I prefer not to answer | | |

9) How often are the following foods available when you visit the food shelf? **Please check one for each row.**

	Always	Often	Sometimes	Rarely	Never	I prefer not to answer/Not sure
a. Meat, poultry and fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooking items (spices, oils, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) When considering your experience at the food shelf, what 3 things are most important to you? **Please check 3 options.**

- The process to select my food is easy
- I can choose my own food
- Plenty of different varieties of food are available
- Food looks fresh and appealing
- Foods from my culture are available
- Someone at the food shelf speaks my language or can find some way to assist me in my language
- I can understand the signs and instructions in the food shelf
- Volunteers or staff greet me and make me feel welcome
- There is a comfortable place to wait
- The wait time is reasonable
- Volunteers or staff listen to my needs and answer my questions
- Other _____
- I prefer not to answer

11) How often do you experience the following at the food shelf? **Please check one for each row.**

	Always	Sometimes	Never	I prefer not to answer
a. The process to select my food is easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can choose my own food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Plenty of different varieties of food are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Food looks fresh and appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Foods from my culture are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Someone at the food shelf speaks my language or can find some way to assist me in my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am able to understand the signs and instructions in the food shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Volunteers or staff greet me and make me feel welcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have a comfortable place to wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The wait time is reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Volunteers or staff listen to my needs and answer my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> I prefer not to answer

YOUR FOOD RESOURCES

12) Please answer YES or NO to the following statement: Within the past **12 months** we worried whether our food would run out before we got money to buy more.

- YES NO I prefer not to answer

13) Please answer YES or NO to the following statement: Within the past **12 months** the food we bought just didn't last and we didn't have money to get more.

- YES NO I prefer not to answer

14) Think about of all the fruits and vegetables you get for your household (from all places). How much of all the fruits and vegetables was from this food shelf? **Please check one for each row.**

	I didn't get any	Less than half	About half	More than half	All of my food	I prefer not to answer
a. In the LAST MONTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last 6 MONTHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) Think about all the food you get for your household (from all places). How much of all the food you got was from this food shelf? **Please check one for each row.**

	I didn't get any	Less than half	About half	More than half	All of my food	I prefer not to answer
a. In the LAST MONTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last 6 MONTHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16) What other places do you get food from regularly? **Please check all that apply.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Grocery stores | <input type="checkbox"/> Corner stores | <input type="checkbox"/> Family or friends |
| <input type="checkbox"/> Dollar stores | <input type="checkbox"/> Vending machines | <input type="checkbox"/> Restaurants or take out |
| <input type="checkbox"/> Gas stations | <input type="checkbox"/> None of the above | |
| | <input type="checkbox"/> I prefer not to answer | |

17) Have you used SNAP/EBT in the past 12 months? **Please check one option.**

- YES NO I prefer not to answer

18) What other food resources have you used in the past 12 months? **Please check all that apply.**

- Market Bucks
- WIC (Women, Infants and Children program)
- NAPS (Nutrition Assistance Program for Seniors)
- Meal Programs (meals on wheels, community meals, senior dining)
- Other food shelves in addition to this one
- Ruby's Pantry
- School Meals (free and reduced-priced lunch, free breakfast)
- Fare for All or Twin Cities Mobile Market
- None of the above
- I prefer not to answer

19) Considering all the resources available to you, including this food shelf, do you get enough food to cover your household needs? **Please check one option.**

- YES NO I prefer not to answer

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

- Utilities
- Transportation
- Medical care or medication
- Housing
- Education
- No/Does not apply
- I prefer not to answer

YOU AND YOUR HOUSEHOLD

21) What are consistent sources of income for your household? **Please check all that apply.**

- Paid work
- Unemployment Income
- Social Security
- Disability Income
- Minnesota Family Investment Program (MFIP)
- General Assistance (GA)
- Child support
- Other _____
- I prefer not to answer

22) Has a doctor or other health care professional ever said that you or someone in your household:

Please check one for each row.

	YES	NO	I prefer not to answer (or not sure)
a. Should lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has high blood pressure (or hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has high cholesterol (or hyperlipidemia)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has heart disease (or cardiovascular disease)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has diabetes (or high blood sugar, including borderline or pre-diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23) How many people currently live in your home, including yourself?

_____ I prefer not to answer

24) How many children live in your home (under 18 years)?

_____ I prefer not to answer

25) How many seniors (65 years or older) live in your home, including yourself, if you are a senior?

_____ I prefer not to answer

26) What is your gender?

_____ I prefer not to answer

27) What is your racial background? **Please check all that apply.**

- Alaska Native
- Asian, including Southeast Asian
- African (e.g. Somali, Ethiopian, Liberian, Eritrean, etc)
- Black, African American
- Hispanic or Latinx
- Native American
- Native Hawaiian or Pacific Islander
- White, Caucasian
- _____
- I prefer not to answer

If you don't mind, we have a few extra questions for you to help us understand your story.

28) Why is the food shelf important to you?

29) What would you like to be different at the food shelf?

Thank you for being willing to completing this survey – we really appreciate it!