

Pantry Guest Survey

The local food bank wants to improve the types of foods you and your family have access to. Please help us do better by answering these questions. It should take less than five minutes. You can skip any questions you do not want to answer. You do not need to give your name. Thank you for your help!

[Survey administrators, please return all completed paper surveys to [contact] by [date]. You can reach out to [contact] with any questions, or to schedule a pick-up of the survey(s), if needed. Thank you!]

1. How difficult is it to get healthy foods for yourself and/or your family?

Difficult

Neutral/Unsure

Easy

2. To help you and/or your family have healthy foods available, what foods could this pantry provide more of?

Please check all that apply.

Fruits- Frozen	<input type="checkbox"/>
Fruits- Canned	<input type="checkbox"/>
Fruits- Fresh	<input type="checkbox"/>
Vegetables- Frozen	<input type="checkbox"/>
Vegetables- Canned	<input type="checkbox"/>
Vegetables- Fresh	<input type="checkbox"/>
Whole grains (brown rice, whole wheat bread and pasta, whole corn tortillas, etc.)	<input type="checkbox"/>
Low-fat dairy (milk, yogurt, cheese, etc.)	<input type="checkbox"/>
Diary alternatives (soy milk, almond milk, rice milk, etc.)	<input type="checkbox"/>
Lean protein/meats (turkey, lean beef, eggs, etc.)	<input type="checkbox"/>
Plant-based protein (beans, nuts, seeds, tofu, tempeh, etc.)	<input type="checkbox"/>
Lean red meats (beef, pork, lamb, etc.)	<input type="checkbox"/>
Ready-to-eat meals (boxed lunches, sandwich meals, etc.)	<input type="checkbox"/>
Low-sodium (salt) options (low-sodium canned foods)	<input type="checkbox"/>
Food with low added sugar	<input type="checkbox"/>
Low-calorie beverages (water, plain coffee, plain tea, etc.)	<input type="checkbox"/>
Spices	<input type="checkbox"/>
Staples (flour, sugar, salt, etc.)	<input type="checkbox"/>
Supplement drinks (Ensure, etc.)	<input type="checkbox"/>
Other (write-in):	<input type="checkbox"/>

3. When visiting this pantry, are you comfortable talking with pantry workers about your family's cultural or religious food preferences and/or dietary restrictions?

Yes

No

4. Is it hard to find foods at this pantry that meet your or your family's cultural or religious preferences and/or dietary restrictions?

Yes

No

5. (Answer this question only if your answer to the question #4 was "Yes") To better support your/or your family's cultural or religious preferences and/or dietary restrictions, what foods would you like this pantry to provide? Please select all that apply.

Soul or Southern food options

Foods from Latin America

Foods from Asia

Halal options

- Kosher options
- Vegetarian options
- Vegan options
- Other: _____

For any options selected in question 5, please explain and/or provide examples of specific food requests:

6. What holidays do you celebrate with special foods? Please list all that apply.
- Holiday _____ → Special Food(s) _____
- Holiday _____ → Special Food(s) _____
- Holiday _____ → Special Food(s) _____

7. Would you be interested in any of the following to help you and/or your family make healthier food choices? Please select all that apply.
- Healthy eating or cooking classes
 - Healthy eating information (flyers, website, videos, etc.)
 - Healthy food recipes on site
 - Healthy messaging on products (signs, labels, etc.)
 - Expand pantry hours for more consistent access
 - Texts or emails with health tips or suggestions
 - Other: _____

8. What else can we do to help support your and/or your family's healthy eating?

9. What is your preferred language? Please check one
- English Spanish Chinese, including Mandarin and Cantonese Another language (write-in): _____

10. Including yourself, how many people currently live in your household? _____

11. What race/ethnicity do you identify with? Please select all that apply.
- Black or African American White Hispanic or Latino/a/x/e
- American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander
- Other: _____ Prefer not to respond

12. What is your zip code? _____

Made possible with funding from the Centers for Disease Control and Prevention, administered by the Illinois Public Health Institute in collaboration with partners in the Illinois Alliance to Prevent Obesity.



Encuesta a los Invitados de la Despensa de Alimentos

Los bancos de alimentos locales quieren mejorar los tipos de alimentos a los que usted y su familia tienen acceso. Por favor, ayúdenos a hacerlo mejor escaneando el código QR a continuación y respondiendo las preguntas. Deberá tomarle menos de cinco minutos. Puede omitir cualquier pregunta que no desee responder. No es necesario que dé su nombre. ¡Gracias por tu ayuda!

[Administradores de la encuesta, Por favor, devuelva todas las encuestas en papel completadas a [persona] por [fecha]. Puede comunicarse con [persona] con cualquier pregunta, o para programar le entrega de la(s) encuesta(s), si es necesario. ¡Gracias!]

1. ¿Cuán difícil es conseguir alimentos saludables para usted y / o su familia?
- Difícil
 Neutral / Inseguro
 Fácil

2. Para ayudarle a usted y a su familia a tener alimentos saludables disponibles, ¿qué alimentos podría proporcionar más esta despensa? Por favor, marque todo lo que corresponda.

Frutas congeladas	<input type="checkbox"/>
Frutas enlatadas	<input type="checkbox"/>
Frutas frescas	<input type="checkbox"/>
Verduras congeladas	<input type="checkbox"/>
Verduras enlatadas	<input type="checkbox"/>
Verduras frescas	<input type="checkbox"/>
Granos integrales (arroz integral, pan y pasta de trigo integral, tortillas de maíz integral, etc.)	<input type="checkbox"/>
Lácteos bajos en grasa (leche, yogur, queso, etc.)	<input type="checkbox"/>
Alternativas lácteas (leche de soya, leche de almendras, leche de arroz, etc.)	<input type="checkbox"/>
Proteína/carnes magras (pavo, carne de res magra, huevos, etc.)	<input type="checkbox"/>
Proteína de origen vegetal (frijoles, nueces, semillas, tofu, tempeh, etc.)	<input type="checkbox"/>
Carnes roja magras (carne de res magra, cerdo, cordero, etc.)	<input type="checkbox"/>
Comidas listas para comer (almuerzos en caja, sándwiches, etc.)	<input type="checkbox"/>
Opciones bajas en sodio (sal) (alimentos enlatados, tocino, etc. bajos en sodio)	<input type="checkbox"/>
Alimentos con bajo contenido de azúcar añadidos	<input type="checkbox"/>
Bebidas bajas en calorías (agua, café natural, té natural, etc.)	<input type="checkbox"/>
Espicias	<input type="checkbox"/>
Alimentos básicos (harina, azúcar, sal, etc.)	<input type="checkbox"/>
Bebidas complementarias (Ensure, etc.)	<input type="checkbox"/>
Otro (escrito):	<input type="checkbox"/>

3. Cuando visita esta despensa, ¿se siente cómodo hablando con los trabajadores de la despensa sobre sus preferencias alimentarias culturales o religiosas y / o restricciones dietéticas de la familia?
- Sí
 No

4. ¿Es difícil encontrar alimentos en esta despensa que satisfaga sus preferencias culturales o religiosas y / o sus restricciones dietéticas?
- Sí
 No

5. (Responda esta pregunta solamente si su respuesta a la pregunta #4 fue "Sí") Para apoyar mejor las preferencias culturales o religiosas de usted y de su familia. o las restricciones dietéticas, ¿qué alimentos le gustaría que proporcione esta despensa? Por favor seleccione todas las respuestas que aplican.
- Opciones de comida sureña o soul
 Alimentos de América Latina

Direct Service Staff and Volunteer Survey

[Entity] is exploring opportunities to better support the health of our communities by getting and distributing healthier foods and beverages to feeding programs, like yours. Please share your thoughts on how we can improve by answering these questions. The survey should take five minutes or less to complete. Feel free to skip any questions you do not want to answer. Please return completed paper copies of this survey to [contact] by [date]. You can reach out to [contact] with any questions, or to schedule a pick-up of the survey(s), if needed. Thank you for your help!

1. Name (optional): _____

2. Role/Title

- Food pantry/agency manager or coordinator Other food pantry/agency staff
 Volunteer Other _____

3. Food Pantry/Agency name: _____

4. Food Pantry/Agency zip code: _____

5. To help your guests eat healthier, which of the following foods would you like to see more of at your Pantry? Please check all that apply

Fruits- Frozen	<input type="checkbox"/>
Fruits- Canned	<input type="checkbox"/>
Fruits- Fresh	<input type="checkbox"/>
Vegetables- Frozen	<input type="checkbox"/>
Vegetables- Canned	<input type="checkbox"/>
Vegetables- Fresh	<input type="checkbox"/>
Whole grains (brown rice, whole wheat bread and pasta, whole corn tortillas, etc.)	<input type="checkbox"/>
Low-fat dairy (milk, yogurt, cheese, etc.)	<input type="checkbox"/>
Diary alternatives (soy milk, almond milk, rice milk, etc.)	<input type="checkbox"/>
Lean protein/meats (turkey, lean beef, eggs, etc.)	<input type="checkbox"/>
Plant-based protein (beans, nuts, seeds, tofu, tempeh, etc.)	<input type="checkbox"/>
Lean red meats (beef, pork, lamb, etc.)	<input type="checkbox"/>
Ready-to-eat meals (boxed lunches, sandwich meals, etc.)	<input type="checkbox"/>
Low-sodium (salt) options (low-sodium canned foods)	<input type="checkbox"/>
Food with low added sugar	<input type="checkbox"/>
Low-calorie beverages (water, plain coffee, plain tea, etc.)	<input type="checkbox"/>
Spices	<input type="checkbox"/>
Staples (flour, sugar, salt, etc.)	<input type="checkbox"/>
Supplement drinks (Ensure, etc.)	<input type="checkbox"/>
Other (write-in):	<input type="checkbox"/>

6. Food pantry guests may need certain foods to support their cultural or religious preferences and/or dietary restrictions. Which of these types of foods does your pantry have trouble supplying to meet the desires of your guests? Please check all that apply.

- Soul or Southern food options (e.g., pork, collard greens, okra, black-eyed peas, and grits)
 Foods from Latin America (e.g., tortillas, beans, chilies, tomatillos, plantains, and cilantro)
 Foods from Asia (e.g., tofu, soy sauce, fish sauce, sesame oil, miso, coconut milk, edamame, ginger, and mushrooms)
 Halal options (e.g., foods that are not Haram/forbidden including pork, foods with gelatin, non-halal meat broth, and yogurt and cheese made with animal-based rennet)
 Kosher options (e.g., kosher-certified foods including beef, fish, dairy products, nuts, and bread)

- Vegetarian options (e.g., beans, nuts, seeds, tofu, tempeh, eggs and meat-free packaged meals)
- Vegan options (e.g., beans, nuts, seeds, tofu, tempeh, nutritional yeast, bread without animal byproducts and dairy alternatives)
- We have not identified these types of needs
- Other: _____

For any options selected in question 6, please use the space below to explain and/or provide examples of specific foods guests request, but your pantry has trouble getting.

7. What would you like to see provided to help support your guests in making healthier food choices? Please check all that apply:
- Healthy eating or cooking classes
 - Healthy eating information to use at home (flyers, websites, videos, etc.)
 - Healthy food recipes
 - Healthy messaging (signs, labels, etc.)
 - Meal kits or bundling resources
 - Nutrition training for staff or volunteers
 - Assistance developing a nutrition policy for our pantry or program
 - Other (write-in): _____
8. What barriers does your pantry face in your ability to provide healthier foods to your guests? Please check all that apply.
- | | |
|---|---|
| <input type="checkbox"/> Volunteer capacity | <input type="checkbox"/> Buy-in that health is a priority |
| <input type="checkbox"/> Staff capacity | <input type="checkbox"/> Availability of healthier products |
| <input type="checkbox"/> Funding (e.g., cost of healthier food options) | <input type="checkbox"/> Storage, shelving, and/or refrigeration capacity |
| <input type="checkbox"/> Safety concerns with COVID-19 | <input type="checkbox"/> Other: |
9. What could be done better to support pantries in providing healthier food options?
10. Would you be willing to help us ask similar questions of your guests? If yes or maybe, please include contact information for follow-up.
- Yes Maybe, please share more information No
- If yes or maybe, please include your contact information for follow-up.
 Email address: _____ Phone number: _____
11. In addition to the guest survey and group discussions, are there other ways we could gather this input from your guests?

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