

PRODUCE PERKS

2012 SHOPPER'S SURVEY

*Thank you for taking a few minutes to tell us about your experience with **Produce Perks EBT Incentive Program**.*

All responses will be kept strictly confidential and will not be used in any way to identify you. Your answers will not affect your benefits from the program in any way.



This shoppers survey was developed by Wholesome Wave in collaboration with partner organizations and farmers markets throughout the United States

1. **How many years have you received Produce Perks or EBT Incentives** at any farmers market? (Check one.)

- This is my first year
- Last year was my first year
- 2 or more years

2. **Outside of this farmers market, how easy or difficult is it to buy quality fresh fruits and vegetables in your neighborhood?** (Check one.)

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very Difficult

3. **How important are the Produce Perks in your decision to spend your food stamps or market checks at this farmers market instead of elsewhere?**

- Very important – I wouldn’t have come without them
- Moderately important
- Slightly important
- Not at all important – I would have come without them

4. **Which federal nutrition benefits do you currently receive? (Check all that apply).**

- SNAP (Food stamps)
- Senior Farmers Market Nutrition Program (FMNP) market checks
- WIC Farmers Market Nutrition Program checks or cash value voucher (CVV)

5. **On an average day, how much do you spend at this market using...?**

SNAP/food stamps, WIC or Senior FMNP/market checks, or WIC CVV	\$
Produce Perks	\$
Cash, credit, or debit	\$

6. **How important are the following in your decision to come to this farmers market?**

	Very important	Moderately important	Slightly important	Not at all important
Quality of fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection of fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts food stamps/farmers market checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting local farmers/businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities/events at the market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you have plans to spend money elsewhere in the area (close to the market) today?

- Yes → I estimate I have spent or plan to spending \$_____ at nearby businesses.
- No, I am only spending money at the farmers market today
- I don't know

8. How often do you usually shop at this market when it is open?

- This is my first time (SKIP TO question #12)
- 1-2 times per month
- Less than once a month
- 3 or more times per month

9. As a result of shopping at the farmers market this season, it is easier for me to buy fresh fruits and vegetables.

- Strongly Agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

10. During the season when the farmers market is open, what amount of your fresh fruit and vegetables do you estimate you buy from the market?

- None
- Some
- About half (50%)
- Most
- Almost all or all

11. As a result of shopping at the farmers market this season, the amount and variety (or different kinds) of fresh fruits and vegetables I have eaten has...

	Increased greatly	Increased some	Stayed the same	Decreased some	Decreased greatly
Amount of fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What is your gender? Female Male

13. How many people are in your household?

Children (under 18 years old) _____ Adults (18+ years old) _____

14. How old are you? _____

15. What is your zip code? _____

16. What is your race? (Check all that apply.)

- Black/African or Caribbean-American
- Hispanic or Latino
- White/Caucasian
- Asian or Pacific Islander
- American Indian
- Other (please specify): _____