



FOOD PANTRY SURVEY

Survey Date: ____/____/2021

Location: _____

Help Me Help You would like your feedback to improve our food pantry services to meet your food needs. The information you provide is kept confidential. Your participation in this survey is voluntary and will not affect your services in any way. We appreciate your help to provide you with the best services.

1. Please list the name or names of the pantry or pantries you visit for food:

2. In the past year in your home: (Please check only one option.)

- ☐ We have had enough of the kinds of foods we like to eat
- ☐ We have had enough food but not always the kinds of food we like to eat
- ☐ At times we did not have enough to eat
- ☐ We often do not have enough to eat

3. These are some reasons people do not always have enough to eat. Please check all that apply to your food situation over the past year.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Not enough money for food |
| <input type="checkbox"/> | <input type="checkbox"/> | Not enough time for shopping or cooking |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone in my household needs special foods due to a health condition |
| <input type="checkbox"/> | <input type="checkbox"/> | No working stove |
| <input type="checkbox"/> | <input type="checkbox"/> | No working refrigerator |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not know how to make the foods provided by the pantry |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | We cannot get to the store (please answer question 4) |

4. Please tell us the reasons you are not able to get to the store:



5. Have you or anyone in your home used any of the following for food assistance in the past year? Please check all that apply.

Yes No Can't Remember

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WIC (Women, Infant & Children) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Friends or Relatives |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Home Delivered Meals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free or Reduced School Breakfast |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free or Reduced School Lunch |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shelters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Summer Meal Program |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community/Church Meal Site |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food Pantry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

6. During the past year have you or anyone in your home shopped at the Farmer's Market?

☐ Yes ☐ No

7. When was the first time you got food from a food pantry? (check one)

- ☐ Today is the first time
- ☐ More than 6 months ago
- ☐ More than a year ago
- ☐ Since COVID ☐ Other _____

8. In the past year have you received food from more than one pantry in any given month?

☐ Yes ☐ No **If yes, how many pantries?** ☐ 1 ☐ 2 ☐ 3 ☐ more than 3

9. Is this pantry where you get most of your food? ☐ Yes ☐ No

10. List foods would you like to see more of at your food pantry. (e.g., canned foods, fresh foods, meats, healthier choices, ethnic foods, etc.)

11. What other resources would you like Help Me Help You to offer at this pantry?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Recipes | <input type="checkbox"/> A community meal | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Job information | <input type="checkbox"/> Other _____ |

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12. Are you interested information on the following services (check all that apply)?

- ☐ Health Care ☐ Dental ☐ Health insurance
☐ Job training ☐ Help paying for childcare ☐ Housing assistance
☐ Help paying for utilities ☐ Transportation programs
☐ Other _____

13. Is there anything that would help you have enough food to eat? (e.g., what would help you make a meal, what would help you to access food?)

1.	4.
2.	5.
3.	6.

14. How many members are in your household?

- a. Including yourself, how many adults are in your home? _____
b. How many adults in your home are 60 years older or older? _____
c. How many children in your home are under 5 years old? _____
d. How many children in your home are 5-17 years old? _____

15. What are your current source(s) of income? Check all that apply to you and anyone else that brings in an income to your home.

- ☐ Employment Wages ☐ Pension ☐ Unemployment
☐ Disability/Worker's Compensation ☐ Social Security ☐ Child Support
☐ W2 (Wisconsin Works) ☐ SSI/SSID (Supplemental Security Income)
☐ Earned Income Tax Credit ☐ Other – Specify: _____

16. What do you like most about this food pantry?

17. How can we improve your experience at this food pantry?

*Thank you for your time and for providing your feedback.
The team at Help Me Help You look forward to servicing you.*