

**Crossroads Paper and Food Pantry: 2019 Guest Survey**

Crossroads Paper and Food Pantry wants to help you meet your food needs. We want your experience here to be pleasant and are always looking for ways to improve. Please help us by answering a few questions.

1. Do you like the food that you get from Crossroads Pantry? **Yes** **No**

Why? \_\_\_\_\_

2. What item(s) do you get from the pantry that is the most useful to you at home?

\_\_\_\_\_

3. Are there any food items that you get from the pantry and do not use? **Yes** **No**

If yes, what foods? \_\_\_\_\_

4. What foods would you like to get or get more of from the food pantry? (circle one or more)

**Fruit**  
**Dairy**  
**Eggs**

**Vegetables**  
**Meat**  
**Other:** \_\_\_\_\_

5. Do you think the food you get from the pantry is healthy? **Yes** **No**

6. Are the pantry hours convenient for you? **Yes** **No**

7. Do you feel welcome at the food pantry? **Yes** **No**

8. Are staff and volunteers at the food pantry helpful to you? **Yes** **No**

9. Do signs in the pantry encourage you to choose healthy foods? **Yes** **No**

10. Have you been at the pantry when Kim Lafler gave a nutrition lesson? **Yes** **No**

Did you like the nutrition lesson? **Yes** **No**

Did you make healthier choices after the lesson? **Yes** **No**



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**Please answer a few questions about you:**

1. What is your age?

**Under 18                      18-34                      35-49                      50-64                      65 or older**

2. What is your gender?

**Male                      Female                      Other                      Prefer not to answer**

3. Are you a caretaker or parent of a child (0-17 years old)?

**Yes                      No**

4. Please describe your race (select all that apply):

**American Indian or Alaska Native  
Asian or Asian American  
Black or African American  
Pacific Islander or Native Hawaiian  
White  
Other  
Prefer not to answer**

5. Do you identify as Hispanic or Latino?

**Yes                      No                      Prefer not to answer**

6. What is the highest level of education you have completed?

**Less than High School Degree  
High School Degree or GED  
Some college  
College degree (Associate, Bachelor, Master, Doctorate)**

7. What is your zip code? \_\_\_\_\_

8. How do you rate your current quality of life?

**Excellent                      Very Good                      Good                      Fair                      Poor**

9. Are you affected by any of these health conditions? (select all that apply):

**Overweight or obese                      Pre-diabetic/diabetic                      High Blood Pressure/Heart Disease                      Other                      None of these**



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