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                         Vegetables
   Dairy                        Meat
   Eggs                        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
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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