

# Food Co-op Interest Survey

## Food Justice Coalition of 20743

The Food Justice Coalition of 20743 is a group of local organizations and residents who do the work of establishing food justice throughout the Greater Capitol Heights area. Our definition of food justice is “affordable, accessible, quality food for all that reflects what the community wants and fosters health and economic growth.” Our goal is to bring a food retailer to the neighborhood that focuses on what the community wants and needs. We believe a cooperative grocery store would be the best way to accomplish this, but we want to hear from the community first through this survey. Let us know your thoughts, then join the coalition if you want to be a part of the movement!

### Shopping Patterns

1. What is your ZIP code? \_\_\_\_\_

2. How familiar are you with what a cooperative grocery store is?

Not familiar

Vaguely familiar  
“I’ve heard of it, but  
can’t describe it in  
detail”

Somewhat familiar-  
“I have some  
familiarity with how  
one works”

Very familiar-  
“I have personal  
experience with  
one” (member or  
previous  
knowledge)

☐☐☐☐

3. Are you currently a member or owner of a co-op?

Not a member

Am a member

☐☐

Name of Co-op \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4. On average, how often do you shop at your primary store?

More than 1/week

Once/week

Twice/Month

Once/Month

Less than 1/Month

☐☐☐☐☐

5. How much does your household spend in an average week on groceries, including SNAP/WIC/TANF benefits? (choose one)

Under \$50

\$51-\$75

\$76-\$100

\$101-\$125

\$126-\$150

\$151+

Don't Know

☐☐☐☐☐☐☐

6. Where do you spend most of your grocery dollars? (choose one)

☐ Buying club (e.g. Costco's, BJ's, etc.)

☐ Food Cooperative

☐ Natural/Organic product retailer (Yes!, MOM's, etc.)

☐ Limited assortment store (7-11, Wa-Wa, Dollar Store, etc.)

☐ Farmers Market

☐ Supercenters/discount retail stores (Walmart, Target, etc.)

- |   |  |
|---|--|
| <input type="checkbox"/> Internet/Mail-order (Peapod, Amazon, etc.)                   | <input type="checkbox"/> Convenience store/pharmacy (CVS, Walgreens, Rite Aid, etc.) |
| <input type="checkbox"/> Local grocery store (Giant, Harris Teeter, Price Rite, etc.) | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> International grocery store/market                           |  |

**Note: In the following questions, "primary store" means the place you spend most of your grocery dollars, the outlet you identified in question #6.**

7. From the list below, please choose the **top five** factors you consider when choosing where to shop for groceries:

- |  |   |
|--|---|
| <input type="checkbox"/> Product selection/variety     | <input type="checkbox"/> Cleanliness of store                     |
| <input type="checkbox"/> Quality/freshness of products | <input type="checkbox"/> Knowledgeable staff                      |
| <input type="checkbox"/> Prices                        | <input type="checkbox"/> Friendly/courteous staff                 |
| <input type="checkbox"/> Location of store/convenience | <input type="checkbox"/> Availability of brands I/my family likes |
| <input type="checkbox"/> Hours of operation            | <input type="checkbox"/> Availability of natural/organic foods    |
| <input type="checkbox"/> Atmosphere/ambiance of store  | <input type="checkbox"/> Cooperative ownership                    |
|  | <input type="checkbox"/> Other (please specify): _____            |

8. How far do you travel (one way) to shop at your preferred grocery store?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5-10 minutes             | 10-15 minutes            | 15-20 minutes            | 20-30 minutes            | 30+ minutes              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. What method do you use to travel to your preferred grocery store?

- |                          |                          |                          |                                |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| Walk                     | Drive                    | Carpool                  | Taxi or other paid car service | Public Transportation    | Bike                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> |

## Satisfaction

10. Please rate your satisfaction with the following characteristics of your primary grocery store (refer to top choice in question #6).

|                               | Not Satisfied            | Somewhat dissatisfied    | Neutral                  | Somewhat Satisfied       | Very Satisfied           |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Product selection/variety     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality/freshness of products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prices                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Location of store/convenience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hours of operation            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Atmosphere/ambiance of store  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness of store          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Not Satisfied            | Somewhat dissatisfied    | Neutral                  | Somewhat Satisfied       | Very Satisfied           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Knowledgeable staff                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendly/courteous staff                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of brands I/my family likes                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of natural/organic foods                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify):_____                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well does the store meet your needs <u>overall</u> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. What additional services do you wish to see at your primary grocery store?

- |   |   |
|---|---|
| <input type="checkbox"/> Dietitian on site                              | <input type="checkbox"/> Cooking demonstrations       |
| <input type="checkbox"/> Nutrition education, healthy eating literature | <input type="checkbox"/> Community room               |
| <input type="checkbox"/> Recipe cards                                   | <input type="checkbox"/> Restaurant/hot foods section |
| <input type="checkbox"/> Other (please specify):_____                   |   |

## Personal Characteristics

12. Please indicate your level of agreement with the following statements:

|   | Disagree                 | Somewhat Disagree        | Somewhat Agree           | Agree                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Nutritional value is more important to me than price when buying food.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organic foods are very important to me and my family.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I buy local foods when available.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I shop in places where I feel a sense of community.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I shop at locally owned retailers as much as possible.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am willing to pay a little more for products that are produced more sustainably/with less environmental impact. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. What is your gender?

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Male                     | Female                   | Prefer not to say        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. What age range do you fall in?

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18 – 24                  | 25 - 30                  | 31-40                    | 41-50                    | 51-60                    | 60-64                    | 65+                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Including you, how many of the following live in your household?

|                        | None                     | 1                        | 2                        | 3+                       |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Adults (18+ years old) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. What is your highest level of education?

- |  |   |
|--|---|
| <input type="radio"/> Less than high school diploma  | <input type="radio"/> 2-year college/tech/trade school degree |
| <input type="radio"/> High school diploma            | <input type="radio"/> 4-year college degree                   |
| <input type="radio"/> Some college/tech/trade school | <input type="radio"/> Graduate/Professional degree            |

17. What is your approximate annual household income?

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$15,000  | <input type="checkbox"/> \$50,000 - \$74,999   |
| <input type="checkbox"/> \$15,000-\$24,999   | <input type="checkbox"/> \$75,000 - \$99,999   |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$150,000 or more     |

18. Please tell us your ethnicity:

- |   |  |
|---|--|
| <input type="radio"/> Asian American            | <input type="radio"/> Hispanic or Latino(a)          |
| <input type="radio"/> Black or African American | <input type="radio"/> Native American/Alaskan Native |
| <input type="radio"/> White or Caucasian        | <input type="radio"/> Two or more/multiple race      |
| <input type="radio"/> Other                     |  |

19. Additional Comments:

**This completes our survey. Thank you for your participation—your feedback is critical to our ability to serve you well.**