

Food Access Survey

Dear City of Jackson Resident

My Brother's Keeper, Incorporated is working to improve fresh, healthy and sustainable food access in the City of Jackson. Please help us advise City agencies and business on the access and available of healthy foods in the city. Answer the survey and receive a \$5.00 gift card to a local grocery store/supermarket. **Please return the completed survey in the enclosed stamped envelope.**

1. Where do you shop for food? Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> CVS | <input type="checkbox"/> Kroger | <input type="checkbox"/> Rainbow |
| <input type="checkbox"/> Dollar General | <input type="checkbox"/> Monument Street Market | <input type="checkbox"/> Rite Aid |
| <input type="checkbox"/> Family Dollar | <input type="checkbox"/> McDade's Market | <input type="checkbox"/> Vowell's Market Place |
| <input type="checkbox"/> Food Depot | <input type="checkbox"/> Oriental Supermarket | <input type="checkbox"/> Walgreens |
| <input type="checkbox"/> Jackson Farmers Market | <input type="checkbox"/> Piggly Wiggly | <input type="checkbox"/> Wal-Mart |

OTHER: _____

2. Why do you shop at the store(s) you selected above? Check all that apply:

- Quality/Freshness of Food Atmosphere Prices Location Safety

3. How far is the nearest grocery store/supermarket to your home? Check one:

- 1-2 Miles 3-5 Miles 5-10 Miles 10+ Miles

4. How many people do you shop for?

Circle one: 1 2-3 4-5 6-7 8+

How many children do you shop for?

Circle one: 0 1 2-3 4-5 6-7 8+

5. How often do you shop for food?

Circle one: 1 time a week 2-3 times a week every other week OTHER: _____

6. How much do you spend on groceries in a week?

Circle one: \$0.00-50.00 \$50.00-100.00 \$100.00-200.00 \$200.00+

7. How do you get to the store?

Circle all that apply: Car Bus Walk Bike Taxi Get a Ride OTHER: _____

8. What fruits and vegetables do you eat or serve most often? Check all that apply.

- | | | |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Honeydew | <input type="checkbox"/> Peaches |
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Pears |
| <input type="checkbox"/> Cantaloupes | <input type="checkbox"/> Mangos | <input type="checkbox"/> Pineapples |
| <input type="checkbox"/> Cherries | <input type="checkbox"/> Nectarines | <input type="checkbox"/> Plums |
| <input type="checkbox"/> Grapes | <input type="checkbox"/> Oranges | <input type="checkbox"/> Strawberries |

OTHER: _____

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Avocado | <input type="checkbox"/> Collard Greens | <input type="checkbox"/> Lettuce |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Corn | <input type="checkbox"/> Mustard Greens |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Green Beans | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Green Peas | <input type="checkbox"/> Potatoes |

OTHER: _____

9. Are there fruits or vegetables that you like, but cannot buy in the City of Jackson? Yes No

If yes, what: _____

10. How often do you eat fruit or vegetables? Check only one.

- One a week of less 2-4 times a week once a day 2-4 times a day 5 or more times a day

11. Which of the following problems, if any, stops you from eating the fruits and vegetables you want?

- | | |
|---|---|
| <input type="checkbox"/> Prices are too expensive | <input type="checkbox"/> Not enough time to prepare them |
| <input type="checkbox"/> Stores are too hard to get to | <input type="checkbox"/> No kitchen equipment to prepare / store them |
| <input type="checkbox"/> They are of poor quality where you shop | <input type="checkbox"/> You don't like fruits and vegetables |
| <input type="checkbox"/> They you want are unavailable where you shop | <input type="checkbox"/> Not enough of them to feed everyone in home |
| <input type="checkbox"/> Not enough time to shop for them | <input type="checkbox"/> Nothing |

12. How important is it to you that the food sold by stores? Check one for each statement.

- | | | | | |
|----------------------------|---|------------------------------------|---|--|
| A. Fresh: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| B. Affordable: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| C. Healthy: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| D. Free of chemicals: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| E. Grown by local farmers: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |

13. Other than produce, what services are important to you in a grocery store or supermarket?

Check one for each statement.

- | | | | | |
|---------------|---|------------------------------------|---|--|
| A. Bakery: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| B. Meat/Fish: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| C. Dry Goods: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| D. Flowers: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
| E. Pharmacy: | <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |

14. How often do you shop at a farmers market?

- Often Somtimes Rarely Never

15. How many grocery stores or supermarkets are in your neighborhood?

Circle one: 0-1 2-3 4-5 6-7 8+

16. How many fast food restaurants (e.g., McDonald's, Burger King) are in your neighborhood?

Circle one: 0-1 2-3 4-5 6-7 8+

17. How often do you eat food made at each of these places?

- | | <i>Less than
once a week</i> | <i>1-2 times
a week</i> | <i>3-4 times
a week</i> | <i>5-6 times
a week</i> | <i>Once
a day</i> |
|--|----------------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------|
| Food made at home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food made at a Fast Food Restaurant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food made at a Sit-down Restaurant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food made at a School? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food made at a Convenience store / gas station? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food made at a Church / Service Organization? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food made at a Workplace cafeteria? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you eat food made at an other place: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. Would you actively support and shop at new food markets in your neighborhood?

- Yes No

19. Would you actively support and shop at a new farmers market in your neighborhood?

Yes No

20. What part of the City of Jackson do you live?

North Jackson South Jackson West Jackson OTHER: _____

21. What is your zip code? _____

22. How old are you? Circle one: 18-24 25-34 35-44 45-54 55-64 65+

23. What is your racial / ethnic background? _____

24. Are you a SNAP or WIC participant? Yes No

Thank you for taking the time to complete this important survey. The answers you provided will help us determine the shopping habits of residents in the City of Jackson and to increase the access and availability of fresh fruits and vegetables.

Creating A Healthier Mississippi One Community At a Time!!!