

Building Healthy NYCHA Communities through Food

Resident Healthy Food Survey

Date: _____

1. Where do you go to buy your groceries? _____

2. How often do you go to the store to buy food?

- a. Every day b. 2 times a week c. Once a week d. Twice a month e. Hardly ever

3. Besides grocery stores, where else do you get food? (check all that apply)

- Farmers market Senior meal site School cafeteria
 Home garden Church/community org. Fast food
 Food bank/pantry Community garden Home-delivered meals
 Others (please specify) _____

4. How long does it take you to get to your usual grocery store (distance one-way)?

- a. 0 -5 minutes b. 5 – 10 minutes c. 10 – 20 minutes d. 20 – 30 minutes
e. 30 – 45 minutes f. > 45 minutes

5. How do you get to the locations where you get your food? (check all that apply)

- Own vehicle Walk Bike Bus/Public transportation
 Other _____

6. On average, how many days a week do you prepare meals at home?

- a. 1 b. 2 c. 3-4 d. 5 or more

7. How would you rate the quality of the food sold in your local grocery store?

(1=WORST, 5=BEST, circle appropriate rating)

| | | | | | |
|--------------------|---|---|---|---|---|
| Fruits (fresh) | 1 | 2 | 3 | 4 | 5 |
| Vegetables (fresh) | 1 | 2 | 3 | 4 | 5 |
| Meats/Protein | 1 | 2 | 3 | 4 | 5 |
| Breads | 1 | 2 | 3 | 4 | 5 |
| Dairy | 1 | 2 | 3 | 4 | 5 |

8. For you, what are the main problems in getting the foods you need? (check all that apply)

- Cost of food Distance to the store ☑ Safety
 Time for shopping Quality of food
 Other (please specify) _____

9. How often do you eat fresh fruits or vegetables? (circle only one)
- a. 0-1 time/week c. once a day e. 5 or more times/day
- b. 2-4 times/week d. 2-4 times/day

10. What would you like to see change in your neighborhood and the community's food system? (choose up to three)

- | | |
|---|---|
| <input type="checkbox"/> Grocery store with healthy food options | <input type="checkbox"/> Community Food Council |
| <input type="checkbox"/> More farmers' markets or farm stands | <input type="checkbox"/> Weekly delivery of farm-fresh produce |
| <input type="checkbox"/> More community gardens or urban farms | <input type="checkbox"/> Green grocer / produce store |
| <input type="checkbox"/> Workshops on growing food | <input type="checkbox"/> More fresh food available at existing store(s) |
| <input type="checkbox"/> Forming cooking clubs with friends and neighbors | <input type="checkbox"/> Classes on cooking and preserving food |
| <input type="checkbox"/> Café Serving Healthy Prepared Foods | <input type="checkbox"/> Classes on budgeting and shopping for food |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> More emergency food distribution locations |

General Demographics

11. What is your zip code? _____

12. I am: a. Male b. Female

13. Including yourself, how many people live in your household?

- a. 1-2 b. 3-4 c. 5-6 d. 6-8 e. more than 8

14. What is your age? a. Under 18 b. 18-30 c. 31-50 d. 51-70 e. >70

15. Circle the following if you use: a. Food Stamps b. WIC

16. What is your average annual household income?

- a. 0 – 15,000 c. 25,001 – 35,000 e. 50,000+
- b. 15,001 – 25,000 d. 35,001 – 50,000 f. Don't know/no response

17. (OPTIONAL) What is your overall impression of your neighborhood's healthy food options?

18. Would you like to play a role in making your neighborhood a healthier food community? If yes, please provide your contact details (**name, email and/or phone number**).

Thank YOU for your time and your feedback!