

VISITOR SURVEY

This questionnaire is intended to collect information about visitors to the [] Farmers Market. This information, collected periodically throughout our market season, is used to inform operations and build support for the market.

0. **Today's Date:**

1. **Market Name:** .

2. **How often do you come to this market?**
- ☐ Weekly
 - ☐ Twice a month or more
 - ☐ Once a month
 - ☐ A few times per year
 - ☐ Once per year
 - ☐ Today is my first time visiting
-

3. **What's the primary reason you came to this market today?**
- ☐ To buy groceries
 - ☐ To buy non-grocery items
 - ☐ To use a voucher, coupon, or other incentive
 - ☐ To pick up a CSA
 - ☐ To visit with friends or other community members
 - ☐ To meet/talk to farmers and other vendors
 - ☐ To attend a special event or activity at the market
 - ☐ To purchase and eat a meal on-site
 - ☐ Came with tour or group event
 - ☐ Other:
-

4. **How far do you typically travel to shop at the market today?**
This may be from your home, if you typically travel from your home to market; or, it could be from your work or school, if you come to the market from one of these places.
- ☐ Less than 1 mile
 - ☐ 1-5 miles
 - ☐ 6-10 miles
 - ☐ 11-20 miles
 - ☐ More than 20 miles
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5. **How did you get to the market today?**
Select all that apply.
- ☐ Bicycle
 - ☐ Bus / other public transportation
 - ☐ Personal vehicle
 - ☐ Carpool/Got a ride
 - ☐ Taxi / paid rideshare
 - ☐ Walk/wheelchair
 - ☐ Other:
-

6. **How many people, including yourself, are you shopping for today?**
- ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6
 - ☐ 7 or more
 - ☐ I'm not planning to buy anything
-

7. **How much money have you spent (or will you spend) at the market today?**
- ☐ \$1-5
 - ☐ \$6-10
 - ☐ \$11-20
 - ☐ \$21-30
 - ☐ More than \$30
 - ☐ Not planning to buy anything



8. **What will you buy at this farmers market today?**
Select all that apply.
- | | |
|--|---|
| <input type="checkbox"/> Dairy and eggs | <input type="checkbox"/> Other foods |
| <input type="checkbox"/> Bread & baked goods | <input type="checkbox"/> Plants & Flowers |
| <input type="checkbox"/> Fruits & vegetables | <input type="checkbox"/> Body care; Art/Crafts |
| <input type="checkbox"/> Meat, seafood, & poultry | <input type="checkbox"/> CBD or cannabis-derived products |
| <input type="checkbox"/> Condiments/sauce | <input type="checkbox"/> Community groups |
| <input type="checkbox"/> Beverages (non-alcoholic) | <input type="checkbox"/> Services: |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Prepared foods | <input type="checkbox"/> I'm not planning to buy anything |

9. **Was the farmers market the primary reason you came to (local neighborhood/area name) today?**
- ☐ Yes
☐ No

10. **Did you or do you plan on doing additional shopping, eating, or other activities in this area today (outside of the farmers market)?**
- ☐ Yes
☐ No

11. **To what extent has shopping at this farmers market caused you to frequent neighboring/nearby business, restaurants, and institutions more often?**
- ☐ Not at all
☐ Very Little
☐ Somewhat
☐ Quite a bit
☐ Not relevant
☐ I was already frequenting these places

12. **How did you originally hear about this market?**
- | | |
|--|---|
| <input type="checkbox"/> Word of mouth (family, friend, neighbor, colleague) | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Word of mouth (agency, government, nonprofit) | <input type="checkbox"/> News article |
| <input type="checkbox"/> Saw the market set up | <input type="checkbox"/> Directory of markets |
| <input type="checkbox"/> Market sign, banner, or flag | <input type="checkbox"/> Web search |
| <input type="checkbox"/> Flyer, poster, or ad | <input type="checkbox"/> Don't remember |
| | <input type="checkbox"/> Other: |

13. How has shopping at this farmers market impacted your household's: <i>Select one per line.</i>		Decreased greatly	Decreased some	Stayed the same	Increased some	Increased greatly
a.	Access to healthy food					
b.	Knowledge of fruits and vegetables					
c.	Purchasing of fruits & vegetables					
d.	Cooking of fruits & vegetables					
e.	Consumption of fruits & vegetables					

(MARKET ORGANIZATIONS: Consider including *either* Q14, *or* Q15 + Q16, depending on what you feel is appropriate at your market. All three questions are nationally standardized measures of household food security.)

14. **Which of these statements best describes the food eaten in your household in the last 12 months?** *Select one.*
- ☐ Enough of the kinds of food we want to eat
 - ☐ Enough but not always the kinds of food we want
 - ☐ Sometimes not enough to eat
 - ☐ Often not enough to eat
 - ☐ Don't know

	Often true	Sometimes true	Stayed the same	Never true	Don't know	Prefer not to answer
15. Within the past 12 months we worried whether our food would run out before we got money to buy more. <i>Select one.</i>						
16. Within the past 12 months the food we bought just didn't last and we didn't have money to get more. <i>Select one.</i>						