



**Brownfields Coalition Grant
Southeast Volusia Corridor Improvement Coalition
(SVCIC)**

Community Food Assessment Survey

This survey is being used to get your opinions about foods and beverages available in your neighborhood. Your opinion and answers are important to us and will be used to inform changes and programs to benefit your neighborhood. Do not put your name on this survey.

Please check the circle that best answers each of the following questions.

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

2. How often do you go food shopping?

Daily

2-3 times a week

Once a week

Two times a month

Once a month

Less than once a month

3. Besides grocery stores, where else do you get food?

Corner/Convenience Store

Farmers' Market

Food Bank/Food Pantry

Other: _____

Community Garden

Fast Food Restaurant

Church/Community Organization

4. At the store **where you normally buy your food**, how would you rate the fruits and vegetables in terms of:

Much Worse	A Little Worse	About the Same	A Little Better	Much Better
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a. Selection?

b. Price?

c. Quality?

5. How far do you travel to get to your regular full-service grocery store? _____

6. How do you travel to locations where you purchase/receive food?

Public Transportation

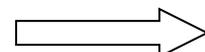
Walk

Car

Bike

e. Other _____

****PLEASE TURN OVER****



7. How **important** are each of the following factors in your decision to shop at the store **where you buy most of your food**?

Not at all	A little	Somewhat	Very
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- Near your home
- Near or on the way to other places where you spend time
- Your friend/relatives shop at this store
- Selection of foods
- Quality of foods
- Prices of foods
- Access to public transportation

8. What are the main barriers with getting the foods you need/want (select all that apply)?

- | | |
|-------------------|-----------------|
| Cost | Quality of food |
| Time for shopping | Safety |
| Distance to store | Other _____ |

9. When you shop for food, how important to you is...?

Not at all important	Somewhat important	Very important
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- a. Taste
- b. Nutrition
- c. Cost
- d. Convenience
- e. Weight control

10. At the store **where you buy most of your food**, how hard or easy is it to get each of these types of foods?

Very easy	Somewhat easy	Somewhat hard	Very hard
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- a. Fresh fruits and vegetables
- b. Canned or frozen fruits and vegetables
- c. Lean meats
- d. Candy and snack chips
- e. Low fat products
- f. Regular soda or other sugary drinks (sports drinks, juice drinks, etc.)

11. At the store **where you buy most of your food**, how would you rate the price of fresh fruits and vegetables?

- Very inexpensive
- Not expensive
- Somewhat expensive
- Very expensive

12. During the past 7 days, how many times did you eat fruit? (do NOT count fruit juice)

I did not eat fruit during the past 7 days

1 to 3 times during the past 7 days

4 to 6 times during the past 7 days

1 time per day

2 times per day

3 times per day

4 or more times per day

13. During the past 7 days, how many times did you eat vegetables?

I did not eat vegetables during the past 7 days

1 to 3 times during the past 7 days

4 to 6 times during the past 7 days

1 time per day

2 times per day

3 times per day

4 or more times per day

14. How concerned are you about the nutritional content of the foods you eat?

Not at all concerned

Not too concerned

Somewhat concerned

Very concerned

15. What would you like to see change in your neighborhood and community's food environment? (choose up to 3)

Grocery store in the neighborhood

More quality fresh food available at grocery store

More farmers' markets

Cooking classes

More community gardens

More emergency food distribution locations

Other: _____

16. Do you have any additional thoughts about your neighborhood's present food needs? What would you like to see changed?

17. What community do you live in? (please check one)

New Smyrna Beach

Edgewater

Oak Hill d.

Other (please provide community name): _____

18. What ZIP code do you live in: _____

19. What is your gender: Female Male

20. What is your age:

Under 18

18-25

26-40

41-64

65+

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

1-2

3-4

5-6

7-8

More than 8

22. Do you use:

WIC: Yes No

SNAP: Yes No

23. Which best describes your race? (select all that apply)

Asian

White/Caucasian

Black/African American Other (please specify): _____

24. Which best describes your ethnicity?

Haitian

Hispanic

Non-Hispanic

Thank you!



This survey is being funded under the South Volusia Corridor Improvement Coalition's EPA Brownfields Coalition Assessment Grant to enhance meaningful community engagement and outreach activities under EPA Cooperative Agreement # 00D12013-0.