



2019 Farmers' Market Nutrition Coupon Program Participant Quick Survey

1. Which city or town do you live in? _____
2. Which organization provides you with the coupons? _____
3. Are you receiving coupons as: ☐ Family, ☐ Pregnant Person, ☐ Senior/Elder, or ☐ Others, please specify: _____
4. Do you identify as Indigenous? ☐ First Nation, ☐ Metis, ☐ Inuit, ☐ Other, please specify: _____, ☐ No

5. How many years have you been in the coupon program?

<input type="checkbox"/>	1 Year	<input type="checkbox"/>	2 Years	<input type="checkbox"/>	3 Years	<input type="checkbox"/>	4 Years	<input type="checkbox"/>	5 Years	<input type="checkbox"/>	6+ Years
--------------------------	--------	--------------------------	---------	--------------------------	---------	--------------------------	---------	--------------------------	---------	--------------------------	----------

6. At which market do you use your coupons? _____

7. How often do you shop at the farmers' market?

<input type="checkbox"/>	Every Week	<input type="checkbox"/>	Every Two Weeks	<input type="checkbox"/>	Once a Month	<input type="checkbox"/>	Less than Once a Month
--------------------------	------------	--------------------------	-----------------	--------------------------	--------------	--------------------------	------------------------

8. How do you usually get to the farmers' market?

<input type="checkbox"/>	Walk	<input type="checkbox"/>	Drive (myself/family)	<input type="checkbox"/>	Drive (with others)	<input type="checkbox"/>	Hired Bus
<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Electric Scooter	<input type="checkbox"/>	Public Transit	<input type="checkbox"/>	Other, please specify: _____

9. When shopping at the farmers' market, how much of your own money do you spend? (circle one)

<input type="checkbox"/>	\$0	<input type="checkbox"/>	\$1	<input type="checkbox"/>	\$2	<input type="checkbox"/>	\$3	<input type="checkbox"/>	\$4	<input type="checkbox"/>	\$5	<input type="checkbox"/>	\$6	<input type="checkbox"/>	\$7	<input type="checkbox"/>	\$8	<input type="checkbox"/>	\$9	<input type="checkbox"/>	\$10
<input type="checkbox"/>	\$11	<input type="checkbox"/>	\$12	<input type="checkbox"/>	\$13	<input type="checkbox"/>	\$14	<input type="checkbox"/>	\$15	<input type="checkbox"/>	\$16	<input type="checkbox"/>	\$17	<input type="checkbox"/>	\$18	<input type="checkbox"/>	\$19	<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$20+

10. Who usually goes with you the farmers' market?

<input type="checkbox"/>	I go by myself	<input type="checkbox"/>	I come with friend(s)	<input type="checkbox"/>	I come with my family	<input type="checkbox"/>	I come with other people who have coupons
Other, please specify: _____							

11. Did the nutrition coupon program help you (and your family) eat more vegetables and fruits?
☐ Yes, ☐ No



2019 Farmers' Market Nutrition Coupon Program Participant Quick Survey

12. When you are NOT participating in the coupon program, do you eat LESS vegetables and fruits?

<input type="checkbox"/>	Yes, we eat less vegetables and fruit when we DON'T have coupons (go to question 13)
<input type="checkbox"/>	No, we eat veg and fruit (go to question 14)

13. If you answered YES to question 12, please tell us why (select all that apply.)

<input type="checkbox"/>	I can't afford to buy vegetables and fruits
<input type="checkbox"/>	Vegetables and fruit are not available in my community
<input type="checkbox"/>	I don't know how to cook with vegetables and fruit
<input type="checkbox"/>	I can't find vegetables and fruit that I am familiar with or like
<input type="checkbox"/>	Other, please specify:

14. On what do you usually spend your coupons (select circle up to 2)

<input type="checkbox"/> Vegetables	<input type="checkbox"/> Fruit	<input type="checkbox"/> Meat	<input type="checkbox"/> Eggs	<input type="checkbox"/> Cheese	<input type="checkbox"/> Nuts	<input type="checkbox"/> Herbs
-------------------------------------	--------------------------------	-------------------------------	-------------------------------	---------------------------------	-------------------------------	--------------------------------

15. As part of this program, what did you learn about? (Check all that apply)

<input type="checkbox"/>	Following instructions in recipes	<input type="checkbox"/>	Preserving foods such as canning and freezing
<input type="checkbox"/>	Improvising with ingredients	<input type="checkbox"/>	Grocery shopping
<input type="checkbox"/>	Reading food labels	<input type="checkbox"/>	Planning healthy meals
<input type="checkbox"/>	Understanding where food comes from	<input type="checkbox"/>	Understanding how shopping at a farmers' market impacts my community
<input type="checkbox"/>	Cooking food and storing it safely	<input type="checkbox"/>	

16. What changes happened as part of this program? (Check all that apply)

<input type="checkbox"/>	I eat a wider variety of vegetables and fruits	<input type="checkbox"/>	I am more confident making healthy meals
<input type="checkbox"/>	I cook at home more often	<input type="checkbox"/>	I am more confident buying healthy foods
<input type="checkbox"/>	I use more vegetables and fruit in my recipes	<input type="checkbox"/>	I feel connected to other people in my community
<input type="checkbox"/>	I eat less processed foods	<input type="checkbox"/>	I feel healthier

17. Is there anything that the farmers' market you go to could do to improve your experience in the nutrition coupon program?



2019 Farmers' Market Nutrition Coupon Program Participant Quick Survey

18. Is there anything your community program/ organization could do to improve your experience in the nutrition coupon program?

19. What do you like best about the nutrition coupon program?

20. Is there anything else you would like us to know?

Thank you for your feedback!
Please return this survey to your program / organization when completed.