

Member Survey

1. What is your postal code? _____

2. How many people live in your house? _____

3. Number of children living in household? _____

4. Number of seniors living in household? _____

5. How did you hear about the London Good Food Box? Check all that apply.

This agency

Another agency

Friends/neighbours

Social Media

Poster/flyer

Other _____

6. Why did you sign up?

7. How many food boxes have you purchased in the last 12 months?

1-3

4-6

10-12

Over 12

8. Do you eat more vegetables and fruit when you buy the London Good Food Box?

Yes

No

9. Have you tried new and different vegetables and fruits?

Yes

No

10. Have you tried new recipes?

Yes

No

11. Does participating in this program make it easier to get and buy vegetables and fruits?

Yes

No

12. Are you able to use all of the food purchased in your box? If no, please specify why.

13. Does the London Good Food Box save you money?

Yes

No

I Don't Know

14. For each question below, please circle the response that best characterizes how you feel about the **setup** of the LGFB.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. Payment day	1	2	3	4	5
2. Month (time of month)	1	2	3	4	5
3. Time (time of day)	1	2	3	4	5
4. Location	1	2	3	4	5

Feedback for improvement?

15. For each question below, please circle the response that best characterizes how you feel about the **value** satisfaction of the LGFB.

	Unsatisfactory Value	Poor Value	Neutral Value	Good Value	Excellent Value
1. Money	1	2	3	4	5
2. Quality of vegetables and fruits	1	2	3	4	5
3. Social Value (e.g. meeting neighbours, getting out of the house, volunteering)	1	2	3	4	5

Feedback for improvement?

16. For each question below, please circle the response that best characterizes how you feel about the **resource** satisfaction of the LGFB.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. In general, the resources are helpful	1	2	3	4	5
2. Recipes are useful	1	2	3	4	5
3. The children's resources and activities are helpful	1	2	3	4	5

Feedback for improvement?

17. Since participating in the LGFB program, do you feel more connected to? Check all that apply.

- This organization
- Other community members
- Other community resources and supports
- None of the above

18. Since participating in the LGFB program, have you signed up for other food related programs?

- Yes
- No

19. Would you recommend the LGFB program to others?

- Yes
- No

20. Would you like to help with the LGFB program? If yes, provide contact information:

Name: _____

Email: _____

Phone Number: _____

Preferred method of contact (email or phone): _____