

Questionnaire 1 (Template)*

Six A's of food security in your community

Community Members Questionnaire

Purpose: To gather information to assess the level of food security in your community. It will ask a series of questions related to **Six A's** of food security—accessibility, availability, affordability, adequacy, awareness and appropriateness.

Name: _____

Phone number or e-mail (optional): _____

1. What type of food outlets or services do you often use? Please choose all that apply:

- Supermarket (e.g., Save Easy, Sobeys, No Frills, Superstore)
- Farmer's market
- Convenience/Corner store
- Take-outs from fast food restaurants (e.g., McDonald's, KFC, Tim Horton's)
- Take-outs from regular sit-in restaurants
- Not-for-profit food services (e.g., Feed Nova Scotia, North End Dartmouth Food Centre, Halifax West Ecumenical Food Bank)
- Other (please specify) _____

2. What mode of transportation do you use to access food? Please rank 1 to 5, with 1 representing the mode of transportation you use the most often.

___ Walk ___ Bike ___ Transit ___ Drive ___ Other (*Please describe*): _____

3. How long does it usually take from home to the food outlet you use the most?

_____ Minutes _____ mode of transportation

4. In general, how affordable are foods in your community (excluding high end restaurants)?

- Very affordable
- Mostly affordable
- There are affordable foods and not very affordable foods in my community
- Often not affordable
- Very difficult to find foods at a reasonable price

Please name the food outlets in your community that are most affordable:

Tool 5. Community Members Questionnaire

5. Do you personally face problems obtaining enough food?

- Yes, often
- Yes, occasionally
- Rarely
- Never

6. In your opinion, is there a food security issue in your community?

- Yes
- No
- I do not know.

7. Do you regularly travel outside your community to get food? If yes, why do you do this? Choose all that apply.

- No. I usually get food within my community
- Yes. Food I eat is not available in my area
- Yes. Food is cheaper in another area
- Yes. Food options are better in other areas
- Yes. I get food on my way home from work, school, etc.
- Yes. Other reason (specify): _____

8. Please provide the name of not-for-profit food programs/services in or near your community?

- Meal delivery programs/services: _____
- Grocery delivery program/services: _____
- School/Work meal programs/services: _____
- Emergency food programs/services: _____
- Cooking classes/Food education: _____
- Any other? (please describe): _____

9. Do you have any special food requirements relating to health issues, choices or cultural practices?

- | | |
|---------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Diabetic/Low sugar | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Low Sodium | <input type="checkbox"/> Ethnic/Religious |
| <input type="checkbox"/> Low Fat | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Allergy
(list): _____ | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Food (list): _____ | <input type="checkbox"/> Other: _____ |

Do you face any barriers in meeting these requirements? If yes, please describe:

9. Do you get any of your food from community gardens?

- Yes
- No

If yes, please give the name and location of the community garden.

10. Is there a service that you would like see in your community? Please describe.

11. Are you interested in learning more about the results or being involved in the food assessment activity in your community?

- Yes
- No

If yes, please check 'Yes' below as your consent for us to contact you using the contact information above.

- Yes

*This Questionnaire is a template for you to use. Please feel free to add more questions or change the design to make it your own.