Food Mapping Tool 2A
Your service in the community
(For commercial and not-for-profit food service providers)

Purpose: To map information about commercial and not-for-profit food service providers.

Note: You can conduct this mapping exercise with commercial and not-for-profit service providers together or separately.

Steps to Follow

- o Follow the food mapping steps described in this chapter (Chapter 2, page 18-19)
- o Ask the participants to put a sticker (alternatively circle in coloured marker) on their service location
- o Use large sticky notes to have the participants indicate the types of food service they provide. You may like to colour code the types of services with different colour sticky notes or different colour markers/pencils.
- o Use other sticky notes to have the participants indicate the hours of operation (time, days of the week)

The resulting map will show the number of commercial and not-for-profit food services within the community, as well as some details of the services including types of food and hours of operation. The information you get from this mapping exercise will mainly be used for the analysis of Accessibility and Availability of food security.

Questionnaire 2A (Template*)
Your service as food assets in the community
(Commercial Food Providers [For Profit])

Purpose: This questionnaire is intended to inventory the types of food and services local commercial food providers are offering and how their customers are accessing these resources.

Name: _____   **Contact Info (optional):** _____

Address: _____

1) Please select the services you provide and rank them with 1 being the most important.

__Grocery – Primarily Packaged/Frozen   __Grocery – Primarily fresh/produce

__ Cooked food (from scratch) ingredients)   __Cooked food (from pre-prepared

__ Food Delivery (Meal/Grocery Delivery, etc.)   __Farmer/Farmers Market

__ Other (please describe) _____

2) What are your hours of operation?

__ Weekdays:_____   __ Weekends:_____   __ 24 hours:_____

__ Other:_____

3) How do the majority of your customers access your services? Please select all that apply and rank them, with 1 representing the most common means of access.

__ Walk   __Bike   __Transit   __Drive   __Other (describe)_____

4) Is there a service that you would like to start offering? If yes, please explain what it is, why you would like to offer it and why you are not currently offering it.

_____

_____

5) Are you interested in learning more about the results or being involved in the food assessment activity in your community? __Yes   __No

If yes, is it okay to contact you using the information you provided above? __Yes   __No

*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.