

CSFP PARTICIPANT SURVEY

County of Residence _____

The purpose of this questionnaire is to serve you better. Please do not sign your name to the questionnaire. Check one response for each question unless otherwise indicated. Thank you for your help.

1. Are you satisfied with the CSFP program? Yes No
2. The suggestions by CSFP staff for changes in your diet are...
 - A. within your budget. Yes No
 - B. foods your family would eat. Yes No
 - C. clear and simple to do. Yes No

3. Topics you would like information on: (Mark one or more responses)

Planning meals with CSFP foods	Dental Health
How to save money at the grocery store	Foods for underweight children/adults
Food is good for you	Low fat cooking
Nutritious snacks and drinks	Cooking for one
Food that helps build strong blood	Meals in minutes
How to reduce salt and/or sugar	Fruits and vegetables
Foods for overweight children/adults	Other: _____

4. Check one answer for each statement about your experience during food pick up.
 - A. I had to wait over 15 minutes to receive my foods. Yes No
 - B. Food distribution hours were acceptable. Yes No
 - C. I found the staff helpful. Yes No
 - D. I use the home delivered food option (homebound only) Yes No
 - E. Explain any problems _____

5. Check one answer for each statement about CSFP Services.
 - A. The health information I received at CSFP certification was helpful. Yes No
 - B. Referrals to other health services or programs were helpful. Yes No No Referrals

6. Do you have other suggestions or comments to make CSFP a better program? _____

7. Which CSFP foods do you like most and would want more often? _____
 Which CSFP foods do you like least and would not like very often? _____

The following information is for statistical purposes only.

8. Participant race:

<input type="checkbox"/> 1. White	<input type="checkbox"/> 3. Hispanic
<input type="checkbox"/> 2. Black, not of Hispanic origin	<input type="checkbox"/> 4. Asian or Pacific Islander
	<input type="checkbox"/> 5. American Indian or Alaskan Native

Survey Instructions

The results are returned to DCF by June 15, including a tabulation of results and summary of comments. It is essential for you to encourage all selected participants to complete the survey. At least 10% of your participants must be surveyed.

1. Distributing the survey.
 - a. The survey may be distributed while the participant is waiting for certification or during food pick-up. DO NOT ALLOW THE PARTICIPANT TO TAKE THE SURVEY HOME.
 - b. Explain the purpose of the survey (e.g. to serve the client better). Give the survey to the participant along with a pen or pencil.
 - c. Allow anyone who asks to complete the survey to do so. Follow the same procedures for selected participants.
2. Collect the surveys'.
 - a. Provide a box in which participants may place their completed surveys'. The surveys' may be placed in the suggestion box or another box may be constructed.
 - b. At the end of the survey period, combine the survey results into one survey for the area and forward to DCF.

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by:

- (1) mail: U.S. Department of Agriculture Office
of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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