

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FARMERS MARKET QUESTIONNAIRE

Preliminary Information

Name of Market _____

Local Address:

Street name and number (e.g., 999 USDA Road) _____
Location description (e.g., City Hall parking lot) _____
City: _____
State _____
Zip code (required) _____
County _____

Mailing Address (if different from above)

Line 1: (e.g., PO Box 999) _____
City: _____
State: _____
Zip code: _____

Name of person completing survey _____
Title of person completing survey _____
Telephone number (including area code) _____
Facsimile number (including area code) _____
E-mail address _____
Market website _____

**SECTION I
FARMERS MARKET PROFILE**

1. Including last season, how many years has this market been in operation? _____ Years

2. Was this market open year-round last season?

Yes

No *If Not* open year round, what were your months of operation?

Starting Month: _____ Ending Month: _____

3. What were the total sales (\$) at this farmers market last season?

\$ _____ .00 (Insert only numbers; e.g., 9999)

6. What percentage of your producers/vendors using this market traveled the following distances to sell at this farmers market last season? (Your answers should add to 100%)

0-10 miles	____.00 %
11-20 miles	____.00 %
21-50 miles	____.00 %
51 – 100 miles	____.00 %
101 miles or more	____.00 %
Total:	100.00 %

7. What percentage of producers/vendors at this market belong to the following ethnic and racial groups last season? (Your answers should add to 100 %.)

Ethnicity:	
Hispanic or Latino	____.00 %
Not Hispanic or Latino	____.00 %
Total:	100.00 %

Race:	____.00 %
American Indian or Alaska Native	____.00 %
Asian	____.00 %
Black or African American	____.00 %
Native Hawaiian or Other Pacific Islander	____.00 %
White	____.00 %
Total:	100.00 %

8. Which of the following statements about this market was MOST true last season?

- We have more demand than supply -- we need more producers/vendors.
- We have more supply than demand -- we need more customers.
- Our supply and demand is roughly equal.

**SECTION III
PRODUCTS SOLD AT YOUR FARMERS MARKET**

1. Please indicate/check which of the following products were sold at this market last season. For each product sold, indicate the number of different producers/vendors that sold the product.

Products sold at this farmers market	Number of producers/vendors that sold these products
<input type="checkbox"/> Fresh fruits and vegetables	_____
<input type="checkbox"/> Milk and/or dairy products	_____
<input type="checkbox"/> Meat and/or poultry products	_____
<input type="checkbox"/> Fish and/or seafood	_____
<input type="checkbox"/> Herbs, flowers and plants	_____
<input type="checkbox"/> Honey, nuts, jams, jellies and preserves	_____
<input type="checkbox"/> Baked goods	_____
<input type="checkbox"/> Prepared food (for immediate consumption)	_____
<input type="checkbox"/> Other processed foods	_____
<input type="checkbox"/> Crafts/woodworking	_____
<input type="checkbox"/> Other 1. (please specify _____)	_____
<input type="checkbox"/> Other 2. (please specify _____)	_____
<input type="checkbox"/> Other 3. (please specify _____)	_____

2. Please indicate the importance of the following reasons why people shopped at farmers market last season.

Reasons	Not an important	Somewhat important	Important	Very important	Extremely important
Price	0	0	0	0	0
Freshness and condition of product	0	0	0	0	0
Taste and texture of product	0	0	0	0	0
Support of local agriculture	0	0	0	0	0
Variety of products offered	0	0	0	0	0
Access to locally produced food	0	0	0	0	0
Ability to know how food products are produced	0	0	0	0	0
Other (please specify _____)	0	0	0	0	0
Other (please specify _____)	0	0	0	0	0

**SECTION IV
SPECIALLY LABELED PRODUCTS SOLD AT YOUR FARMERS MARKET**

1. Were there any organically labeled items available at this market during last season?

- No** **If No**, please go to question 2.
- Yes** **If Yes**, please indicate which of the following organically-labeled items were sold at this market last season, and the number of producers/vendors who sold these products.

Products sold at this farmers market	Number of producers/vendors that sold these products
<input type="checkbox"/> Organic fresh fruits and vegetables	_____
<input type="checkbox"/> Organic milk and/or dairy products	_____
<input type="checkbox"/> Organic meat and/or poultry products	_____
<input type="checkbox"/> Organic herbs, flowers and plants	_____
<input type="checkbox"/> Organic honey, jams, jellies and preserves	_____
<input type="checkbox"/> Other 1. (please specify _____)	_____
<input type="checkbox"/> Other 2. (please specify _____)	_____
<input type="checkbox"/> Other 3. (please specify _____)	_____

2. Do producers/vendors at this market use labels **other than organic** to sell products?

- No
- Yes **If yes**, which of the following labels do they use?

- Locally grown
- Natural
- Pasture-raised/free range
- Chemical-free/pesticide free
- Hormone-free/antibiotic-free
- Other (please specify _____)

**SECTION V
MARKET OPERATIONS**

1. Does this market operate in a permanent facility?

No

Yes *If Yes, do you rent or own the facility?*

Own the facility Rent facility

2. How large is the total retail sales area for this market last season?

Please do not include parking or administrative offices.

Please select one of the units of measure below and fill in the blank.

_____ .00 square feet OR _____ .00 acres.

3. Please indicate the different types of advertising that this farmers market utilized last season. Then, for each type of advertising used, indicate your assessment of its effectiveness.

Types of advertising methods currently used	Not effective	Somewhat effective	Effective	Very effective	Extremely effective
<input type="checkbox"/> Newspaper	0	0	0	0	0
<input type="checkbox"/> Radio	0	0	0	0	0
<input type="checkbox"/> Television	0	0	0	0	0
<input type="checkbox"/> Brochures/flyers	0	0	0	0	0
<input type="checkbox"/> Direct mail	0	0	0	0	0
<input type="checkbox"/> Newsletter	0	0	0	0	0
<input type="checkbox"/> Signs/banners on market day	0	0	0	0	0
<input type="checkbox"/> Internet website	0	0	0	0	0
<input type="checkbox"/> Other(s)_____	0	0	0	0	0

4. How much did this market spend on advertising last season?

\$_____ .00 dollars (Insert only numbers; e.g., 9999)

5. Does this market conduct periodic customer surveys to assess customer satisfaction or preferences?

Yes No

6. What was this market's annual operating budget last season?

\$_____00 dollars (Insert only numbers; e.g., 9999)

7. Was this farmers market economically self-sustaining last season? By self-sustaining we mean that market income from all sources was sufficient to pay all the costs of operating the market.

- Yes No

8. What sources of revenue did you use to finance this farmers market’s operations last season? Please indicate the percentage of the operating revenues from each of the following sources. The percentage should add up to 100%.

Producer/vendor fees	_____00 %
State government agency	_____00 %
City/county municipal government agency	_____00 %
Nonprofit organization	_____00 %
Farmer market association	_____00 %
Trade or business association (e.g., Chamber of Commerce)	_____00 %
Other (please specify _____)	_____00 %
Total:	100.00 %

9. Are producers/vendors charged a fee to sell at this market?

- No
- Yes **If Yes**, please indicate the types of fees charged to vendors at this farmers market.
- Flat rate Percentage of sales
 Farm inspection fee Membership fee
 Other, Please specify: _____)

10. Did the managers of this market receive a salary last season?

- No
- Yes **If Yes**, what was their annual salary last season? \$_____00 dollars

11. What was your managers work schedule last season?

- Part-time seasonal Part-time year-round
- Full-time seasonal Full-time year-round

12. Did the manager of this market manage other markets?

- No

- Yes **If Yes**, indicated the total number of markets they managed last season, including this market _____ markets
13. Not including your market’s manager, did this market employ any paid workers last season?
- No **If No**, please go to question 14.
 - Yes **If Yes**, indicate how many of the following types of employees did this market employ last season?

Part-time seasonal	<input type="checkbox"/> None	_____ employees
Part-time year-round	<input type="checkbox"/> None	_____ employees
Full-time seasonal	<input type="checkbox"/> None	_____ employees
Full-time year-round	<input type="checkbox"/> None	_____ employees

14. Did any volunteers work at this farmers market last season?
- No
 - Yes **If Yes**, how many volunteers worked at this market last season?
_____ number of volunteers

15. Who develops rules, regulations and producer/vendor criteria for this market?
- State government agency
 - City/county or municipal government agency
 - Producer/vendor-operated Board of Directors
 - Community association/non-profit organization
 - Market manager
 - Other. Please specify: _____

16. Do any of the following restrictions apply to this farmers market?

Agricultural producers are only allowed to sell farm products they produce themselves at this market	<input type="radio"/> Yes <input type="radio"/> No
Producers are allowed to resell other producers’ farm products	<input type="radio"/> Yes <input type="radio"/> No
Producers can sell farm products from outside the local area	<input type="radio"/> Yes <input type="radio"/> No
The range of items that can be sold at this market is limited (e.g., sales of meat, eggs, fish/seafood are prohibited)	<input type="radio"/> Yes <input type="radio"/> No
Product mix at this market is controlled by limiting the number of producers/vendors of the same item	<input type="radio"/> Yes <input type="radio"/> No

17. Which of the following operational issues do you believe are in need of improvement at this market? Please indicate the importance of these issues.

	Not important	Somewhat important	Important	Very important	Extremely important
Customer number (low attendance)	0	0	0	0	0
Low sales per producer/vendor	0	0	0	0	0
Access to public restrooms	0	0	0	0	0
Development of business plan for market	0	0	0	0	0
Liability insurance coverage	0	0	0	0	0
Parking for customers	0	0	0	0	0
Tenant agreements/relationships with market tenants	0	0	0	0	0
Utilities (e.g., electricity, water)	0	0	0	0	0
Certified processing/kitchen facilities	0	0	0	0	0
Advertising/publicity	0	0	0	0	0
Waste management	0	0	0	0	0
Other (please specify _____)	0	0	0	0	0
Other (please specify _____)	0	0	0	0	0

18. Which of the following types of market assistance would most help this market’s producers/vendors increase their sales to consumers? Please indicate the importance of these types of assistance.

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
Research on local customer demographics and preferences	0	0	0	0	0
Improvements in layout of facility	0	0	0	0	0
Renovation of aging facility	0	0	0	0	0
Training on how to better target consumers	0	0	0	0	0
Training on business plan development	0	0	0	0	0
Support/funding for producer/vendor advertising and publicity	0	0	0	0	0
Training on merchandising/retail displays	0	0	0	0	0

Support/funding for local food promotion campaigns	0	0	0	0	0
Other, please specify and rate its importance: _____)	0	0	0	0	0
Other, please specify and rate its importance: _____)	0	0	0	0	0

**SECTION VI
NUTRITION, FOOD STAMPS AND FOOD GLEANING PROGRAMS**

1. Did any of the producers/vendors at this market participate in the Women, Infants, and Children (WIC) Farmers Market Nutrition program last season?

<input type="radio"/> No	
<input type="radio"/> Yes	<p>If Yes, please indicate the number of producers/vendors that participated in the WIC program last season. _____ producers/vendors</p> <p>If Yes, what was the total value of WIC Farmers Market Nutrition program sales last season? \$ _____.00 total value of WIC Farmers Market Nutrition program sales</p>

2. Did any of the producers/vendors at this market participate in the Senior Farmers Market Nutrition program last season?

<input type="radio"/> No	
<input type="radio"/> Yes	<p>If Yes, please indicate the number of producers/vendors that participated in the Senior program during last season. _____ producers/vendors</p> <p>If Yes, what was the total value of Senior Farmers Market Nutrition program sales last season? \$ _____.00 total value of Senior Farmers Market Nutrition program sales</p>

3. Did any of the producers/vendors at this market accept food stamps using electronic benefits transfer (EBT) technology last season?

<input type="radio"/> No	
<input type="radio"/> Yes	<p>If Yes, please indicate the number of producers/vendors that accept food stamps using electronic benefits transfer (EBT) technology last season. ____ producers/vendors</p> <p>If Yes, what was the total value (\$) of EBT sales at this market last season? \$ ____ .00 total value of EBT program sales</p>

4. Did any of the producers/vendors at this market participate in a food “gleaning” or donation program last season?

<input type="radio"/> No	
<input type="radio"/> Yes	<p>If Yes, please indicate the number of producers/vendors that participated in a food “gleaning” or donation program during last season. ____ producers/vendors</p> <p>If Yes, please estimate the total value of the food “gleaned” or donated last season. \$ ____ .00 total value of food “gleaned” or donated</p>

Section VII
Information about Farmers Market Customers

1. On average, how many customers patronized this market weekly last season?
 ____ customers (Insert only numbers; e.g., 99)

2. What was the total number of customers who patronized this farmers market last season?
 ____ customers (Insert only numbers; e.g., 99)

3. Last season, what percentage of your customers traveled the following distances to this farmers market? Please indicate the percentage of customers that traveled different distances. The total should add up to 100%.

0-5 miles	_____ .00 %
6-10 miles	_____ .00 %
11-20 miles	_____ .00 %
21-50 miles	_____ .00 %
51 miles or more	_____ .00 %
Total	100.00 %

4. USDA plans to repeat this survey again. What types of additional information do you recommend that we collect from Farmers Markets in our next survey?

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0169. The time required to complete this information collection is estimated to average 19 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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