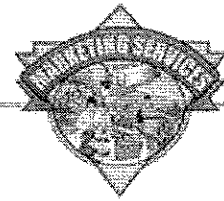




Agricultural Marketing Service
Farmers Market Questionnaire



Login Page

(OMB 0581-0169)

Please, enter the Identification Number and zipcode of your market
to access the National Farmers Market Survey

Your Market's Identification Number:

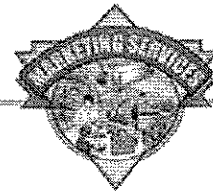
(for example: **ZZ999999**)

Zipcode of your market:

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



Preliminary Information

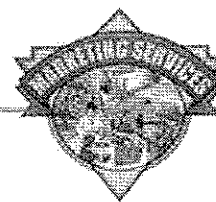
Please enter the following information about your farmers market	
Name of Market:	
Local Address:	
Street name and number (e.g., 999 USDA road):	
Location description (e.g., City Hall parking lot):	
City:	
State:	- Select a State -
Zipcode (required):	
County:	
Mailing Address (if different from above):	
Line 1: (e.g., PO Box 999):	
City:	
State:	- Select a State -
Zipcode:	
Name of Person Completing Survey:	
Title of Person Completing Survey:	
Telephone Number (including area code):	() - -
Facsimile Number (including area code):	() - -
E-mail address (required):	
Market Website Address:	

Submit

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Agricultural Marketing Service
Farmers Market Questionnaire



Section I Farmers Market Profile

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

_____ years (Insert only numbers; e.g., 99)

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

☐ Yes

☐ No

If Not open year-round, what were your months of operation?

Starting Month: -Select a Month-

Ending Month: -Select a Month-

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

\$ _____ .00 (Insert only numbers; e.g., 999999)

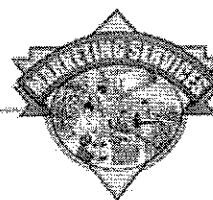
4. Estimate the percentage of retail sales (i.e., direct to consumers) and the percentage of wholesale sales (i.e., to restaurants, businesses and/or institutions) at this market last season. (Insert only numbers; e.g., 99)

Retail sales (direct to consumers)	.00 %
Wholesale sales (restaurants, businesses and/or institutions)	.00 %
Your total	100.00 %

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



Section II

Information About Farmers Market Producers/Vendors

- 1. How many producers/vendors participated at this market last season? (Do not count return visits.)**

producers/vendors (Insert only numbers; e.g., 99)

- 2. How many producers/vendors at this market only sold farm products that they produced themselves last season? If none, please write "0".**

producers/vendors (Insert only numbers; e.g., 99)

- 3. Did any of the producers/vendors use farmers markets as their only sales outlet for their farm products last season?**

☐ No

☐ Yes

If Yes, please indicate how many producers/vendors.

producers/vendors

- 4. How many producers/vendors used THIS farmers market as their only sales outlet for their farm products last season? If none, please write "0".**

producers/vendors (Insert only numbers; e.g., 99)

- 5. Please indicate how many of the producers/vendors at this farmers market had annual market sales in the following categories. The total number of vendors should equal your answer to Question 1 above.**

Market sales last season	Numbers of producers/vendors
\$1 - \$1,000	
\$1,001 - \$5,000	
\$5,001 - \$10,000	
\$10,001 - \$25,000	
\$25,001 - \$50,000	
\$50,001 - \$100,000	

\$100,001 or more	
Total number of producers/vendors	(This number should equal your answer to Question 1)

6. What percentage of your producers/vendors using this market traveled the following distances to sell at your 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 %
Your total:	100.00 %

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

Ethnicity	
Hispanic or Latino	.00 %
Non-Hispanic or Latino	.00 %
Your total:	100.00 %

Race	
American Indian or Alaska Native	.00 %
Asian	.00 %
Black or African-American	.00 %
Native Hawaiian or Other Pacific Islander	.00 %
White	.00 %
Your total:	100.00 %

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

<input type="radio"/> We had more demand than supply (we need more producers/vendors).
<input type="radio"/> We have more supply than demand (we need more customers).
<input type="radio"/> Our supply and demand is roughly equal.

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



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 your 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.

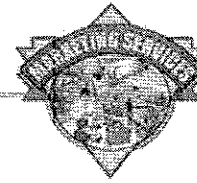
Reasons	Not an important reason	Somewhat important reason	Important reason	Very important reason	Extremely important reason
Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freshness and condition of product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taste and texture of product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support of local agriculture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Variety of products offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to locally produced food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to know how food products are produced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 1. Specify and rate its importance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other 2. Specify and rate its importance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



Section IV Specially Labeled Products Sold at Your Farmers Market

1. Were there any organically labeled items available at this farmers market 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.

Organically-labeled products sold at your farmers market in 2005	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"/> Organic prepared food (for immediate consumption)	
<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?

<input type="radio"/> No	
<input type="radio"/> Yes	If Yes, which of the following labels do they use? <ul style="list-style-type: none"> <input type="checkbox"/> Locally-grown <input type="checkbox"/> Natural <input type="checkbox"/> Pasture-raised / free range <input type="checkbox"/> Chemical-free / pesticide-free <input type="checkbox"/> Hormone-free / antibiotic-free <input type="checkbox"/> Other. Please specify:

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



Section V Market Operations

1. Does this market operate in a permanent facility?

<input type="radio"/> No	
<input type="radio"/> Yes	If Yes, do you rent or own the facility? <input type="radio"/> Own the facility <input type="radio"/> Rent the facility

2. How large is the total retail 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

(Insert only numbers; e.g., 999)

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Brochures/flyers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Direct mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Signs/banners on market day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Other. Please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

\$00 dollars (Insert only numbers; e.g., 99)

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., 99)

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 your farmers market's operations last season? Please indicate the percentage of the operating revenues from each of the following sources. The percentages should add up to 100%.

Producer/vendor fees	.00 %
State government agency	.00 %
City/county municipal government agency	.00 %
Non-profit organization	.00 %
Farmers market association	.00 %
Trade or business association (e.g., Chamber of Commerce)	.00 %
Other. Please specify: _____	.00 %
Your 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 your 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

11. What was your manager's work schedule last season?

<input type="radio"/> Part-time seasonal	<input type="radio"/> Part-time year-round
<input type="radio"/> Full-time seasonal	<input type="radio"/> Full-time year-round

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

<input type="radio"/> No	
<input type="radio"/> Yes	If Yes, indicate 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 your market employed last season?

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

14. Did any volunteers work at this farmers market last season?

<input type="radio"/> No	
<input type="radio"/> 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?

<input type="checkbox"/> State government agency
<input type="checkbox"/> City, county or municipal government agency
<input type="checkbox"/> Producer/vendor-operated Board of Directors
<input type="checkbox"/> Community association/non-profit organization
<input type="checkbox"/> Market manager
<input type="checkbox"/> 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 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 an important need	Somewhat important need	Important need	Very important need	Extremely important need
Customer number (low attendance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low sales per producer/vendor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to public restrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development of business plan for market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liability insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking for customers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenant agreements/relationships with market tenants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities (e.g., electricity, water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified processing/kitchen facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertising/publicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please specify and rate its importance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please specify and rate its importance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

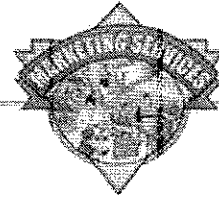
	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
Research on local customer demographics and preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvements in layout of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renovation of aging facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on how to better target consumers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on business plan development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support/funding for producer/vendor advertising and					

publicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training on merchandising/retail displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support/funding for local food promotion campaigns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please specify and rate its importance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other. Please specify and rate its importance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



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.</p> <p>_____ producers/vendors</p> <p>If Yes, what was the total value of WIC Farmers Market Nutrition program sales last season?</p> <p>\$ _____ .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 Farmers Market Nutrition program last season.</p> <p>_____ producers/vendors</p> <p>If Yes, what was the total value of Senior Farmers Market Nutrition program sales last season?</p> <p>\$ _____ .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 accepted food stamps using electronic benefits transfer (EBT) technology last season.</p> <p>_____ producers/vendors</p> <p>If Yes, what was the total value (\$) of EBT sales at this market last season?</p> <p>\$ _____ .00 total value of EBT program sales</p>

4. Did any of the producers/vendors at this market participate in a food "gleaning" or

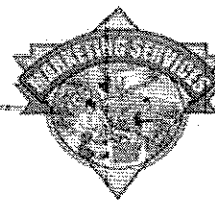
donation program last season?

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

Submit



Agricultural Marketing Service
Farmers Market Questionnaire



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%.

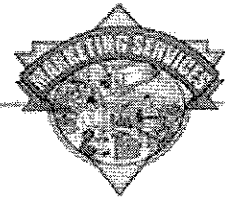
0 - 5 miles	<input type="text"/> .00 %
6 - 10 miles	<input type="text"/> .00 %
11 - 20 miles	<input type="text"/> .00 %
21 - 50 miles	<input type="text"/> .00 %
51 miles or more	<input type="text"/> .00 %
Your total:	100.00 %

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?

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Agricultural Marketing Service
Farmers Market Questionnaire



Thank you for taking the time to register for
the USDA Farmers Market Inventory!!!

If you accidentally hit the submit button before completing your form, or if you manage another farmers market that need to be registered, please login back to the inventory form at:

<http://www.farmersmarketsurvey.com/inventory.html>

If you encountered any technical problems when completing the registration form, please contact us at rirc@msu.edu.

**Ed Mahoney and Carla Barbieri
Michigan State University**