

# **Appendix G-1**

## **Farmers' Market Consumer Survey Instrument**

Subject ID: \_\_\_\_\_

**Form Approved**  
**OMB No.: 0920-xxxx**  
**Exp. Date: xx/xx/xxxx**

**NYC HEALTH BUCKS EVALUATION  
CONSUMER (POINT-OF-PURCHASE) SURVEY**

**\*Interviewer Name:** \_\_\_\_\_

**\*Date of Interview:** \_\_\_\_\_

**\*Farmers' Market Name:** \_\_\_\_\_

**\*Farmers' Market Location:**   \_\_\_   The Bronx  
  \_\_\_   Brooklyn  
  \_\_\_   Manhattan  
  \_\_\_   Queens  
  \_\_\_   Staten Island

***\*Fields to be pre-filled for interviewers.***

**INSTRUCTIONS TO INTERVIEWER:**

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**[READ TO RECRUIT]** “Hello - Did you buy something at the market today?”  
**[IF YES:]** “Do you have 5 minutes to answer some questions about your shopping experience?”  
**[IF NO:]** “Are you planning to buy something at the market today? If you are planning on buying something at the market today, please stop by our table on your way out to take a brief survey.”

**[ASK TO DETERMINE ELIGIBILITY]** “Before we begin, may I ask if you are over 18?”  
**[IF NO:]** “Thank you for your time, but I cannot administer the survey to anyone under 18. Sorry, and have a great day!”  
**[IF YES:]** “You are eligible to participate in this survey. Before we begin, I’m going to read this form to you to explain a little bit more about the research study and how this survey fits in.”

Public reporting burden of this collection of information is estimated to average 7 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

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**READ CONSENT:**

Congratulations! You qualify for our study. I'd like to explain what the study is about before I ask you any other questions. The purpose of this study is to learn about the effects of a farmers' market coupon program, called NYC Health Bucks, on fruit and vegetable consumption in certain neighborhoods in New York. As part of our study, we are talking to people who shop at New York City farmers' markets to learn about their fruit and vegetable consumption habits and awareness of the Health Bucks program.

You will be given a (*INSERT INCENTIVE- TBD*) to compensate you for your time. Information collected in this survey will be maintained in a secure manner. There are no costs for participating in this survey. Participation in this survey is voluntary. Even if you agree to participate, you are not required to answer all the questions. You may stop this survey at any time without penalty.

Do you have any questions about this study, or may I begin now?

**[IF YES, REFER TO "FREQUENTLY ASKED QUESTIONS" AND ASK AGAIN]  
[IF NO, BEGIN SURVEY]**

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Q1. During the farmers' market season (July 1 through November 15), how often do you shop at a farmers' market? (INTERVIEWER: READ CHOICES.)

- More than Once a Week
- About Once a Week
- Once or Twice a Month
- About Once a Month
- Less Than Once a Month

Q2. Which of the following items did you buy at the farmers' market today? (INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- Fruits
- Vegetables
- Jams/Juices
- Bread
- Cheese
- Meats/Fish
- Baked Goods
- Other
- (VOL) Not Sure/Refused

Q3. How did you pay for your items at the market today? Look at this list\*, and as I read each option, tell me if you used it or not. [\*Show Card #1.]

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- Cash
- Debit or Credit Card (like MasterCard, Visa)
- Food Stamps (a.k.a. SNAP or EBT Benefits or EBT Tokens)
- WIC or Senior FMNP Coupons
- WIC Vouchers (a.k.a. WIC Vegetable and Fruit Checks)
- Health Bucks
- Other
- (VOL) Not Sure/Refused

Q4. Did you notice if any of the following nutrition activities or materials were offered at the market today?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- Cooking Demonstrations
- Educational Handouts
- Flyers or Brochures
- Taste Test/Samples
- Recipes
- Other
- (VOL) Not Sure/Refused

Q5. If you were to walk from your home to **this particular farmers' market**, how long would it take you to get here?

- Less than 5 Minutes

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- \_\_\_\_\_ 5 to 10 Minutes
- \_\_\_\_\_ More than 10 Minutes
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q6. **Not including this market**, think about the closest location to your home where you can purchase fresh fruits and vegetables. What type of location is this?  
(INTERVIEWER: READ LIST, AS NEEDED.)

- \_\_\_\_\_ Supermarket or Grocery Store
- \_\_\_\_\_ Convenience/Corner Store
- \_\_\_\_\_ Bodega
- \_\_\_\_\_ Other Farmer's Market
- \_\_\_\_\_ Fresh Fruit & Vegetable Stand or Cart
- \_\_\_\_\_ Other
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q7. If you were to walk from your home to **that location**, how long would it take you to get there?

- \_\_\_\_\_ Less than 5 Minutes
- \_\_\_\_\_ 5 to 10 Minutes
- \_\_\_\_\_ More than 10 Minutes
- \_\_\_\_\_ (VOL) Not Sure/Refused

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[INTERVIEWER: ONLY ASK Q7 → 12 IF MARKET ACCEPTS HEALTH BUCKS.]

*“Health Bucks are \$2 coupons provided for the purchase of fresh fruits and vegetables at certain farmers’ markets in New York City. This is what a Health Buck looks like.”*  
(INTERVIEWER: REFER BACK TO SHOW CARD #1 HERE.)

Q8. Have you ever seen or heard about Health Bucks before today?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ (VOL) Not Sure
- \_\_\_\_\_ (VOL) Refused

Q9. IF YES: How did you first hear about Health Bucks?

(INTERVIEWER: READ CHOICES.)

- \_\_\_\_\_ Flyer, Brochure, or Other Promotional Handout
- \_\_\_\_\_ Poster at the Farmers’ Market
- \_\_\_\_\_ Subway/Bus Advertisement
- \_\_\_\_\_ Newspaper
- \_\_\_\_\_ Web
- \_\_\_\_\_ Mailing Received at Home
- \_\_\_\_\_ From Other People (Family, Friends, etc.)
  
- \_\_\_\_\_ From a Local Community Organization  
(i.e. health/community center, church, food pantry, etc.)
- \_\_\_\_\_ Saw Them Being Used By Shoppers at the Market

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- \_\_\_\_\_ Other
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q10. Have you ever used Health Bucks?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ (VOL) Not Sure
- \_\_\_\_\_ (VOL) Refused

Q11. IF YES: About how often, **on average**, do you use Health Bucks?

- \_\_\_\_\_ Every Week During Farmers' Market Season
- \_\_\_\_\_ Every Other Week During Farmers' Market Season
- \_\_\_\_\_ Every Month During Farmers' Market Season
- \_\_\_\_\_ Every Other Month During Farmers' Market Season
- \_\_\_\_\_ Once per Farmers' Market Season
- \_\_\_\_\_ I have only ever used Health Bucks one time.
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q12. Did you use Health Bucks **today**?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No
- \_\_\_\_\_ (VOL) Not Sure
- \_\_\_\_\_ (VOL) Refused

Q13. IF YES: Where did you get the Health Bucks you used today?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- \_\_\_\_\_ At the Farmers' Market (w/ SNAP or EBT Benefits)
- \_\_\_\_\_ At the Farmers' Market (as part of a promotion)
- \_\_\_\_\_ From a Local Community Organization  
(i.e. health/community center, church, food pantry, etc.)
- \_\_\_\_\_ From a Friend or Relative
- \_\_\_\_\_ Other
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q14. IF YES: When did you get the Health Bucks you used today?

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

- \_\_\_\_\_ Today
- \_\_\_\_\_ Any Other Day
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q15. How much do you agree with these statements about the Health Bucks program?

*"I shop at farmers' markets more often because of Health Bucks."*

(INTERVIEWER: READ CHOICES.)

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Somewhat Agree

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- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Somewhat Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ (VOL) Not Sure/Refused

*"I buy more at farmers' markets because of Health Bucks."*  
(INTERVIEWER: READ CHOICES.)

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Somewhat Agree
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Somewhat Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ (VOL) Not Sure/Refused

*"I spend more in Food Stamps (a.k.a. SNAP or EBT benefits) at farmers' markets because of Health Bucks."*  
(INTERVIEWER: READ CHOICES.)

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Somewhat Agree
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Somewhat Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ (VOL) Not Sure/Refused

*"Health Bucks help me to eat more fresh fruits & vegetables."*  
(INTERVIEWER: READ CHOICES.)

- \_\_\_\_\_ Strongly Agree
- \_\_\_\_\_ Somewhat Agree
- \_\_\_\_\_ Neutral
- \_\_\_\_\_ Somewhat Disagree
- \_\_\_\_\_ Strongly Disagree
- \_\_\_\_\_ (VOL) Not Sure/Refused

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Q16. Thinking about nutrition . . . How many **total** servings of fruit and/or vegetables did you eat **yesterday**? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

(INTERVIEWER: DO NOT READ CHOICES ALOUD.)

- |            |                              |
|------------|------------------------------|
| _____ None | _____ 6                      |
| _____ 1    | _____ 7                      |
| _____ 2    | _____ 8                      |
| _____ 3    | _____ 9                      |
| _____ 4    | _____ 10+                    |
| _____ 5    | _____ (VOL) Not Sure/Refused |

Q17. Was the amount of fruit and vegetables that you ate yesterday much more than

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usual, about the same as usual, or much less than usual?

- \_\_\_\_\_ Much more than usual
- \_\_\_\_\_ About the same as usual
- \_\_\_\_\_ Much less than Usual
- \_\_\_\_\_ (VOL) Not Sure/Refused

Q18. Compared to one year ago, would you say you are now eating more, less, or the same amount of fruits and vegetables?

- \_\_\_\_\_ More \_\_\_\_\_ Less \_\_\_\_\_ Same
- \_\_\_\_\_ (VOL) Not Sure/Refused



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**\*Upon completion of the survey, please ask the respondent the following questions:**

Q19. What is your age? \_\_\_\_\_ years  
\_\_\_\_\_ (VOL) Don't Know/Not Sure  
\_\_\_\_\_ (VOL) Refused

Q20. Are you male or female? \_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_ (VOL) Don't Know/Not Sure  
\_\_\_\_\_ (VOL) Refused

Q21. Are you Hispanic or Latino?  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No  
\_\_\_\_\_ (VOL) Don't Know/Not Sure  
\_\_\_\_\_ (VOL) Refused

[IF HISPANIC: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.] Which one of these groups would you say best represents your race?

(INTERVIEWER: READ CHOICES; MULTIPLE RESPONSE.)

\_\_\_\_\_ White  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ (VOL) Don't Know/Not Sure  
\_\_\_\_\_ (VOL) Refused

Q22. Including yourself, how many people live in your household?  
\_\_\_\_\_ total # of people  
\_\_\_\_\_ (VOL) Don't Know/Not Sure  
\_\_\_\_\_ (VOL) Refused

Q23. How many children under the age of 18 live in your household?  
\_\_\_\_\_ # of children  
\_\_\_\_\_ (VOL) Don't Know/Not Sure  
\_\_\_\_\_ (VOL) Refused

Q24. The next question is about your combined household income. By household income we mean the combined income from everyone living in the household including even roommates or those on disability income. Can you tell me the annual combined income for your household?

\$ \_\_\_\_\_/year income  
\_\_\_\_\_ (VOL) Don't Know/Not Sure

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\_\_\_\_\_ (VOL) Refused

If Not Sure/Refused:

Q Can you just tell me if your annual household income is less than \$PVTYLVL?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

Q25. Please indicate which of the following programs you or someone in your household **currently** participates in.

(INTERVIEWER: READ LIST AND CHECK ALL THAT APPLY.)

\_\_\_\_\_ Food Stamps (a.k.a. SNAP or EBT Benefits)

\_\_\_\_\_ WIC

\_\_\_\_\_ WIC Farmers' Market Nutrition Program (FMNP)

\_\_\_\_\_ Senior Farmers' Market Nutrition Program (SFMNP)

\_\_\_\_\_ None of the Above

\_\_\_\_\_ (VOL) Don't Know/Not Sure

\_\_\_\_\_ (VOL) Refused

Q26. Please specify your zip code of residence: \_\_\_\_\_

\_\_\_\_\_ (VOL) Don't Know/Not Sure

\_\_\_\_\_ (VOL) Refused

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**[THANK PARTICIPANT FOR TAKING THE SURVEY, AND HAND OUT FREE METRO CARD.]**