

**USDA's Vendor Satisfaction Survey**

1. Do you sell products at other farmers market locations besides the USDA Farmers Market?

- a) Yes, answer 1a)
- b) No, skip to question 2

1a) At how many other farmers market locations do you sell products?

2. Please rate the performance for this farmers market in the following categories.

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
<b>MARKET EXPERIENCE (LOGISTICS)</b>					
Overall market experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setup and breakdown of market and tents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>MARKET EXPERIENCE (VENDOR PERFORMANCE)</b>					
Number of customers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>MARKET EXPERIENCE (STAFF SUPPORT AND PERFORMANCE)</b>					
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Market staff support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXP. DATE XX/XX/XXXX

3. How likely are you to recommend other vendors to the USDA Farmers Market?

- 5 - Very Likely
- 4 - Likely
- 3 - Neutral
- 2 - Unlikely
- 1 - Very Unlikely

4. Please evaluate the 2020 vendor application process.

- 5 - Very Easy
- 4 - Easy
- 3 - Neither
- 2 - Difficult
- 1 - Very Difficult

5. Compared to 2019, have your sales changed?

- a) Yes, answer 5a
- b) No, skip to question 6
- c) N/A, skip to question 6
- d) Don't know, skip to question 6

5a) How have they changed?

- a) My sales **increased**
- b) My sales **stayed the same**
- c) My sales **decreased**

6. Compared to 2019, did your product mix change? (Select all that apply)

- a) Yes, answer 6a
- b) No, skip to 7

c) N/A

6a. How did it change? (Select all that apply)

a. **Greater** product variety

b. **Lesser** product variety

c. **Larger** volume of product sold

d. **Smaller** volume of product sold

e. **Higher** price for product sold

f. **Lower** price for product sold

g. **More** customers

h. **Fewer** customers

7. General comments and suggestions for concerns and improvements?

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