BNC food survey Questions

Types of data that I need to collect –

1. Demographic information
2. Household information
3. Food they are getting from the pantry, quantity etc
4. Food waste and compost practices

Survey Questions :

1. Demographic Information:

a. What is your age?

- 18-24 years

- 25-30 years

- 30-34 years

- 35-44 years

- 45-54 years

- 55+ years

b. What is your gender?

- Male

- Female

- Non-binary

- Prefer not to say

c. What is your ethnicity?

- Caucasian/White

- African American/Black

- Hispanic/Latinx

- Asian/Pacific Islander

- Native American/Indigenous

- Other (please specify: \_\_\_\_)

d. What is your educational background? If you are a student at OSU, select your current program.

- High school or less

- Some college/Associate degree

- Bachelor's degree

- Master's degree

- Doctorate degree

e. What is your employment status?

- Employed full-time

- Employed part-time

- Unemployed

- Student and not employed

- Retired

2. Household Information:

a. How many people are living in your household?

- 1

- 2

- 3

- 4

- 5 or more

b. What is the average monthly income of your household?

- Less than $1,000

- $1,000 - $1,999

- $2,000 - $2,999

- $3,000 - $3,999

- $4,000 or more

c. Do you own or rent your current residence?

- Own

- Rent

- Other (please specify: \_\_\_\_)

d. How many rooms are there in your residence?

- 1

- 2

- 3-4

- 5-6

- 7 or more

3. Food Pantry Usage:

a. How often do you visit the food pantry?

- Once a week

- Twice a week

- 2-3 times a month

- Once a month

- Less than once a month

b. How many meals does your household typically prepare from the food you receive from the food pantry each week?

- None

- 1-2 meals

- 3-4 meals

- 5 or more meals

c. When you visit the food pantry, what types of food items do you typically receive? (Select all that apply)

- Fruits

- Vegetables

- Grains (e.g., rice, pasta)

- Dairy products

- Meat or poultry

- Canned or packaged goods

- Baked goods

- Other (please specify: \_\_\_\_)

d. On average, how much food do you receive from the food pantry per visit?

- Less than 5 pounds/kilograms

- 5-10 pounds/kilograms

- 10-15 pounds/kilograms

- 15 or more pounds/kilograms

e. How often do you visit grocery stores or supermarkets?

- Once a week

- 2-3 times a month

- Once a month

- Less than once a month

- Rarely or never

f. On average, how many meals does your household's food supply from grocery stores or supermarkets cover each week?

- None

- 1-2 meals

- 3-4 meals

- 5 or more meals

g. When you visit grocery stores or supermarkets, what types of food items do you typically purchase? (Select all that apply)

- Fruits

- Vegetables

- Grains (e.g., rice, pasta)

- Dairy products

- Meat or poultry

- Canned or packaged goods

- Baked goods

- Other (please specify: \_\_\_\_)

h. On average, how much food (in pounds or kilograms) do you obtain from grocery stores or supermarkets per visit?

- Less than 5 pounds/kilograms

- 5-10 pounds/kilograms

- 10-15 pounds/kilograms

- 15 or more pounds/kilograms

- Not applicable (I don't obtain food from grocery stores)

g. Which are the other ways where you get your household foods from?

- Farmer’s market

- Home Gardens

- Food Donations from Restaurants or Events

- Others (please specify: \_\_\_\_)

- Not applicable (I don't obtain food by other means)

4. Food Waste and Composting Practices:

a. How often do you have leftover food(can be any reason – spoiled, expired, overcooked, etc) that goes uneaten?

- Never

- Rarely (once a month or less)

- Occasionally (2-3 times a month)

- Frequently (once a week or more)

b. On average, how much food (in pounds or kilograms) do you throw away each week?

- None

- Less than 1 pound/kilogram

- 1-2 pounds/kilograms

- 2-5 pounds/kilograms

- 5 or more pounds/kilograms

c. What are the primary reasons for food waste in your household? (Select all that apply)

- Overbuying/Excess purchases

- Spoilage/Expiration

- Leftovers not being consumed

- Improper meal planning

- Aesthetic issues/food appearance

- Other (please specify: \_\_\_\_)

d. Have you ever practiced composting at home?

- Yes

- No

e. If yes, what type of composting method(s) do you use? (Select all that apply)

- Backyard composting

- Vermicomposting (using worms)

- Bokashi composting

- Municipal/commercial composting

- Other (please specify: \_\_\_\_)

f. If no, what are the barriers preventing you from composting at home? (Select all that apply)

- Lack of space

- Lack of knowledge on how to compost

- Concerns about odors or pests

- Time and effort required

- Lack of access to composting facilities

- Other (please specify: \_\_\_\_)

5. Additional Information:

a. Are you interested in learning more about composting?

- Yes

- No

b. Are you aware of the environmental impact of food waste and composting?

- Yes

- No

c. Would you be interested in participating in a survey where you will receive a smart bin which will tell you the quantity and type of food you are wasting?

- Yes

- No

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Thank you !