

## River City Food Co-op Member/Store Survey

**1) How often do you shop at the Co-op?**

- Once a week
- Once a month
- Not regularly

**2) When you shop at the Co-op do you come in to browse, look for a particular item, or both?**

- Browse
- Look for Particular Item
- Both
- Don't know

**3) How often do you find what you are looking for when you shop at the Co-op?**

- Often
- Sometimes
- Never
- Don't know

**4) How knowledgeable do you find the staff about the products we sell?**

- Very Knowledgeable
- Somewhat Knowledgeable
- Not At All Knowledgeable
- Don't know

**5) How helpful do you find the staff at the Co-op?**

- Very Helpful
- Helpful
- Somewhat Helpful
- Not Very Helpful
- Not At All Helpful
- Don't know

**6) How comfortable are you shopping at the Co-op?**

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Somewhat Uncomfortable
- Not At All Comfortable
- Don't know

**7) How competitive do you find the prices at the Co-op?**

- Very Competitive
- Somewhat Competitive
- Not Very Competitive
- Not At All Competitive
- Don't know

**Please tell us how much you agree or disagree with the following statements:**

**8) The Co-op is clean and well organized.**

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

**9) The Co-op is well stocked.**

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

**10) How satisfied are you with the Co-op hours?**

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**11) How satisfied are you with the location of the Co-op?**

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**12) How satisfied are you with the availability of parking at the Co-op?**

- Very Satisfied
- Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**13) Are you a member? If so how would you describe your involvement in the Co-op community?**

**14) What do you like most about the Co-op?**

**15) What do you like least about the Co-op?**

**16) What, if anything, can we do to improve your shopping experience at the Co-op?**

**17) Please indicate which areas you feel you could assist the Co-op in its growth and development.**

Name (optional) \_\_\_\_\_

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|--|--|
| <input type="checkbox"/> Accounting and Finances       | <input type="checkbox"/> Computer Assistance                     |
| <input type="checkbox"/> Graphic Design (Publications) | <input type="checkbox"/> Grant Writing                           |
| <input type="checkbox"/> Publicity                     | <input type="checkbox"/> Education and Outreach                  |
| <input type="checkbox"/> Special Events                | <input type="checkbox"/> In Store Assistance (helping customers) |
| <input type="checkbox"/> Maintenance                   | <input type="checkbox"/> Stocking and Cleaning                   |
| <input type="checkbox"/> Other (please specify)        |  |