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**PARTICIPANT SURVEY**

***Instructions:***

*This survey tells us what programs you are participating in here, if there are any programs that you would like to learn more about and if you are interested in becoming a volunteer. It also asks some questions about topics that are important to the programs we offer like food, friends, health and community. Your answers will be combined with all the other surveys to help us improve our programs and to discover whether our programs lead to changes for participants over time.*

*This survey is entirely optional. If there are questions you don’t want to answer, just leave them blank. If you have any questions please ask the staff or volunteer who gave it to you. Any contact information given (name, phone number, e-mail address) is for internal use only and will never be made public. Your name will not be attached to any of your answers.*

***Permission:*** I have read and understand the instructions above and agree to participate in this survey.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 1: Programs & Volunteering***

1. Which program are you here to participate in today? *(please check one)*

☐ Drop-In Meal ☐ Wellness Breakfast ☐ Shovel & Spoon ☐ Seniors Luncheon ☐ Activist Club

☐ Cooking with Devin ☐ Community Gardens ☐ Advocacy Office ☐ Advocacy Training ☐ Moms & Babies

1. Do you participate in any other programs here other than this one? *(check all that apply)*

☐ Drop-In Meal ☐ Wellness Breakfast ☐ Shovel & Spoon ☐ Seniors Luncheon ☐ Activist Club

☐ Cooking with Devin ☐ Community Gardens ☐ Advocacy Office ☐ Advocacy Training ☐ Moms & Babies

1. Are you interested in learning more about any other programs here other than this one? *(check all that apply)*

☐ Drop-In Meal ☐ Wellness Breakfast ☐ Shovel & Spoon ☐ Seniors Luncheon ☐ Activist Club

☐ Cooking with Devin ☐ Community Gardens ☐ Advocacy Office ☐ Advocacy Training ☐ Moms & Babies

1. Are you also a volunteer at The Local? (Y / N) *If no:* Are you interested in volunteering here? (Y / N)
2. Do you have children registered in the After School Program? (Y / N) *If no:* Are you learning more about the After School Program? (Y / N)

***Section 2: Measuring Change***

1. In a typical week, how many meals do you cook for yourself and/or your family? *(please check one)*

☐ I never cook. ☐ 1 or 2 ☐ 3 – 5 ☐ More than 5

1. How many servings of fruits and vegetables do you eat on average in a typical day? *(please check one)*

*(According to Canada’s Food Guide, one serving is ½ cup fresh, frozen or canned fruit or vegetables; ½ cup cooked leafy vegetables or 1 cup raw leafy vegetables; 1 piece of fruit; or ½ cup fruit juice. Another way to think about it is a serving would be about the size of a small to medium apple or the size of your fist.)*

☐None ☐1 or 2 ☐3 – 5 ☐More than 5

1. When you are shopping for food, how important is it that the food you purchase is:

*(please circle a number) Not at all A Little Bit Somewhat Very*

Inexpensive or on sale? 1 2 3 4

Fresh? (e.g. fruits & veggies) 1 2 3 4

Local? (e.g. from nearby farms) 1 2 3 4

Not heavily processed? 1 2 3 4

Low-fat? 1 2 3 4

Low in salt? 1 2 3 4

1. How frequently do you buy groceries at each location below:

*(please circle a number) Never Sometimes Often I do all my shopping here.*

Major grocery stores 1 2 3 4

Farmers’ Market 1 2 3 4

Convenience Store 1 2 3 4

Other (*Specify :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* 1 2 3 4

1. About how many people do you have in your life who you could turn to for advice or count on in a crisis? *(please check one)*  ☐None ☐1 ☐2 – 5 ☐5 – 10 ☐More than 10
2. How much of a difference do you feel you are able to make on issues and challenges in the following areas: *(please circle a number) None at all Small Moderate Significant Very large*

In your own day-to-day life? 1 2 3 4 5

In your neighbourhood? 1 2 3 4 5

At the provincial or national level? 1 2 3 4 5

1. Have you ever volunteered in the community? Y / N *If yes:* Do you volunteer now on a regular basis? Y / N
2. Have you ever contacted a politician or the media about an issue that concerned you? Y / N
3. In general, how would you describe your physical health?: *(please check one)*

☐Excellent ☐Very good ☐Good ☐Fair ☐Poor ☐I don’t know.

1. In general, how would you describe your mental health?: *(please check one)*

☐Excellent ☐Very good ☐Good ☐Fair ☐Poor ☐I don’t know.

***Following Up:*** Our goal is to track changes in program participants over time. This is important so we can measure if and how our programs are making a difference. Would you be willing to complete another survey similar to this one in a year and then another in 2 years? *(please circle)* Y / N

*If yes,* please provide us with your contact information so we can get in touch with you:

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_