

Food Assistance PO Box 42560 Olympia WA 98504-2560 foodassistance@agr.wa.gov

Commodity Supplemental Food Program (CSFP) Participant Survey

Please answer the following questions to help us improve the services you receive through the Commodity Supplemental Food Program. Your answers will be kept anonymous. Thank you for your participation!

CSFP Distribution Agency: Par			Part	ticipant Age:		
I receive SNAP (food stamp) benefits:						
What utilities and appliances are available to you? Select all that apply. Otherwise, leave blank.						
□ Water □ Electricity □ Stove/Oven □ Refrigerator						
Yesterday, I ate fruit as part of a meal or snack: Select one answer.						
☐ No times ☐ 1 time	2 times 3 times			4 or more times		
Yesterday, I ate vegetables as part of a meal or snack: Select one answer.						
☐ No times ☐ 1 time	2 times 3 times			4 or more times		
Of the following, what information related to nutrition and active lifestyles would you like to see in your quarterly CSFP newsletter? <i>Select all that apply</i> .						
SNAP eligibility information.				How to read nutrition labels		
How to incorporate physical activity into my day.				Information about mental well- ng and brain health.		
More recipes with CSFP ingredients.				Activities such as word searches d crossword puzzles.		
Do you have any of the following dietary restrictions? <i>Select all that apply. Otherwise, leave blank.</i> Nut Allergy Kosher/Halal Vegetarian/Vegan No Gluten Lactose Intolerant						
Do you have any of the following health conditions? Select all the apply. Otherwise, leave blank. Diabetes Arthritis Visual Impairment High Blood Pressure Osteoporosis						
				Often	Sometimes	Never
Mark the column that indicates how you feel about the statements below:			True	True	True	
The nutrition information provided by the CSFP distribution agency is helpful.						
The nutrition information provided by the CSFP distribution agency is easy to read and understand.						
I try the recipes provided with my CSFP box.						
I use the majority of the food provided in my CSFP box.						
My CSFP distribution agency provides information on other nutrition, health, or assistance programs available in my area.			r			
In the last 30 days, I have worried about whether my food would run out before I got money to buy more.						

Optional: What else would you like to share with us about your food box or about CSFP nutrition information?