



Commodity Supplemental Food Program (CSFP) Participant Survey

Date: _____ County: _____ Participant Age: _____

The purpose of this survey is to make sure the nutrition resources provided by your CSFP distribution agency are helpful. Your answers are anonymous and will be kept confidential.

Check everything available in your home:

- | | | | |
|--------------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Water | <input type="checkbox"/> Freezer | <input type="checkbox"/> Blender | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Hotplate | <input type="checkbox"/> Oven | <input type="checkbox"/> Rice cooker |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Stove | <input type="checkbox"/> Crockpot | <input type="checkbox"/> Other: _____ |

Check the column that indicates how you feel about the statements below:	Strongly Agree 	Agree 	Neutral 	Disagree 	Strongly Disagree
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.					
Recipes suggested by the CSFP distribution agency are within my budget.					
My CSFP distribution agency provides information on other nutrition, health, or assistance programs available in my area.					

What additional information could your CSFP distribution agency provide that would be helpful to you?

What foods would you like to see in your CSFP box?
