## Sample Survey for Consumers

assess the Providing	rmers market is being proposed for ne level of interest of consumers in the comm g answers to these questions will help gather ides the products and services you desire.	ıuni	ty for a farmers' market.
۔	you ever shopped at a farmers market before Yes No	?	
market, h	farmers were to offer their agricultural produ now often would you shop there? Weekly Once a month Occasionally		Seldom
	Fresh, local vegetables Fresh, local fruits Eggs Cheese Maple syrup Bedding Plants Fresh cut flowers Fresh herbs Meats Organic produce Crafts		Homemade baked goods NYS wines
	ar would you travel to shop at a farmers mark Up to 10 minutes 15-20 minutes up to 30 minutes		over 30 minutes only if located on a bus route only if within walking distance
	e do you think would be the best location for a ity? Why? (identify choices being considered) Other:	a fa	rmers market in this

6. What omarket?	lays of the week would be the most convenie	ent	for you to shop at a farmers
	Monday Tuesday Wednesday Thursday		Friday Saturday Sunday
7. What is	s the most convenient time of the day for you Mornings Afternoons	u to	shop at a farmers market? Mornings and afternoons Evenings
	ypes of services do you think the market sho Protection from the elements Restrooms Lunch or snack vendors Picnic tables Benches		offer shoppers? Refuse containers Free parking Other, specify:
<u> </u>	ould you like to be informed about the farme Newspaper Television Radio Direct mail	ers r	narket once it is established? Doesn't matter Other, specify:
10. Includ	ling yourself, how many people live in your h	าดนร	sehold?
11. How i	many children are living at home?		
_ 	is the age range of the main food shopper in 20's 30's 40's 50's 60 plus retire	n yc	our home?

13. Do you have any suggestions that you would like to offer the committee planning the new farmers market?			
14. Would you like to participate in the planning committee for a new farmers market for the community? If so please provide your contact information below.			
Name:Address:			
Phone: Email: Professional Affiliation, if appropriate:			
Troicssional Atmiation, if appropriate.			
Thank you for your cooperation. The information you have provided will help us to determine the level of support a new farmers market will have in the community. It will also help us to develop a farmers market best suited to the community's interests.			
Please complete this survey no later than and drop in the Farmers Market Drop Box placed in the following convenient locations:			
Source: "Guide to Developing a Community Farmers Market", Farmers Market Federation of New York, NYS Department of Agriculture & Markets, revised 2009.			