

Date: _____

Produce Preferences Survey

You are being invited to participate in a **research** study titled "Clinic Produce Program" as a student research project by Madeline Tripp and is supervised by Dr. Lauren Sastre a faculty member at East Carolina University in the Nutrition Science Department. The goal is to survey all individuals at the W.A.T.C.H clinic who participate in the local produce program. The survey will take approximately 5 minutes to complete. It is hoped that this information will help us evaluate and improve this program. Your responses will be kept confidential and no data will be released or used with your identification attached. No personal information will be asked. Your participation in the research is **voluntary**. You may choose not to answer any or all questions, and you may stop at any time. There is **no penalty for not taking part** in this research study. Please call Dr. Lauren Sastre at 252-744-1005 for any research related questions or the University & Medical Center Institutional Review Board (UMCIRB) at 252-744-2914 for questions about your rights as a research participant.

1. How much of the produce did you use from last week's produce box?

- All Most Some None

2. If you did not use some of the produce- what did you not use?

3. Which of the following BEST explains why you did not use some of the produce? (Check ALL that are true for you)

- Not sure how to cook Don't like the type of produce
 Unfamiliar with type of produce Didn't have time to cook/prepare
 Knew my family wouldn't eat it
 Other Reason (please specify: _____)

4. How many of the vegetables or fruits in the box were you unfamiliar with?

- None Some Most All

Which vegetables/fruits were unfamiliar?:

5. Would you like to cook with any of the vegetables or fruits from last week's box again?

- Yes Maybe No

For either answer, please list the type of produce:

6. Did you try using any recipes this week?

- No Some of them Yes

Which Recipe? _____

How likely are you to cook with the recipe again in the future?

- Yes Maybe No (why? _____)

7. How would you rate the recipes you have used?

- Very easy to understand
 Somewhat easy to understand
 No opinion
 Somewhat difficult to understand
 Very difficult to understand

8. Did you have any favorite recipes? (Please list them and explain why)

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9. Did any of the following impact your ability to use prepare the recipes? (check all that apply)

- Did not have necessary cooking equipment/tools
- Did not have other ingredients called for in the recipe
- Unfamiliar with ingredients in the recipe
- Other: _____

10. Do you have any suggestions to improve the recipes in the future?

11. Do you have any suggestions to improve the selection of produce provided in the boxes? _____

Thank you for your feedback!!!

