

FOOD SUPPORT SURVEY

We'll start with some basic details about your agency, just to help us organise this information.

1. Agency name:

2. Address:

3. Postal address (if different):

4. Who is being interviewed (ok to have more than one):

Name:

Position:

Phone:

Email:

Name:

Position:

Phone:

Email:

5. Are you part of a larger organisation? **yes / no**

If yes, which one?

The following questions will help us visualise what types of facilities your agency has available for food storage and preparation. This is important because it will assist with efficiently planning our food distribution.

6. What facilities does your agency have to store fresh and/or frozen foods?

(Please tick all that apply)

- | | |
|---|-------------------------|
| ☐ Domestic fridge | If yes, how many? _____ |
| ☐ Domestic freezer | If yes, how many? _____ |
| ☐ Commercial fridge | If yes, how many? _____ |
| ☐ Commercial freezer | If yes, how many? _____ |

- | | |
|---------------------------------------|---|
| ☐ Cool room | If yes, estimate floor size: _____ m ² |
| ☐ Pantry space | If yes, estimate floor size: _____ m ² |
| ☐ Freezer room | If yes, estimate floor size: _____ m ² |

If unknown, the interviewer may ask permission to use the tape measure provided.

7. What facilities does your agency have to prepare meals?

(Please tick all that apply)

- ☐ Microwave oven
- ☐ Toaster oven
- ☐ Domestic kitchen
- ☐ Commercial kitchen . . . **If yes, see →**
- ☐ None
- ☐ Other (specify): _____

If your agency has a commercial kitchen, please list the major items of equipment:

8. What facilities does your agency have to transport and collect food?

(Please tick all that apply)

- | | |
|---|-------------------------|
| ☐ Drivers (using their own vehicles) | If yes, how many? _____ |
| ☐ Van | If yes, how many? _____ |
| ☐ Refrigerated van | If yes, how many? _____ |
| ☐ Truck | If yes, how many? _____ |
| ☐ Refrigerated truck | If yes, how many? _____ |

The next group of questions will help us understand the current weekly demand experienced by your agency, and allow us to gain more information about the meals you are preparing and food parcels you are distributing.

9. How many meals in total are served up on site by your agency in a week? _____

10. Of the total number of meals noted in question 12 above, how many meals are prepared by:

Meals prepared by:	# meals per week:
FareShare:	
VicRelief Foodbank:	
SecondBite:	
Your agency	
Other source of prepared meals	
Total (agrees with question 12)	

11. Where meals are prepared by your agency, what is the estimated number per week of each type of meal served?

Type of meal prepared by your agency:	# meals per week:
Breakfast cereal	
Sandwiches	
Pastry dishes	
Hot main dish	
Other	

12. We are now going to ask a question about the quantities of ingredients required for the meals that your agency prepares each week.

I'm going to read out a list of ingredients. For each ingredient, can you please tell me:

- a) the weekly quantity required,
- b) the percentage of this weekly quantity that is donated, and
- c) who donates the remainder of your weekly requirement.

Ingredient	(a) Weekly quantity	(b) What % is donated?	(c) Who donates it?
Fruit	kgs	%	
Vegetables	kgs	%	
Meat	kgs	%	
Fish	kgs	%	
Bread	kgs	%	
Breakfast cereal	kgs	%	
Pasta	kgs	%	
Cheese	kgs	%	
Milk	litres	%	
Eggs	dozen	%	
Drinks	litres	%	
Tinned meals	cans	%	
Other (specify): _____		%	

The following questions deal with take-away food parcels distributed by your agency.

13. How many people receive food parcels to take away each week from your agency?

_____ (count families as 4)

14. We are now going to ask about the typical quantities of the contents of your food parcels each week.

I'm going to read out a list of contents. For each one, can you please tell me:

- a) the weekly quantity distributed in food parcels,
- b) the percentage of this weekly quantity that is donated, and
- c) who donates the remainder of your weekly requirement.

Typical contents of food parcels:	(a) Weekly quantity:	(b) What % is donated?	(c) Who donates it?
Fruit	kgs	%	
Vegetables	kgs	%	
Meat	kgs	%	
Fish	kgs	%	
Bread	kgs	%	
Breakfast cereal	kgs	%	
Pasta	kgs	%	
Cheese	kgs	%	
Milk	litres	%	
Eggs	dozen	%	
Drinks	litres	%	
Tinned meals	cans	%	
Other packaged meals	kgs	%	

The next four questions will help us plan delivery of meals, ingredients and food parcels.

15. In general, when is your agency able to **receive** donated food?

- ☐ Monday from _____ to _____
- ☐ Tuesday from _____ to _____
- ☐ Wednesday from _____ to _____
- ☐ Thursday from _____ to _____
- ☐ Friday from _____ to _____
- ☐ Saturday from _____ to _____
- ☐ Sunday from _____ to _____

16. Do the days and hours you are able to **receive** donated food change during holiday periods (for example Christmas and New Year)?

- ☐ No
- ☐ Yes If yes, please describe how they change?

17. In general, when is your agency able to **collect** donated food?

- ☐ Monday from _____ to _____
- ☐ Tuesday from _____ to _____
- ☐ Wednesday from _____ to _____
- ☐ Thursday from _____ to _____
- ☐ Friday from _____ to _____
- ☐ Saturday from _____ to _____
- ☐ Sunday from _____ to _____

18. Do the days and hours you are able to **collect** donated food change during holiday periods (for example Christmas and New Year)? If so, how?

- ☐ No
- ☐ Yes If yes, please describe how they change?

19. Are there any agencies that also provide food support in your local area? If so, which ones?

Now we'd like some information about this agency's clients (the people who receive food from this agency).

20. I'm going to read out a list of descriptions in pairs. For each pair, please indicate the estimated percentage of your clients that fit the first as opposed to the second category.

Category	Estimated percentage
Regular visitors (vs. casual visitors)	%
Singles (vs. families)	%
Own or rent housing (vs. don't own or rent)	%
Have access to cooking facilities (vs. having no access)	%

21. Do 20% or more of your clients have special dietary requirements? (check all that apply)

☐ No

☐ Yes If yes, please describe the requirements:

If yes, how many meals per week?

22. In their diets, many of your agency's clients probably lack... (check all that apply)

☐ Cereals, rice, pasta, bread

☐ Meat and other proteins

☐ Fruit

☐ Fats and oils

☐ Vegetables

☐ Other (specify): _____

☐ Dairy

23. The following factors are common contributors to food insecurity. Please consider your agency's client base, and respond to the following question for each factor:

"(_____) contribute(s) to food insecurity for our clients."

Factor	Not at all	Unlikely	Neutral	A bit	Definitely
a. Unemployment					
b. Mental health problems					
c. People with disabilities					
d. Homelessness					
e. In crisis (temporary) accommodation					
f. Alcohol/substance abuse					
g. Low income					
h. Refugee status					
i. New migrant					
j. Financial difficulties					
k. Student status					
l. Increased rent/mortgage					
m. Inability to store food					
n. Inability to pick up food					
o. Inability to cook meals					

The next few questions are designed to help identify any shortcomings in the support your agency receives.

24. Can your agency provide enough food relief to meet the need within your community?

- ☐ Yes *(if Yes, skip to question 34)*
- ☐ No *(if No, answer the rest of this section)*

25. To meet community need, does your agency require:
(circle yes or no for all categories; fill in details as needed):

(a) More prepared meals yes / no

If yes, how many additional units (300g) per week? _____

(b) More food to prepare yes / no

If yes, how much additional quantity per week?

Category	Extra quantity	Notes
Fruit	kgs	
Vegetables	kgs	
Meat	kgs	
Fish	kgs	
Bread	kgs	
Breakfast cereal	kgs	
Pasta / rice / noodles	kgs	
Cheese	kgs	
Milk	ls	
Eggs	doz	
Drinks	ls	

(c) More food to distribute in parcels yes / no

If yes, how much additional quantity per week?

Category	Extra quantity	Notes
Fruit	kgs	
Vegetables	kgs	
Meat	kgs	
Fish	kgs	
Bread	kgs	
Breakfast cereal	kgs	
Pasta / rice / noodles	kgs	
Cheese	kgs	
Milk	ls	
Eggs	doz	
Drinks	ls	

(d) Additional food storage facilities yes / no

If yes, please explain what type(s), and how many of each?

Type	Quantity	Notes
Domestic fridge		
Commercial fridge		
Domestic freezer		
Commercial freezer		
Cool room	m ²	
Pantry space	m ²	
Freezer room	m ²	
Other (specify):		

(e) Food transport facilities yes / no

If yes, please explain what type(s), and how many of each?

Facility	Quantity	Notes
Car		
Van		
Refrigerated van		
Truck		
Refrigerated truck		
Other (specify):		

(f) Food preparation facilities yes / no

If yes, please explain what type(s), and how many of each?

Facility	Quantity	Notes
Microwave oven		
Domestic oven		
Commercial oven		
Domestic kitchen		
Commercial kitchen		
Other (specify):		

(g) Other yes / no

If yes, please describe and explain:

This final section is an evaluation of the food this agency currently receives.

Before leaving, ensure the following have been completed:

- Check this document and ensure all pages have been filled out
- Thank the participant(s) for their time
- Ensure the participant(s) know how to contact us if they have any questions

Interviewer: Please write your own name here: _____