

CSFP Food Package Survey (Participants)

Instructions: The National Commodity Supplemental Food Program Association (NCSFPA) is conducting a survey of the Commodity Supplemental Food Program (CSFP) food package and would like your input. The survey results will help us provide feedback to the USDA, which is conducting a review of the food package this year. Please answer each question to the best of your ability. Your responses will remain anonymous and your name will not be included on the survey. The survey will take approximately 15-25 minutes to complete. We will share your feedback with the USDA but cannot guarantee any food package changes at this point in time. We thank you in advance for your valuable feedback.

1. Is there enough selection of foods within each CSFP food package category (for example, different types of vegetables within the vegetables category)?

Yes

No

2. If no, which CSFP food package categories should have more food options? (Select one or more options)

Cereals

Potatoes/Grains

Juices

Cheese

Proteins

Fruits

Milk

Vegetables

Peanut Butter/Dry Beans

Please explain:

3. Would you like to receive fresh foods in the CSFP food package?

Yes

No

If yes, which fresh foods would you like to receive?

4. Fresh food requires refrigerated storage. Do you have access to a refrigerator to store fresh foods?

Yes

No

5. Would you like to receive frozen foods in the CSFP food package?

Yes

No

6. If yes, which frozen foods would you like to receive? (Select one or more options)

Meat/Poultry

Tortillas

Fruits

Vegetables

Other (please specify)

7. Frozen food must be kept frozen until eaten. Do you have access to a freezer to store frozen foods?

Yes

No

8. Do you prepare most of your own meals?

Yes

No

9. If yes, how do you prepare them? (Select one or more options)

Stove

Oven

Microwave

Other (please specify)

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10. Please complete the following chart regarding the amount of food you receive in the CSFP food package each month.

	Too Little	Just Right	Too Much	I do not eat this
Canned Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned Fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bottled Juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelf-Stable Meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelf-Stable Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry Beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut Butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UHT Milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonfat Dry Milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rolled Oats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

11. Are there healthy or nutritious foods that you do not receive in the CSFP food package but would like to receive?

Yes No

If yes, please list suggested foods:

12. Do you dislike or have difficulties with any of the canned vegetables you receive in the CSFP food package?

Yes

No

13. If yes, please select which canned vegetables and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
Green Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn Kernels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sliced White Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meatless Spaghetti Sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diced Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

14. Do you dislike or have difficulties with any of the canned fruits you receive in the CSFP food package?

Yes

No

15. If yes, please select which canned fruits and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
Applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apricot Halves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

16. Do you dislike or have difficulties with any of the juices you receive in the CSFP food package?

Yes

No

17. If yes, please select which juices and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Cannot Eat Because of Special Diet
Apple Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranapple Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grape Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

18. Do you dislike or have difficulties with any of the shelf-stable meat or fish you receive in the CSFP food package?

Yes

No

19. If yes, please select which shelf-stable meat or fish and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
Beef (can)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef (pouch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chili without Beans (can)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chili without Beans (pouch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef Stew (can)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef Stew (pouch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken (can)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon (can)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

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20. Do you dislike or have difficulties with any of the dry beans or peanut butter you receive in the CSFP food package?

Yes

No

21. If yes, please select which dry beans or peanut butter and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
Baby Lima Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Northern Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Red Kidney Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinto Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanut Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

22. Do you dislike or have difficulties with any of the dairy products you receive in the CSFP food package?

Yes

No

23. If yes, please select which dairy products and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
American Cheese Blend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonfat Dry Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultra-High Temperature Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

24. Do you dislike or have difficulties with any of the pasta or rice offered in the CSFP food package?

Yes

No

25. If yes, please select which pasta or rice and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
Elbow Macaroni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Grain Rotini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Grain Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium Grain Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

26. Do you dislike or have difficulties with any of the cereals offered in the CSFP food package?

Yes

No

27. If yes, please select which cereals and why. (Select one or more options)

**Note: Not all food choices listed below may be available at your CSFP distribution site.*

	Dislike	Difficult to Open/Close	Difficult to Keep/Store	Difficult to Cook/Prepare	Difficult to Chew/Swallow	Cannot Eat Because of Special Diet
Farina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolled Oats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn Flakes Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn & Rice Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn Squares Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oat Circles Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice Crisp Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheat Bran Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shredded Wheat Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

28. If you selected "Cannot Eat Because of Special Diet" for any of the CSFP foods in the above charts, what is your special diet? (Select one or more options)

- Diabetic
- Low-Cholesterol
- Low-Sodium
- Low-Fiber
- High-Fiber
- Vegetarian/Vegan
- Difficulty chewing/swallowing
- Other (please specify)

29. Please provide any additional feedback on the CSFP food package here: