

SURVEY

1. Currently, where do you prefer to go for your grocery purchases?

2. When do you plan to go to the grocery store most often? (two selections only)

- | | |
|--|--|
| <input type="checkbox"/> From 7 am to 9 am | <input type="checkbox"/> From 9 am to noon |
| <input type="checkbox"/> From noon to 1 pm | <input type="checkbox"/> From 1 pm to 4 pm |
| <input type="checkbox"/> From 4 pm to 7 pm | <input type="checkbox"/> After 7 pm |

3. In the context of opening a grocery store, would you plan on visiting this store for your food needs? (See examples of grocery products at question 6)

- Yes No

4. If you answered yes to question 3, how often would you make grocery-type purchases at the co-op?

- | | |
|--|---|
| <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> More than three times a week |
| <input type="checkbox"/> Don't know | |

5. How much do you approximately spend on groceries per week?

- | | | |
|---|--|--|
| <input type="checkbox"/> 0 to \$ 10.99 | <input type="checkbox"/> \$ 20 to \$ 49.99 | <input type="checkbox"/> \$ 50 to \$ 75.99 |
| <input type="checkbox"/> \$ 75 à 99.99 \$ | <input type="checkbox"/> \$100 and more | |

6. Select the products you would expect to buy at the grocery store?

- | | | |
|---|---|--|
| <input type="checkbox"/> Fruits & veggies | <input type="checkbox"/> Bakery | <input type="checkbox"/> Deli |
| <input type="checkbox"/> Meat & fish | <input type="checkbox"/> Beer & wine | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Ready to eat | <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Household cleaning products |
| <input type="checkbox"/> Local products | <input type="checkbox"/> Natural products | <input type="checkbox"/> Bulk products |
| <input type="checkbox"/> Micro-brewery | <input type="checkbox"/> Bistro area | <input type="checkbox"/> Organic products |
| <input type="checkbox"/> Other | | |

7. What other services would you like to have that are not included in the choices above.

8. Would you be willing to become a member of the new co-op and to hold the required amount in shares?

- Yes No

9. If you answered yes to question 8, would you be willing to participate as a volunteer in the co-op activities?

- Yes No

10. If you answered yes to question 9, what kind of participation in the co-op would you be interested in?

- Member of the board of directors of the co-op
 Funding
 Manual help (Housekeeping, installing the co-op, etc.)
 Volunteering at events

11. Would you be interested in working for the co-op?

- Yes No

12. What is your age group?

- 18 to 29 30 to 49
- 50 to 65 66 plus

13. What is your gender?

- Female Male

14. Household type?

- Couple with kids
- Couple no kids
- Single parent
- Single

15. Which of the following situations best describes your occupation?

- Employee Telework Self-employed
- Retired Other

16. Do you have any comments or suggestions concerning the co-op grocery store project?

Thank you!!

