

Mobile Pantry Post-Distribution Survey

Agency Name:				
ID#:		Date of Distribution:		
Total Number of Individual				
Total Number of Household				
Total Number of Seniors (60) and older) Serve	ed Within Each Household	d:	
Total Number of Children (i	8 and younger) Se	rved Within Each Househ	old:	
Number of Volunteers:		Number of Hours Wo	orked By Volunteer	S:
Please rate your overall sa	ticfaction with	the mobile parture (i-Very	Dissortisfied E-Vary Sat	ticfied
1	2	3	vissuiisiieu, 5=very sui 4	
VERY DISSATISFIED	2	SATISFIED	4	5 VERY SATISFIED
Comments:				
Did your mobile pantry ar	rive during the	anticipated delivery time	a framo? 🗆 Vos	□ No
Comments:	ive during the	anticipated delivery time	e name: a res	110
Continents.				
Please rate your satisfaction	on with the pro	duct variety. (1=Very Dissatis	sfied, 5=Very Satisfied)	
1 VERY DISSATISFIED	2	3 SATISFIED	4	5 VERY SATISFIED
Comments:				
Please rate your satisfaction	on with the pro	duct quality. (1=Very Dissatis	sfied, 5=Very Satisfied)	
1	2	3	4	5
VERY DISSATISFIED		SATISFIED		VERY SATISFIED
Explain your rating of the produc	t quality:			
Was at least 90% of the pr	oduct usable?	☐ Yes ☐ No		
Comments:				



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What other products would you and your clients like to see made available on future mobile pantries?
If there was one thing we could do differently to improve the experience for your organization, your volunteers, and your clients, what would it be?
What else would you like to share about your mobile pantry experience?