

Questionnaire for the food source provider

Empty survey description? You may want to hide this from the Add tab.

What type of food source provider are you?*

-Please select-



How long have you been operating in Nellmapius?*

We want to know how long your business has been open? (months or years)

What food do you normally sell?*

Select more than one if applicable.

☐

Fruit/vegetables

☐

Alcohol and
cigarettes

☐

Meat

☐

Dairy

☐

Maize meal (eg.
Ace/White Star)

☐

Sliced bread (eg.
Albany)

☐

Ready-made
meals (eg.
spatlho/magweny
a's/chicken/hot
chips)

☐

Snacks
(cooldrink/sweets
)

☐

General groceries
(cereals, sugar)

☐

Other

What is the most popular food item that you sell:

Select more than one if applicable.

<input type="checkbox"/> Fruit/vegetables	<input type="checkbox"/> Alcohol and cigarettes	<input type="checkbox"/> Meat
<input type="checkbox"/> Dairy	<input type="checkbox"/> Maize meal (eg. Ace/White Star)	<input type="checkbox"/> Sliced bread (eg. Albany)
<input type="checkbox"/> Ready-made meals (eg. spatlho/chicken/hot chips)	<input type="checkbox"/> Snacks (cooldrink/sweets)	<input type="checkbox"/> General groceries (cereals, sugar)
<input type="checkbox"/> Other		

Where do you usually get your supplies from?*

Select more than one if applicable.

<input type="checkbox"/> Own food garden	<input type="checkbox"/> Food & veg market (Marrabastadt)	<input type="checkbox"/> Street vendor
<input type="checkbox"/> Supermarket (eg. KitKat/Shoprite)	<input type="checkbox"/> Community food garden	<input type="checkbox"/> Supplier that delivers
<input type="checkbox"/> A farm	<input type="checkbox"/> Spaza shop	
<input type="checkbox"/> Other		

Do people with disabilities (PWD) physically come to your shop?*

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

If not, why not?

<input type="checkbox"/> Accessibility	<input type="checkbox"/> Stigma	<input type="checkbox"/> Never thought of it
<input type="checkbox"/> Other		

Do you have any ways in which to help people with disabilities buy food from you?*

Select more than one if applicable.

<input type="checkbox"/> I have a runner that takes items around to households and asks what they want to buy.
<input type="checkbox"/> I have a runner that asks people in houses what they want and then brings it to them.
<input type="checkbox"/> I ask a household member of the person with a disability if they want anything.
<input type="checkbox"/> My establishment is all level and large enough for a wheelchair.
<input type="checkbox"/> I came outside to help them shop.
<input type="checkbox"/> I ask the person with the disability what will be best for them.
<input type="checkbox"/> My shop has someone to assist people with disabilities
<input type="checkbox"/> Other

Which of the following are ways in which people pay for food?*

Select more than one if applicable.

☐ Cash☐ Card☐ Credit☐ Piece job☐ Barter☐ E-
Wallet/CashSend☐ Other**Which type of energy source do you use to power the shop equipment?***

*

E.g. fridges

☐ Solar☐ Fire☐ Electricity☐ Paraffin☐ Gas☐ Other**Which is the cheapest form of energy source for you to use?***☐ Solar☐ Fire☐ Electricity☐ Paraffin☐ Gas☐ Other

Do you need to store water :

☐

Yes

☐

No

What do you use to store water in?

☐

Tanks

☐

Bucket (eg. skottel)

☐

Containers (eg. 5L bottles)

Submit

Powered by ArcGIS Survey123