



Thumbs Up for Healthy Choices in Retail Settings

Store Owner Interview

Use this survey to get to know the store owner better and to learn what challenges he or she may face and how your group can help.

Date: _____	Ambassador Name: _____
Store Name: _____	Name of Owner: _____
Address _____	

How long have you owned or managed this store? _____ years _____ months

What are the 3 top-selling items in your store, including non-food items?

1. _____
2. _____
3. _____

Are there any healthier items that you are interested in selling? _____ Yes _____ No

If so, what are they?

What makes it hard to carry more healthy foods in your store?

How can we best help you offer and sell healthier foods?

Thank you for your time!