



## 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: Name of Owner:			
Store Name:				
Address				
How long have you owned or managed this	store?	years	months	;
What are the 3 top-selling items in your stor	re, including	non-food items	s?	
1				
2				
3				
Are there any healthier items that you are ir	nterested in s	selling?	Yes	No
If so, what are they?				
What makes it hard to carry more healthy fo	oods in your	store?		
How can we best help you offer and sell hea	althier foods?	?		

Thank you for your time!

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