



### 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:

NEA 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 nonfood items?

- 1.
- 2.
- 3.

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

If so, what are they?

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

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

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Thank you for your time!