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?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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!