*Thank you for agreeing to complete this questionnaire. Unless you agree otherwise, nothing you say will be identified as having been said by you – so feel free to say what you like. If the overall results of the study are favourable, the group behind it may be back in touch, but right now our priority is just to understand the situation.*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. *What category does your business best fit? Please tick only one* | *□* Category 1. Takeaway restaurants, cafes  *□* Category 2. Restaurants  *□* Category 3: Supermarkets  *□* Category 4: Convenient stores  *□* Category 5: Organics, speciality stores (butcher, bakery, fresh fish)  *□* Category 6: Wholesale distributors (No shop front) | | | | | |
| 1. *How do you personally fit into the business? Please tick all that apply.* | | | *□* grower  *□* producer  *□* vendor | | *□* owner  *□* employee  *□* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. *For how many years have you owned this business?* | | | Years: | | | |
| 1. *What food items do you sell? Please tick main products.* | *□* Wide variety  *□* Snack food (packets chips, muesli bars)  *□* Takeaway food (burgers, fish and chips, etc)  *□* Fresh food (fresh vege, fruit)  *□* Meat  *□* Dairy  *□* Baking, sweets and chocolate  *□* Non-food items or products such as cosmetics or plants | | | | | |
| 1. *Would any of your products potentially meet the criteria of any of the following certifications?* | | *□* None  *□* No, but soon  *□* Too hard  *□* Organic or spray free | | | | *□* Fair trade  *□* Forest-stewardship  *□* Free range  *□* Other certification \_\_\_\_\_\_\_\_\_ |
| 1. *What non-financial impacts are there to you/your family caused by your business? (positive and negative)* | *Negative:*  *□* Social life / miss family time  *□* Working all time/ no time off  *□* Sore body  *□* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *Positive:*  *□* Community is important  *□* Interaction with customers/ building relationships  *□* Family/kids are involved  *□* Creates other opportunities  *□* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*We are interested in finding out the total number of hours required to run your business throughout the entire year. We realise some businesses are busier at certain times of the year and less at others.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *a. Does your business have a high/low (busy/less busy) season?* | *□* Yes  *□* No | *b. When is the high season:*  *□* Dec - April  *□* Oct - April | *□* Nov - December  *□* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. *How many people work for the business (paid and unpaid).* | *□* All the time *(no high or low season)*  *□* High season  *□* Low season | | *□* #\_\_\_\_\_\_\_\_\_\_\_  *□* #\_\_\_\_\_\_\_\_\_\_\_  *□* #\_\_\_\_\_\_\_\_\_\_\_ |
| 1. *How many hours do these people work per week (on average).* | *□* All the time  *□* High season  *□* Low season | | *□* # hours\_\_\_\_\_\_\_\_\_\_\_  *□* # hours \_\_\_\_\_\_\_\_\_\_\_  *□* # hours \_\_\_\_\_\_\_\_\_\_\_ |

*We are interested in understanding how you source your produce.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *How do you source the majority of your ingredients or products?* | *□* Through own supply chain (part of organisation)  *□* Often outside own supply chain (part of organisation)  *□* Central buying group (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Supermarkets (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Food service wholesalers (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Caterers (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Butchers, fish shops or other specialised food retailers (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Direct from grower/producer (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *□* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. *How have you come to those arrangements?* | *□ It is the way it has always been done / tradition*  *□ Part of the organisation’s way of operating*  *□ Wanted to do something different / source better food*  *□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| 1. *What is important about the way you currently source your food items?* | *□ Value for money*  *□ Efficiency of ordering/ delivering*  *□ Ethics / traceability / certified*  *□ Supporting local economy / regionality*  *□ Consistent quality / good taste* | | *□ Develop relationship / knowledgeable / trusted supplier*  *□ Fresh / well aged*  *□ Seasonality*  *□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 1. *What is good about the arrangements you currently have?* |  | | |
| 1. *What is not so good?* |  | | |
| 1. *Under what circumstances would you pay more for your produce?* |  | | |
| 1. *What is most important to you about the produce you provide?* | □ Freshness  □ Reliability / consistency of supply  □ Cost of produce  □ Ethics / traceability / certification | □ Locally produced  □ Seasonality  □ Organic / spray free  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

*Our study is about local retailers and producers of food, we would like to understand the challenges and opportunities for supplying more locally produced food.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *What is your definition of ‘local’ – where does local end?* | □ Same town/city  □ Same region  □ South Island  □ Within 100km.  □ Closest place that the food can be produced / grown…. | | |
| 1. *Do you currently source local food?* | | |  |
| 1. *What is stopping you from sourcing more produce locally?* | *□* Logistics  □ Not important to me  □ Rules of the brand/chain | | □ Not available  □ Too expensive  □ Lack of consistent supply |
| 1. *What do you think / are the positives / opportunities of sourcing local?* | |  | |
| 1. *What do you think are the negatives / barriers of sourcing local?* | |  | |

*Through this process we are trying to understand how to strengthen the supply chain for local businesses, as opposed to importing products that are available locally.*

|  |  |  |
| --- | --- | --- |
| 1. *If you were to source local, how do you imagine your supply chain might work?* |  | |
| 1. *If you were to support local, what type of verification processes would you want to see?* |  | |
| 1. *In terms of delivery, what is the most important factor/thing?* | □ Reliable / consistent  □ Cost | □ Quality  □ Speed / timing / prompt |
| 1. *If all of your customers wanted to buy local food, what changes would you likely have to make in order to accommodate this?* |  | |
| 1. *Which of the products that you sell has the most potential to be sourced from “local” and why?* |  | |

*We are interested in finding out more about your customers.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *Please estimate how many paying customers you sell to in a typical week?* | | | *□* # \_\_\_\_\_\_\_\_\_ |
| 1. *How many of these are regulars?* | | | *□* % \_\_\_\_\_\_\_\_\_ |
| 1. *Why do you think they support your enterprise?* | *□* Know us / like us / trust  *□* Transparency / the story  *□* Good product/ price/ value  *□* Fresh / produce lasts  *□* Ethical basis of product | *□* Support local  *□* Service we provide  *□* They have pride in our product  *□* Convenience | |
| 1. *Have you ever been asked for local food? □* No □ Yes (how many times? – once or regularly?) | | | |

*We are interested in finding out more about the financial side of your business, if you are willing to share.*

|  |  |  |
| --- | --- | --- |
| 1. *Do you have some influence on the prices that you charge for your products set in your business?* | | *□* Yes *□* No |
| 1. *What would you estimate is the average spend by an average customer who makes a food purchase at your business?* | | *□* $ \_\_\_\_\_\_\_\_\_ |
| *What is the biggest issue facing your business right now?* |  | |
| *On a 1 to 7 scale (with 7 indicating the best possible), please rate your satisfaction with the NZ economy as a whole.* | | *□* 1 *□* 2 *□* 3 *□* 4 *□* 5 *□* 6 *□* 7 |

*The last thing I wanted to ask you for is some basic demographic information. None of this information will be reported or recorded in a way that publically identifies or discloses any information you provide. This is an anonymous survey.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. *Would you tell us your age or which of the following age brackets you're in?*  Age\_\_\_\_\_\_\_\_\_\_ | | *□* <18  *□* 18-24  *□* 25-34  *□* 35-44 | *□* 45-54  *□* 55-64  *□* 65-74  *□* 75+ |
| 1. *Would you describe your gender as male or female?* | | *□* Male *□* Female | |
| 1. *How would you describe your ethnicity or ethnic identity?* | *□* New Zealand European *□* Maori *□* Other, such as *CHINESE.* Please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. *Where is your business located?* |  | | |
| *That is the end of the survey. Thank you very much for providing your expert information to us.* | | | |