

# Sample 3: Vending Machine Survey

The (*your organization*) would like to know the opinions about beverage choices in the vending machines located \_\_\_\_\_. The information gathered from this survey will be used to assess if there is a need for healthier options in vending machines, and if so we will implement a plan to make such healthy beverages available to you. *Please take a few minutes to fill out this survey and return it to \_\_\_\_\_ in \_\_\_\_\_ department.*

1. I purchase regular soda, diet soda, ice tea and artificially sweetened beverages, fruit drink, and sports drinks from the vending machine at work: (check one)

Almost every day \_\_\_\_\_  
 A few times a week \_\_\_\_\_  
 A few times a month \_\_\_\_\_  
 Never \_\_\_\_\_

2. Please rate the current selections in vending machines located on the \_\_\_\_\_.

|                                |      |   |   |           |
|--------------------------------|------|---|---|-----------|
| <u>1. Variety of beverages</u> | 1    | 2 | 3 | 4         |
|                                | Poor |   |   | Excellent |

|                                  |      |   |   |           |
|----------------------------------|------|---|---|-----------|
| <u>4. Reliability of machine</u> | 1    | 2 | 3 | 4         |
|                                  | Poor |   |   | Excellent |

3. Drinking Healthy beverage is important to me Yes \_\_\_\_\_ No \_\_\_\_\_

4. The current vending machines offer healthy beverage. Yes \_\_\_\_\_ No \_\_\_\_\_

5. What would you like to see added in the vending machines?

Water \_\_\_\_\_  
 diet sodas \_\_\_\_\_  
 Skim milk \_\_\_\_\_  
 Gatorade \_\_\_\_\_  
 100% fruit juice/vegetable juice \_\_\_\_\_

Other (please describe) \_\_\_\_\_

6. Would you purchase healthier beverage items if offered? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Would you be willing to pay more for healthier beverage items? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_