

# Our shop

Est. 2017

*Tell us what you think...*



## OUR SHOP SURVEY 2020

Our Shop is a community shop and feedback from our customers and community is really important to us. Much of what is offered by the shop today is as a result of what you've told us in previous surveys, feedback and of course sales data. The Covid-19 Pandemic has changed the way many of us shop so please complete this survey at this time so we can continue to serve the village and our community for the future. [www.surveymonkey.co.uk/r/OurShop](http://www.surveymonkey.co.uk/r/OurShop)



**1. How often do you currently use Our Shop?**

	<b>Shop only</b>	<b>Post Office only</b>	<b>Post Office and Shop</b>
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-3 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly/occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If occasionally or not at all please tell us why?.....

**2. Have you shopped with Our Shop during Lockdown? Yes  No**

**3. If yes can you tell us why? Please tick all that apply.**

- Didn't want to visit other shops or travel out of the village
- Couldn't get deliveries elsewhere
- Better range of products than I thought
- Prices more comparable with supermarkets than I thought
- Better quality fresh produce
- I could get a home delivery
- Easier to do a big shop than I imagined
- Felt safer shopping locally
- A great place to meet people

Any other reason.....

**4. Now lockdown is easing, how are you shopping?**

- Same as before lockdown  Same as during lockdown

Something different, please state.....

**5. And can you tell us how you think your shopping habits have or will change over the next 6 months?**

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**6. Which products do you frequently purchase from Our Shop? Please tick all that apply.**

- |  |  |
|--|--|
| Newspapers/Magazines <input type="checkbox"/>            | Bread or bakery products (biscuits) <input type="checkbox"/>     |
| Sweets/soft drinks <input type="checkbox"/>              | Beers, wines & spirits <input type="checkbox"/>                  |
| Groceries (tins, packets, jars) <input type="checkbox"/> | Dairy (milk/cheese/spreads/yogurt,eggs) <input type="checkbox"/> |
| Cigarettes/tobacco <input type="checkbox"/>              | Fresh fruit and/or vegetables <input type="checkbox"/>           |
| Frozen Food <input type="checkbox"/>                     | Meat or meat-based products <input type="checkbox"/>             |
| Sandwiches and 'food to go' <input type="checkbox"/>     | Greetings cards <input type="checkbox"/>                         |

Any other (please specify).....

**7. What other products would increase your use of the shop?**

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**8. What services do you use the shop for? Please tick all that apply.**

- |   |   |
|---|---|
| Post office services <input type="checkbox"/> | Window advertisement board <input type="checkbox"/>         |
| National Lottery <input type="checkbox"/>     | Tickets for local events <input type="checkbox"/>           |
| Village information <input type="checkbox"/>  | Take away coffee (when it returns) <input type="checkbox"/> |
| Dry cleaning <input type="checkbox"/>         | Meat order <input type="checkbox"/>                         |

Home Delivery

Any other (please specify .....

**9. Are there any other services not listed you would like the Shop to offer? For example newspaper delivery, prescription pick up**

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**10. How important are the following when choosing what to buy? Please rate all.**

	No Importance	Little Importance	Important	Quite Important	Very Important
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organic produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locally produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmentally friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting the village and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. How important are the following when shopping at Our Shop? Please rate all.**

	No Importance	Little Importance	Important	Quite Important	Very Important
Stocks what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting people I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar place to shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because helped run by volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks good range of local products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because it's owned by the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Our Shop is committed to reducing its impact on the environment but during the pandemic 'saving the planet' has taken a back seat to minimise the spread of the infection. Please tell us how important the following are to you now and in the future:**

	No Importance	Little Importance	Important	Quite Important	Very Important
The recycling of items such as plastics, cardboard and tins/cans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No free plastic bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bringing your own container for items such as, porridge oats, washing liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And what more could Our Shop do to improve our environmental footprint? (please specify)

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**13. During the recent COVID 19 pandemic the major supermarkets have seen a huge increase in general online ordering and home deliveries. Is this something you would use Our Shop for?**

	Not at all	Once a year	Twice a year	Once a month	Weekly
Shopping on line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering via telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And please tell us if you would be interested in ordering specific products (for example Meat, Wine, Cheese, Fish, Christmas Lines etc) in this way, (please specify)

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**14. Where do you usually do your main food shop? Please tick one.**

Our Shop	<input type="checkbox"/>	Waitrose	<input type="checkbox"/>	Tesco	<input type="checkbox"/>	Co-op	<input type="checkbox"/>
Morrisons	<input type="checkbox"/>	M&S	<input type="checkbox"/>	Aldi	<input type="checkbox"/>	Lidl	<input type="checkbox"/>
Sainsbury	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please specify .....			

**15. Please state how many people in each age range are in your household:**

0-16	17-25	26-45	46-66	67-75	75+
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**16. What is your overall impression of Our Shop today?**

	Poor	Fair	Good	Very good
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection with and understanding of its customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Any other comments you would like to make?**

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And finally would you be willing to take part in a discussion group to help us explore some of the issues in this survey in more depth? **Y / N**

If you are happy to give us your details so we may contact you. The information will only be used for that purpose, stored electronically and if unused will be deleted a year after the closing date of the survey.

Name: ..... Address: .....

Contact number: ..... Email address: .....

**THANK YOU** Please complete this as soon as possible and by the 20th September at the latest. Complete by hand and drop into the marked box in Our Shop or please go to [www.surveymonkey.co.uk/r/OurShop](http://www.surveymonkey.co.uk/r/OurShop) to complete online. And with thanks to Priority Digital Health for the online survey.