



**SURVEY
COMMUNITY GARDENS AND LOCAL ECONOMIC DEVELOPMENT**

The Urban Studies and Planning Program at UC San Diego, with funding from the University of California Global Food Initiative and in collaboration with the San Diego Community Garden Network, is interested in learning more about the relationship between community gardens and local economic development.

Your participation in this survey is completely anonymous. Responses will be used for research purposes, and we will not share any information about you. If you do not know the answer to a question, or if it does not apply to you, please feel free to leave it blank or ask one of our survey assistants for help. Completing this survey will take approximately 15-30 minutes. In appreciation of your participation, you will receive a \$10 gift card upon completion of the survey.

If you have any questions about this survey and/or would like to receive a copy of the findings from the study, please contact Dr. Mirle Rabinowitz Bussell (mbussell@ucsd.edu) or Jim Bliesner (jbliesner@gmail.com). The results will be ready by June 2016.

Community Gardens and Local Economic Development Survey Guide (Please leave blank)

Name of Survey Facilitator: _____

Date of Survey: _____

Location: _____

Type of plots: _____

Survey Number: _____

Instructions: Please provide responses to the questions below. If you need assistance, let us know and we are available to help you.

I. Personal Involvement in Community Gardening

1. Which community garden do you use? _____

2. How did you first hear about this community garden? (Check all that apply)

<input type="checkbox"/> Local organization	<input type="checkbox"/> School
<input type="checkbox"/> Friends	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Family	<input type="checkbox"/> Other: _____

3. Why are you involved with the community garden? (Check all that apply)

<input type="checkbox"/> Leisure activity	<input type="checkbox"/> To meet new people
<input type="checkbox"/> To supplement my income	<input type="checkbox"/> To grow my own food
<input type="checkbox"/> To spend time outdoors	<input type="checkbox"/> I don't have room for my own garden
<input type="checkbox"/> To improve my health	<input type="checkbox"/> To improve my family's health
<input type="checkbox"/> Other: _____	

4. How do you benefit by being a part of this community garden? (Check all that apply)

<input type="checkbox"/> Community connections	<input type="checkbox"/> New friendships
<input type="checkbox"/> Business opportunities	<input type="checkbox"/> Enhanced gardening skills
<input type="checkbox"/> Employment opportunities	<input type="checkbox"/> It is relaxing
<input type="checkbox"/> My health is better	<input type="checkbox"/> My family's health is better
<input type="checkbox"/> Enjoy spending time outdoors	<input type="checkbox"/> Other: _____

5. Has your household's diet improved since you started growing your own produce? (Check one) Yes No

6. Does your household eat more fresh fruits and vegetables since you started growing your own produce? (Check one) Yes No

7. How many hours each week do you spend at the community garden? (Check one)

<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> 1-4 hours
<input type="checkbox"/> 5-10 hours	<input type="checkbox"/> More than 10 hours

8. What months of the year do you plant and grow produce at the community garden? (List all months): _____

9. How long have you gardened at this location? (Check one)

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-3 years
<input type="checkbox"/> 4-6 years	<input type="checkbox"/> 7 or more years

10. How long did you have to wait to receive a plot at this garden? (Check one)

<input type="checkbox"/> It was available immediately	<input type="checkbox"/> 1-3 months
<input type="checkbox"/> 4-6 months	<input type="checkbox"/> 7-11 months
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> Over two years

11. Is this the first time that you have belonged to a community garden? (Check one)
 Yes No
12. Does your neighborhood need more community gardens? (Check one)
 Yes No
 If yes, where should they be located? _____

II. Gardening Activities

13. How many different types of fruits and vegetables do you grow at the community garden? (Check one)
 1 2-5
 6-10 More than 10

14. What are the main fruits and vegetables that you grow? (List all)

15. Do you grow any herbs? (Check one) Yes No

16. What are the main herbs that you grow? (List all)

17. How do you decide what to grow? (Check all that apply)
 My family eats these items These items are inexpensive to grow
 These items are easy to grow I can sell these items
 These items make a lot of money It improves my state of mind
 It improves my family's state of mind

18. What do you do with your produce? (Check all that apply)
 Eat it at home Drink it at home
 Give to my extended family Give to my friends
 Donate it Sell to buyers
 Trade for other products/services

If you sell any of your produce, please complete Section III below. If you do not sell any of your produce, please skip to Section IV.

III. Selling Produce

19. If you sell any of your produce, where do you sell it? (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> My house | <input type="checkbox"/> At the community garden site |
| <input type="checkbox"/> Neighbors/friends/family | <input type="checkbox"/> Farmer's market |
| <input type="checkbox"/> Community Supported Agriculture (CSA) | <input type="checkbox"/> Farm stand |
| <input type="checkbox"/> Local restaurants | <input type="checkbox"/> Other: _____ |
20. On average, how much money do you make a month selling your produce? (Check one)
- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-\$100 | <input type="checkbox"/> \$100-\$200 |
| <input type="checkbox"/> \$200-400 | <input type="checkbox"/> \$400-600 |
| <input type="checkbox"/> \$600-800 | <input type="checkbox"/> \$800+ |
21. Has your participation in the community garden helped you to increase your household income? (Check one) Yes No
22. Would you like to increase the amount of produce that you are able to sell? (Check one)
- Yes No
23. If you would like to increase the amount of produce that you sell, what skills would be helpful for you to expand your business? (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Sales and marketing skills | <input type="checkbox"/> More land |
| <input type="checkbox"/> Food and safety training | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Branding | <input type="checkbox"/> Technical training (learning to use tools, etc.) |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Other: _____ |
24. Has your food growing led to employment in other related fields? (Circle one)
- Yes No
- If yes, which fields? _____

IV. Growing Your Produce

25. Tell us about your community garden plot:
- a. What is the size of your plot in square feet? _____
- b. How many plots do you rent at this community garden? _____
- c. Is your garden organic? (Check one) Yes No
- d. Do you rent plots at other community gardens? (Check one) Yes No
- e. If you rent plots at other community gardens, list them by name:
- _____
- _____

26. What resources are made available to you at the community garden for free?
(Check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Training in gardening skills | <input type="checkbox"/> Training in business skills |
| <input type="checkbox"/> Assistance in selling food | <input type="checkbox"/> Maintenance of my plot |
| <input type="checkbox"/> Water | <input type="checkbox"/> Soil |
| <input type="checkbox"/> Seeds/seedlings | <input type="checkbox"/> Equipment and tools |
| <input type="checkbox"/> On-site composting area | <input type="checkbox"/> Mulch |
| <input type="checkbox"/> Other: _____ | |
27. What resources are made available to you at the community garden for a charge?
(Check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Training in gardening skills | <input type="checkbox"/> Training in business skills |
| <input type="checkbox"/> Assistance in selling food | <input type="checkbox"/> Maintenance of my plot |
| <input type="checkbox"/> Water | <input type="checkbox"/> Soil |
| <input type="checkbox"/> Seeds/seedlings | <input type="checkbox"/> Equipment and tools |
| <input type="checkbox"/> On-site composting area | <input type="checkbox"/> Mulch |
| <input type="checkbox"/> Other: _____ | |
28. What are the barriers to growing your produce? (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Water costs | <input type="checkbox"/> Plot cost |
| <input type="checkbox"/> Transportation costs | <input type="checkbox"/> Time commitment |
| <input type="checkbox"/> Lack of information | <input type="checkbox"/> Lack of training |
| <input type="checkbox"/> Difficulty in growing crops | <input type="checkbox"/> Seed/seedling costs |
| <input type="checkbox"/> Equipment costs | <input type="checkbox"/> Land availability |
| <input type="checkbox"/> Other: _____ | |
29. What are the barriers to selling your produce? (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Water costs | <input type="checkbox"/> Plot cost |
| <input type="checkbox"/> Transportation costs | <input type="checkbox"/> Time commitment |
| <input type="checkbox"/> Lack of information | <input type="checkbox"/> Lack of training |
| <input type="checkbox"/> Difficulty in growing crops | <input type="checkbox"/> Seed/seedling costs costs |
| <input type="checkbox"/> Equipment costs | <input type="checkbox"/> Land availability |
| <input type="checkbox"/> Other: _____ | |
30. What is your annual fee to rent the garden plot? (Check one)
- | | |
|--|------------------------------------|
| <input type="checkbox"/> 0-\$49 | <input type="checkbox"/> \$50-74 |
| <input type="checkbox"/> \$75-99 | <input type="checkbox"/> \$100-149 |
| <input type="checkbox"/> \$150 or more | |
31. If you pay for your own water at the garden, what is your monthly water bill? (Check one)
- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-\$24 | <input type="checkbox"/> \$25-49 |
| <input type="checkbox"/> \$50-74 | <input type="checkbox"/> \$75 or more |

32. On average, how much money do you save every month on your grocery bill because you grow some of your own produce? (Check one)
- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-\$19 | <input type="checkbox"/> \$20-39 |
| <input type="checkbox"/> \$40-59 | <input type="checkbox"/> \$60 or more |
33. Is there ever any extra food from your harvest that you do not eat or sell? (Check one)
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If you ever have unused produce that you do not eat or sell, please complete the questions below. If not, please skip to Section V.

34. Approximately how many pounds of unused produce do you have each month that you do not eat or sell? _____
35. What do you do with your unused produce? (Check all that apply)
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Donate it | <input type="checkbox"/> Compost it |
| <input type="checkbox"/> Throw it away | <input type="checkbox"/> Other: _____ |
36. If you take your unused produce to other locations, please list the locations:
- _____
37. Do you experience any challenges finding uses for your unused produce that you do not eat or sell? (Check one) Yes No
- If yes, what are the challenges? _____

V. Traveling to the Community Garden

38. How much time does it take you to travel from your house to your community garden plot? (Check one)
- | | |
|--|---|
| <input type="checkbox"/> 0-15 minutes | <input type="checkbox"/> 15-30 minutes |
| <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> Longer than 1 hour |
39. What is the distance between your house and your community garden plot? (Check one)
- | | |
|---|---|
| <input type="checkbox"/> Less than one mile | <input type="checkbox"/> 1-4 miles |
| <input type="checkbox"/> 5-9 miles | <input type="checkbox"/> 10-19 miles |
| <input type="checkbox"/> 20-29 miles | <input type="checkbox"/> 30 miles or more |
40. What is the distance between your community garden plot and the main location where you sell your food? (Check one)
- | | |
|---|---|
| <input type="checkbox"/> Less than one mile | <input type="checkbox"/> 1-4 miles |
| <input type="checkbox"/> 5-9 miles | <input type="checkbox"/> 10-19 miles |
| <input type="checkbox"/> 20-29 miles | <input type="checkbox"/> 30 miles or more |

41. What is the primary mode of transportation you use to travel from your house to your community garden plot? (Check one)
- | | |
|--|----------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Bike |
| <input type="checkbox"/> Car | <input type="checkbox"/> Carpool |
| <input type="checkbox"/> Public transportation | |

VI. Tell us about yourself

42. Age (Check one)
- | | | | |
|--------------------------------|--------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> 18-29 | <input type="checkbox"/> 30-59 | <input type="checkbox"/> 60 -79 | <input type="checkbox"/> 80 and over |
|--------------------------------|--------------------------------|---------------------------------|--------------------------------------|

43. Gender (Check one) Male Female

44. Ethnicity (Check one)
- | | | |
|---|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> African American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> African |
| <input type="checkbox"/> Other: _____ | | |

45. Country of Origin (Where were you born?): _____

46. Primary language spoken at home: _____

47. Household size, including yourself (Check one)
- | | | | |
|---|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 person | <input type="checkbox"/> 2 people | <input type="checkbox"/> 3 people | <input type="checkbox"/> 4 people |
| <input type="checkbox"/> 5 or more people | | | |

48. Employment Status (Check one)
- | | | |
|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Unemployed | |

49. What is the highest level of education you have completed? (Check one)
- | | |
|---|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> Completed some college | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Post graduate degree |

50. What is your household's average monthly income? (Check one)
- | | |
|--|---|
| <input type="checkbox"/> \$500 or less | <input type="checkbox"/> \$500-999 |
| <input type="checkbox"/> \$1000-\$1499 | <input type="checkbox"/> \$1500-\$1999 |
| <input type="checkbox"/> \$2000-\$2999 | <input type="checkbox"/> \$3000 or more |

THANK YOU FOR YOUR PARTICIPATION!