

EXPLORING THE SUPERMARKET SHOPPING EXPERIENCE OF CUSTOMERS AGED 65+

We are looking for a selection of volunteers aged 65 and over to take part in a research project, 'Designing Better Supermarket Service for Consumers Aged 65 and Over'.

If you would like to take part, please take a few minutes to complete this short survey and return it to us. We will contact you soon if you are selected as part of the participant sample.

About You

		Day	Month	Year
1	Your name <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
3	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
4	How has your health in general been in the last year?			
	Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very Bad <input type="checkbox"/>			
5	Do you have any long-standing illness, disability or infirmity?			
	Yes <input type="checkbox"/> → Go to 6			
	No <input type="checkbox"/> → Go to 7			
6	Does the illness or disability limit your daily activities in any way?			
	Ability to move effectively <input type="checkbox"/>			
	Ability to hear effectively <input type="checkbox"/>			
	Ability to see effectively <input type="checkbox"/>			
	Ability to digest food <input type="checkbox"/>			
	Ability to pick up or hold objects <input type="checkbox"/>			
	Others, please describe <input type="text"/>			
7	Are you living with anyone in your household?			
	Yes <input type="checkbox"/> If Yes, what is relationship between you and the person? <input type="text"/>			
	No <input type="checkbox"/>			
8	In terms of accommodation is your dwelling			
	Owned by you <input type="checkbox"/>			
	Rented <input type="checkbox"/>			
	Rent free (including rent free in relative's/friend's property) <input type="checkbox"/>			
	Others, please describe <input type="text"/>			
9	How do you feel about your current household income?			
	I'm living comfortably on my present income <input type="checkbox"/>			
	I'm struggling on my present income <input type="checkbox"/>			
	I'm neither comfortable nor struggling <input type="checkbox"/>			

About Your Shopping Experience

1 Where do you do your grocery shopping?

Aldi ☐

ASDA ☐

Lidl ☐

Marks and Spencer ☐

Morrisons ☐

Ocado ☐

Sainsbury's ☐

Tesco ☐

The Co-operative ☐

Waitrose ☐

Others, please describe

2 Is Sainsbury's the main supermarket for your grocery shopping? Yes ☐ No ☐

3 What is your average weekly spend on groceries? £

4 What is the frequency of your grocery shopping?

Daily ☐

Between two to six times per week ☐

Once a week ☐

Once every two weeks ☐

Less often ☐

5 Do you shop online?

Once a week or more ☐

Once a month ☐

Once every few months ☐

Less often ☐

Never ☐

6 Do you use a self-check-out machine?

Once a week or more ☐

Once a month ☐

Once every few months ☐

Less often than once few months ☐

Never ☐

7 Do you have a digital camera?

No ☐

Yes and I use it ☐

Yes but I don't user it ☐

8 Do you have a mobile phone?

No ☐

Yes and I use it ☐

Yes but I don't user it ☐

9 Do you have a computer at home?

No ☐

Yes and I use it ☐

Yes but I don't user it ☐

10 In order to have a better understanding of different types of consumers, we would like to invite consumers with a range of backgrounds. Would you mind if we access your Nectar card data for balancing participant profiles for this project?

Yes ☐ No ☐

11 What is the best way for us to contact you?

Telephone number:

Postal address:

Email address:

Thank you very much for your time and we will contact you soon to confirm your participation.