

# OAKLAND UNIVERSITY™



## Food Truck Research Study

A research study of food truck operators in Metro Detroit



**School of Health Sciences**  
**3102 Human Health Building**  
**433 Meadow Brook Road**  
**Rochester, MI 48309**

*To be completed by an active  
mobile food truck operating  
in Michigan.*

## SECTION 1. ABOUT MENUS

Please tell us a little about your opinion on menus, customer decision-making, and food preparation practices.

Which 3 terms best describe healthful meals? Please select only 3.

- |  |  |
|--|--|
| <input type="checkbox"/> Clean   | <input type="checkbox"/> Non-GMO   |
| <input type="checkbox"/> Contains certain food/components  | <input type="checkbox"/> Nutritious                                      |
| <input type="checkbox"/> Does not contain (or has low levels of) certain components (e.g. low fat, low sugar, low calorie) | <input type="checkbox"/> Unprocessed/unadulterated                       |
| <input type="checkbox"/> Fresh   | <input type="checkbox"/> Organic   |
| <input type="checkbox"/> Good for you  | <input type="checkbox"/> Simple/few ingredients                          |
| <input type="checkbox"/> Limited or no artificial ingredients or additives   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Natural   | <div style="border: 1px solid black; height: 30px; width: 350px;"></div> |

Rate how important or unimportant you think the following factors are for success, in terms of popularity, of food items at food trucks.

	Very Important	Somewhat Important	Neither Important Nor Unimportant	Somewhat Unimportant	Very Unimportant
Freshness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of food truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed at which they are served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tastes great	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time of Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual appeal of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Good value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of food truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed at which they are served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tastes great	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time of Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual appeal of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rate how successful, in terms of sales, you think each of the following menu changes would be.

	Very Successful	Somewhat Successful	Neither Successful Nor Unsuccessful	Somewhat Unsuccessful	Very Unsuccessful
Make an existing menu item reduced / low-calorie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Launch a new menu item that is reduced/low-calorie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post calorie information for all foods on the menu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the calorie content of some foods on the menu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the portion sizes of high calorie foods on the menu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which the following items are barriers to putting healthy options on your restaurant's menu. Be sure to rate each item.

	Very big barrier	Somewhat of a barrier	Slight barrier	Not a barrier at all
High ingredient cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High labor cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of chef interest in preparing healthy options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited ingredient availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low consumer demand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for specific staff skills and training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short ingredient shelf life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too much time to cook /assemble food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with each of the following statements about healthfulness of food items?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Analyzing a recipe for nutrient content is a difficult task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chefs are not trained to cook healthfully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customers do not care about the healthfulness or nutrient content of food truck menus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to provide nutrition information for customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not necessary for food trucks to provide healthful meal items.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing healthful food is costly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recipe modification is time consuming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of food served at food trucks influences how much people eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food will not taste as good if it is healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When served a large portion of food, it is the customer's responsibility to eat an appropriate amount.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you (or your chef if you do not do most of the cooking) use each of the following food preparation practices?

	Always	Very often	Most of the time	Rarely	Never
Add more fruit and vegetables to menu items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bake, broil, grill, or steam instead of frying or sautéing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choose products lower in salt or sodium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce fat used to cook food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the amount of sugar or other sweeteners in recipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced the portion size of meat and substitute beans or grains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use low-fat / nonfat milk or cheese instead of whole milk, cream, or cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use whole grains instead of refined flours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use vegetable, fruit, or starch purees to add moisture instead of fats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use fruit juices, broth, or other substitutes for oil in dressings and marinades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with each of the following statements?

It is important to ...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Increase the use of grains, rice, and legumes in meal preparation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit the use of processed foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide a vegetarian selection on the menu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide more fruit and vegetable selections as part of menu offerings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce fat content with the type of ingredient used?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce refined sugar in recipe preparation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the amount of salt in cooking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substitute oil for butter in cooking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use lean beef and pork, and trim the excess fat off poultry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use more canola or olive oil vs vegetable or corn oil?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How familiar are you with the calorie content of the items on your menu?**

- ☐ Extremely familiar
- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Not very familiar
- ☐ Not at all familiar

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**What is your interest level in completing a comprehensive analysis of the nutrition content (including calorie, fat, sodium, carbohydrate, and more information) of the foods you serve? (Select the best response)**

- ☐ Very interested
- ☐ Somewhat interested
- ☐ Neither interested or uninterested
- ☐ Somewhat uninterested
- ☐ Very uninterested
- ☐ I already completed a comprehensive nutrition analysis

## SECTION 2. ABOUT YOUR FOOD TRUCK

We are interested in understanding how the costs and operation of a food truck influence practices and choices concerning healthy eating.

In addition, we are considering whether food trucks would be a viable option as an university course. Therefore, we would like to better understand mobile food truck economics and business.

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How long has your food truck been in operation (years)?

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How long have you been in the food service industry? Please consider all food service experience.

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What communities / areas do you regularly serve? (select all that apply)

☐ Ann Arbor

☐ Detroit-WSU Campus

☐ Birmingham

☐ Ferndale

☐ Berkley

☐ Royal Oak

☐ Detroit-Campus Martius

☐ Troy

☐ Detroit-Eastern Market

☐ Other (please describe)

How would you characterize the type of cuisine you serve? (select the best answer)

☐ American

☐ Indian

☐ Bagel / Deli

☐ Italian

☐ BBQ

☐ Japanese

☐ Burgers

☐ Mexican

☐ Chicken

☐ Pizza

☐ Chinese

☐ Seafood

☐ Coffee

☐ Steakhouse

☐ Comfort Food

☐ Sub Sandwiches

☐ Donut / Bakery / Pastry

☐ Thai

☐ French

☐ Vegetarian

☐ Greek, Middle Eastern

☐ Other (please describe)

☐ Ice Cream / Frozen Yogurt

What type of vehicle do you operate out of?

- ☐ Mobile truck with full kitchen
- ☐ Mobile truck without full kitchen
- ☐ Food cart
- ☐ Food trailer with full kitchen
- ☐ Food trailer without full kitchen

What was the purchase cost of the truck?

Did you complete any repairs or remodel the truck before beginning operations? *If yes, please describe the repairs and remodels and their estimated costs in the chart below*

- ☐ Yes
- ☐ No

Cost	Repair/Remodel Description
\$	
\$	
\$	
\$	
\$	

Please select the months of operation of your food truck. (Select all that apply)

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec ☐

Please select hours of the day *your food truck operates* for each day of the week during month operation. (Select all that apply)

	8 am or earlier	8-10 am	10 am-12 pm	12-2 pm	2-4 pm	4-6 pm	6-8 pm	8-10 pm	10 pm or later
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select hours of the day *with the highest customer traffic* for each day of the week. (Select all that apply)

	8 am or earlier	8-10 am	10 am-12 pm	12-2 pm	2-4 pm	4-6 pm	6-8 pm	8-10 pm	10 pm or later
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During months when your food truck is in operation, how many hours per week on average do you estimate are spent *working on any aspect* related to your mobile food business? (Select the best estimate)

Less than 10 hours per week	10-20 hours per week	20-30 hours per week	40-50 hours per week	50-60 hours per week	60-70 hours per week	70-80 hours per week	More than 80 hours per week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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During months when your food truck is not in operation, how many hours per week on average do you estimate are spent *working on any aspect* related to your mobile food business? (Select the best estimate)

Less than 10 hours per week	10-20 hours per week	20-30 hours per week	40-50 hours per week	50-60 hours per week	60-70 hours per week	70-80 hours per week	More than 80 hours per week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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During months when your food truck is in operation, how many hours per week on average do you estimate is your *food truck open for food sales*? (Select the best estimate)

Less than 10 hours per week	10-20 hours per week	20-30 hours per week	40-50 hours per week	50-60 hours per week	60-70 hours per week	70-80 hours per week	More than 80 hours per week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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How many customers do you serve a month, on average? (Select the best estimate)

Less than 50 customers	50-100 customers	100-200 customers	200-300 customers	300-400 customers	400-500 customers	More than 500 customers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select the titles or roles of all the members of your mobile food business team (including yourself). If any roles aren't listed below, please list them under "other." If one person perform multiple roles please describe in the "other" box below.

- ☐ Owner
- ☐ Mobile food business manager
- ☐ Window attendant
- ☐ Kitchen Workers
- ☐ Chef (head cook, usually picks the menu for the day and has formal education/certification in cooking)
- ☐ Cook
- ☐ Driver
- ☐ Other

What is your average monthly estimate of the following while in operation:

\$  Gas Costs?

\$  Truck upkeep costs?

\$  Food / Ingredients?

What is your annual estimate of:

\$  Gas Costs?

\$  Truck upkeep costs?

\$  Food / Ingredients?

Which of the following social media outlets do you use to promote your business? (Select all that apply)

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Foursquare
- ☐ Custom website for your business
- ☐ Other (Please describe)

- ☐ I do not use any social media to promote my business

Through which social media avenues do you publicize each of the following?

	Facebook	Twitter	Foursquaure	Instagram	Business Website	Other Site <input type="text"/>	I do not publicize this
Location of truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calendar of events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3. ABOUT YOU

Please tell us about you and your background.

What is your age (years)?

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What is your gender?

- ☐ Male
- ☐ Female
- ☐ I prefer not to identify

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How do you usually describe yourself? (select all that apply)

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino / a
- ☐ Asian or Pacific Islander
- ☐ American Indian, Alaskan Native, or Native Hawaiian
- ☐ Other

**What is the highest level of school you completed?**

- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Post-Graduate degree
- ☐ Other (please describe)

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**THANK YOU FOR COMPLETING OUR SURVEY!!!**

**Please complete the final details below.**

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**Would you be interested in participating in an in-person interview to discuss these topics more in-depth? There will be a \$50 incentive provided for those who decide to participate.**

- ☐ Yes
- ☐ No

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**For your time and inconvenience, we would like to give you \$25. Which of the following ways would you prefer to receive that thank you gift?**

- ☐ \$25 Amazon electronic gift card
- ☐ \$21 Visa card (can be used at any store, amount reduced due to service fee)

If willing, please provide your contact information below so that we do not continue to contact you after you have completed the survey and to ensure smooth delivery of your \$25 incentive. All information will be kept confidential.

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**Your name**

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**Your role(s) or title(s)**

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**Food truck name**

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**Email address**

---

**Business address**

---

**Phone number**

Please share any thoughts, comments, or concerns about the survey.



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If you are interested in having us conduct a **nutritional analysis** of your menu items, using the enclosed return envelope, please send a **menu and detailed ingredient list** with quantities for items you sell. My contact information is as follows:

Melissa M. Reznar, PhD, MPH  
Assistant Professor of Health Sciences  
3102 Human Health Building  
433 Meadow Brook Rd.  
Rochester MI 48309-4452  
(248) 364-8668  
reznar@oakland.edu

If you are not interested in a nutritional analysis, but are willing to share a **menu and/or nutritional guide** for your food truck, please let us know. Thank you so much for taking the time to complete this survey! We truly appreciate your assistance in providing this information.

