

# NATURAL PRODUCTS OVERVIEW

## YOUR INDUSTRY NEEDS YOUR INPUT!

**Deadline**  
**Sept. 15, 2011**

Fax back today (908) 769-1171 or

Fill out on [www.wholefoodsmagazineonline.com/RetailerSurvey](http://www.wholefoodsmagazineonline.com/RetailerSurvey)

**WholeFoods**  
MAGAZINE  
Informing and Educating Natural Products Retailers On Dietary Supplements, Herbs, HBC, Homeopathy, Foods

4041G Hadley Road, Suite 101,  
South Plainfield, NJ 07080  
[www.wholefoodsmagazineonline.com](http://www.wholefoodsmagazineonline.com)

Dear **WholeFoods** Reader:

Welcome to the 2011 natural products retailer survey! This annual survey (with results published in our December 2011 issue) will give readers valuable info about our industry and, most importantly, our retailers. Remember:

\* **All answers will be kept strictly confidential.**

\* Answers should reflect the store's previous **12-month period (Sept. 1, 2010–Aug. 31, 2011).**

\* Please be as complete as possible. If you can't answer a question, please skip it and move to the next one.

\* **Return the completed survey before September 15, 2011 by**

**Fax:** 908-769-1171 or **Mail:** WholeFoods, 4041G Hadley Rd., Ste. 101, S. Plainfield, NJ 07080  
or **Online:** [www.wholefoodsmagazineonline.com/Retailer Survey](http://www.wholefoodsmagazineonline.com/RetailerSurvey)

If you have questions, please contact Kaylynn Chiarello-Ebner at 908-769-1160, ext. 16. **Thanks for your help.**

## YOU & YOUR STORE

**1. Your title:** What is your job title?

- a. Owner/CEO/President  
 b. General Manager/Store Manager  
 c. Other (please specify): \_\_\_\_\_

**2. In which region is your store located?**

- a. West: AK, AZ, CA, HI, ID, NV, OR, WA  
 b. Rocky Mtn./Plains: CO, KS, OK, MT, ND, NE, NM, SD, UT, WY  
 c. Midwest: AR, IA, IN, IL, KY, MI, MN, MO, OH, WI, WV  
 d. South: AL, FL, GA, LA, MS, NC, SC, TN, TX  
 e. East: CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT

**3. Your job:** Which of the following best describes your duties?

- a. Full-time owner/operator  
 b. Full-time manager  
 c. Owner with some day-to-day duties  
 d. Owner delegating most/all day-to-day duties  
 e. Other (please describe): \_\_\_\_\_

**4. Your market:** Which of the following best describes your market area? (check only one)

- a. Major metropolitan area (1,000,000+ population)  
 b. Large city or suburb (300,000–999,999 population)  
 c. Medium city or suburb (100,000–299,999 population)  
 d. Small city (50,000–99,999 population)  
 e. Large town or rural area (less than 50,000 population)

**5. Ownership:** How long has the store(s) operated under present ownership?  
\_\_\_\_\_ years.

**6. In business:** How long has the store(s) been in business (all owners)?  
\_\_\_\_\_ years.

**7. Your store.** Is your store either/both of the following?  
 a. Cooperative.  b. Not-for-profit.

**8. For single stores.** Your size: What is your **TOTAL LEASE AREA**, including back room and non-retail areas?

- a. 999 square feet or less  
 b. 1,000 to 2,599 square feet  
 c. 2,600 to 4,999 square feet  
 d. 5,000 to 9,999 square feet

- e. 10,000 to 16,999 square feet  
 f. 17,000 square feet or larger

**9. Retail area:** Please tell us the amount of your total lease area dedicated to **RETAIL SELLING SPACE**:  
\_\_\_\_\_ square feet of retail space

**10. For multiple stores.** Please tell us the number of stores you own/operate.

- a. 2  b. 3  c. 4  d. 5  
 e. 6  
 f. 7 or more, please indicate number here: \_\_\_\_\_

**11. For multiple stores.** Your average size: What is the average total lease area for all your stores?

- a. 999 square feet or less  
 b. 1,000 to 2,599 square feet  
 c. 2,600 to 4,999 square feet  
 d. 5,000 to 9,999 square feet  
 e. 10,000 to 16,999 square feet  
 f. 17,000 square feet or larger

**12. For multiple stores.** Average age: What is the average age of your stores?

\_\_\_\_\_ years

## YOUR CUSTOMERS

**13. Customers:** On average, how many customers shop with you each day?

\_\_\_\_\_ customers per day

**14. Days of operation:** How many days per week are you open for business?

\_\_\_\_\_ days per week

**15. Customer spending:** On average, how much does each customer spend when they shop?

\$ \_\_\_\_\_ per transaction

**16. Your in-store sales:** Please tell us your approximate annual sales (all replies confidential).

- a. \$249,999 or less  
 b. \$250,000 to \$499,999  
 c. \$500,000 to \$749,999  
 d. \$750,000 to \$999,999  
 e. \$1,000,000 to \$1,249,999  
 f. \$1,250,000 to \$1,499,999  
 g. \$1,500,000 to \$1,999,999  
 h. \$2,000,000 or more

**17. Internet Sales:** Do you sell on the Internet?

- a. Yes.

\_\_\_\_\_ % of our sales come from the Internet.

\$ \_\_\_\_\_ of our sales come from the Internet.

- b. No.

## YOUR PRODUCT MIX

**18. Your In-store product mix:** Please estimate the percent of total sales you get from:

- a. \_\_\_\_\_ % of total sales from supplements and vitamins  
b. \_\_\_\_\_ % of total sales from health and beauty aids  
c. \_\_\_\_\_ % of total sales from packaged dry foods (on gondola shelving)  
d. \_\_\_\_\_ % of total sales from packaged refrigerated foods  
e. \_\_\_\_\_ % of total sales from frozen foods  
f. \_\_\_\_\_ % of total sales from fresh produce  
g. \_\_\_\_\_ % of total sales from prepared foods (juice/coffee/salad/soup bar, deli, bakery, grab and go)  
h. \_\_\_\_\_ % of total sales from bulk foods  
i. \_\_\_\_\_ % of total sales from non-foods, household and other items such as \_\_\_\_\_

**TOTAL 100 %**

## YOUR PRODUCT MIX (CONT'D)

**19. Your costs:** What is your approximate percentage cost-of-goods (cogs) and gross profit margin (gpm)?

a. \_\_\_\_\_ % cogs

b. \_\_\_\_\_ % gpm  
(Note: total of cogs + gpm = 100% of your sales.)

Example

Total sales (income): \$1.00  
 Cost of goods sold (cogs): \$0.65  
 Gross profit margin (gpm): \$0.35

Your cogs is 65% and your gpm is 35%.

**20. Net Profit:** At year end, about how much do you have left over after all expenses, but before taxes and depreciation?

We have about \$ \_\_\_\_\_ net profit or \_\_\_\_\_ % of total sales

Example

Gross profit margin (gpm): \$0.35  
 Direct store expenses: \$0.29  
**Net profit** (before taxes): \$0.06

Your direct store expenses are 29% and pre-tax net profit is 6%.

**21. Inventory:** How much wholesale or retail inventory do you carry in your store at any one time?

\$ \_\_\_\_\_ retail inventory value OR

\$ \_\_\_\_\_ wholesale inventory value

## PAST & FUTURE

**22. Last year:** Please tell us by what approximate percent your sales changed in the last 12 months.

Our sales **decreased** \_\_\_\_\_ %  
OR

Our sales **increased** \_\_\_\_\_ %

**23. Next year:** Please tell us by what approximate percent you expect your sales to change in the next 12 months.

Our sales will **decrease** \_\_\_\_\_ %  
OR

Our sales will **increase** \_\_\_\_\_ %

**24. Future growth:** Do you plan to increase the **number of stores** you own/operate in the next year?

a. Yes.

\_\_\_\_\_ new store(s).

b. No.

**25. Future expansion:** Do you plan to expand the size of your existing store(s) in the next year?

a. Yes.

\_\_\_\_\_ square feet added.

b. No.

**26. Past growth:** Did you add a store or stores last year?

a. Yes.

\_\_\_\_\_ new store(s).

\_\_\_\_\_ square feet added.

b. No.

**27. Remodeling last year:** Did you remodel your store within the past year?

a. Yes.

\$ \_\_\_\_\_ was spent.

\_\_\_\_\_ square feet remodeled.

We remodeled the following areas:

\_\_\_\_\_  
 \_\_\_\_\_

## MARKETING

**28. What percentage of your advertising/promotion budget was spent on the following?** (Your answer must total 100%)

a. Direct mail \_\_\_\_\_ %

b. Flyers/posters \_\_\_\_\_ %

c. Newsletters \_\_\_\_\_ %

d. Newspapers \_\_\_\_\_ %

e. Radio \_\_\_\_\_ %

f. Television \_\_\_\_\_ %

g. Web sites/Social Media \_\_\_\_\_ %

h. Yellow Pages \_\_\_\_\_ %

i. Other \_\_\_\_\_ %

(please specify): \_\_\_\_\_

**TOTAL** \_\_\_\_\_ **100** %

**29. Which of the following promotion/merchandising methods did you engage in or use during the past year?**

### EDUCATIONAL

- a. Consumer lectures
- b. Educational handouts/bagstuffers
- c. In-store sampling/demos
- d. Online educational essays

### ADVERTISING

- e. Consumer coupons
- f. Discounts for seniors, students, etc.
- g. Everyday low pricing
- h. Periodic advertised sales
- i. Promotional displays
- j. Social media sites like Twitter and Facebook
- p. Other (please specify): \_\_\_\_\_

**30. Advertising/marketing:** How much do you spend on advertising/marketing, including Web sites, each month?

We spend about \$ \_\_\_\_\_ per month on advertising and marketing.

**31. Please describe your most effective advertising/marketing strategy last year?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**32. Private label:** Check all of the following items that are true of your store.

- a. We DO NOT have a store brand.
- b. We have 1-24 private label vitamin SKUs
- c. We have 25-50 private label vitamin SKUs
- d. We have 51-100 private label vitamin SKUs
- e. We have 101-199 private label vitamin SKUs
- f. We have 200+ private label vitamin SKUs
- g. We have items other than vitamins in our private label line.

## EXPENSES

**33. Labor costs:** Please tell us the approximate amount of **salaries and wages** you spend on **direct store labor**. We spend approximately:

\$ \_\_\_\_\_ per week

\$ \_\_\_\_\_ per month

\$ \_\_\_\_\_ per year in salaries and wages on direct store labor.

How many full-time staff members (work 35+ hours/week) do you employ?

\_\_\_\_\_ people

How many part-time staff members (work less than 35 hours/week) do you employ?

\_\_\_\_\_ people

**34. Owners:** Do you pay yourself, or other owners, salaries or wages for your **direct** labor or work output?  
 a. Yes.  b. No.

**35. Owners:** If you do not pay yourself or other owners salaries/wages for direct labor or work output, how much would you have to pay to hire someone else to do your job(s)?

\$ \_\_\_\_\_ per year

**36. Rent/own:**  I own  I rent my store(s). We spend about \$ \_\_\_\_\_ per month on rent.

**37. Challenges/Comments:** What are the most pressing problems your store is facing?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## WholeFoods Magazine

Just complete this 3-page form and return it by **FAX**, and every issue will be yours **FREE!**\*

Please **Check One:** **Yes,** I want to start/renew my digital & print subscription to WHOLEFOODS MAGAZINE.  
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**THIS FORM MUST BE SIGNED AND DATED.**

**Subscriptions cannot be processed without complete information.**

The publisher reserves the right to determine qualification for a free subscription.

## Give Us Your Feedback

- Which of the following trade magazines do you receive? (check all that apply)
  - a. Natural Products Marketplace
  - b. Natural Foods Merchandiser
  - c. Vitamin Retailer
  - d. WholeFoods
  - e. Other: \_\_\_\_\_

- If you could read only one trade magazine, which one would you choose? (check one)
  - a. Natural Products Marketplace
  - b. Natural Foods Merchandiser
  - c. Vitamin Retailer
  - d. WholeFoods
  - e. Other: \_\_\_\_\_

- Which of the following trade magazines does the best job of keeping you informed about nutritional trends and discoveries? (check only one)
  - a. Natural Products Marketplace
  - b. Natural Foods Merchandiser
  - c. Vitamin Retailer
  - d. WholeFoods
  - e. Other: \_\_\_\_\_

- How many people read your monthly issue of WholeFoods, including yourself?  
 \_\_\_\_\_ people

- How long do you keep your issues of WholeFoods? (check only one)
  - a. 1 month
  - b. 2 months
  - c. 3-6 months
  - d. 6-12 months
  - e. Keep them all for reference

- Which of these articles in WholeFoods' coverage do you find the most useful? (please check 5 only)

### News Stories

- a. Newslinks
- b. Grocery News
- c. Supplier News
- d. Tip of the Month

### New Products

- e. Grocery Product<sup>s</sup>

- f. Supplements Products
  - g. HBC Products
  - h. Supplier Products
- Feature Stories
- i. Grocery Features
  - j. Supplier Features
  - k. Product Trends Articles
  - l. Statistical Research Articles
  - m. Store Profile Articles
  - n. Trade Show Coverage

### Columns

- o. Vitamin Connection (R. Passwater)
- p. Legal Tips (S. Tips)
- q. Merchandising Insights (J. Jacobowitz)
- r. What's Selling
- s. HBC Counter
- t. Supplement Highlights
- u. Consumer Bulletin

### Special Sections

- v. Product Profiles (Feb. or Aug.)
- w. Spotlight on Products (Apr.)
- x. Source Book Directory (May)
- y. Who's Who (Nov.)
- z. Planning Calendar (Dec.)

- I prefer to read **WholeFoods** online  
 yes  no

- What suggestions do you have for improving [www.wholefoodsmagazineonline.com](http://www.wholefoodsmagazineonline.com)?  
 \_\_\_\_\_  
 \_\_\_\_\_

- I would like to participate in the What's Selling section:  yes  no

e-mail \_\_\_\_\_

fax \_\_\_\_\_

- What topics would you like WholeFoods to cover next year?  
 \_\_\_\_\_  
 \_\_\_\_\_



## SUBSCRIPTION FORM

Please indicate your primary type of business (check only one):

- A.  Natural Products Store / Health Food Store
- J.  Natural Products Supermarket
- B.  Supermarket
- C.  Drug Store / Natural Pharmacy
- P.  Herb Retailer
- D.  Natural Products Co-op
- E.  Mass Merchandiser
- F.  Other Retailer \_\_\_\_\_  
 (please specify)

Other \_\_\_\_\_  
 (please specify)

Please indicate which best describes your title? (check only one):

- A.  Owner/Partner/Other Executive  
 \_\_\_\_\_  
 (please specify)
- B.  Manager
- C.  Buyer / Merchandiser / Marketer
- D.  Salesperson
- E.  Other \_\_\_\_\_  
 (please specify)

SIGNATURE \_\_\_\_\_  
 Includes permission to fax.  
 Print **YOUR** name \_\_\_\_\_

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