

# REPORT

FINAL EVALUATION REPORT

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## **Evaluation of the Pilot Project for Canned, Frozen, or Dried Fruits and Vegetables in the Fresh Fruit and Vegetable Program (FFVP- CFD)**

### **Volume II: Data Collection Instruments**

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January 2017

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FNS Contract Number: AG-3198-K-14-0039

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The evaluation used a pre/post design, comparing data from the fall of 2014, when the standard Fresh Fruit and Vegetable Program (FFVP) was in place, to data from the spring of 2015, when the Canned, Frozen, or Dried (FFVP-CFD) pilot was in place. Schools had the option to serve canned, frozen, and dried fruits and vegetables beginning January 1, 2015. The evaluation relied on four categories of data to address the research objectives:

1. **Survey data.** The evaluation drew on data from surveys of Child Nutrition (CN) Directors from all States (pilot and non-pilot); School Food Authority (SFA) Directors, food service managers (FSMs), and principals of all 58 pilot schools; sampled teachers and parents in all pilot schools; and sampled students in pilot schools with onsite data collection.<sup>1</sup>
2. **Data collected in schools.** Trained field interviewers (FIs) visited 34 pilot schools during one target week in fall 2014 under standard FFVP operations and one target week in spring 2015 during FFVP-CFD pilot operations. The onsite data collected by FIs included observation of FFVP snacks and school meals, dietary recall data from sampled students, menu data for FFVP snacks and school meals, and observation of nutrition education and promotional materials. FSMs provided daily counts of USDA-reimbursable breakfasts and lunches for the target week.
3. **Semi-structured telephone interview data.** The evaluation drew on qualitative data from 39 one-hour telephone interviews with stakeholders, including CN Directors in all four pilot States; SFA Directors, FSMs, principals, teachers, and parents from sampled pilot SFAs and schools; and community partners working with sampled pilot schools.
4. **Administrative cost data.** The evaluation collected FFVP administrative cost data from SFAs participating in the evaluation from fall 2014 and spring 2015 to examine changes in cost patterns before and during pilot conditions.

Exhibit 1 lists the data collection instruments used in the evaluation of the FFVP-CFD pilot project. The exhibit shows the timing of the data collection. In most cases, the surveys were collected in both the fall and the spring and the survey questions are shown in one survey instrument, with the pilot-specific questions indicated as [Spring only].

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<sup>1</sup> Thirty-four schools met the criteria for onsite data collection—that is, having an enrollment of at least 50 students. These schools represent 93% of all of the students in the pilot. The remaining 24 small schools participated in all other aspects of the evaluation, including surveys of all respondents except students.

**Exhibit 1. Data collection instruments**

Study component	Location <sup>a</sup>	Fall	Spring	Section
<b>A. Surveys of State, SFA, and school staff</b>				
CN Director Survey – Pilot and Non-Pilot States	Overall	✓		A1
SFA Director Survey	Overall	✓	✓	A2
FSM Survey	Overall	✓	✓	A3
Principal Survey	Overall	✓	✓	A4
Teacher Survey	Overall	✓	✓	A5
<b>B. Surveys of parents and students and student dietary interviews and FFVP snack observations</b>				
Parent consent (English and Spanish)	Overall	✓		B1
Parent survey (English and Spanish)	Overall	✓	✓	B2
Student assent	Onsite	✓		B3
Student survey	Onsite	✓	✓	B4
Student “Foods Eaten in School” Diary/Dietary Recall <sup>b</sup>	Onsite	✓	✓	B5
Classroom Snack Observation and Plate Waste <sup>c</sup>	Onsite	✓	✓	B6
<b>C. Other data collection forms</b>				
Reimbursable Foods Form <sup>d</sup>	Onsite	✓	✓	C1
Fruits and Vegetables Daily Meal and Snacks Count Form <sup>e</sup>	Onsite	✓	✓	C2
Nutrition Education and Promotion Material and Menu Collection Form <sup>b,f</sup>	Onsite	✓	✓	C3
Stakeholder Qualitative Interviews: Master Protocol	Overall		✓	C4
FFVP Monthly Reimbursement Claim Forms <sup>g</sup>	Overall	✓	✓	C5

Source: Evaluation of the FFVP-CFD pilot project, SY 2014–2015.

<sup>a</sup> Overall indicates the information was collected on a census of pilot States, SFAs, and schools. On-site indicates data collection in schools with a total student enrollment of 50 students. FFVP snack observations and student data collection were conducted in 4th to 6th grade classrooms.

<sup>b</sup> Completed by FIs.

<sup>c</sup> Includes FFVP snack observations in selected classrooms and plate waste observations of selected students; completed by FIs.

<sup>d</sup> Completed by FIs with the aid of the FSM.

<sup>e</sup> Completed by the FSM.

<sup>f</sup> The FI attached the schools weekly menu.

<sup>g</sup> FNS template that States used to report administrative FFVP claim information.

CFD = Canned, frozen, or dried; CN = Child Nutrition; FFVP = Fresh Fruit and Vegetable Program; FI = field interviewer; FNS = Food and Nutrition Service; FSM = food service manager; SFA = School Food Authority; SY = school year.

**APPENDIX A**

**SURVEYS OF STATE, SFA, AND SCHOOL STAFF**

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**APPENDIX A1**

**CN DIRECTOR SURVEY - PILOT AND NON-PILOT STATES**

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**EVALUATION OF THE PILOT PROJECT CANNED, FROZEN, OR DRIED  
FRUITS AND VEGETABLES IN THE FRESH FRUIT AND VEGETABLE  
PROGRAM (FFVP-CFD)**

**STATE CHILD NUTRITION (CN) DIRECTOR SURVEY**

**FOR PILOT AND NON-PILOT STATES**

Contact Information:

Your Name: \_\_\_\_\_

State: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**FFVP-CFD PILOT STATES ONLY:** This survey, part of the **Evaluation of the Pilot Project for Canned, Frozen, or Dried Fruits and Vegetables in the Fresh Fruit and Vegetable Program (FFVP-CFD)**, is being conducted for the USDA Food and Nutrition Service. Your responses, along with those from other States, districts and schools in the pilot project, will be used to address study objectives, including satisfaction with FFVP-- the pilot and the Fresh Fruit and Vegetable Program. Your State has been selected as part of the evaluation.

**NON-PILOT STATES ONLY:** This survey is being conducted for the USDA Food and Nutrition Service. Your responses, along with those from other States will be used to address study objectives, including satisfaction with the Fresh Fruit and Vegetable Program.

**ALL STATES:** Your answers will be kept strictly confidential to the extent of the law and your name will not be identified with any answers you give. The data files that result from this study will not contain any personal identifiers or any characteristics that would make it possible for specific schools to be identified. Your State has been selected as part of the evaluation.

We are interested in learning more about your States', districts', and schools' participation in the FFVP during the 2014-2015 school year.

**Please consult with other personnel in your State if needed to complete this questionnaire.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## A. CHARACTERISTICS OF FFVP SCHOOLS

The following questions are about the application and selection of School Food Authorities (SFAs) and schools to participate in the Fresh Fruit and Vegetable Program (FFVP) in the 2014-2015 school year (SY).

A1. How many SFAs submitted applications to participate in the FFVP for the 2014-2015 SY?

    |\_|\_|\_| SFAs

Don't know

A2. Please provide your best estimates for characteristics of SFAs with elementary schools that applied for the FFVP in SY 2014-2015. Among those SFAs.....

RECORD ONE ANSWER IN EACH COLUMN

	COLUMN A	COLUMN B
	Largest SFA	Smallest SFA
a. How many schools are in the largest and smallest SFAs?.....	_ _ _  <input type="checkbox"/> Don't know	_ _ _  <input type="checkbox"/> Don't know
b. How many <b>schools applied</b> for the FFVP in the largest and smallest SFAs? .....	_ _ _  <input type="checkbox"/> Don't know	_ _ _  <input type="checkbox"/> Don't know
c. How many <b>students</b> were in the <b>largest school</b> that was included in the application of the largest and smallest SFAs? ..	_ _ _  <input type="checkbox"/> Don't know	_ _ _  <input type="checkbox"/> Don't know
d. How many <b>students</b> were in the <b>smallest school</b> that was included in the application of the largest and smallest SFAs? ..	_ _ _  <input type="checkbox"/> Don't know	_ _ _  <input type="checkbox"/> Don't know
e. How many <b>years</b> did the largest and smallest SFAs participate in the FFVP, prior to SY 2014-2015? .....	_ _ _  <input type="checkbox"/> Don't know	_ _ _  <input type="checkbox"/> Don't know

A3. Did your State have a target for the average dollar amount allocated per student within the range of \$50- \$75 for SY 2014-2015, based on the total FFVP funds available for distribution to schools?

Yes

No → **GO TO A4**

A3a. What was your State's final target for the average dollar amount allocated per student for SY 2014-2015 for FFVP only?

    \$ |\_|\_|\_|. |\_|\_|\_| AVERAGE PER STUDENT

A4. The Food and Nutrition Service requested applications to the pilot project for canned, frozen, or dried fruits and vegetables in the Fresh Fruit and Vegetable Program (FFVP-CFD). Did your State apply to participate in the pilot project?

Yes

No → **GO TO A6**

A5. What steps, if any, did you take to determine whether SFAs in the State were likely to be eligible for the FFVP-CFD pilot project?

**CHECK ALL THAT APPLY**

- 1  Reviewed SFA data, such as percentage of students approved for free/reduced-price meals
- 2  Reviewed FFVP claims from previous year(s)
- 3  Reviewed other State level data, such as geographic location of schools
- 4  Discussion with SFA directors about schools with challenges accessing fresh fruits and vegetables
- 5  Discussion with other State partners about schools or geographic areas with challenges accessing fresh fruits and vegetables
- 6  Other (*specify*): \_\_\_\_\_
- 0  None

**GO TO B1**

A6. Please indicate whether each of the following was a major factor, a minor factor, or not a factor contributing to your State's decision **not** to apply for the FFVP-CFD pilot for SY 2014-2015.

MARK ONE BOX IN EACH ROW

	Major Factor	Minor Factor	Not a Factor
a. The State did not have enough information about the application process .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. The State did not have cooperation from SFAs, principals, or other officials .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. No SFAs in the State applied for the FFVP-CFD .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. SFAs did not prepare adequate implementation plans for the FFVP-CFD .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. The State did not receive complete and accurate applications .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. The timeline to submit applications was too short.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Schools have adequate access to fresh fruits and vegetables through distribution/delivery and do not need the pilot project .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Schools have adequate facilities to store fresh fruits and vegetables and do not need the pilot project.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Schools can afford to obtain fresh fruits and vegetables and do not need the pilot project.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Foodservice staff have the skills to prepare fresh fruits and vegetables for use in the FFVP and do not need the pilot project.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Requirements of participation in the pilot project were not appealing ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. List any major factor not specified above .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**IF YOUR STATE DID NOT APPLY FOR THE FFVP-CFD PILOT FOR SY 2014-2015, YOU HAVE FINISHED COMPLETING THE SURVEY THANK YOU !!**

## B. SELECTION OF FFVP-CFD SCHOOLS

**NOTE:** *The following questions refer to the time period covered by the most recent FFVP applications for SY 2014-2015.*

B1. Did your State identify School Food Authorities (SFAs) as high priority for the FFVP-CFD or identify SFAs with schools that were likely to be eligible for the FFVP-CFD?

**CHECK ALL THAT APPLY**

- 1  Yes, we identified high priority SFAs
- 2  Yes, we identified SFAs with schools that were likely to be eligible for the FFVP-CFD
- 0  No → **GO TO B3**

B2. How did you identify these SFAs as high priority or likely to be eligible for the FFVP-CFD?

**CHECK ALL THAT APPLY**

- 1  Reviewed SFA data, such as percentage of students approved for free/reduced-price meals
- 2  Reviewed FFVP claims from previous year(s)
- 3  Reviewed other State level data, such as geographic location of schools
- 4  Discussion with SFA directors about schools with challenges accessing fresh fruits and vegetables
- 5  Discussion with other State partners about schools or geographic areas with challenges accessing fresh fruits and vegetables
- 6  Other (*specify*) \_\_\_\_\_

B3. How did your State assess interest in the FFVP-CFD? Please indicate whether your State engaged in or did not engage in each activity or if your State did not engage in the activity.

MARK ONE BOX IN EACH ROW

	Engaged in activity	Did not engage in activity
a. Held teleconference(s) during which SFAs could learn about the FFVP-CFD .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Emailed or mailed information about the FFVP-CFD to SFAs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Held in person meeting(s) where SFAs could learn about the FFVP-CFD .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. State personnel visited SFAs to discuss the FFVP-CFD .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Other ( <i>specify</i> ): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

B4. Please indicate whether each of the following was a major factor, a minor factor, or not a factor contributing to your State's decision to apply to the FFVP-CFD for SY 2014-2015.

MARK ONE BOX IN EACH ROW

	Major Factor	Minor Factor	Not a Factor
a. Schools do not have adequate access to fresh fruits and vegetables through distribution/delivery .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Schools are geographically isolated.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Schools do not have adequate facilities to store fresh fruits and vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Schools cannot afford to obtain fresh fruits and vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Foodservice staff do not have the skills to prepare fresh fruits and vegetables for use in the FFVP .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Difficulty identifying vendors or suppliers that can reliably supply fresh fruits and vegetables to use in the FFVP .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Schools cannot afford staff to prepare fresh fruits and vegetables for use in the FFVP .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. List any major factor not specified above..... _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B5. Who contributed to the decision to apply for the FFVP-CFD pilot?

**CHECK ALL THAT APPLY**

- 1  State Child Nutrition agency
- 2  SFA director or other SFA-level staff
- 3  School superintendent or other school district administrator
- 4  Food service managers
- 5  Principals
- 6  Teachers
- 7  Parents or parent groups
- 8  Outside partner(s), such as a local public health director

B6. In addition to the Federal requirements, what other criteria did your State consider when selecting schools to apply for the FFVP-CFD?

**CHECK ALL THAT APPLY**

- 1  Number of schools applying from the same SFA
- 2  School size (enrollment)
- 3  Operates under Provision 1, 2, 3 or Community Eligibility Provision
- 4  Grades served by school
- 5  Lack of on-site kitchen
- 6  Lack of on-site refrigerator suitable for FFVP use
- 7  Percentage of students approved for free/reduced-price meals
- 8  Satisfactory performance in operating FFVP in the previous school year
- 9  Number of days per week/month for FFVP-CFD to be offered
- 10  Geographic isolation
- 11  The State did not consider any other criteria in addition to Federal requirements
- 12  Other (*specify*) \_\_\_\_\_

B7. Did your State have **SFAs** that applied but were not included in the federal application?

- 1  Yes
- 0  No → **GO TO B7b**

B7a. Please provide your best estimates for characteristics of SFAs with elementary schools that applied for the FFVP in SY 2014-2015 but were not included in the federal application. Among those SFAs that were not included...

NOTE: If only one SFA was not included, please record responses in the column for the largest SFA and mark smallest SFA as not applicable.

RECORD ONE ANSWER IN EACH COLUMN

	<b>COLUMN A</b> Largest SFA	<b>COLUMN B</b> Smallest SFA
1. How many schools are in the largest and smallest SFAs?	_ _ _  <input type="checkbox"/> ⌵ Don't know	_ _ _  <input type="checkbox"/> ⌵ Don't know
2. How many <b>schools applied</b> for the FFVP in the largest and smallest SFAs? .....	_ _ _  <input type="checkbox"/> ⌵ Don't know	_ _ _  <input type="checkbox"/> ⌵ Don't know
3. How many <b>students</b> were in the <b>largest school</b> that was included in the application of the largest and smallest SFAs? .....	_ _ _  <input type="checkbox"/> ⌵ Don't know	_ _ _  <input type="checkbox"/> ⌵ Don't know
4. How many <b>students</b> were in the <b>smallest school</b> that was included in the application of the largest and smallest SFAs? .....	_ _ _  <input type="checkbox"/> ⌵ Don't know	_ _ _  <input type="checkbox"/> ⌵ Don't know
5. How many <b>years</b> did the largest and smallest SFAs participate in the FFVP, prior to SY 2014-2015? .....	_ _ _  <input type="checkbox"/> ⌵ Don't know	_ _ _  <input type="checkbox"/> ⌵ Don't know

B7b. Did your State have **schools** that applied but were not included in the federal application?

- 1  Yes
- 0  No → **GO TO B8**

B7c. Please provide your best estimates for characteristics of elementary schools that applied for the FFVP in SY 2014-2015 but were not included in the federal application. Among those schools that were not included...

- 1. How many schools applied but were not included in the federal application? .....
- 2. How many **students** were in the **largest school** that was not included in the federal application? .....
- 3. How many **students** were in the **smallest school** that was not included in the federal application? .....

RECORD ONE ANSWER IN EACH COLUMN	
	<input type="text" value=" _ _ _ "/> <input type="checkbox"/> d Don't know
	<input type="text" value=" _ _ _ "/> <input type="checkbox"/> d Don't know
	<input type="text" value=" _ _ _ "/> <input type="checkbox"/> d Don't know

B8. What was your State's final target for the average dollar amount allocated per student for SY 2014-2015 for schools participating in the FFVP-CFD pilot?

\$ |\_|\_| . |\_|\_| AVERAGE PER STUDENT

- d Don't know → **GO TO B9**

B8a. Did your State change the target for the average FFVP-CFD dollar amount allocated per student after it received applications from schools for the pilot?

- 1  Yes
- 0  No → **GO TO B9**

B8b. How did the target for the average FFVP-CFD dollar amount per school change?

- 1  Increased
- 2  Reduced

B9. Was the number of schools applying for the FFVP-CFD less than, the same as, or more than your State expected?

- 1  Less than expected
- 2  Same as expected
- 3  More than expected
- 4  Did not have an expectation

### C. STATE FFVP-CFD GUIDANCE AND OVERSIGHT

C1. In which of the following areas, did your State modify or plan to modify any FFVP *State-specific* guidance or recommended practices for the CFD pilot project?

**CHECK ALL THAT APPLY**

- 1  Implementation plans
- 2  Partnerships
- 3  Farm-to-cafeteria or farm-to-school projects
- 4  Purchasing cooperatives
- 5  Promoting the FFVP-CFD to students and parents
- 6  Selecting and purchasing canned, frozen, or dried fruits and vegetables
- 7  Serving fruits and vegetables (distribution methods, time of day, portion sizes)
- 8  Role of teachers in FFVP-CFD
- 9  Food safety
- 10  Nutrition education and promotion in connection with the FFVP-CFD
- 11  Performance and expenditure reporting
- 0  None of the above—only use FNS policies and recommended practices

C2. Did your State modify or plan to modify nutrition education curricula or materials for use in conjunction with the FFVP-CFD pilot?

- 1  Yes  
 0  No → **GO TO C3**

C2a. Which of the following topics were included in these nutrition education curricula or materials?

**CHECK ALL THAT APPLY**

- 1  Role of canned, frozen, or dried fruits and vegetables in a complete diet
- 2  Eat lower fat foods more often
- 3  Healthy weight and overweight
- 4  Other (*specify*) \_\_\_\_\_

C3. Please indicate which monitoring and technical assistance activities for the FFVP-CFD your State has provided since the school year began, and which activities your State *plans* to provide or repeat before the end of SY 2014-2015.

**MARK ALL THAT APPLY IN EACH ROW**

	Activities State Has Provided	Activities State <i>Plans</i> to Provide or Repeat
a. In-person training or conference .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Web/conference-call training.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Periodic web meetings/conference calls .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Help line/assistance on-call from State .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Help line/assistance on-call from partners.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Review of financial records supporting claims.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

## D. NON-FEDERAL PARTNERSHIPS

D1. Does your State have any State-level partnerships with non-federal entities for the CFD pilot project? Do not include partners that you work with only for the standard FFVP.



1  Yes

0  No → **GO TO E1**

D1a. Please check all types of partners that work with your State to carry out the FFVP-CFD.

**CHECK ALL THAT APPLY**

- 1  Cooperative Extension Service
- 2  State or Tribal government agency (e.g. health department, agriculture department)
- 3  Universities, colleges, or other higher education institutions
- 4  Food wholesalers or other food distributors
- 5  Supermarkets, grocery stores, or other retail stores
- 6  City, county or other local government agency (e.g. health department, agriculture department)
- 7  Nutrition trade associations (e.g. Academy of Nutrition and Dietetics, American School Nutrition Association)
- 8  Produce associations/commodity groups (e.g. United Fresh Produce Association)
- 9  Healthcare providers, including hospitals and clinics; doctors, nurses, nutritionists, dietitians/dietetic interns, or other clinicians
- 10  Produce for Better Health
- 11  Farmers' markets
- 12  Community action agency, food bank, or other community/faith-based organization
- 13  Vocational clubs, (e.g. Future Farmers of America, 4H)
- 14  Health associations (e.g. State or National affiliates of the American Cancer, Diabetes, or Heart Associations)
- 15  Other (specify) \_\_\_\_\_

## E. FFVP-CFD ADMINISTRATIVE COSTS

E1. In the first column, please indicate how often your State plans to collect the following information, if at all, from CFD pilot schools following January 1, 2015. If your State plans to collect the information, please indicate in the second column whether it will be collected more often, less often, or with the same frequency as for the FFVP.

Information Item	MARK ONE BOX IN EACH ROW					MARK ONE BOX IN EACH ROW		
	Column A How often does State plan to collect?					Column B More or less often than FFVP?		
	Not collected	Once	Twice	Three or Four times	More than four times	More often than FFVP	Same as FFVP	Less often than FFVP
a. Operating cost such as food, foodservice staff labor, and supplies .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Breakdown of food cost by broad category (such as canned, frozen, or dried fruits or vegetables).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Food purchase cost detail by item (such as total spent on canned peaches, frozen peas, etc.).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Administrative cost such as administrative labor and equipment.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

E2. Are the funds your State plans to spend on State administration for the FFVP-CFD higher, lower, or about the same as what you would have spent if schools were only taking part in the FFVP?

- 1  Higher
- 2  About the same
- 3  Lower
- d  Don't know

E3. Is there anything you would like to share about the FFVP program or the pilot?

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**THANK YOU FOR COMPLETING THIS SURVEY!**

**APPENDIX A2**

**SFA DIRECTOR SURVEY**

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Expiration date: 09/30/2017

[Email address of SFA DIRECTOR]

Subject line: Your participation in the FFVP-CFD Study is needed

Dear [SFA NAME]:

The Food and Nutrition Service (FNS) has recently contracted with Mathematica Policy Research to conduct an **Evaluation of the Pilot Project for Canned, Frozen, or Dried Fruits and Vegetables in the Fresh Fruit and Vegetables Program (FFVP-CFD)**. This evaluation will examine the implementation of the pilot project in [fill number of schools] schools in [fill number of states] States during the 2014-2015 school year (SY) and will assess the impact on participating schools and students, including whether children experience a change in fruit and vegetable consumption over the school year. [School District's Name] is among only [fill number of districts] school districts across the country in the evaluation.

Schools in your school district were selected by FNS to participate in the FFVP-CFD pilot in SY 2014-2015. Your district's superintendent of schools is aware that the following school(s) in your district were selected to be part of the study:

[Fill School Name 1]

[Fill School Name 2]

[Fill School Name 3]

[Fill School Name 4]

[Fill School Name 5]

[Fill School Name 6]

Your participation in this study will be to complete the brief attached survey about strategies and challenges at the SFA and school levels to implementing the FFVP. The survey will take about 15 minutes to complete and does not need to be completed in one sitting. You can save the PDF locally on your computer after working on it, and when you re-open it, all of your answers will be saved. It is very important to remember to save your work though; otherwise the data will be lost. Please print and save a copy of the completed survey for your records, in case we contact you with follow-up questions. After you have saved your completed survey, use the submit button on the top right corner of the PDF to securely submit the survey to us by [DATE]. Please note that the survey cannot be submitted from a mobile device.

Data collection in the schools will begin in fall 2014 and will continue in spring 2015. We will visit each school for one week in the fall and one week in the spring to collect information from principals, school food service managers, teachers, parents and students. The attached frequently asked questions document describes the activities that will take place at each school.<sup>1</sup>

A member of the Mathematica project team will be contacting you in the coming weeks to provide you with more information about the evaluation and answer your questions. We need your support to move forward. Thank you in advance for your assistance in this important study. In the meantime, if you have any questions regarding the project, feel free to call me or my staff at (800) 232-8024 or email at [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com). You may also contact Allison Magness, the FNS Project Officer, at (703) 305-2098 or via email at [Allison.Magness@fns.usda.gov](mailto:Allison.Magness@fns.usda.gov).

Sincerely,

Rhoda Cohen

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<sup>1</sup> Frequently Asked Questions (FAQ) – Principals/School Staff will be attached to this letter.  
Prepared by Mathematica Policy Research

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*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

**EVALUATION OF THE CANNED, FROZEN, OR DRIED FRUITS AND  
VEGETABLES PILOT IN THE FRESH FRUIT AND VEGETABLE  
PROGRAM (FFVP-CFD)**

**SCHOOL FOOD AUTHORITY (SFA) DIRECTOR SURVEY**

Contact Information:

SFA Name: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name (s): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Your responses, along with those from other SFAs and districts in the pilot project, will be used to address study objectives, including satisfaction with the pilot and the Fresh Fruit and Vegetable Program. Your answers will be kept strictly confidential to the extent of the law and your name will not be identified with any answers you give. The data files that result from this study will not contain any personal identifiers or any characteristics that would make it possible for specific schools to be identified.

This survey is a part of the **Evaluation of the Canned, Frozen, or Dried Fruits and Vegetables in the Fresh Fruit and Vegetable Program** being conducted for the USDA Food and Nutrition Service. Your district and selected schools within your district have been selected as part of the evaluation. We are interested in learning more about your district and school(s) participation in the FFVP during the 2014-2015 school year.

**Please consult with other personnel in your school if needed to complete this questionnaire.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## A. OPINIONS ABOUT THE FFVP

Some or all of the elementary schools in your district provide **free fruits & vegetables** to students as snacks—separate from the school meal (breakfast or lunch). Below are statements or questions about the schools participating in the Fresh Fruit and Vegetable Program (FFVP).

Thinking about the **FFVP [FALL INSERT this school year] / [SPRING INSERT since January 1, 2015]**, please mark **one answer** () for each question or statement below, unless indicated otherwise.

A1. This section asks your opinion about different aspects of your district's Fresh Fruit and Vegetable Program. For each statement please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree.

MARK ONE BOX IN EACH ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know or Not Applicable
a. I wish <b>more students</b> took the free <b>fruit snacks</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
b. I wish <b>more students</b> took the free <b>vegetable snacks</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
c. <i>If not offered daily</i> , the FFVP should be offered <b>more days during the week</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
d. The FFVP should be offered at least <b>two times a day</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
e. I think the (SPRING ONLY: standard) FFVP is <b>NOT worth the effort it takes</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
f. SPRING ONLY: I think the FFVP-CFD is <b>NOT worth the effort it takes</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
g. I think <b>students benefit</b> from the (SPRING ONLY: standard) FFVP.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
h. I would like (SPRING ONLY: the standard) FFVP to <b>continue</b> in my district.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
i. SPRING ONLY: I would like the <b>FFVP-CFD</b> to continue in my district.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
j. I would like FFVP to <b>expand</b> to other schools in my district.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
k. <b>My overall opinion</b> of FFVP is favorable.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>

A2. Which of the following factors is a **challenge** to implementing the FFVP in your district? Would you say it is a major challenge, a minor challenge, or not a challenge?

MARK ONE BOX IN EACH ROW

	Major Challenge	Minor Challenge	Not a Challenge
a. <b>Student acceptance</b> of fruits and/or vegetables .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Inadequate <b>training</b> or information for food service staff.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Inadequate food service <b>staff time</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. <b>Perishability</b> of FFVP fresh produce.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Inconsistent <b>quality</b> of FFVP fresh produce .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Inadequate <b>variety</b> of fruits and vegetables for FFVP .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Inadequate <b>amounts</b> of fruits and vegetables available for FFVP....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. High <b>prices</b> for fruits and vegetables for FFVP.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. <b>Cost of non-food supplies</b> such as bowls and utensils for students' snacks .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Effort or cost of <b>preparing fruits and vegetables</b> for FFVP .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. Lack of <b>storage space/facilities</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. <b>Rules</b> for purchasing fruits and vegetables for FFVP .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. <b>Restrictions</b> on <b>administrative cost</b> for FFVP .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
n. Amount of <b>paperwork/documentation</b> for FFVP.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
o. <b>Other</b> program <b>requirements/regulations</b> for FFVP.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## B. RELATIONSHIPS WITH OUTSIDE PARTNERS

B1. Does your district maintain **relationships with any outside partners** as part of the FFVP [FALL INSERT this school year] / [SPRING INSERT since January 1, 2015],?

*Please do **not** include suppliers from whom you **purchase** fruits or vegetables or other non-food supplies for the FFVP, unless they also separately donate items to the program **for free**.*

1  Yes

0  No → GO TO C1

B1a. In Column A, please check all of the partners your district has for the FFVP. In Column B, please indicate whether the district receives funding, produce, or other supplies for the FFVP from each partner.

	COLUMN A	COLUMN B			
	Check all partnerships that apply for your district	Does your district receive funding, produce, or other supplies for the FFVP from this partner? CHECK ALL THAT APPLY			
		Funding	Produce	Other supplies	None
a. Cooperative Extension Service .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
b. State or Tribal government agency (e.g. health department, agriculture department).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
c. Universities, colleges, or other higher education institutions .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
d. Food wholesalers or other food distributors .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
e. Supermarkets, grocery stores, or other retail stores .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
f. City, county or other local government agency (e.g. health department, agriculture department).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
g. Nutrition trade associations (e.g. Academy of Nutrition and Dietetics, American School Nutrition Association) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
h. Produce associations/commodity groups (e.g. United Fresh Produce Association).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
i. Healthcare providers, including hospitals and clinics; doctors, nurses, nutritionists, dietitians/dietetic interns, or other clinicians .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
j. Produce for Better Health.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
k. Farmers' markets .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
l. Community action agency, food bank, or other community/faith-based organization .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
m. Vocational clubs, (e.g. Future Farmers of America, 4H).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
n. Health associations (e.g. State or National affiliates of the American Cancer, Diabetes, or Heart Associations).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
o. Other ( <i>specify</i> ) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>

B2. Do any of your outside partners provide funding?

- <sub>1</sub> Yes
  - <sub>0</sub> No
  - <sub>d</sub> Don't know
- **GO TO C1**

B3. Other than funding, do any of the partners provide produce or other supplies for FVVP?

MARK ONE BOX IN EACH ROW

	Yes	No	Don't Know
a. Produce.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
b. Other supplies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>

**C. APPLYING FOR THE CANNED, FROZEN, OR DRIED (CFD)  
FRUIT AND VEGETABLES PILOT [FALL ONLY]**

When answering the questions in this next section, please think about all of the schools in your district that are participating in the CFD pilot.

C1. Did you contribute to the decision to apply for the CFD pilot for any schools in your district?

- <sub>1</sub> Yes  
<sub>0</sub> No → **GO TO C3**

C2. Who else contributed to the decision to apply for the CFD pilot for pilot schools in your district?

MARK ONE BOX IN EACH ROW

	Yes	No	Don't Know
a. State CN agency.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
b. Other SFA-level staff.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
c. School superintendent or other school district administrator.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
d. Food service manager(s).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
e. Principal(s).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
f. Teacher(s).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
g. Parents.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
h. Other ( <i>specify</i> ) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>

**OTHER THOUGHTS**

C3. Is there anything you would like to share about the FFVP program or the pilot?

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**THANK YOU FOR COMPLETING THIS SURVEY! [FALL ONLY]**

**D. CHANGES REQUIRED TO INTRODUCE CANNED, FROZEN, OR DRIED (CFD) FRUITS AND VEGETABLES IN FFVP [SPRING ONLY]**

When answering the questions in this next section, please think about all of the schools in your district that are participating in the CFD pilot.

D1. To incorporate CFD in the pilot schools, did you have to make any changes in the purchasing arrangements or specifications in place for the FFVP?

**CHECK ALL THAT APPLY**

- 1  Yes, needed to add new vendor(s)
- 2  Yes, had to drop existing vendor(s)
- 3  Yes, had to increase orders for USDA donated foods
- 4  Yes, had to write new purchasing specifications

**OR**

- 0  No, no changes in FFVP purchasing arrangements or specifications were necessary

D2. To incorporate CFD, did you have to change any transportation arrangements for the FFVP to increase or reduce the frequency of deliveries?

**CHECK ALL THAT APPLY**

- 1  Yes, needed to change transportation arrangements to increase the frequency of deliveries
- 2  Yes, had to change the transportation arrangements to reduce the frequency of deliveries

**OR**

- 0  No, no changes in transportation arrangements for FFVP deliveries were needed

D3. Which of the following school staff required additional training in order to incorporate CFD into the FFVP at pilot schools?

**CHECK ALL THAT APPLY**

- 1  School foodservice manager/head cook
- 2  Teachers
- 3  Principals or other administrators

**OR**

- 0  No training of school staff was necessary

D4. Did any of the CFD pilot schools within your district change **where** fruit and vegetable snacks were distributed(e.g., classroom, kiosk) when incorporating CFD?

- 1  Yes, added new location(s)
- 2  Yes, dropped location(s)
- 3  Yes, added new location(s) but also dropped location(s)
- 0  No changes were made to locations where snacks are distributed

**E. FORMS OF FRUITS AND VEGETABLES OFFERED IN CFD SNACKS  
[SPRING ONLY]**

E1. What forms of **fruits** have the CFD pilot schools within your district offered through the FFVP since January 1, 2015?

- 1  Mainly fresh
- 2  Mainly canned, frozen, or dried
- 3  Mix of fresh and canned, frozen, or dried

E2. What forms of **vegetables** have the CFD pilot schools within your district offered through the FFVP since January 1, 2015?

- 1  Mainly fresh
- 2  Mainly canned, or frozen
- 3  Mix of fresh and canned, or frozen

## F. CHANGES SINCE INTRODUCING CFD IN FFVP [SPRING ONLY]

Since January 1, 2015 when CFD implementation began in pilot schools in your district have there been **any changes in ...**

F1a. FFVP nutrition education and promotion activities?

- 1  More activities
- 2  Fewer activities
- 3  No change

F1b. Involvement of outside partners in FFVP?

- 1  More involvement
- 2  Less involvement
- 3  No change

F1c. Variety of **fruits** offered in FFVP?

- 1  More variety
- 2  Less variety
- 3  No change

F1d. Variety of **vegetables** offered in FFVP?

- 1  More variety
- 2  Less variety
- 3  No change

F1e. Quality of **fruits** offered in FFVP?

- 1  Higher quality
- 2  Lower quality
- 3  No change

F1f. Quality of **vegetables** offered in FFVP?

- 1  Higher quality
- 2  Lower quality
- 3  No change

F1g. Portion sizes of fruits and vegetables offered in FFVP?

- 1  Larger portions
- 2  Smaller portions
- 3  No change

Since January 1, 2015 when CFD implementation began in pilot schools in your district have there been **any changes in ...**

F1h. Frequency of offering **fresh** fruits and vegetables in FFVP?

- 1  More fresh
- 2  Less fresh
- 3  No change

F1i. Total per-student quantity of fruits and vegetables served each month in FFVP?

- 1  More served
- 2  Less served
- 3  No change

F2. Please indicate if any of the following factors have been a major benefit, a minor benefit, or not a benefit at all in implementing the CFD Pilot.

MARK ONE BOX IN EACH ROW

	Major Benefit	Minor Benefit	Not a Benefit	Don't Know
a. Easier to purchase, transport, fewer deliveries needed.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
b. Greater variety of FV available.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
c. Easier to store than fresh.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
d. More affordable.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
e. Better/consistent quality of fresh <b>fruits</b> available.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
f. Better/consistent quality of fresh <b>vegetables</b> available.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
g. Less likely to run out of FV snacks.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
h. Less waste.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
i. Student acceptance.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
j. Seasonality is less of an issue.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>
k. Less preparation time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>d</sub>

**G. OTHER THOUGHTS [SPRING]**

G1. Is there anything you would like to share about the FFVP program or the pilot?

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**THANK YOU FOR COMPLETING THIS SURVEY!**

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**APPENDIX A3**

**FSM SURVEY**

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OMB Control No: 0584-0598

Expiration date: 09/30/2017

[Email address of Food Service Manager (FSM)]

Subject line: Your participation in the FFVP-CFD Study is needed  
[FSM Name]

Dear FSM:

The Food and Nutrition Service (FNS) has recently contracted with Mathematica Policy Research to conduct an **Evaluation of the Pilot Project for Canned, Frozen, or Dried Fruits and Vegetables in the Fresh Fruit and Vegetables Program (FFVP-CFD)**. This evaluation will examine the implementation of the pilot project in [fill number of States] States during the 2014-2015 school year (SY) and will assess the impact on participating schools and students, including whether children experience a change in fruit and vegetable consumption over the school year. [School Name] is among only [xx] schools across the country selected to be in the evaluation.

Your school applied and was selected by FNS to participate in the FFVP-CFD in SY 2014-2015, and be part of the study. Your school principal and district's superintendent are aware that the study is being conducted in your school

Your participation in this study is critical to its success. The attached survey should take about 10 minutes to complete and does not need to be completed in one sitting. You can save the PDF locally on your computer after working on it, and when you re-open it, all of your answers will be saved. It is very important to remember to save your work though; otherwise the data will be lost. Please print and save a copy of the completed survey for your records, in case we contact you with follow-up questions. After you have saved your completed survey, use the submit button on the top right corner of the PDF to securely submit the survey to us by [DATE]. Please note that the survey cannot be submitted from a mobile device.

We will also visit your school for one week in the fall of 2014 and one week in the spring of 2015. During these visits, we will ask you to provide data on the number of USDA-reimbursable meals and FFVP snacks and on portion sizes you serve. A description of the other activities that will take place at the school can be found on the attached page of frequently asked questions.<sup>1</sup>

Thank you in advance for your assistance in this important study. If you have any questions regarding the study, feel free to contact me at (800) 232-8024 or via email at [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com).

Sincerely,

Rhoda Cohen

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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<sup>1</sup> Frequently Asked Questions (FAQ) – Principals/School Staff will be attached to this letter.

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## EVALUATION OF THE PILOT PROJECT FOR CANNED, FROZEN, OR DRIED FRUITS AND VEGETABLES IN THE FRESH FRUIT AND VEGETABLE PROGRAM (FFVP-CFD)

### FOOD SERVICE MANAGER (FSM) SURVEY

Contact Information:

Food Service Manager Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name(s): \_\_\_\_\_

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Your responses, along with those from other food service managers in the pilot project, will be used to address study objectives, including satisfaction with the pilot and the Fresh Fruit and Vegetable Program. Your answers will be kept strictly confidential to the extent of the law and your name will not be identified with any answers you give. The data files that result from this study will not contain any personal identifiers or any characteristics that would make it possible for specific schools to be identified.

This survey is a part of the **Evaluation of the Pilot Project for Canned, Frozen, or Dried Fruits and Vegetables in the Fresh Fruit and Vegetable Program (FFVP-CFD)** being conducted for the USDA Food and Nutrition Service. Your school has been selected as part of the evaluation. We are interested in learning more about your school's participation in the FFVP during the 2014-2015 school year. **Please consult with other personnel in your school if needed to complete this questionnaire.**

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

Your elementary school provides **fruits and vegetables** to students as snacks—separate from the school meals (breakfast or lunch). Below are statements or questions about the **Fresh Fruit and Vegetable Program (FFVP)**. Thinking about the **FFVP [FALL INSERT this school year] / [SPRING INSERT since January 1, 2015]**, please mark () only one response to each statement or question, unless instructed otherwise.

A1. This section asks your opinion about different aspects of offering fruit and vegetable snacks in your school's Fresh Fruit and Vegetable Program (FFVP). For each statement please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

**MARK ONE BOX IN EACH ROW**

	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Don't Know or Not Applicable</b>
a) Students like the free <b>fruit</b> snacks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Students like the free <b>vegetable</b> snacks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) I wish <b>more students</b> took the free <b>fruit</b> snacks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) I wish <b>more students</b> took the free <b>vegetable</b> snacks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) Students eat <b>more fruits and vegetables at school</b> on FFVP days.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) I am satisfied with how we <b>distribute</b> fruit and vegetable snacks to students.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g) I think the FFVP is <b>not</b> worth the <b>effort it takes</b> .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h) I would like the FFVP to <b>continue</b> in my school.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**[Spring only]**

i) I wish the FFVP offered <b>fresh fruits and vegetables</b> only.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j) Students generally like <b>fresh fruit and vegetable snacks</b> rather than those that are canned, frozen, or dried.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k) Students generally like <b>canned fruit and vegetable snacks</b> rather than those that are fresh, frozen, or dried.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l) Students generally like a <b>mix of fresh, canned, frozen, or dried fruit and vegetable snacks</b> .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m) I would like the changes made since January 1, 2015 in the FFVP to <b>continue</b> in my school.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

A2. Now, please think about just the the FFVP snacks served in the cafeteria (excluding school meals). If your school does not serve fruit and vegetables snacks in the cafeteria (or other food service area), please check “Don’t know or not applicable”.

**MARK ONE BOX IN EACH ROW**

	All or most (>75%)	Much (50-75%)	Some (25-49%)	Little or none (<25%)	Don't know or Not Applicable
a). How much of the <b>fruits</b> provided in the FFVP do students usually eat?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b). How much of the <b>vegetables</b> provided in the FFVP do student usually eat?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

A3. During [FALL INSERT this school year]/ [SPRING INSERT Since January 1, 2015] we would like to know how **food service staff** may have **promoted** the FFVP.

For each item listed, please indicate in Column A if you engage in this promotional activity, then if yes, in Column B record how many days per week or days per month you engage in this activity.

	Column A		Column B
	Do you engage in this activity?		If yes, please indicate how many days per week or days per month is spent on each.
	NO	YES	
a) Fliers sent home	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub> →	_ _ _  DAYS PER WEEK OR  _ _ _  DAYS PER MONTH
b) Taste tests for students	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub> →	_ _ _  DAYS PER WEEK OR  _ _ _  DAYS PER MONTH
d) Nutrition education classes/ instruction to students	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub> →	_ _ _  DAYS PER WEEK OR  _ _ _  DAYS PER MONTH
e) Verbal encouragement to students to eat the fruit and vegetable snacks	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub> →	_ _ _  DAYS PER WEEK OR  _ _ _  DAYS PER MONTH
f) Loudspeaker announcements	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub> →	_ _ _  DAYS PER WEEK OR  _ _ _  DAYS PER MONTH
g) Information to teachers on fruits and vegetables	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub> →	_ _ _  DAYS PER WEEK OR  _ _ _  DAYS PER MONTH

A3a. How often do you change posters or displays in the cafeteria or other food service area to promote fruits and vegetables?

- <sub>1</sub> Weekly
- <sub>2</sub> Monthly
- <sub>3</sub> Don't use posters or displays

- A4. Which of the following factors is a **challenge** to providing fruit and vegetable snacks in the FFVP?  
Please indicate if it is a major challenge, a minor challenge or not a challenge at all.

MARK ONE BOX IN EACH ROW

	Major Challenge	Minor Challenge	Not a Challenge	Don't Know
a) <b>Students don't like</b> fruits and vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) <b>Students waste</b> too much	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Students <b>don't like to try new</b> fruits and vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) <b>Class time interrupted or taken away</b> from student learning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) <b>Messy</b> to distribute and clean up fruit and vegetable snacks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) Inadequate <b>food service staff training or information</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) Inadequate <b>food service staff time</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) Inadequate <b>kitchen facilities/storage space</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i) Inadequate <b>quality</b> of produce	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j) Inadequate <b>variety</b> of fruits and vegetables offered	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k) Inadequate <b>amounts</b> of fruit and vegetable snacks (for example, running out of servings for students, offering smaller portions or tastes instead of a larger portion size)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l) <b>Perishability</b> of fresh produce	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
m) Program <b>requirements/regulations</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

- A5. Which of the following factors is a **benefit** to providing fruit and vegetable snacks in the FFVP?  
Please indicate if it is a major benefit, a minor benefit or not a benefit at all.

MARK ONE BOX IN EACH ROW

	Major Benefits	Minor Benefits	Not a Benefit	Don't Know
a) Students eat <b>more</b> fruits and vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Students are <b>more willing to try new foods</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Students <b>learn about healthy foods</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) Students eat <b>fewer unhealthy foods</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Improved <b>student behavior</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

[FALL ONLY]

A6. Did you contribute to the decision to apply for the *Canned, Frozen, or Dried Fruits and Vegetables Pilot Project in the FFVP* for your school?

Yes

No

[SPRING ONLY]

A7. Do you think offering canned, frozen, and dried fruits and vegetables in the FFVP helped ...

MARK ONE BOX IN EACH ROW

	Yes	No	Not Sure/ Don't Know
a) Manage your school's <b>cost of offering the FFVP</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
b) Improve the <b>quality</b> of fruit and vegetable snacks?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
c) Increase <b>how often</b> your school offers fruit and vegetable snacks?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
d) Improve the <b>quantity</b> of fruit and vegetable snacks?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
e) Improve the <b>variety</b> of fruits and vegetables you are able to offer?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
f) Improve <b>students' acceptance of and satisfaction</b> with the program?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>
g) Improve the <b>overall FFVP program</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>3</sub>

[SPRING ONLY]

A8. Have there been **any changes in FFVP operations** (number of days per week or number of times per day) in your school since CFD implementation beginning **January 1, 2015 as compared to FFVP operations in Fall 2014**?

Yes

No → **GO TO A.9**

A8.1. Since CFD implementation on January 1, 2015, has the **time of day** FFVP is offered changed?

Earlier time of day

Later time of day

No change → **GO TO A8.3**

A8.2 Why do you use this timing for CFD?

Convenience

Delivery schedule

Food service staff availability

Limited availability of fresh produce

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

A8.3 Has the number of **days per week** FFVP is offered changed?

- 1  More days
- 2  Fewer days
- 3  No change → **GO TO A8.5**

A8.4 Why did you make this change?

- 1  Convenience
- 2  Delivery schedule
- 3  Food service staff availability
- 4  Limited availability of fresh produce
- 5  Other (specify) \_\_\_\_\_

A8.5 Has the **number of times per day** FFVP is offered changed?

- 1  More times per day
- 2  Fewer times per day
- 3  No change → **GO TO A9**

A8.6 Why do you use this timing for CFD?

- 1  Convenience
- 2  Delivery schedule
- 3  Food service staff availability
- 4  Limited availability of fresh produce
- 5  Other (specify) \_\_\_\_\_

**[SPRING ONLY]**

A9. Which one statement best reflects your opinion of what you would like to happen in the FFVP for the next school year?

- 1  I think that the FFVP should offer **only fresh** fruit and vegetable snacks.
- 2  I think that the FFVP should offer **only canned, frozen, or dried** fruits and vegetables as free snacks to students.
- 3  I think schools should have the option to **serve a mix** of fresh, frozen, and dried fruits and vegetables as free snacks to students.
- 4  I do not have an opinion on the types of fruits and vegetables offered, but **want to see the program continue**.
- 5  I have **no opinion** on the FFVP.

A9. Is there anything you would like to share about the FFVP or the pilot?

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**THANK YOU COMPLETING THIS SURVEY!**

**APPENDIX A4**

**PRINCIPAL SURVEY**

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OMB Control No: 0584-0598

Expiration date: 09/30/2017

[**Email** address of School Principal

Subject line: Evaluation of the FFVP Pilot Project – Principal Survey

Dear [PRINCIPAL NAME]:

As you know, the Food and Nutrition Service (FNS) has recently contracted with Mathematica Policy Research to conduct an **Evaluation of the Canned, Frozen, or Dried Fruits and Vegetables Pilot Project in the Fresh Fruit and Vegetable Program (FFVP-CFD)**. Your school, among [fill number of schools] across the country, has been selected for the pilot project and the evaluation.

Attached is the survey we need all pilot school principals to complete. The survey covers your experiences with the free fruit and vegetable snacks and your school's nutrition and promotion activities. You can record your answers directly in the PDF. The survey will take about 10 minutes and does not need to be completed in one sitting.

You can save the PDF locally on your computer after working on it, and when you re-open it, all of your answers will be saved. It is very important to remember to save your work though; otherwise the data will be lost.

Please print and save a copy of the completed survey for your records, in case we contact you with follow-up questions. After you have saved your completed survey, use the submit button on the top right corner of the PDF to securely submit the survey to us by [DATE]. Please note that the survey cannot be submitted from a mobile device.

Thank you in advance for your assistance and continuing support of this important study. In the meantime, if you have any questions regarding the project, feel free to contact me or my staff at (800) 232-8024 or email at [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com). You may also contact Allison Magness, the FNS Project Officer, at (703) 305-2098 or via email at [Allison.Magness@fns.usda.gov](mailto:Allison.Magness@fns.usda.gov).

Sincerely,  
Rhoda Cohen

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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**EVALUATION OF THE PILOT PROJECT FOR CANNED, FROZEN, OR  
DRIED FRUITS AND VEGETABLES IN THE FRESH FRUIT AND  
VEGETABLE PROGRAM (FFVP-CFD)  
PRINCIPAL SURVEY**

Contact Information:

Principal Name: \_\_\_\_\_

School Name: \_\_\_\_\_

District Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Your responses, along with those from other principals and schools in the pilot project, will be used to address study objectives, including satisfaction with the pilot and the Fresh Fruit and Vegetable Program. Your answers will be kept strictly confidential to the extent of the law and your name will not be identified with any answers you give. The data files that result from this study will not contain any personal identifiers or any characteristics that would make it possible for specific schools to be identified.

This survey is a part of the **Evaluation of the Canned, Frozen, or Dried Fruit and Vegetables in the Fresh Fruit and Vegetable Program** being conducted for the USDA Food and Nutrition Service. Your school has been selected as part of the evaluation. We are interested in learning more about your school's participation in the FFVP during the 2014-2015 school year.

**Please consult with other personnel in your school if needed to complete this questionnaire.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## A: OPINIONS ON FRUIT AND VEGETABLE SNACKS

The first section asks your opinion about different aspects of offering fruit and vegetable snacks in your school's Fresh Fruit and Vegetable Program (FFVP). For each statement, decide if you agree or disagree and then whether you strongly or somewhat agree or disagree. There are no right or wrong answers. *Check the box that best fits your opinion.*

A1. For each of the following statements, please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

MARK ONE BOX IN EACH ROW

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know or Not Applicable
a. I wish <b>more students</b> took the <b>fruit snacks</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
b. I wish <b>more students</b> took the <b>vegetable snacks</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
c. <i>If not offered daily</i> , the FFVP should be offered <b>more days during the week</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
d. The FFVP should be offered <b>more times each day</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
e. I think the FFVP is <b>NOT worth the effort it takes</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
f. At least once a month I <b>verbally encourage</b> the students to eat the FFVP snacks.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
g. I am satisfied with the <b>way we distribute</b> FFVP snacks to students at my school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
h. I think <b>students benefit</b> from the FFVP. .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
i. I would like the FFVP to <b>continue</b> in my school. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>
j. <b>My overall opinion</b> of the FFVP is favorable. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>d</sub>

A2. Which of the following factors is a **barrier (or challenge)** to providing fruit and vegetable snacks in the FFVP? For each factor listed, would you say it is a major challenge, a minor challenge, or not a challenge?

MARK ONE BOX IN EACH ROW

	Major Barrier or Challenge	Minor Barrier or Challenge	Not a Barrier or Challenge
a. <b>Student acceptance</b> of the FFVP fruits and vegetables .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Program <b>requirements/regulations</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Too much <b>paperwork/documentation</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Inadequate <b>staff training</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Inadequate <b>staff time</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Inadequate <b>kitchen facilities</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Lack of <b>storage space/facilities</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Disruption to <b>class schedules</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Increased burden on <b>school maintenance staff</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**A3. Cost of the FFVP**

A3.1. Do you think the \$50-\$75 per student allotment for the FFVP is too low, too high, or just about right?

- 1  Too low
- 2  Too high
- 3  About right

[FALL ONLY]

A3.2 How big of a consideration were each of the following factors in the school's decision to participate in the pilot to provide canned, frozen, or dried fruits and vegetables?

MARK ONE BOX IN EACH ROW

	Major Consideration	Minor Consideration	Not a Consideration
a. Cost of fruit and vegetables as well as the cost of staff time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Limited availability of fresh fruits and vegetables .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Inadequate food service <b>staff time</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Inadequate <b>kitchen facilities</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Lack of <b>storage space/facilities</b> .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

A3.3. How difficult is it to obtain fresh fruits and vegetables for the FFVP at a reasonable cost in your area?

- 1  Very difficult
- 2  Somewhat difficult
- 3  Not difficult at all

[SPRING ONLY]

A3.4. Do you think offering canned, frozen, and dried fruits and vegetables in the FFVP helped...

MARK ONE BOX IN EACH ROW

	Yes	No	Not Sure/ Don't Know
a. Reduce school costs? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
b. Your school offer fruit and vegetable snacks more often? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
c. Improve students' acceptance of and satisfaction with the program? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
d. Improve the overall FFVP program? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>

[SPRING ONLY]

A3.5. Which one statement best reflects your opinion of what you would like to happen in the FFVP for the next school year?

- 1  I think that the FFVP should offer **only fresh** fruit and vegetable snacks.
- 2  I think that the FFVP should offer **only canned, frozen, or dried** fruits and vegetables as snacks.
- 3  I think schools should have the option to **serve a mix** of fresh, frozen, and dried fruits and vegetables as snacks.
- 4  I do not have an opinion on the types of fruits and vegetables offered, but want to see the program continue.
- 5  I have no opinion on the FFVP.

## B. OUTSIDE COMMUNITY PARTNERS

B1. Does your school, on its own, maintain **relationships with any outside partners** as part of the FFVP? **Do not include district-wide partnerships.** Include partners who donate **free** fruits or vegetables separately to the program.

- 1 Yes  
 0 No → **GO TO C1**

B1a. Please check the names or categories of organizations that your school maintains relationships with as part of the FFVP.

CHECK ALL THAT APPLY

- 1  Cooperative Extension Service
- 2  State or Tribal government agency (e.g. health department, agriculture department)
- 3  Universities, colleges, or other higher education institutions
- 4  Food wholesalers or other food distributors
- 5  Supermarkets, grocery stores, or other retail stores
- 6  City, county or other local government agency (e.g. health department, agriculture department)
- 7  Nutrition trade associations (e.g. Academy of Nutrition and Dietetics, American School Nutrition Association)
- 8  Produce associations/commodity groups (e.g. United Fresh Produce Association)
- 9  Healthcare providers, including hospitals and clinics; doctors, nurses, nutritionists, dietitians/dietetic interns, or other clinicians
- 10  Produce for Better Health
- 11  Farmers' markets
- 12  Community action agency, food bank, or other community/faith-based organization
- 13  Vocational clubs, (e.g. Future Farmers of America, 4H)
- 14  Health associations (e.g. State or National affiliates of the American Cancer, Diabetes, or Heart Associations)
- 15  Other (*specify*) \_\_\_\_\_

B2. Do any of your outside partners provide funding?

- 1 Yes  
 0 No → **GO TO C1**  
 d Don't know → **GO TO C1**

B3. Other than funding, do any of the partners provide produce or other supplies for FVVP?

MARK ONE BOX IN EACH ROW

	Yes	No	Don't Know
a. Produce.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>
b. Other supplies.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>d</sub>

## C. NUTRITION EDUCATION

The final questions ask you to consider the kinds of nutrition education and promotion activities that took place in your school during the past four weeks ending in [TARGET WEEK].

**Nutrition education or promotion activities include activities** such as classroom instruction, demonstrations, hands-on learning, special speakers, or showing videos. **Do not include** nutrition education displays, such as posters or banners, or distributing media such as newsletters, etc.

C1. Did your school have **any** nutrition education or promotion activities about fruits and vegetables during the **past four weeks**?

1  Yes

0  No → **GO TO C3**

C2. What types of **professionals or volunteers** conduct or lead nutrition education or promotion activities in your school?

**CHECK ALL THAT APPLY**

1  Classroom teacher

2  Principal or administrator

3  School or district food service staff

4  Nutritionist or dietician

5  Doctor, nurse, or other health professional

6  Trained non-professional

7  Other (*specify*) \_\_\_\_\_

C3. During the past four weeks ending in [TARGET WEEK], did your school have any **displays**, such as posters or banners that conveyed nutrition education or promotion messages?

1  Yes

0  No → **GO TO C5**

C4. What **message(s)** were conveyed by the nutrition education activities or promotion activities, posters, displays, or similar media during the four weeks ending in [TARGET WEEK]?

**CHECK ALL THAT APPLY**

1  Role of fruits and vegetables in a healthy diet

2  Where fresh fruits and vegetables come from, links to local farms

3  Trying new fruit and vegetable snacks

4  Cooking with fruits and vegetables

5  Other messages (*specify*) \_\_\_\_\_

C5. Does your school maintain a vegetable and/or fruit garden?

- 1  Yes  
0  No → **GO TO C7**

C5a. Are students involved in maintaining the garden?

- 1  Yes  
0  No

C6. Is the produce grown in the garden...

MARK ONE BOX IN EACH ROW

	Yes	No
a. Used in the school cafeteria? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
b. Given to students' families? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
c. Used in classroom for FFVP snacks or for afterschool taste-testing activities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
d. Donated to community organizations? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
e. Other ( <i>specify</i> ) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

[SPRING ONLY]

C7. During the 2014-2015 school year, is the **average time per week** spent on fruit and vegetable nutrition education in your school **in the spring 2015** (since January 1, 2015) more than, less than, or about the same as **in the fall of 2014**?

- 1  **More** than in fall 2014  
2  **Less** than in fall 2014  
3  **Same** as in fall 2014  
d  Don't know

**D. OTHER THOUGHTS**

D1. Is there anything you would like to share about the FFVP program or the pilot?

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**Thank you for completing this survey!**

**APPENDIX A5**

**TEACHER SURVEY**

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OMB No.: 0584-0598  
Expiration Date: 09/30/2017

**MATHEMATICA**  
Policy Research

**AFFIX MPRID LABEL**

COVER PAGE

# **Fresh Fruits and Vegetables Program**

## **Teacher Survey**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Your elementary school provides free fruits & vegetables to students as snacks—separate from the school meal (breakfast or lunch). Below are statements or questions about the free fruit and vegetable snack program (FFVP).

Thinking about this school year and the students in your classroom, please mark one answer (☐) for each question or statement below, unless indicated otherwise.

SELECT ONE RESPONSE PER ROW

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY	DON'T KNOW OR NOT APPLICABLE
1. Students like the FFVP <b>fruits</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
2. Students like the FFVP <b>vegetables</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
3. I wish more students took the FFVP <b>fruits</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
4. I wish more students took the FFVP <b>vegetables</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
5. Students eat <b>more fruits and vegetables at school offered</b> on FFVP days.....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
6. <i>If not offered daily</i> , the FFVP should be offered <b>more days during the week</b> ...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
7. The FFVP should be offered <b>more times a day</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
8. I wish the FFVP <b>fruits</b> were better <b>quality</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
9. I wish the FFVP <b>vegetables</b> were better <b>quality</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
10. I think the <b>variety</b> of FFVP <b>fruits</b> is good .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
11. I think the <b>variety</b> of FFVP <b>vegetables</b> is good .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
12. I think <b>students benefit</b> from the FFVP .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
13. I think the FFVP is <b>NOT worth the effort it takes</b> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
14. <b>My overall opinion</b> of FFVP is favorable.....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
15. I would like FFVP to <b>continue</b> in my school .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
16. I <b>verbally encourage</b> the students to eat the FFVP snacks .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
17. If I could change one thing about the free fruit and vegetable snack program it would be: <i>(Please specify)</i> .....	1 ☐	2 ☐	3 ☐	4 ☐	d ☐

SELECT ONE RESPONSE PER ROW

	ALL OR MOST (>75%)	MUCH (50-75%)	SOME (25-49%)	LITTLE OR NONE (<25%)	DON'T KNOW OR NOT APPLICABLE
18a. How much of the <b>fruit</b> provided in the FFVP do students usually eat? ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
18b. How much of the <b>vegetables</b> provided in the FFVP do students usually eat?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

19. How many days per week or per month do you provide nutrition education or food-related activities in your classroom?

|\_|\_| DAYS

- 1  Per week
- 2  Per month

20. Which of the following factors is a challenge of the FFVP?

SELECT ONE RESPONSE PER ROW

	MAJOR CHALLENGE	MINOR CHALLENGE	NOT A CHALLENGE	DON'T KNOW
a. <b>Students don't like</b> fruits and vegetables .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. <b>Students waste</b> too much .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. <b>Messy</b> to distribute and clean up .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
d. Inadequate <b>teacher training or information</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
e. Inadequate <b>teacher time</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
f. <b>Class time interrupted or taken away</b> from student learning.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
g. Students <b>don't like to try new</b> fruits and vegetables.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
h. Inadequate <b>quality</b> of FFVP produce .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
i. Inadequate <b>variety</b> of FFVP produce .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
j. Inadequate <b>amounts</b> of FFVP produce.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

**21. Which of the following factors is a benefit of the FFVP?**

SELECT ONE RESPONSE PER ROW

	MAJOR BENEFIT	MINOR BENEFIT	NOT A BENEFIT	DON'T KNOW
a. Students eat <b>more</b> fruits and vegetables .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
b. Students are more <b>willing to try</b> new fruits and vegetables .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
c. Students <b>learn about healthy foods</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
d. Students eat <b>fewer unhealthy foods</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
e. Improved <b>student behavior</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

**22. Directly before students receive FFVP snacks in the morning, are they usually:**

**MARK ONE ONLY**

- 1  Engaged in classroom learning activities either seated or standing
- 2  Engaged in physical indoor activities
- 3  Engaged in physical outdoor activities
- 4  Engaged in something else (*specify*) \_\_\_\_\_
- 5  Don't have FFVP snacks in the morning

**23. Directly before students receive FFVP snacks in the afternoon, are they usually:**

**MARK ONE ONLY**

- 1  Engaged in classroom learning activities either seated or standing
- 2  Engaged in physical indoor activities
- 3  Engaged in physical outdoor activities
- 4  Engaged in something else (*specify*) \_\_\_\_\_
- 5  Don't have FFVP snacks in the afternoon

IF ENGAGED IN PHYSICAL ACTIVITIES BEFORE MORNING OR BEFORE AFTERNOON SNACKS:

24. How many days per week do students in your classroom usually have physical activity, such as physical education/gym, recess, or other physical activities...

a. Directly before they receive FFVP snacks in the morning

DAYS

Don't have morning snack

b. Directly before they receive FFVP snacks in the afternoon

DAYS

Don't have afternoon snack

[SPRING ONLY]

SELECT ONE RESPONSE PER ROW

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know
25. I wish the FFVP offered fresh fruits and vegetables only. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
26. Students generally like <b>fresh fruit and vegetable snacks</b> rather than those that are canned, frozen, or dried. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
27. Students generally like <b>canned fruit and vegetable snacks</b> rather than those that are fresh, frozen or dried. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
28. Students generally like a <b>mix of fresh, canned, frozen and dried fruit and vegetable snacks</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
29. I would like the changes made this Spring in the FFVP to <b>continue</b> in my school. ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

THANK YOU FOR YOUR HELP.

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**APPENDIX B**

**SURVEYS OF PARENTS AND STUDENTS DIETARY  
INTERVIEWS AND FFVP SNACK OBSERVATIONS**

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**APPENDIX B1**

**PARENT CONSENT (ENGLISH AND SPANISH)**

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**MATHEMATICA  
Policy Research**

Rhoda Cohen  
Senior Survey Researcher and  
Survey Director for the FFVP-CFD Survey

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OMB Control No: 0584-0598  
Expiration date: 09/30/2017

Fall 2014

Dear Parent or Guardian:

**Your child's school and school district are participating in a study of the Fresh Fruit and Vegetable Program**, funded by the U.S. Department of Agriculture's Food and Nutrition Service, that is taking place in elementary schools across the country. Your school and district have given Mathematica Policy Research permission to conduct this study, and we are asking for your permission to include your child in the study.

**If your child participates in the study, he or she will be asked to complete a brief survey** about how well he or she likes the fruit and vegetable snacks offered at school. **Some students will be asked to complete a food diary of what they ate during a school day and a short dietary interview. Students participating in the study will receive a \$5 gift.** The data will be analyzed by the study team to learn about your school's fruit and vegetable snacks, but no information that directly identifies your child will be shared outside the study team.

**Enclosed is a survey for you to complete and return to your child's teacher.**

We take confidentiality and security of data very seriously. Information we collect will be kept strictly confidential. Mathematica has strict procedures to store data securely and ensure the confidentiality of your child's information by removing any of your child's identifiers (such as name) before data are analyzed.

Participation in the study is voluntary and your child can stop participating at any time. If you do not want your child to take part in the study, it will not affect the instruction or other services your child receives at school.

Again, there are no potential risks to your child. However, if you **do not want** your child to be included in the study, please call my staff toll-free at (855)-887-4575 or email us at [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com) within the next week. We will need to know your child's first and last name, his or her teacher's name, and the name of the school. Otherwise, you need not do anything.

Please feel free to contact us with any questions or concerns. Thank you in advance for your help with this important study.

Sincerely,

Approved by NEIRB on  
As Is  As Revised

10/1/14  
Initials

Rhoda Cohen

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

An Affirmative Action/Equal Opportunity Employer

## Information about the Study for Parents and Students

### What is the Purpose of the Study?

As mandated by Congress, the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) is funding a study to learn how schools' implementation of the Fresh Fruit and Vegetable Program affects students' diets and satisfaction with the free fruit and vegetable snacks. The USDA FNS has contracted Mathematica Policy Research, an independent research firm, to conduct the study.

### What does it mean to participate in the study?

Students will be asked to fill out a short diary to keep track of the foods they eat in school for one day. We will choose up to 15 students per classroom to fill out the food diary. If chosen, each student will be given instructions orally and in writing by a member of the Mathematica study team on how to fill out the food diary for all foods eaten during the school day.

Also, students will be asked to complete a brief survey that will ask some questions about themselves and about how often they eat the free fruit and vegetable snacks offered at school what they like or dislike about them. The student interview will take about 20 minutes to complete. Mathematica staff will also observe the distribution of fruit and vegetable snacks during the school day.

Parents will be asked to answer some brief questions about the free fruit and vegetable snacks provided at school and what they like or dislike about the program. The parent questionnaire will take no more than 10 minutes to complete. Parents will receive a \$5 gift card for completing and returning the brief survey. Students that participate in the study will receive a \$5 gift as reimbursement for the time associated with being in the study.

### What are the Risks and Benefits?

Completing the questionnaires is voluntary. There are no penalties for refusing to participate. Students are not required to be in the study in order to continue to be in any school program. Being part of this study will not hurt students or parents in any way. If any parent or student feels uncomfortable at any time during the study, they may decide not to participate.

### Will it be Confidential?

Mathematica has strict procedures to store data securely and to ensure the confidentiality of the names of students and parents by removing names before data are analyzed. Names will not be written in any report or given to anyone other than the study team. Teachers, school staff, program staff and parents will not be allowed to see any of the information from the questionnaires.

**What if I Have Questions?** If you have any questions about the study, please contact Rhoda Cohen, Mathematica Survey Director or her staff at (855)-887-4575 or email at [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com).

Approved by NEIRB on 10/11/14  
As Is  As Revised  Initials [Signature]

## MATHEMATICA Policy Research

Rhoda Cohen  
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Otoño 2014

Estimado(a) Padre, Madre o Guardián:

**La escuela y el distrito escolar de su hijo están participando de un estudio del Programa de Frutas y Verduras Frescas** financiado por el Servicio de Alimentación y Nutrición del Departamento de Agricultura de los Estados Unidos, que se está llevando a cabo en escuelas primarias alrededor del país. Su escuela y distrito han dado permiso a Mathematica Policy Research para conducir este estudio y estamos pidiendo su permiso para incluir a su hijo en el estudio.

**Si su hijo participa del estudio, se le pedirá a él o ella que complete una encuesta breve sobre cuánto le gustan los bocadillos de frutas y verduras ofrecidos en la escuela. A algunos estudiantes se les pedirá que completen un diario alimenticio sobre qué comieron durante una jornada escolar y una corta entrevista sobre hábitos alimenticios. Los estudiantes que participan en el estudio recibirán un regalo de \$5.** Los datos serán analizados por el equipo de estudio para aprender sobre el programa de frutas y verduras en su escuela, pero ninguna información que identifique directamente a su hijo será compartida fuera del equipo de estudio.

**Adjunto está una encuesta para que lo complete y se lo devuélvala al maestro de su hijo.**

Tomamos con mucha seriedad la confidencialidad y seguridad de datos. La información recolectada se mantendrá estrictamente confidencial. Mathematica posee procedimientos estrictos para el almacenamiento seguro de datos y para asegurar la confidencialidad de la información de su hijo mediante la eliminación de cualquier identificador de su hijo (como el nombre) antes de analizar los datos.

La participación en el estudio es voluntaria y su hijo puede dejar de participar en cualquier momento. Si no desea que su hijo participe del estudio, eso no afectará la instrucción ni ningún otro servicio que su hijo reciba en la escuela.

Le recordamos nuevamente que no hay riesgos potenciales para su hijo. Sin embargo, si **no desea** que su hijo sea incluido en el estudio, por favor llame a mi personal gratis al (855) 887-4575, o envíe un correo electrónico a [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com) dentro de la próxima semana. Necesitaremos saber el nombre y apellido de su estudiante, el nombre de su maestro y el nombre de la escuela. En otros casos, no necesita hacer nada.

Por favor, siéntase libre de contactarnos con sus preguntas o preocupaciones. Le agradecemos de antemano por su ayuda con este importante estudio.

Approved by NEIRB on 10/1/14  
As Is  As Revised  Initials RC

Atentamente,

Rhoda Cohen

*Según la Ley de Reducción de Papeleo de 1995, una agencia no puede llevar a cabo ni auspiciar, y no se requiere que ninguna persona responda a una recopilación de información si no despliega un número de control válido de OMB. El número de control válido de OMB para esta recolección de información es 0584-0598. Se estima que el tiempo que se necesita para completar esta recopilación de información es de un promedio de 10 minutos por respuesta incluyendo el tiempo para revisar instrucciones, buscar fuentes de datos existentes, recopilar y mantener los datos necesarios; y completar y revisar la recopilación de información.*

## Información acerca del Estudio para Padres y Estudiantes

### ¿Cuál es el propósito del estudio?

Según un mandato del Congreso, el Servicio de Alimentación y Nutrición (FNS) del Departamento de Agricultura de los Estados Unidos (USDA) está financiando un estudio para aprender cómo la implementación en las escuelas del Programa de Frutas y Verduras Frescas afecta las dietas y la satisfacción de los estudiantes con los bocadillos de frutas y verduras. El FNS de USDA ha contratado a Mathematica Policy Research, una firma independiente de estudios investigativos, para llevar a cabo el estudio.

### ¿Qué significa participar en el estudio?

Se les pedirá a los estudiantes que completen un corto diario para registrar los alimentos que consumen en la escuela en un día. Elegiremos hasta 15 estudiantes por salón de clase para completar el diario alimenticio. Cada estudiante elegido recibirá de un miembro del equipo de estudio de Mathematica instrucciones de manera oral y por escrito sobre cómo completar el diario alimenticio con todos los alimentos consumidos durante la jornada escolar.

Además, se les solicitará a los estudiantes completar una breve encuesta que les hará preguntas sobre ellos mismos, sobre cuán frecuentemente comen los bocadillos de frutas y verduras ofrecidos en la escuela y lo que les gusta y disgusta de ellos. Completar la entrevista estudiantil tomará unos 10 minutos. El personal de Mathematica también observará la distribución de bocadillos de frutas y verduras durante la jornada escolar.

Se le pedirá a los padres que contesten unas cortas preguntas sobre los bocadillos gratuitos de frutas y verduras proporcionados en la escuela y lo que les gusta y disgusta del programa. El cuestionario de padres no demora más de 10 minutos en completarse. Los padres recibirán una tarjeta de regalo de \$5 por completar y devolver la breve encuesta. Los estudiantes que participen recibirán un regalo de \$5 como reembolso por el tiempo asociado con participar en el estudio.

### ¿Cuáles son los riesgos y beneficios?

Completar los cuestionarios es voluntario. No hay penalidades por negarse a participar. No se requiere que los estudiantes participen del estudio para poder continuar en cualquier programa escolar. Participar en este estudio no dañará a estudiantes ni padres en ninguna manera. Si algún padre o estudiante se siente incómodo en cualquier momento durante el estudio, puede decidir no participar.

### ¿Será confidencial el estudio?

Mathematica posee procedimientos estrictos para el almacenamiento de datos y para asegurar la confidencialidad de los nombres de padres y estudiantes, y remueve los nombres antes de analizar los datos. Los nombres no se publicarán en ningún informe ni se entregarán a nadie fuera del equipo de estudio. No se permitirá que los maestros, personal de la escuela, personal del programa ni los padres vean la información de los cuestionarios.

### ¿Qué pasa si tengo preguntas?

Si tiene preguntas sobre el estudio, por favor póngase en contacto con Rhoda Cohen, Directora de la Encuesta de Mathematica, o con su personal, en el (855) 887-4575 o envíe un correo electrónico a [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com).

Approved by NEIRB on  
As Is  As Revised

1/8/14  
Initials 

**APPENDIX B2**

**PARENT SURVEY (ENGLISH AND SPANISH)**

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Rhoda Cohen  
Senior Survey Researcher and  
Survey Director for the FFVP-CFD Study

P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone (609) 799-3535  
Fax (609) 799-0005  
www.mathematica-mpr.com  
(800) 232-8024

OMB Control No: 0584-0598  
Expiration date: 09/30/2017

Fall 2014

Parent/Guardian: <StudentFirstName> <StudentLastName>  
Student of <TeacherLastName><TeacherFirstInitial>  
<ClassRoomName>  
<School>

Dear Parent/Guardian:

**Your child's school and school district are participating in a study of the Fresh Fruit and Vegetable Program**, funded by the U.S. Department of Agriculture's Food and Nutrition Service, which is taking place in elementary schools across the country. Your school and district have given Mathematica Policy Research permission to conduct this study, and we are asking for your permission to include your child in the study.

**If your child participates in the study, he or she will be asked to complete a brief survey** about how well he or she likes the fruit and vegetable snacks offered at school. **Some students will be asked to complete a food diary of what they ate during a school day and a short dietary interview. Students completing the food diary and dietary interview during school hours will receive a \$5 gift.** The data will be analyzed by the study team to learn about your school's fruit and vegetable snacks, but no information that directly identifies you or your child will be shared outside the study team.

Thank you for agreeing for you and your child to participate in **a study of the Fresh Fruit and Vegetable Program**, at your child's school. While your child will not receive any direct benefit from participating, the study will help your district and school improve the fruit and vegetable snacks served by schools that offer the program. Participating in the study poses no risk to you or your child.

**Enclosed is a survey for you to complete, return it to your child's teacher, and receive a \$5 gift card.** The survey will be ask you to answer some brief questions about the fruit and vegetable snacks at school, such as what you like or dislike about the program and will take no more than five minutes to complete. The data will be analyzed by the study team to learn about your school along with other schools in the study. Information that directly identifies you will not be shared outside the study team. We take confidentiality and security of data very seriously. Information we collect will be kept strictly confidential. Mathematica has strict procedures to store data securely and ensure the confidentiality of you and your child's information by removing any of your or your child's identifiers (such as name) before data are analyzed.

Please feel free to contact us with any questions or concerns. Thank you in advance for your help with this important study. Please return your completed survey to your child's classroom teacher.

Sincerely,

Rhoda Cohen

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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**Rhoda Cohen**  
Investigadora Principal de la Encuesta y  
Directora de Encuesta para el estudio FFVP-CFD

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Estimado Padre/Guardián:

**La escuela y el distrito escolar de su hijo están participando de un estudio del Programa de Frutas y Verduras Frescas**, financiado por el Servicio de Alimentación y Nutrición del Departamento de Agricultura de los Estados Unidos, y que se está llevando a cabo en escuelas primarias alrededor del país. Su escuela y distrito han dado permiso a Mathematica Policy Research para desarrollar el estudio, y estamos pidiendo su permiso para incluir a su hijo en el estudio.

**Si su hijo participa del estudio, se le pedirá que complete una corta encuesta** sobre cuánto le gustan los bocadillos de fruta y verdura ofrecidos en la escuela. **A algunos estudiantes se les pedirá que completen un diario alimentario sobre qué comieron durante la jornada escolar y una corta entrevista sobre hábitos alimenticios. Los estudiantes que completen el diario alimenticio y la entrevista de hábitos alimenticios recibirán una tarjeta de regalo de \$5.** Los datos serán analizados por el equipo de estudio para aprender sobre los bocadillos de fruta y verdura en su escuela, pero no se compartirá información que identifique directamente a su hijo fuera del grupo de estudio.

Gracias por permitir que usted y su hijo participen de **un estudio del Programa de Frutas y Verduras Frescas**, financiado por el Servicio de Alimentación y Nutrición del Departamento de Agricultura de los Estados Unidos, en la escuela de su hijo. Aunque su hijo no recibirá un beneficio directo por participar, el estudio ayudará al distrito y la escuela a mejorar los bocadillos de fruta y verdura servidos en escuelas que ofrecen el programa. Participar en el programa no supone riesgo alguno para usted o su hijo.

**Encontrará adjunta una encuesta para completar; devuélvala en el sobre con prepago que se provee y reciba una tarjeta de regalo de \$5.** La encuesta le pedirá que conteste algunas preguntas breves sobre los bocadillos de fruta y verdura en la escuela, tal como qué le gusta o no le gusta del programa, y no lleva más de cinco minutos completar. Los datos serán analizados por el equipo de estudio para aprender sobre su escuela junto con otras en el estudio. La información que le identifica directamente no será compartida fuera del equipo de estudio. Tomamos con mucha seriedad la confidencialidad y seguridad de datos. La información recolectada se mantendrá estrictamente confidencial. Mathematica posee procedimientos estrictos para el almacenamiento de datos y la confidencialidad de la información sobre usted y su hijo, y remueve todos los datos identificativos (como el nombre) antes de analizar la información.

Por favor, siéntase libre de contactarnos con cualquier pregunta o duda. Le agradecemos de antemano por su ayuda con este importante estudio. Por favor devuelva la encuesta completa al maestro.

Atentamente,

Rhoda Cohen

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## Parent Survey

This is not a test! There are no right or wrong answers. Your child's elementary school provides free fruits and vegetables to students as snacks - separate from the school meal (breakfast or lunch).

Please think about this school year and please mark one answer  for each question or statement below.

My child's first name: \_\_\_\_\_ My child's last name: \_\_\_\_\_

1. My child <b>eats</b> the free fruit and vegetable snacks offered at school...	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> Don't know
2. My child <b>likes</b> the free fruit and vegetable snacks offered at school...	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> Don't know
3. My child <b>complains about the quality</b> of the free fruit and vegetable snacks offered at school...	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> Don't know
4. My child gets <b>tired of the same kinds</b> of free fruit and vegetable snacks that are offered at school...	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time	<input type="checkbox"/> Don't know

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

5. My child eats <b>more fruits and vegetables</b> since they have been offered as a free snack at school.	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know
6. My child eats <b>fewer unhealthy foods</b> on days when fruits and vegetables are offered as a free snack at school.	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know
7. My child has <b>asked</b> for fruits and vegetables at home <b>more often since</b> they have been offered as a free snack at school.	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know
8. I <b>encourage my child</b> to eat the free fruit and vegetable snacks offered at school.	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know
9. I don't like it when <b>teachers take time from class</b> to give out the free fruit and vegetable snacks to children.	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know
10. The fruit and vegetable snacks at school should be offered <b>more frequently</b> .	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know
11. <b>Overall</b> , I think the fruit and vegetable snack program at school is <b>good</b> .	<input type="checkbox"/> Agree Strongly	<input type="checkbox"/> Agree Somewhat	<input type="checkbox"/> Disagree Somewhat	<input type="checkbox"/> Disagree Strongly	<input type="checkbox"/> Don't know

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

12. <b>Spring only:</b> Has anything changed in the free fruit and vegetable snacks since January 1, 2015. That is, are the kinds or types of fruits and vegetables the same as were offered as snacks in the fall?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>5</sub> Don't know		
13. <b>Spring only:</b> If yes, what has changed in the free fruit and vegetable snack program? Please mark all that apply. <input type="checkbox"/> <sub>1</sub> Free snacks on more days of the week <input type="checkbox"/> <sub>2</sub> Fresh fruits and vegetables less often <input type="checkbox"/> <sub>3</sub> No fresh fruit at all <input type="checkbox"/> <sub>4</sub> No fresh vegetables at all <input type="checkbox"/> <sub>9</sub> Other (specify) _____ <input type="checkbox"/> <sub>d</sub> Don't know					
14. <b>Spring only:</b> Which of the following types of fruit and vegetable snacks do you prefer for your child to be served in school? Do you prefer .... <input type="checkbox"/> <sub>1</sub> Fresh fruit and vegetable snacks <input type="checkbox"/> <sub>2</sub> Canned, frozen, or dried fruit and vegetable snacks <input type="checkbox"/> <sub>3</sub> A mix of fresh, canned, frozen, or dried fruit and vegetable snacks <input type="checkbox"/> <sub>0</sub> No preference					
Finally, a few questions about your child.					
15. Has your child attended this school since the beginning of the current school year (2014-2015)?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No			
16. What does your child <b>usually</b> do for <b>breakfast</b> on school days?	<input type="checkbox"/> <sub>1</sub> Eats breakfast at home	<input type="checkbox"/> <sub>2</sub> Brings breakfast from home	<input type="checkbox"/> <sub>3</sub> Eats a school breakfast	<input type="checkbox"/> <sub>4</sub> Eats breakfast someplace else	<input type="checkbox"/> <sub>5</sub> Does not eat breakfast
17. What does your child <b>usually</b> do for <b>lunch</b> on school days?	<input type="checkbox"/> <sub>1</sub> Eats a school lunch	<input type="checkbox"/> <sub>2</sub> Brings lunch to school from home	<input type="checkbox"/> <sub>3</sub> Other (include eats lunch at home)	<input type="checkbox"/> <sub>4</sub> Eats lunch someplace else	<input type="checkbox"/> <sub>5</sub> Does not eat lunch
18. Does your child receive <b>free or reduced-price meals</b> at school?	<input type="checkbox"/> <sub>1</sub> Yes, receives FREE meals	<input type="checkbox"/> <sub>2</sub> Yes, receives REDUCED PRICE meals	<input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>4</sub> Don't know	
19. Is your child <b>Hispanic or Latino</b> ?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No			
20. How would you describe your child? <b>Please mark all that apply.</b>	<input type="checkbox"/> <sub>1</sub> American Indian or Alaska native	<input type="checkbox"/> <sub>2</sub> Asian	<input type="checkbox"/> <sub>3</sub> Black or African American	<input type="checkbox"/> <sub>4</sub> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> <sub>5</sub> White

**Please return your completed survey to your child's classroom teacher.  
Thank you for your help!**

## Encuesta para Padres

¡Esto no es un examen! No hay respuestas correctas o incorrectas. La escuela primaria de su hijo provee frutas y verduras gratuitamente a los estudiantes como bocadillos – aparte de las comidas (desayuno o almuerzo).

Piense en este año escolar y marque una sola respuesta  para cada pregunta o declaración a continuación.

El nombre de mi hijo: \_\_\_\_\_ El apellido de mi hijo \_\_\_\_\_

1.	Mi hijo <b>come los bocadillos gratuitos de</b> fruta y verdura ofrecidos en la escuela...	<input type="checkbox"/> <sub>1</sub> Rara vez o nunca	<input type="checkbox"/> <sub>2</sub> A veces	<input type="checkbox"/> <sub>3</sub> La mayoría del tiempo	<input type="checkbox"/> <sub>4</sub> Todo el tiempo	<input type="checkbox"/> <sub>5</sub> No sé
2.	A mi hijo <b>le gustan</b> los bocadillos gratuitos de fruta y verdura ofrecidos en la escuela...	<input type="checkbox"/> <sub>1</sub> Rara vez o nunca	<input type="checkbox"/> <sub>2</sub> A veces	<input type="checkbox"/> <sub>3</sub> La mayoría del tiempo	<input type="checkbox"/> <sub>4</sub> Todo el tiempo	<input type="checkbox"/> <sub>5</sub> No sé
3.	Mi hijo <b>se queja de la calidad de los bocadillos gratuitos de</b> fruta y verdura ofrecidos en la escuela...	<input type="checkbox"/> <sub>1</sub> Rara vez o nunca	<input type="checkbox"/> <sub>2</sub> A veces	<input type="checkbox"/> <sub>3</sub> La mayoría del tiempo	<input type="checkbox"/> <sub>4</sub> Todo el tiempo	<input type="checkbox"/> <sub>5</sub> No sé
4.	Mi hijo <b>se cansa de los mismos tipo de bocadillos gratuitos de</b> fruta y verdura ofrecidos en la escuela...	<input type="checkbox"/> <sub>1</sub> Rara vez o nunca	<input type="checkbox"/> <sub>2</sub> A veces	<input type="checkbox"/> <sub>3</sub> La mayoría del tiempo	<input type="checkbox"/> <sub>4</sub> Todo el tiempo	<input type="checkbox"/> <sub>5</sub> No sé

¿Qué tan de acuerdo o en desacuerdo está con cada uno de los siguientes?

5.	Mi hijo consume <b>más frutas y verduras</b> desde que se han ofrecido como bocadillo gratuito en la escuela.	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé
6.	Mi hijo consume <b>menos alimentos insalubres</b> desde que se ofrecen frutas y verduras como bocadillo gratuito en la escuela.	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé
7.	Mi hijo <b>ha pedido</b> frutas y verduras en casa <b>más a menudo</b> desde que se han ofrecido como bocadillo gratuito en la escuela.	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé
8.	<b>Aliento a mi hijo</b> a comer los bocadillos de fruta y verdura gratuitos que se ofrecen en la escuela.	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé
9.	No me gusta cuando <b>los maestros usan tiempo de clase</b> para repartir los bocadillos gratuitos de fruta y verdura a los estudiantes.	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé
10.	Los bocadillos de fruta y verdura en la escuela deberían ofrecerse <b>más frecuentemente</b> .	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé
11.	<b>En general</b> , creo que el programa de fruta y verdura en la escuela es <b>bueno</b> .	<input type="checkbox"/> <sub>1</sub> Muy de acuerdo	<input type="checkbox"/> <sub>2</sub> Algo de acuerdo	<input type="checkbox"/> <sub>3</sub> Algo en Desacuerdo	<input type="checkbox"/> <sub>4</sub> Muy en Desacuerdo	<input type="checkbox"/> <sub>5</sub> No sé

Según la Ley de Simplificación de Trámites Administrativos, una agencia no puede llevar a cabo ni auspiciar, y no se requiere que ninguna persona responda a una recopilación de información si no despliega un número de control válido de OMB. El número de control válido de OMB para esta recolección de información es 0584-0598. Se estima que el tiempo que se necesita para completar esta recopilación de información es de un promedio de 15 minutos por respuesta, incluyendo el tiempo para revisar instrucciones, buscar fuentes de datos existentes, recopilar y mantener los datos necesarios; y completar y revisar la recopilación de información.

12. <b>Solo para Primavera:</b> ¿Ha cambiado algo en el programa de bocadillos gratuitos de fruta y verdura desde el 1 de enero 2015? Es decir, ¿son los tipos de frutas y verduras los mismos que se ofrecieron como bocadillos en el otoño?	<input type="checkbox"/> <b>Sí</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>No sé</b>		
13. <b>Solo para Primavera:</b> Si es así, ¿en qué ha cambiado en el programa de bocadillos gratuitos de fruta y verdura? Por favor marque todas las respuestas que correspondan.  <input type="checkbox"/> <sub>1</sub> Bocadillos gratuitos en más días de la semana <input type="checkbox"/> <sub>2</sub> Frutas y verduras frescas menos frecuentemente <input type="checkbox"/> <sub>3</sub> Sin fruta fresca <input type="checkbox"/> <sub>4</sub> Sin verduras frescas <input type="checkbox"/> <sub>9</sub> Otros (especificar) _____ <input type="checkbox"/> <sub>d</sub> No sé					
14. <b>Sólo en primavera:</b> ¿Cuál de los siguientes tipos de bocadillos de fruta y verdura prefiere que le sirvan a su hijo en la escuela? ¿Prefiere ...  <input type="checkbox"/> <sub>1</sub> Bocadillos de fruta y verdura fresca <input type="checkbox"/> <sub>2</sub> Bocadillos de fruta y verdura enlatadas, congeladas, o secas  <input type="checkbox"/> <sub>3</sub> Una mezcla de bocadillos de fruta y verdura fresca, enlatadas, congeladas o secas <input type="checkbox"/> <sub>0</sub> Sin preferencia					
Finalmente, un par de preguntas sobre su hijo.					
15. ¿Ha asistido su hijo a esta escuela desde principios del año escolar corriente (2014-2015)?	<input type="checkbox"/> <b>Sí</b>	<input type="checkbox"/> <b>No</b>			
16. ¿Qué hace su hijo <b>usualmente</b> para el <b>desayuno</b> los días de clase?	<input type="checkbox"/> Toma el desayuno en casa	<input type="checkbox"/> Trae el desayuno desde casa	<input type="checkbox"/> Toma el desayuno escolar	<input type="checkbox"/> Desayuna en otro lugar	<input type="checkbox"/> No desayuna
17. ¿Qué hace su hijo <b>usualmente</b> para el <b>almuerzo</b> los días de clase?	<input type="checkbox"/> Come almuerzo escolar	<input type="checkbox"/> Trae almuerzo de casa a la <b>escuela</b>	<input type="checkbox"/> Come el almuerzo en casa	<input type="checkbox"/> Almuerza en otro lugar	<input type="checkbox"/> No almuerza
18. ¿Recibe su hijo <b>comidas gratuitas o reducidas</b> en la escuela?	<input type="checkbox"/> Sí, recibe comidas GRATUITAS	<input type="checkbox"/> Sí, recibe comidas con PRECIO REDUCIDO	<input type="checkbox"/> No	<input type="checkbox"/> No sé	
19. ¿Es su hijo <b>hispano o latino</b> ?	<input type="checkbox"/> <b>Sí</b>	<input type="checkbox"/> <b>No</b>			
20. ¿Cómo describiría a su hijo? <b>Por favor, marque todas las opciones que correspondan.</b>	<input type="checkbox"/> Indígena, Nativo Americano o de Alaska	<input type="checkbox"/> Asiático	<input type="checkbox"/> Negro o Afroamericana	<input type="checkbox"/> Nativo de Hawái o de Otra Isla del Pacífico	<input type="checkbox"/> Blanco

**Por favor devuelva la encuesta completa al maestro.**

**¡Gracias por su ayuda!**

**APPENDIX B3**

**STUDENT ASSENT**

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**STUDENT ASSENT ADMINISTRATION INTRODUCTION:**

Hello everyone, I am \_\_\_\_\_ and I will be conducting a study for the U.S. Department of Agriculture Food and Nutrition Service about the fruit and vegetable snacks at your school this week. You will be asked to take a survey about the food you eat during the school day. Some of you may be asked to meet with an interviewer to talk about specific foods you ate during a school day. All students who participate in the study will receive a \$5 gift.

**ASSENT (PERMISSION) FORM: DISTRIBUTED TO CONSENTED STUDENTS ONLY AT THEIR DESKS. SAY:**

Look at the permission form in front of you. It is the yellow sheet of paper. I will read the form aloud and you can follow along with me.

**READ FROM ASSENT FORM:**

Dear Student:

We would like to learn more about the foods at your school, which ones you like and don't like, and what you think about the fruit and vegetable snacks at school.

We are asking students in a few classrooms to fill out a short survey about fruits and vegetables they eat during the school day. This is voluntary.

We will also ask a few students to fill out a simple food diary and be interviewed about foods they eat in school. This is also voluntary.

If you decide not to take part in the study, nothing will happen to you. Your parents know that you might take part in this study.

Please print and sign your name below if you would like to take part in the study. If you do not want to take part in the study, do not print or write your name on the form. When you have completed the yellow sheet, place it on the top right corner of your desk and I will collect it.

**STOP**

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 5 minutes for the assent form and 15 minutes per response for the survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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**MATHEMATICA**  
**Policy Research**

**Rhoda Cohen**  
Senior Survey Researcher and  
Survey Director for the FFVP-CFD Study

P.O. Box 2393  
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www.mathematica-mpr.com

Fall 2014

Dear Student:

We would like to learn more about the foods at your school, which ones you like and don't like, and what you think about the fruit and vegetable snacks at school.

We are asking students in a few classrooms to fill out a short survey about fruits and vegetables they eat during the school day. This is voluntary.

We will also ask a few students to fill out a simple food diary and be interviewed about food they eat in school. This is also voluntary.

If you decide not to take part in the study, nothing will happen to you. Your parents know that you might take part in this study.

Please print and write your name below if you would like to take part in the study. If you do not want to take part, do not print or write your name.

Thank you,  
Rhoda Cohen

**PRINT STUDENT NAME:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

Approved by NEIRB on 10/16/14  
As Is  As Revised \_\_\_\_\_

Initials RC

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

**MATHEMATICA**  
**Policy Research**

**Rhoda Cohen**  
*Investigadora Principal de la Encuesta y*  
*Directora de Encuesta para el estudio FFVP-CFD*

P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone: (855)-887-4575  
Fax: (609) 799-0005  
www.mathematica-mpr.com

Otoño 2014

Estimado Estudiante:

Nos gustaría aprender más sobre los alimentos en tu escuela, cuáles te gustan y cuáles no, y qué piensas sobre los bocadillos de fruta y verdura que se ofrecen en la escuela.

Estamos pidiendo a los estudiantes de algunos salones que completen una corta encuesta sobre las frutas y verduras que comen durante la jornada escolar. Esto es voluntario.

También pediremos a algunos estudiantes que llenen un simple diario de alimentación y sean entrevistados sobre los alimentos que comen en la escuela. Esto también es voluntario.

Si decides no participar en la encuesta, no te pasará nada. Tus padres saben que puede ser que participes en esta encuesta.

Por favor escribe tu nombre y firma a continuación si deseas participar en el estudio. Si no deseas participar, no escribas ni firmes tu nombre.

Gracias,

Rhoda Cohen

**NOMBRE DEL ESTUDIANTE:** \_\_\_\_\_

**FIRMA DEL ESTUDIANTE:** \_\_\_\_\_

Approved by NEIRB on \_\_\_\_\_  
As Is \_\_\_\_\_ As Revised \_\_\_\_\_

10/1/14  
Initials [Signature]

*Según la Ley de Simplificación de Trámites Administrativos, una agencia no puede llevar a cabo ni auspiciar, y no se requiere que ninguna persona responda a una recopilación de información si no despliega un número de control válido de OMB. El número de control válido de OMB para esta recolección de información es 0584-0598. Se estima que el tiempo que se necesita para completar esta recopilación de información es de un promedio de 5 minutos por respuesta incluyendo el tiempo para revisar instrucciones, buscar fuentes de datos existentes, recopilar y mantener los datos necesarios; y completar y revisar la recopilación de información.*

**APPENDIX B4**  
**STUDENT SURVEY**

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**STUDENT SURVEY ADMINISTRATION INTRODUCTION:**

Hello everyone, I am \_\_\_\_\_ and I'm conducting a study for the U.S. Department of Agriculture, Food and Nutrition Service about the fruit and vegetable snacks at your school. Today I will ask you to answer a very short survey so we can learn what you think about the fruit and vegetable snacks at school and which fruits and vegetables you like. All students who participate in the study will receive a \$5 gift card.

**STUDENT SURVEYS: DISTRIBUTED TO CONSENTED AND ASSENTED STUDENTS (GRADES 4-6) AT THEIR DESKS. SAY:**

Look at the front cover of your survey. At the top it says "What Do Students Eat?" Please print your name. Please answer the questions in the survey by checking the box or filling in the blanks. This is not a test! There are no right or wrong answers. We just want to know what you like to eat.

The survey will take you about 15 minutes to complete.

When you complete the survey, place it on the top right corner of your desk.

**STOP**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 5 minutes for the assent form and 15 minutes per response for the survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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## What Do Students Eat?

Please answer the questions below by checking the box or filling in the blanks.

☺ This is not a test! There are **no** right or wrong answers. We want to know about you and what you like to eat.

1. In a usual school week (weekdays), how often do you eat the following school meals? Mark only ONE box for each statement.

	Less than once a week or never	1 to 2 times a week	3 to 4 times a week	Every day
A. I usually eat the school lunch...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
B. I usually bring lunch from home...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C. I usually eat the school breakfast....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

---

**Your school offers free fruit and vegetable snacks BETWEEN meals.**

**2. When they are offered, how often do you usually take the free FRUIT snack?**

Mark only ONE box.

- <sub>1</sub> Every time offered
- <sub>2</sub> Most times offered
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>5</sub> Haven't seen it offered

**3. When they are offered, how often would you take the free VEGETABLE snack?**

Mark only ONE box.

- <sub>1</sub> Every time offered
- <sub>2</sub> Most times offered
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>5</sub> Haven't seen it offered

**4. If you take the free FRUIT snack when it is offered, how much of it do you usually eat?**

Mark only ONE box.

- <sub>1</sub> I usually eat all of it
- <sub>2</sub> I usually eat most of it
- <sub>3</sub> I usually eat some of it →
- <sub>4</sub> I don't usually eat any of it →
- <sub>5</sub> I don't usually take the free fruit →

4a. Why don't you eat the FRUIT snack? Check ALL that apply

- Don't like the kind of fruit
- Don't like the taste of fruit
- Don't like the way it looks
- Don't have time to eat it
- Other (please describe)

\_\_\_\_\_

---

**5. If you take the free VEGETABLE snack when it is offered, how much of it do you usually eat?**

Mark only ONE box.

- <sub>1</sub> I usually eat all of it
- <sub>2</sub> I usually eat most of it
- <sub>3</sub> I usually eat some of it →
- <sub>4</sub> I don't usually eat any of it →
- <sub>5</sub> I don't usually take the free vegetable →

5a. Why don't you eat the FRUIT snack? Check ALL that apply

- Don't like the kind of fruit
- Don't like the taste of fruit
- Don't like the way it looks
- Don't have time to eat it
- Other (please describe)
- \_\_\_\_\_

**6. If you do not take the fruit or vegetable snacks when they are offered, why not?**

Check ALL that apply.

- <sub>1</sub> I already take them every time they are offered
- <sub>2</sub> I don't like fruits
- <sub>3</sub> I don't like vegetables
- <sub>4</sub> I'm not hungry when they are offered
- <sub>5</sub> I don't like the look of the fruits and vegetables offered
- <sub>6</sub> I'm not in the class during snack time

**6a. Have you heard or seen any information around school about the free fruit and vegetable snacks?**

Mark only ONE box.

- <sub>1</sub> Yes, Go to 6b
- <sub>2</sub> No If no, skip to question 7

**6b. If you answered yes to question 6a, where did you see or hear the information?**

Check ALL that apply.

- <sub>1</sub> School cafeteria staff
- <sub>2</sub> Announcement over the loud speaker
- <sub>3</sub> Poster around school
- <sub>4</sub> Teacher/classroom
- <sub>5</sub> Other (please describe where) \_\_\_\_\_

**7. How much do you agree or disagree with the following statements?**

Mark only ONE box for each statement.

	I agree very much 	I agree a little 	I disagree a little 	I disagree a lot 
A. I eat more fruits and vegetables on days when free fruit and vegetable snacks are given at school than on other days	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
B. The free fruits and vegetables they give us for school snacks look good and taste good.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C. I wish they would give us different kinds of fruits and vegetables to eat for school snacks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
D. On days when I eat a free fruit or a vegetable snack at school, I don't eat other kinds of snacks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
E. I hope the free fruit and vegetable snacks continue at our school.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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

Mark only ONE box for each statement.

	I agree very much 	I agree a little 	I disagree a little 	I disagree a lot 
A. I like most fruits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
B. I like most vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C. I like to try new kinds of fruits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
D. I like to try new kinds of vegetables	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

→ → → → → → → → → → → → → → → Continue to next page

---

**9. For each fresh fruit or vegetable, mark how much you like it.**

Even if you can't eat one of these foods now (for example, you have braces or some other reason) answer whether you like or don't like it. Mark only ONE box for each fruit or vegetable.

	<b>Like a lot</b> ☺☺	<b>Like a little</b> ☺	<b>Don't like it</b> ☹	<b>Don't Know</b> <b>Never</b> <b>tasted</b>
A. Apples	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
B. Bananas	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C. Strawberries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
D. Kiwi fruits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
E. Oranges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
F. Pears	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
G. Grapes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
H. Cantaloupe	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I. Peaches	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
J. Pineapple	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
K. Plums	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
L. Watermelon	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
M. Nectarines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**9. Continued**

**For each fresh fruit or vegetable, mark how much you like it.**

Mark only ONE box for each fruit or vegetable.

	<b>Like a lot</b> 	<b>Like a little</b> 	<b>Don't like it</b> 	<b>Don't Know Never tasted</b>
N. Blueberries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
O. Tomatoes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
P. Carrots	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Q. Bell peppers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
R. Zucchini	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
S. Celery	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
T. Broccoli	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
U. Cauliflower	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
V. Cucumbers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
W. Lettuce	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
X. Snow peas	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**9. VERSION FOR SPRING: For each fruit or vegetable, mark how much you like it.**

Even if you can't eat one of these foods now (for example, you have braces or some other reason) answer whether you like or don't like it. Mark only ONE box for each fruit or vegetable.

	Like a lot 	Like a little 	Don't like it 	Don't Know Never tasted
A. Applesauce	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
B. Dried apples	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
C. Dried apricots	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
D. Dates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
E. Canned oranges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
F. Canned pears	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
G. Raisins	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
H. Canned peaches	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I. Canned pineapple	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
J. Dried plums	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**9. Continued**

**For each fruit or vegetable, mark how much you like it.**

Mark only ONE box for each fruit or vegetable.

	Like a lot 	Like a little 	Don't like it 	Don't Know Never tasted
K. Cooked carrots	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
L. Roasted peppers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
M. Cooked zucchini	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
N. Cooked broccoli	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
O. Cooked cauliflower	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**You are nearly finished! Just one question about you...**

**10. What language do you use with your parents most of the time?**

<sub>1</sub>

English

<sub>2</sub>

Spanish

<sub>3</sub>

Sometimes English and sometimes Spanish

<sub>3</sub>

Other (please describe) \_\_\_\_\_

**Thank you for your help with this questionnaire!**

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**APPENDIX B5**

**STUDENT "FOODS EATEN IN SCHOOL"  
DIARY/DIETARY RECALL**

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## **FOODS EATEN IN SCHOOL TODAY (FEST) DIARY FALL 2014/SPRING 2015 TRAINING SCRIPT**

### **INTRODUCTION:**

Hello, I am \_\_\_\_\_ and I am conducting a study about the fruit and vegetable snacks at your school for the US Department of Agriculture Food and Nutrition Service. Later today we will meet again, and I will ask you about all the foods you ate during the school day.

### **HAND OUT FEST FORMS:**

I am giving you this booklet to help you keep track of what you eat at school today. That includes everything you ate between the time you got to school and [INSERT OFFICIAL END TIME]. Please bring this booklet when we meet again at [TIME SCHEDULED TO MEET] in [ROOM #]. That includes breakfast at school. It will take us about ten minutes or less to go through the booklet together so you know how to fill it out.

- *Interviewer: Ask student to write name, individualized time scheduled to meet, and room number to meet on cover page.*

### **DATE (PAGE 2)**

Turn to the first page. Please write in today's date.

- *Interviewer: Read what should be entered in each space and wait for students to write response*

### **DIRECTIONS (PAGE 3)**

Open the form to the next page and I will read the directions to you.

- *Interviewer: Be sure to emphasize...*
  - o *everything you eat and drink*
  - o *one food or drink per line*
  - o *include snacks*
- Do you have any questions?

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## **FOODS EATEN IN SCHOOL TODAY (PAGE 4)**

Turn to the next page. Think about what you have had to eat or drink here at school this morning. Let's record the foods together so you will know how to fill out the page on your own. What did you eat or drink?

- *Interviewer: Ask students to write each item on a separate line in the "What?" column.*
- When did you eat it? Please fill in the time in the first space.
- *Interviewer: Probe for detailed description of each food in "What?" column.*
  - o *Packaged food: Do you remember what brand it was? What was on the wrapper? What flavor was it?*
- In the last column to the right, check off where the food came from: school, home, or somewhere else.
- Please do not write anything in the two shaded columns on the right.
- Can you think of anything else you ate or drank at school today that you did not write down on this page? Did you have any snacks?
- Do you think you can fill out the booklet with everything you eat or drink today before we meet again at [TIME SCHEDULED TO MEET]?

Now, I will answer any other questions you might have.

Have a great day until I see you later. Remember to fill in your FEST form each time you eat or drink something.

**STOP**

# FOODS Eaten in School Today



Your Name:

---

---

Please bring your  
completed form

with you to our

meeting today at:

---

---

TIME

ROOM #



**MATHEMATICA**  
Policy Research

<b>Date</b>			
	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Day of the Week</b>		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<input type="checkbox"/> <b>Boy</b>		<input type="checkbox"/> <b>Girl</b>	
<b>Age</b>	<b>Years</b>	<b>Grade</b>	
<b>Name of School</b>			
<b>Teacher's Name</b>			





## Directions

**Write** down **everything** you **eat** and **drink** in school today in this booklet. You already did breakfast if you ate it in school this morning. Keep going up to the time we meet later today.

Each time you eat or drink, **write** the **time**.

**Write one** food or drink on **a line**. Give brand names if you know them.

**Write** down any **snacks**, candy, or drinks, too.



# Foods Eaten in School Today

Write 1 food per line. Do not write in shaded areas.

LINE #	When? Time (Write in Time)	What? Food and Drink (Write type, brand, description)	Did you get this from school or was it from home or somewhere else?	# Portions Served/ Taken	ALL, >1/2, 1/2, <1/2, none, or other (specify)
1	: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
2	: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
3	: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
4	: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
5	: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
6	: _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		

# Foods Eaten in School Today

Write 1 food per line. Do not write in shaded areas.

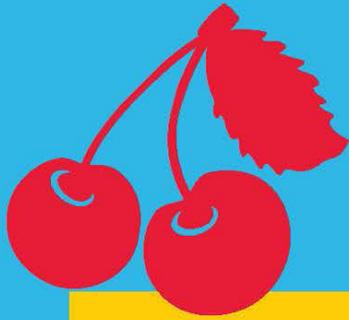
LINE #	When? Time (Write in Time)	What? Food and Drink (Write type, brand, description)	Did you get this from school or was it from home or somewhere else?	# Portions Served/Taken	ALL, >1/2, 1/2, <1/2, none, or other (specify)
7	:   		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
8	:   		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
9	:   		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
10	:   		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
11	:   		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
12	:   		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		



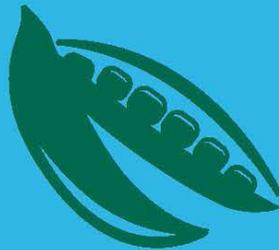
# Foods Eaten in School Today

Write 1 food per line. Do not write in shaded areas.

LINE #	When? Time (Write in Time)	What? Food and Drink (Write type, brand, description)	Did you get this from school or was it from home or somewhere else?	# Portions Served/Taken	ALL, >1/2, 1/2, <1/2, none, or other (specify)
19	: : _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
20	: : _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
21	: : _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
22	: : _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
23	: : _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		
24	: : _____		<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Somewhere else		



# FOODS Eaten in School Today



**APPENDIX B6**

**CLASSROOM SNACK OBSERVATION AND PLATE WASTE**

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**AFFIX MPRID LABEL**  
 COVER PAGE

**CLASSROOM AND STUDENT FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. Observer ID:	
2. Name of School:	
3. Classroom Number:	Classroom ID:
4. Teacher Name:	
5. Grade: <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th      Does classroom include more than one grade? <input type="checkbox"/> YES <input type="checkbox"/> NO IF CLASSROOM INCLUDES GRADES OTHER THAN 4-6, ( <i>specify</i> ):	
6. Students in this classroom had breakfast from     __ __  :  __ __  AM to  __ __  :  __ __  AM	
7. Students in this classroom had lunch from     __ __  :  __ __  AM / PM to  __ __  :  __ __  AM / PM	

8. Please mark all nutrition education and promotion material present in the classroom, in column A. Then for each type of education or promotional materials present, please answer column B.

	A.	B.	
	What types of nutrition education and promotion material are present?	Are the materials related to fruits and/or vegetables?	
	MARK ALL THAT APPLY	MARK ONE PER ROW	
		YES	NO
a. Nutrition poster	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Nutrition display	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Other ( <i>specify</i> )	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. None	<input type="checkbox"/>		
e. Not applicable	<input type="checkbox"/>		

Observer Notes:

NOTE: This booklet contains three pages for each day.

Classroom Observation: Each **day**, answer questions 1-8a on page 2.

Record observations regarding Fruits and Vegetables on pages 3-4.

Student-level Observation: **Each time** snacks are served, complete student-level observations on page 4.

**MONDAY**  
**CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. MONDAY: DATE:  _ _ / _ _ / _ _ _ _	Number of students in sampled classroom  _ _
---------------------------------------	--

2. Were free fruit and vegetable snacks offered today? <i>Please check one box for AM snack and another for PM snack.</i> If the answer is no, stop. If the answer to AM or PM is yes then go to Question 3.	<b>IN THE AM</b>		<b>IN THE PM</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Time(s) of day snacks offered in AM and / or PM	OFFERED AT	_ _ : _ _  AM	OFFERED AT	_ _ : _ _  PM
4. For each time free fruits and vegetables were offered, check all locations where fruits and vegetables were distributed to students in the sampled classroom	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )	
5. For each time free fruits and vegetables were offered, check all locations where students in the sampled classroom ate the fruit and vegetable snacks	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )	
6. Were staff providing nutrition education during the observation period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7
6a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Were staff encouraging students to consume nutritious food today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8
7a. Was this related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Was there taste testing today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW
8a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For AM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column C record the number of portions that were provided to the class as AM snack and then enter the number of portions left over after the students took the snacks or were served.
For PM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column D record the number of portions that were provided to the class as PM snack and then enter the number of portions left over after the students took the snacks or were served.

Observer Notes:

**MONDAY**  
**CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

A.	B.	C. AM SNACK		D. PM SNACK	
FOOD ITEM	Mark if Served as a Snack	# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
<b>FRUITS</b>					
Apples	<input type="checkbox"/>				
Applesauce, canned	<input type="checkbox"/>				
Apricots	<input type="checkbox"/>				
Bananas	<input type="checkbox"/>				
Blueberries	<input type="checkbox"/>				
Cantaloupe, fresh	<input type="checkbox"/>				
Cranberries / Craisins	<input type="checkbox"/>				
Grapes, fresh	<input type="checkbox"/>				
Honeydew melon, fresh	<input type="checkbox"/>				
Kiwis, fresh	<input type="checkbox"/>				
Nectarines, fresh	<input type="checkbox"/>				
Oranges, fresh	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Pineapple	<input type="checkbox"/>				
Plums	<input type="checkbox"/>				
Raisins	<input type="checkbox"/>				
Strawberries	<input type="checkbox"/>				
Tangerines, fresh	<input type="checkbox"/>				
Watermelon, fresh	<input type="checkbox"/>				
Mixed fruit	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>VEGETABLES</b>					
Beans, green	<input type="checkbox"/>				
Beans, other ( <i>specify</i> )	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Cauliflower	<input type="checkbox"/>				
Celery, fresh/raw	<input type="checkbox"/>				
Peas, green snap	<input type="checkbox"/>				
Peppers, green	<input type="checkbox"/>				
Peppers, orange, red, yellow	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Mixed vegetables	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>CONDIMENTS and OTHER ACCOMPANIMENTS</b> Record all condiments, dips, dressings, or sauces	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>How many FFVP snack portions were taken by teachers/aides?</b>					

**MONDAY**  
**STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

<b>STUDENT-LEVEL OBSERVATION</b>									
		A. AM SNACK				B. PM SNACK			
Student 1 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 2 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 3 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 4 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**TUESDAY**  
**CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. TUESDAY: DATE:  __ _  /  __ _  /  __ _ _ _	Number of students in sampled classroom  __ _
---	---

2. Were free fruit and vegetable snacks offered today? <i>Please check one box for AM snack and another for PM snack.</i> If the answer is no, stop. If the answer to AM or PM is yes then go to Question 3.	<b>IN THE AM</b>		<b>IN THE PM</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Time(s) of day snacks offered in AM and / or PM	OFFERED AT	_ _ : _ _  AM	OFFERED AT	_ _ : _ _  PM
4. For each time free fruits and vegetables were offered, check all locations where fruits and vegetables were distributed to students in the sampled classroom	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )	
5. For each time free fruits and vegetables were offered, check all locations where students in the sampled classroom ate the fruit and vegetable snacks	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )	
6. Were staff providing nutrition education during the observation period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7
6a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Were staff encouraging students to consume nutritious food today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8
7a. Was this related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Was there taste testing today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW
8a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For AM observations - Use forms on the following 2 pages

In Column B, mark if served as a snack. In Column C record the number of portions that were provided to the class as AM snack and then enter the number of portions left over after the students took the snacks or were served.

For PM observations - Use forms on the following 2 pages

In Column B, mark if served as a snack. In Column D record the number of portions that were provided to the class as PM snack and then enter the number of portions left over after the students took the snacks or were served.

Observer Notes:

**TUESDAY**  
**CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

A.	B.	C. AM SNACK		D. PM SNACK	
FOOD ITEM	Mark if Served as a Snack	# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
<b>FRUITS</b>					
Apples	<input type="checkbox"/>				
Applesauce, canned	<input type="checkbox"/>				
Apricots	<input type="checkbox"/>				
Bananas	<input type="checkbox"/>				
Blueberries	<input type="checkbox"/>				
Cantaloupe, fresh	<input type="checkbox"/>				
Cranberries / Craisins	<input type="checkbox"/>				
Grapes, fresh	<input type="checkbox"/>				
Honeydew melon, fresh	<input type="checkbox"/>				
Kiwis, fresh	<input type="checkbox"/>				
Nectarines, fresh	<input type="checkbox"/>				
Oranges, fresh	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Pineapple	<input type="checkbox"/>				
Plums	<input type="checkbox"/>				
Raisins	<input type="checkbox"/>				
Strawberries	<input type="checkbox"/>				
Tangerines, fresh	<input type="checkbox"/>				
Watermelon, fresh	<input type="checkbox"/>				
Mixed fruit	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>VEGETABLES</b>					
Beans, green	<input type="checkbox"/>				
Beans, other ( <i>specify</i> )	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Cauliflower	<input type="checkbox"/>				
Celery, fresh/raw	<input type="checkbox"/>				
Peas, green snap	<input type="checkbox"/>				
Peppers, green	<input type="checkbox"/>				
Peppers, orange, red, yellow	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Mixed vegetables	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>CONDIMENTS and OTHER ACCOMPANIMENTS</b> Record all condiments, dips, dressings, or sauces	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>How many FFVP snack portions were taken by teachers/aides?</b>					

**TUESDAY**  
**STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

<b>STUDENT-LEVEL OBSERVATION</b>									
		A. AM SNACK				B. PM SNACK			
Student 1 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 2 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 3 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 4 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**WEDNESDAY  
CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. WEDNESDAY: DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>	Number of students in sampled classroom <input type="text"/>
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2. Were free fruit and vegetable snacks offered today? <i>Please check one box for AM snack and another for PM snack.</i> If the answer is no, stop. If the answer to AM or PM is yes then go to Question 3.	<b>IN THE AM</b>		<b>IN THE PM</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Time(s) of day snacks offered in AM and / or PM	OFFERED AT	<input type="text"/> : <input type="text"/> AM	OFFERED AT	<input type="text"/> : <input type="text"/> PM
4. For each time free fruits and vegetables were offered, check all locations where fruits and vegetables were distributed to students in the sampled classroom	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )	
5. For each time free fruits and vegetables were offered, check all locations where students in the sampled classroom ate the fruit and vegetable snacks	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )	
6. Were staff providing nutrition education during the observation period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7
6a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Were staff encouraging students to consume nutritious food today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8
7a. Was this related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Was there taste testing today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW
8a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For AM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column C record the number of portions that were provided to the class as AM snack and then enter the number of portions left over after the students took the snacks or were served.
For PM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column D record the number of portions that were provided to the class as PM snack and then enter the number of portions left over after the students took the snacks or were served.

Observer Notes:

WEDNESDAY  
CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM

A.	B.	C. AM SNACK		D. PM SNACK	
FOOD ITEM	Mark if Served as a Snack	# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
<b>FRUITS</b>					
Apples	<input type="checkbox"/>				
Applesauce, canned	<input type="checkbox"/>				
Apricots	<input type="checkbox"/>				
Bananas	<input type="checkbox"/>				
Blueberries	<input type="checkbox"/>				
Cantaloupe, fresh	<input type="checkbox"/>				
Cranberries / Craisins	<input type="checkbox"/>				
Grapes, fresh	<input type="checkbox"/>				
Honeydew melon, fresh	<input type="checkbox"/>				
Kiwis, fresh	<input type="checkbox"/>				
Nectarines, fresh	<input type="checkbox"/>				
Oranges, fresh	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Pineapple	<input type="checkbox"/>				
Plums	<input type="checkbox"/>				
Raisins	<input type="checkbox"/>				
Strawberries	<input type="checkbox"/>				
Tangerines, fresh	<input type="checkbox"/>				
Watermelon, fresh	<input type="checkbox"/>				
Mixed fruit	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>VEGETABLES</b>					
Beans, green	<input type="checkbox"/>				
Beans, other ( <i>specify</i> )	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Cauliflower	<input type="checkbox"/>				
Celery, fresh/raw	<input type="checkbox"/>				
Peas, green snap	<input type="checkbox"/>				
Peppers, green	<input type="checkbox"/>				
Peppers, orange, red, yellow	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Mixed vegetables	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>CONDIMENTS and OTHER ACCOMPANIMENTS</b> Record all condiments, dips, dressings, or sauces	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>How many FFVP snack portions were taken by teachers/aides?</b>					

**WEDNESDAY**  
**STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

<b>STUDENT-LEVEL OBSERVATION</b>									
		A. AM SNACK				B. PM SNACK			
Student 1 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 2 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 3 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 4 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**THURSDAY**  
**CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. THURSDAY: DATE: <input type="text"/> / <input type="text"/> / <input type="text"/>	Number of students in sampled classroom <input type="text"/>
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2. Were free fruit and vegetable snacks offered today? <i>Please check one box for AM snack and another for PM snack.</i> If the answer is no, stop. If the answer to AM or PM is yes then go to Question 3.	<b>IN THE AM</b>		<b>IN THE PM</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Time(s) of day snacks offered in AM and / or PM	OFFERED AT	<input type="text"/> : <input type="text"/> AM	OFFERED AT	<input type="text"/> : <input type="text"/> PM
4. For each time free fruits and vegetables were offered, check all locations where fruits and vegetables were distributed to students in the sampled classroom	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )	
5. For each time free fruits and vegetables were offered, check all locations where students in the sampled classroom ate the fruit and vegetable snacks	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )	
6. Were staff providing nutrition education during the observation period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7
6a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Were staff encouraging students to consume nutritious food today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8
7a. Was this related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Was there taste testing today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW
8a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For AM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column C record the number of portions that were provided to the class as AM snack and then enter the number of portions left over after the students took the snacks or were served.
For PM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column D record the number of portions that were provided to the class as PM snack and then enter the number of portions left over after the students took the snacks or were served.

Observer Notes:

THURSDAY  
CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM

A.	B.	C. AM SNACK		D. PM SNACK	
FOOD ITEM	Mark if Served as a Snack	# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
<b>FRUITS</b>					
Apples	<input type="checkbox"/>				
Applesauce, canned	<input type="checkbox"/>				
Apricots	<input type="checkbox"/>				
Bananas	<input type="checkbox"/>				
Blueberries	<input type="checkbox"/>				
Cantaloupe, fresh	<input type="checkbox"/>				
Cranberries / Craisins	<input type="checkbox"/>				
Grapes, fresh	<input type="checkbox"/>				
Honeydew melon, fresh	<input type="checkbox"/>				
Kiwis, fresh	<input type="checkbox"/>				
Nectarines, fresh	<input type="checkbox"/>				
Oranges, fresh	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Pineapple	<input type="checkbox"/>				
Plums	<input type="checkbox"/>				
Raisins	<input type="checkbox"/>				
Strawberries	<input type="checkbox"/>				
Tangerines, fresh	<input type="checkbox"/>				
Watermelon, fresh	<input type="checkbox"/>				
Mixed fruit	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>VEGETABLES</b>					
Beans, green	<input type="checkbox"/>				
Beans, other ( <i>specify</i> )	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Cauliflower	<input type="checkbox"/>				
Celery, fresh/raw	<input type="checkbox"/>				
Peas, green snap	<input type="checkbox"/>				
Peppers, green	<input type="checkbox"/>				
Peppers, orange, red, yellow	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Mixed vegetables	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>CONDIMENTS and OTHER ACCOMPANIMENTS</b> Record all condiments, dips, dressings, or sauces	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>How many FFVP snack portions were taken by teachers/aides?</b>					

**THURSDAY**  
**STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

<b>STUDENT-LEVEL OBSERVATION</b>									
		A. AM SNACK				B. PM SNACK			
Student 1 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 2 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 3 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 4 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**FRIDAY**  
**CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

1. FRIDAY: DATE:  _ _ / _ _ / _ _ _ _	Number of students in sampled classroom  _ _
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2. Were free fruit and vegetable snacks offered today? <i>Please check one box for AM snack and another for PM snack.</i> If the answer is no, stop. If the answer to AM or PM is yes then go to Question 3.	<b>IN THE AM</b>		<b>IN THE PM</b>	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Time(s) of day snacks offered in AM and / or PM	OFFERED AT	_ _ : _ _  AM	OFFERED AT	_ _ : _ _  PM
4. For each time free fruits and vegetables were offered, check all locations where fruits and vegetables were distributed to students in the sampled classroom	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Free vending machine <input type="checkbox"/> Kiosk/Cart in hallway <input type="checkbox"/> Other ( <i>specify</i> )	
5. For each time free fruits and vegetables were offered, check all locations where students in the sampled classroom ate the fruit and vegetable snacks	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )		<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other ( <i>specify</i> )	
6. Were staff providing nutrition education during the observation period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q7
6a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Were staff encouraging students to consume nutritious food today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO Q8
7a. Was this related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Was there taste testing today?	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW	<input type="checkbox"/> YES	<input type="checkbox"/> NO → GO TO INSTRUCTIONS BELOW
8a. Was this activity related to fruits and/or vegetables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For AM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column C record the number of portions that were provided to the class as AM snack and then enter the number of portions left over after the students took the snacks or were served.
For PM observations - Use forms on the following 2 pages In Column B, mark if served as a snack. In Column D record the number of portions that were provided to the class as PM snack and then enter the number of portions left over after the students took the snacks or were served.

Observer Notes:

FRIDAY  
CLASSROOM FRUIT AND VEGETABLE SNACKS OBSERVATION FORM

A.	B.	C. AM SNACK		D. PM SNACK	
FOOD ITEM	Mark if Served as a Snack	# of Portions Provided to Class	# of Portions Left Over	# of Portions Provided to Class	# of Portions Left Over
<b>FRUITS</b>					
Apples	<input type="checkbox"/>				
Applesauce, canned	<input type="checkbox"/>				
Apricots	<input type="checkbox"/>				
Bananas	<input type="checkbox"/>				
Blueberries	<input type="checkbox"/>				
Cantaloupe, fresh	<input type="checkbox"/>				
Cranberries / Craisins	<input type="checkbox"/>				
Grapes, fresh	<input type="checkbox"/>				
Honeydew melon, fresh	<input type="checkbox"/>				
Kiwis, fresh	<input type="checkbox"/>				
Nectarines, fresh	<input type="checkbox"/>				
Oranges, fresh	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Pineapple	<input type="checkbox"/>				
Plums	<input type="checkbox"/>				
Raisins	<input type="checkbox"/>				
Strawberries	<input type="checkbox"/>				
Tangerines, fresh	<input type="checkbox"/>				
Watermelon, fresh	<input type="checkbox"/>				
Mixed fruit	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>VEGETABLES</b>					
Beans, green	<input type="checkbox"/>				
Beans, other ( <i>specify</i> )	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Cauliflower	<input type="checkbox"/>				
Celery, fresh/raw	<input type="checkbox"/>				
Peas, green snap	<input type="checkbox"/>				
Peppers, green	<input type="checkbox"/>				
Peppers, orange, red, yellow	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Mixed vegetables	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
Other ( <i>specify</i> ):	<input type="checkbox"/>				
<b>CONDIMENTS and OTHER ACCOMPANIMENTS</b> Record all condiments, dips, dressings, or sauces	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
<b>How many FFVP snack portions were taken by teachers/aides?</b>					

**FRIDAY**  
**STUDENT-LEVEL FRUIT AND VEGETABLE SNACKS OBSERVATION FORM**

<b>STUDENT-LEVEL OBSERVATION</b>									
		A. AM SNACK				B. PM SNACK			
Student 1 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 2 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 3 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student 4 ID: Identifying features or clothing:	# portions served to student	_				_			
	# portions added	_				_			
	Percent of snack left over	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):				<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other ( <i>specify</i> ):			
	Did student take condiment? ( <i>specify</i> ):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Did student consume condiment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## **APPENDIX C**

### **OTHER DATA COLLECTION FORMS**

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**APPENDIX C1**

**REIMBURSABLE FOODS FORM**

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OMB Control No: 0584-0598  
Expiration date: 09/30/2017

## EVALUATION OF THE CANNED, FROZEN, OR DRIED FRUITS AND VEGETABLES IN THE FFVP

### School-Level Reimbursable Foods Forms

DAY OF WEEK	<input type="checkbox"/> 1 Monday	<input type="checkbox"/> 2 Tuesday	<input type="checkbox"/> 3 Wednesday	<input type="checkbox"/> 4 Thursday	<input type="checkbox"/> 5 Friday	DATE: <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> MONTH DAY YEAR
School ID: <input type="text"/>			School Name:			
Food Service Manager:						
Field Interviewer ID: <input type="text"/>			Field Interviewer Name:			

#### INSTRUCTIONS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



## School-Level Reimbursable Foods Form for Breakfast and Lunch

A. Food Item	B. If served at <u>Breakfast</u> , check box and obtain portion size (include units)	C. If served at <u>Lunch</u> , check box and obtain portion size (include units)		D. Food Description	
<b>FRUIT</b>					
Apple	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up	
Applesauce, canned	<input type="checkbox"/>	<input type="checkbox"/>	cup	cup	<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Apricots	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Dried <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Banana	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Blueberries	<input type="checkbox"/>	<input type="checkbox"/>	cup	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried
Cantaloupe, fresh	<input type="checkbox"/>	<input type="checkbox"/>			
Cranberries, dried/Craisins	<input type="checkbox"/>	<input type="checkbox"/>	cup	cup	
Grapes, fresh	<input type="checkbox"/>	<input type="checkbox"/>			
Honeydew melon, fresh	<input type="checkbox"/>	<input type="checkbox"/>			
Kiwis, fresh	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Nectarines, fresh	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Oranges	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Peaches	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Pears	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water

A. Food Item	B. If served at <u>Breakfast</u> , check box and obtain portion size (include units)		C. If served at <u>Lunch</u> , check box and obtain portion size (include units)		D. Food Description
<b>FRUITS, continued</b>					<i>LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</i>
Pineapple	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Plums	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Raisins	<input type="checkbox"/>		<input type="checkbox"/>		
Strawberries	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Tangerines, fresh	<input type="checkbox"/>		<input type="checkbox"/>		
Watermelon, fresh	<input type="checkbox"/>		<input type="checkbox"/>		
Mixed fruit	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		
<b>JUICES</b> (Note: Include only full-strength (100%) fruit and vegetable juice. DO NOT include fruit drinks.)					
Orange juice	<input type="checkbox"/>	fl oz.	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added
Apple juice	<input type="checkbox"/>	fl oz.	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added
Frozen juice cup/bar	<input type="checkbox"/>	fl oz.	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added
Other (specify):	<input type="checkbox"/>	fl oz.	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added
Other (specify):	<input type="checkbox"/>	fl oz.	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added
Other (specify):	<input type="checkbox"/>	fl oz.	<input type="checkbox"/>	fl oz.	<input type="checkbox"/> Vitamin C added <input type="checkbox"/> Calcium added

A. Food Item	B. If served at <b>Breakfast</b> , check box and obtain portion size (include units)		C. If served at <b>Lunch</b> , check box and obtain portion size (include units)		D. Food Description
<b>VEGETABLES</b>					LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS
Baked beans	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork
Beans, green	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type):
Beans, other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> From dry <input type="checkbox"/> Fat added, (specify type):
Broccoli	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type):
Carrots	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type):
Cauliflower	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type):
Celery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked
Cucumber	<input type="checkbox"/>		<input type="checkbox"/>		
Corn	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> From Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type):
Jicama	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh /raw
Peas, green	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen
Peppers, green	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen
Peppers, orange, red, or yellow	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen
Potatoes, whipped or mashed	<input type="checkbox"/>	Cup	<input type="checkbox"/>	Cup	<input type="checkbox"/> From Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <input type="checkbox"/> Fat added, (specify type):
French fries	<input type="checkbox"/>	oz.	<input type="checkbox"/>	oz.	<input type="checkbox"/> From Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried
Tater tots or shapes	<input type="checkbox"/>	oz.	<input type="checkbox"/>	oz.	<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried
Sweet potatoes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> From Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Fat added, (specify type):

A. Food Item	B. If served at <u>Breakfast</u> , check box and obtain portion size (include units)		C. If served at <u>Lunch</u> , check box and obtain portion size (include units)		D. Food Description
<b>VEGETABLES</b> , continued					
Tomatoes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen
Mixed vegetables	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> From fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> From dry <input type="checkbox"/> Fat added, (specify type):
Salad, tossed	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	
Other (specify):	<input type="checkbox"/>				
Other (specify):	<input type="checkbox"/>				
Other (specify):	<input type="checkbox"/>				
<b>SELF-SERVE BARS</b> <span style="float: right;">LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</span>					
Potato bar	<input type="checkbox"/>				List other vegetables offered:
Salad bar (side or small portion)	<input type="checkbox"/>				List fruits and vegetable offered:
Salad bar (entrée or large portion)	<input type="checkbox"/>				List meat/meat alternates, fruits, and vegetable offered:
Other (specify):	<input type="checkbox"/>				List meat/meat alternates, fruits, and vegetable offered:
<b>MILK</b>					
White, fat-free/skim		fl oz.		fl oz.	
White, 1%		fl oz.		fl oz.	
Chocolate, fat-free/skim		fl oz.		fl oz.	
Other flavor (specify):		fl oz.		fl oz.	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1%

A. Food Item	B. If served at <u>Breakfast</u> , check box and obtain portion size (include units)	C. If served at <u>Lunch</u> , check box and obtain portion size (include units)	D. Food Description
<b>MILK</b> , continued			
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1%
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1%
<b>SANDWICHES</b> PLEASE INCLUDE TYPE OF BREAD, TYPE AND AMOUNT OF FILLING, AND ANY ADDED FAT OR SAUCE			
	<input type="checkbox"/>	1 sandwich	<input type="checkbox"/> 1 sandwich
	<input type="checkbox"/>	1 sandwich	<input type="checkbox"/> 1 sandwich
	<input type="checkbox"/>	1 sandwich	<input type="checkbox"/> 1 sandwich
	<input type="checkbox"/>	1 sandwich	<input type="checkbox"/> 1 sandwich
	<input type="checkbox"/>	1 sandwich	<input type="checkbox"/> 1 sandwich
<b>ENTREE SALADS</b> PLEASE LIST TYPE AND AMOUNT OF MEAT/MEAT ALTERNATES, FRUIT AND VEGETABLES, AND OTHER MAIN INGREDIENTS. ALSO, LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS.			
Chef's salad (entrée)	<input type="checkbox"/>	1 salad	<input type="checkbox"/>
	<input type="checkbox"/>	1 salad	<input type="checkbox"/>
	<input type="checkbox"/>	1 salad	<input type="checkbox"/>

A. Food Item	B. If served at <u>Breakfast</u> , check box and obtain portion size (include units)	C. If served at <u>Lunch</u> , check box and obtain portion size (include units)	D. Food Description
<b>OTHER ENTREES AND MEAT/MEAT ALTERNATES</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce ( <i>specify</i> ):
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce ( <i>specify</i> ):
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce ( <i>specify</i> ):
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce ( <i>specify</i> ):
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beef or pork <input type="checkbox"/> Breaded <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Chicken or turkey <input type="checkbox"/> With skin <input type="checkbox"/> Fat added <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Sauce ( <i>specify</i> ):
<b>BREADS AND GRAINS OFFERED SEPARATELY</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	( <i>Specify type</i> ): <input type="checkbox"/> Whole grain -rich <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Fat added ( <i>specify</i> ):
	<input type="checkbox"/>	<input type="checkbox"/>	( <i>Specify type</i> ): <input type="checkbox"/> Whole grain -rich <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Fat added ( <i>specify</i> ):
	<input type="checkbox"/>	<input type="checkbox"/>	( <i>Specify type</i> ): <input type="checkbox"/> Whole grain -rich <input type="checkbox"/> Reduced-fat <input type="checkbox"/> Fat added ( <i>specify</i> ):

A. Food Item	B. If served at <u>Breakfast</u> , check box and obtain portion size (include units)	C. If served at <u>Lunch</u> , check box and obtain portion size (include units)	D. Food Description
<b>BREAKFAST CEREAL</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cold <input type="checkbox"/> Hot-instant <input type="checkbox"/> Hot-quick <input type="checkbox"/> Hot-regular
<b>DESSERTS AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Icing <input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping <input type="checkbox"/> Reduced-fat
<b>CONDIMENTS AND SALAD DRESSINGS</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free

NOTES:

## School-Level Reimbursable Foods Form for FFVP Snacks

If no snacks are served today, check here

A. Food Item	B. If served at <u>AM snack</u> , check box and obtain portion size <i>(include units)</i>	C. If served at <u>PM snack</u> , check box and obtain portion size <i>(include units)</i>	D. Food Description
<b>FRUITS</b>			
Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Applesauce, canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened
Apricots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Dried <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Dried <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Blueberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Dried
Cantaloupe, fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Cranberries, dried/Craisins	<input type="checkbox"/>	<input type="checkbox"/>	
Grapes, fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Honeydew melon, fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Kiwis, fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Nectarines, fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up
Oranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water

A. Food Item	B. If served at <u>AM snack</u> , check box and obtain portion size (include units)	C. If served at <u>PM snack</u> , check box and obtain portion size (include units)	D. Food Description
<b>FRUITS</b> , continued		LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS	
Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Plums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Raisins	<input type="checkbox"/>	<input type="checkbox"/>	
Strawberries	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <i>IF FRESH:</i> <input type="checkbox"/> Whole <input type="checkbox"/> Sliced/ Cut Up <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Tangerines, fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Watermelon, fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Mixed fruit	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <i>IF PACKED IN SYRUP, JUICE OR WATER:</i> <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water
Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	
Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	
Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VEGETABLES</b>			
Baked beans	<input type="checkbox"/>	cup	<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork
Beans, green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, ( <i>specify type</i> )
Beans, other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> From dry <input type="checkbox"/> Fat added, ( <i>specify type</i> )

A. Food Item	B. If served at <b>AM snack</b> , check box and obtain portion size (include units)		C. If served at <b>PM snack</b> , check box and obtain portion size (include units)		D. Food Description
<b>VEGETABLES, continued</b>					
<i>LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</i>					
Broccoli	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type)
Carrots	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type)
Cauliflower	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type)
Celery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked
Cucumber	<input type="checkbox"/>		<input type="checkbox"/>		
Corn	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> From Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Fat added, (specify type)
Jicama	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh /raw
Peas, green	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen
Peppers, green	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen
Peppers, orange, red, or yellow	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Frozen
Potatoes, whipped or mashed	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> From Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried <input type="checkbox"/> Fat added, (specify type)
French fries	<input type="checkbox"/>	oz.	<input type="checkbox"/>	oz.	<input type="checkbox"/> From Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried
Tater tots or shapes	<input type="checkbox"/>	oz.	<input type="checkbox"/>	oz.	<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried
Sweet potatoes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> From Fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Fat added, (specify type)
Tomatoes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Fresh/raw <input type="checkbox"/> Fresh/cooked <input type="checkbox"/> Canned <input type="checkbox"/> Frozen
Mixed vegetables	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	<input type="checkbox"/> From fresh <input type="checkbox"/> Canned <input type="checkbox"/> Frozen <input type="checkbox"/> From dry <input type="checkbox"/> Fat added, (specify type)

A. Food Item	B. If served at <u>AM snack</u> , check box and obtain portion size (include units)		C. If served at <u>PM snack</u> , check box and obtain portion size (include units)		D. Food Description
<b>VEGETABLES, continued</b>					<i>LIST DRESSING AS SEPARATE ITEM(S) UNDER CONDIMENTS</i>
Salad, tossed	<input type="checkbox"/>	cup	<input type="checkbox"/>	cup	
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		
Other (specify):	<input type="checkbox"/>		<input type="checkbox"/>		
<b>CONDIMENTS AND SALAD DRESSINGS</b>					
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Reduced fat <input type="checkbox"/> Low fat <input type="checkbox"/> Fat-free

NOTES:



**APPENDIX C2**

**FRUITS AND VEGETABLES DAILY MEAL  
AND SNACKS COUNT FORM**

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**AFFIX MPRID LABEL**  
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## FRUITS AND VEGETABLES DAILY MEAL AND SNACKS COUNT FORM

1. Your name:
2. Name of school:
3. Target Week Dates: From  _ _ / _ _ / 2 0 1 _ _  to  _ _ / _ _ / 2 0 1 _ _
4. Please record the total number of students enrolled in your school:  _ ,  _ _ _

5. For each day of the target week, please record the total number of USDA reimbursable meals and snacks (breakfast, lunch, FFVP snacks) served in your school. Do not include meals for which you do not claim reimbursement, for example, second lunches sold to student on an à la carte basis

	<b>A.</b>	<b>B.</b>	<b>C.</b>
	<b>Total Number of Reimbursable Breakfast Served</b>	<b>Total Number of Reimbursable Lunch Served</b>	<b>Total Number of Reimbursable FFVP Snacks Served</b>
a. Monday	_ ,  _ _ _	_ ,  _ _ _	_ ,  _ _ _
b. Tuesday	_ ,  _ _ _	_ ,  _ _ _	_ ,  _ _ _
c. Wednesday	_ ,  _ _ _	_ ,  _ _ _	_ ,  _ _ _
d. Thursday	_ ,  _ _ _	_ ,  _ _ _	_ ,  _ _ _
e. Friday	_ ,  _ _ _	_ ,  _ _ _	_ ,  _ _ _

If you have any questions about completing this form, please call us toll-free at (855)-887-4575. A member of the site visit team will collect this form on Friday. If you are unable to complete the form by Friday, please scan and return the form to [FruitandVegetableStudy@mathematica-mpr.com](mailto:FruitandVegetableStudy@mathematica-mpr.com).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0598. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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**APPENDIX C3**

**NUTRITION EDUCATION AND PROMOTION MATERIAL  
AND MENU COLLECTION FORM**

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**AFFIX MPRID LABEL**  
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**FRUITS AND VEGETABLES PROGRAM - SCHOOL- LEVEL  
 NUTRITION EDUCATION AND PROMOTION MATERIAL AND MENU COLLECTION FORM**

1. Your name:
2. Name of School:
3. Target Week dates: From:  _ _ / _ _ / 2 0 _ _  to  _ _ / _ _ / 2 0 _ _
4. Please staple a copy of the school menu for the target week. <span style="float: right;">Check box if attached <input type="checkbox"/></span>

5. Please mark all nutrition education activities and nutrition promotion materials present in the cafeteria, in column A. Then for each type of material that is present, please answer column B.

	<b>A.</b>	<b>B.</b>	
	<b>What types of nutrition education activities and nutrition promotion material are present?</b>	<b>Are the activities or materials related to fruits and/or vegetables?</b>	
	MARK ALL THAT APPLY	MARK ONE PER ROW	
		YES	NO
a. Nutrition poster	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Nutrition display	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Staff encouraging students to consume fruits or vegetables	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Taste testing	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Other ( <i>specify</i> )	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. None	<input type="checkbox"/>		
g. Not applicable	<input type="checkbox"/>		

6. Please mark all nutrition education and nutrition promotion materials present in other food service areas, in column A. Then for each type of material that is present, please answer column B.

	<b>A.</b>	<b>B.</b>	
	<b>What types of nutrition education and promotion materials are present?</b>	<b>Are the materials related to fruits and/or vegetables?</b>	
	MARK ALL THAT APPLY	MARK ONE PER ROW	
		YES	NO
a. Nutrition poster	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Nutrition display	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Other ( <i>specify</i> )	<input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. None	<input type="checkbox"/>		
e. Not applicable	<input type="checkbox"/>		

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**APPENDIX C4**

**STAKEHOLDER QUALITATIVE INTERVIEWS:  
MASTER PROTOCOL**

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## **FFVP-CFD IMPLEMENTATION STUDY: MASTER INTERVIEW PROTOCOL<sup>1</sup>**

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### **A. Overview of respondent and FFVP**

[State CN Director; SFA Director; school food service manager; other school staff]

1. Confirm respondent's title/position
2. What is your role in the FFVP?
3. How long have you been involved in, the program?

### **B. Applying for CFD pilot**

[State CN Director; SFA Director; school food service manager; other school staff]

1. What role did you play in the decision to apply for the CFD pilot?
2. What were your school's goals in applying for the pilot?
  - a. What specific barriers were you trying to address?

[Probe, if needed]

    - i. Cost?
    - ii. Storage limitations?
    - iii. Availability of fresh produce?
    - iv. Lack of staff/kitchen space for preparation?

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<sup>1</sup> Respondents to be asked a specific set of questions are noted in [ ] at the start of each section. These interviews will be conducted in spring 2015.

### **C. Changes required to introduce CFD & early implementation**

[SFA Director; school food service manager; community partner]

1. Did you inform teachers, students, and parents of the decision to introduce CFD?
  - a. How did you inform them?
  - b. Did you receive feedback about the decision?
  - c. What was the general feeling about the pilot?
2. To incorporate CFD, did you alter any purchasing arrangements in place for the FFVP?
  - a. Did you need to identify new vendors?
  - b. Did you cancel agreements with existing vendors?
  - c. Why were these changes necessary?
3. To incorporate CFD, did you alter any delivery or transportation arrangements?
  - a. What specific changes did you make?
  - b. Why did you make these changes?
  - c. Were you satisfied with the results?
4. Did the introduction of CFD have implications for any other community partner relationships?
5. Did you change the method of distribution of fruits and vegetables within the school when incorporating CFD?
  - a. What specific changes did you make?  
[Probe, if needed]
    - i. Did the location of fruits and vegetables offerings within the school change?
  - b. Why did you make these changes?
6. Did you change your nutrition education because of the CFD pilot? How?

### **D. Incorporation of CFD**

[SFA Director/school food service manager; teacher]

1. Could you describe a typical week in the pilot?

- a. Is this pretty consistent, or does it change from week to week?
2. How did you decide on whether to serve fresh, canned, frozen, or dried fruits and vegetables?  
  
[Probe, if needed]
  - a. What types of CFD are offered?
    - i. [Probe, if needed] Mostly canned, mostly frozen, mostly dried, or a mix?
    - ii. Why did you choose this mix?
    - iii. Are there advantages or disadvantages to each type?
3. What is the timing of CFD offering?
  - a. [Probe, if needed] Is it incorporated every week?
  - b. Why do you use this timing for CFD?
  - c. Is this a change from the program timing in the fall?
4. How has CFD changed the overall selection of fruits and vegetables offered since January 1, 2015?
  - d. Has it increased or decreased the selection?  
[Probe, if needed]
  - i. Are there types of fruits and vegetables you offered prior to implementing the pilot that you no longer offer?
  - ii. Has it changed the ratio of fruits to vegetables offered?
  - iii. Why did you make these changes?
5. How has incorporating CFD affected the quality of fruits and vegetables offered?
  - e. Can you provide specific examples?
  - f. Do you feel the quality of CFD offerings is higher or lower than fresh fruits and vegetables?
    - i. Can you provide specific examples?

## **E. Student and parent reaction**

[Food service manager; teacher; other school staff, community partner; parent]

1. How have students reacted to the changes made since January 1, 2015?
2. What have parents said about the pilot?
3. Is more or less FFVP food wasted under the CFD pilot compared with before?
  - a. Why do you think this is the case?
  - b. Are particular foods more or less likely to be wasted?

## **F. Overall reactions to the CFD pilot**

[All respondents]

1. What are your overall feelings about the CFD pilot?
  - a. How have your perceptions compared with your initial expectations for the pilot?
2. What has worked well in the CFD pilot?
3. What has not worked well?
4. Has your school made changes to how CFD are incorporated since initiating the pilot on January 1, 2015?
  - a. What changes?
  - b. Why did you make these changes?
  - c. Did the changes improve the pilot?
5. If it were up to you, would you continue incorporating CFD fruits and vegetables?
  - a. Why?
6. Would you make any changes to how your school incorporates CFD fruits and vegetables?
7. Are there any other thoughts you would like to share about the pilot?

**APPENDIX C5**

**FFVP MONTHLY REIMBURSEMENT CLAIM FORMS**

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**FRESH FRUIT AND VEGETABLE  
PROGRAM (FFVP)  
Monthly Reimbursement Form  
Prototype**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Name of District: \_\_\_\_\_

Agreement Number \_\_\_\_\_

**SCHOOL YEAR:** \_\_\_\_\_

**SPECIFY FISCAL YEAR FUNDS:** \_\_\_\_\_

**CLAIM INFORMATION:**

Month/Year \_\_\_\_\_

Number of Days of Operation in Report Month: \_\_\_\_\_

**OPERATING COSTS**

*Please itemize expenses for operating costs*

-- Fruits/Vegetables \$ \_\_\_\_\_

-- Labor (ONLY for preparation and service of Fruits & Vegetables) \$ \_\_\_\_\_

-- Small supplies/other \$ \_\_\_\_\_

**TOTAL OPERATING COSTS** \$ \_\_\_\_\_

**ADMINISTRATIVE COSTS** \$ \_\_\_\_\_

*Please itemize expenses for operating costs*

Equipment, leasing, labor such as; planning, ordering, reporting, tracking, inventory, etc. total limited to 10% of grant\*\*

**SIGNATURE**

Food Service Director \_\_\_\_\_ Date \_\_\_\_\_

(Please print name) \_\_\_\_\_ Phone# \_\_\_\_\_

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<b>OPERATING COSTS:</b> <b>Product Description</b>	<b>Total Cost</b>
<b>--SMALL SUPPLIES/OTHER: Please itemize</b> (Small supplies -- e.g. napkins, paper plates, utensils, bowls, pans, other items such as low-fat dips)	
<b>ADMINISTRATIVE COSTS: please itemize</b> (costs such as equipment purchases, leasing and labor cost <b>not</b> related to the <u>preparation</u> and <u>serving</u> of fruits and vegetables; labor includes but is not limited to planning, ordering, writing menus, reporting, billing, tracking, inventory, etc. Total administrative costs are limited to 10% of the grant.	<b>Total Costs</b>
<b>Sub-total Administrative Costs</b>	

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