



United States Department of Agriculture

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*The Evaluation of Food Insecurity  
Nutrition Incentives (FINI)*

*Appendixes A through H:  
Data Collection Instruments*

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**Nutrition Assistance Program Report**  
**Food and Nutrition Service**  
**Office of Policy Support**

**May 2019**

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United States Department of Agriculture

*Food and Nutrition Service, Office of Policy Support*

*May 2019*

# *The Evaluation of Food Insecurity Nutrition Incentives (FINI)*

## *Appendixes A through H: Data Collection Instruments*

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Available online at [www.fns.usda.gov/research-and-analysis](http://www.fns.usda.gov/research-and-analysis)

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## **Appendix A**

### **Quarterly Core Program Data Annotated Form**



**OUTLET PROFILE** *(after receiving the first quarter of data, this information will be prefilled in subsequent quarters)*

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
CPD_OutletID	Assigned Outlet ID	A		
OutletGNote1	Grantee Notes/comments	B	N/A <i>This is an open space where grantees can add flags or groups or other details to help sort your grantees. We will not QC this field as it is strictly for grantee use.</i> <u>The data here will be maintained across quarters.</u>	
OutletGNote2	Grantee Notes/comments	C	N/A <i>This is an open space where grantees can add flags or groups or other details to help sort your grantees. We will not QC this field as it is strictly for grantee use.</i> <u>The data here will be maintained across quarters.</u>	
OutletNote	Notes/comments	D	N/A <i>Grantees can enter notes to Westat to explain aspects of the data they've entered.</i> <u>This is wiped clean with each new quarter.</u>	
OutletName	P1	E	What is the outlet's name?	<i>Enter data ONLY for outlets that have begun implementing FINI. DO NOT enter data on outlets that are considering participating in.</i>
SNAPnum	P2	F	What is the outlet's SNAP authorization number?	7-digit number. May have leading zeros.
SNAPYear	P3	G	In what year did the outlet receive its SNAP authorization?	Between 1960 and current year
ManagerName; ManagerPhone; ManagerEmail	P4	H, I, J	Please provide the following contact information for the outlet owner/manager:  NAME: _____ (column H) PHONE NUMBER: _____ (column I) EMAIL: _____ (column J)	Phone Number = 10 digits  Email address = your name@your company.com
MailAddress; MailAddress2; MailCity; MailState; MailZip	P5	K, L, M, N, O	What is the outlet's mailing address?  ADDRESS 1: _____ (column K) ADDRESS 2: _____ (column L) CITY: _____ (column M)	Zip Code = 5 digits (55555) or 9 digits (55555-5555)  State = 2 letters (i.e. NY, CA, etc.)

			STATE: _____ (column N) ZIP CODE: _____ (column O)	<i>Note that this may not be the same as the physical location of the outlet you record in the incentive section. We are looking for a <u>true mailing address</u> for the outlet manager.</i>
Fincentive		P	What is the name of the financial incentive? If accepts regular and Rx incentives, list both.	(E.g., Double Up Bucks, etc.)
OutletType	P6	Q, R	Which of the following best describes the outlet? (select only one)  Large Chain Grocery Store/Supermarket.... 1 Discount Superstore ..... 2 Convenience Store ..... 3 Small Store or Corner Store ..... 4 Farmers Market ..... 5 Direct Farm ..... 6 Farm Stand ..... 7 Mobile market at single location..... 8 Mobile market at multiple locations ..... 9 CSA..... 10 Vendor at <u>single</u> farmers market location.....11 Vendor at <u>multiple</u> farmers market locations....12 Vendor at multiple outlet types (specify outlet types).....13  <b>IF TYPE=13:</b> (TypeSpecify) Please specify: _____ (column R)	1 to 13 based on outlet type

#### QUARTERLY INFORMATION

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
Qyear	Q1A	S	For which calendar year are you reporting?	THIS IS A PREFILL, DO NOT CHANGE
Quarter	Q1B	T	For which quarter are you reporting? Winter =1 (months Jan-Mar) Spring = 2 (months Apr-June) Summer = 3 (months July-Sept) Fall = 4 (months Oct-Dec)	1-4
OpenQuarter	Q2	U	Was the outlet open at least one day in the current quarter?	1-4

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
			<p>YES, open and offered FINI = 1 → GO TO Q4  NO = 2 → GO TO Q12, Q16, END  NO LONGER PARTICIPATING IN FINI = 3 → GO TO Q3a-Q3b, Q12-Q14, Q16, END  YES, BUT NO INCENTIVE OFFERED THIS QUARTER = 4 → GO TO Q4-Q9, Q11-14, Q16-Q19, END</p> <p><i>Responses for CSAs:</i></p> <ul style="list-style-type: none"> <li>○ Selling CSA shares or produce at farm stands, and offering FINI incentives = 1</li> <li>○ Not selling CSA shares or produce at farm stands = 2</li> <li>○ No longer participating in FINI = 3</li> <li>○ Selling CSA shares or produce at farm stands, but not offering incentives = 4</li> </ul>	<p><i>If an outlet is closed for a few months, select “No=2.” If an outlet has closed business forever or has opted out of the FINI program permanently, select “No longer participating in FINI=3.”</i></p> <p><i>If an outlet closes mid-quarter, select “Yes, open and offered FINI=1” and then mark them as “No longer participating=3” the following quarter.</i></p>
FINIStopDate	Q3A	V	<p>(IF Q2 =3) When did the outlet stop participating in the FINI program?</p> <p>___ / ___ / ___</p> <p>M M D D Y Y Y Y</p>	MM/DD/YYYY format
NoLonger; LowValue; NoStaff; NoComply; FailComply; NoOther; NoOtherSpec	Q3B	W-AC	<p>(IF Q2 =3) Why is the outlet no longer participating in the FINI program? (Select all that apply)</p> <p>The outlet is no longer in operation (column W)  Low SNAP customer volume (column X)  Insufficient staff to operate incentive (column Y)  Compliance failure: offered FINI on non-eligible products (column Z)  Compliance failure : offered FINI to non-SNAP shoppers (column AA)  Other (column AB)  _____ (specify) (column AC)</p>	<p>Y is the acceptable answer for Columns W-AC</p> <p>If you enter “Y” in “Other”, specify in the next column the reason the outlet is no longer participating in the FINI program.</p>
Month1; Month2; Month3	Q4	AD-AF	<p>In the current quarter, during what months did the outlet operate at least one day? (Mark all that apply.)</p> <p>January ..... 1  February ..... 2  March ..... 3  April ..... 4  May ..... 5  June ..... 6  July ..... 7  August ..... 8  September ..... 9</p>	<p>Enter the applicable months that correspond to the quarter selected in column T</p> <p>1-12</p>

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
			October ..... 10 November ..... 11 December ..... 12	
OperDays	Q5	AG	On how many total days did the outlet operate in the current quarter?	1-92
Monday; Tuesday; Wednesday; Thursday; Friday; Saturday; Sunday	Q6	AH-AN	On what days did the outlet operate during the current quarter? (Mark all that apply). Monday ..... 1 (column AH) Tuesday ..... 2 (column AI) Wednesday ..... 3 (column AJ) Thursday ..... 4 (column AK) Friday ..... 5 (column AL) Saturday ..... 6 (column AM) Sunday ..... 7 (column AN)	Y is the acceptable answer
NumHours	Q7	AO	In the current quarter, when the outlet was in operation, how many hours was the outlet open on a typical day? _____ hours per day	1-24
TimeOfDay	Q8	AP	What time of day did the outlet typically operate in the current quarter? AM only ..... 1 PM only ..... 2 Both AM and PM ..... 3	1-3
SchedVary	Q9	AQ	In the current quarter, did the outlet's operating schedule vary...? By week ..... 1 By month ..... 2 Does not vary ..... 3	1-3
AllDays	Q10A	AR	Was the incentive offered on all operating days in the current quarter? Yes ..... Y (GO TO Q11) No ..... N	Y/N <i>Respond for regular incentive programs only, not Rx programs.</i>
IncDays	Q10B	AS	(IF Q10A = NO) How many days was the incentive offered? _____	1-92 <i>Respond for regular incentive programs only, not Rx programs.</i>
NumTrans	Q11	AT	How many SNAP transactions were processed at the outlet in the current quarter? _____	Numeric value  <i>Please estimate if you do not have an exact number.</i>
ReimbVal	Q12	AU	What was the total value of SNAP reimbursements made to vendors at the outlet in the current quarter? \$ _____	Numeric value
Spent	Q13	AV	How much money did you spend on the incentive program in the current quarter? (Include funding from all sources). \$ _____	Numeric value

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
			<b>IF Q13 = 0, GO TO Q15</b>	<p><i>If you reimburse outlets based on the value of incentives redeemed (VendorVal), include that value in "Spent."</i></p> <p><i>If you reimburse outlets based on the value of incentives issued (IssueVal), include that value in "Spent."</i></p> <p><i>Include money spent by the outlet, grantee, and all other sources for any FINI activity. Respond for both regular and Rx incentive programs.</i></p>
Pay; Equip; Purchase; Staff; Travel; Outreach; Educ; Admin; OtherSpent; OtherSpentSpec	Q14	AW-BF	<p>What was the money spent on? (Mark all that apply.)</p> <p>Pay Incentives.....(column AW)</p> <p>Purchase equipment.....(column AX)</p> <p>Purchase token, scrip, etc. ....(column AY)</p> <p>Staff time .....(column AZ) *</p> <p>Travel expenses (excluding staff time).....(column BA) *</p> <p>Outreach activities.....(column BB)</p> <p>Education activities.....(column BC)</p> <p>Administrative costs.....(column BD) *</p> <p>Other.....(column BE)</p> <p>(SPECIFY) _____ (column BF)</p> <p><b>*NEW in Q1 2018</b></p>	<p>Y is the acceptable answer for Columns AW to BF</p> <p>If you select "Y" for "Other," specify in the next column the other way the money for the incentive program was spent.</p> <p><i>Respond for both regular and Rx incentive programs.</i></p>
IssueVal	Q15	BG	<p>What was the total value of incentives issued at the outlet in the current quarter? <b>(regular, not Rx, incentives only)</b></p> <p>\$ _____</p>	<p>Numeric value</p> <p><i>Only include the value of regular (not Rx) incentives.</i></p> <p><i>For outlets that ONLY have a Rx program, leave blank.</i></p>
VendorVal	Q16	BH	<p>What was the total value of FINI incentive reimbursements made to vendors at the outlet in the current quarter? <b>(regular, not Rx, incentives only)</b></p> <p>\$ _____</p>	<p>Numeric value</p> <p><i>Only include the value of regular (not Rx) incentives.</i></p>

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
				<i>For outlets that ONLY have a Rx program, leave blank.</i>
Paid	Q17A	BI	How many paid staff from the outlet were involved in administration (e.g. promotion, outreach, operation) of the incentive program?  _____	0-100  <i>Include part-time and full-time paid staff.</i>
Vol	Q17B	BJ	How many volunteers from the outlet were involved in administration (e.g. promotion, outreach, operation) of the incentive program?  _____	0-100
NonSNAPBenefits	Q18A	BK	Did the outlet redeem benefits from other nutrition assistance programs in the current quarter? Yes.....Y No.....N (GO TO Q19) Don't Know.....DK (GO TO Q19)	Y/N/DK
WICFMNP; WICCVV; SeniorFMNP; OtherAssist; OtherAssistSpec	Q18B	BL-BP	(If Q18A=Yes) What other nutrition assistance programs did the outlet redeem benefits? (select all that apply) WIC Farmers Market Nutrition Program .....(column BL) WIC Cash Value Vouchers .....(column BM) Senior Farmers Market Nutrition Program.....(column BN) Other..... (column BO) (SPECIFY) _____ (column BP)	Y is the acceptable answer for Columns BL to BP  If you enter "Y" for "Other," type the name of the other nutrition assistance program in the next column.
DKEd; NoEd; SNAPEd; EFNEP; OtherEd; OtherEdSpec	Q19	BQ-BV	Which of these education activities were offered by the outlet in the current quarter? (Mark all that apply). Don't Know.....(column BQ) None.....(column BR) Federally funded SNAP-Ed nutrition programs and activities ..... (column BS) EFNEP and/or Education extension offered nutrition education/ activities..... (column BT) Other..... (column BU) (SPECIFY) _____ (column BV)	Y is the acceptable answer for Columns BQ-BV  If you enter "Y" for "Other," enter the type of nutrition ed program in the next column.

**INCENTIVE INFORMATION** *(after receiving the first quarter of data, this information will be prefilled in subsequent quarters)*

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
FinIncent	I1	BW	Did the outlet offer a financial incentive to SNAP participants before FINI? Yes = Y	Y/N

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
			No = N (GO TO I4)	
SNAPStart	I2	BX	(IF I1 = YES) What was the start date for the financial incentives offered to SNAP participants prior to FINI?  DATE: ___/___/_____ MM D D Y Y Y Y	MM/DD/YYYY format
Expand; IncreaseInc; IncreaseMas; OtherChange; OtherChangeSpec	I3	BY-CC	(IF I1 = YES) What changes did you make to the incentive program at the outlet because of FINI? (Mark all that apply) Expanded the program to serve more SNAP participants (column BY) Increased the amount of incentive funds offered to SNAP participants (column BZ) Increased the maximum incentive amount offered to SNAP participants (column CA) Other (column CB) please specify: _____ (column CC)	Y is the acceptable answer for Columns BY to CC  If you enter “Y” for “Other,” type the other kind of change you made in the next column.
FINIStartDate	I4	CD	When did the outlet first offer the FINI incentive? (Regular, not Rx, incentive) DATE: ___/___/_____ MM D D Y Y Y Y	MM/DD/YYYY format  <i>Respond for regular incentive programs only, not Rx programs.</i>
IncAddress; IncAddress2; IncCity; IncState; IncZip	I4A	CE-CI	What was the street address for the outlet at the time the FINI incentive was first offered? ADDRESS 1: _____ (column CE) ADDRESS 2: _____ (column CF) CITY: _____ (column CG) STATE: _____ (column CH) ZIP CODE: _____ (column CI)	Zip Code = 5 digits State = 2 letters (i.e. NY, CA, etc.)  <i>This should be the <u>physical location</u> of the outlet. Cross streets, parks, parking lots are acceptable, but always include city, State, and zip code. For mobile markets it is acceptable to say “multiple locations.”</i>
FundFINI; FundMatch; FundOther; FundOtherSpec	I5	CJ-CM	What was your source of funding to establish the FINI incentive program at the outlet? (Mark all that apply.) FINI Grant..... (column CI) Matching Grant..... (column CJ) Other..... (column CK) (SPECIFY) _____ (column CL)	Y is the acceptable answer for Columns CJ-CM. If you enter “Y” for “Other,” type the other source of funding in the next column. <i>Respond for both regular and Rx incentive programs.</i>
PaidEst, VolEst	I6	CN, CO	How many paid staff and volunteers were involved in establishing the incentive program?	0-100

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES																																																																	
			Paid Staff: _____ (column CM) Volunteers: _____ (column CN)	<i>This number should not change after the first quarter, because it asks for the number of staff involved in <u>establishing</u> the program at the start.</i>  <i>Respond for both regular and Rx incentive programs.</i>																																																																	
EarnType	I7	CP	Do SNAP participants <b>earn</b> the incentive when they purchase ... Any SNAP eligible item.....1 (GO TO I9A) Specific SNAP eligible item.....2 No purchase necessary.....3 (GO TO I9A)	1-3  <i>Respond for <u>regular incentive programs only</u>, not Rx programs. We assume for Rx programs that no purchase is necessary.</i>																																																																	
EarnFruitF; EarnFruitZ; EarnFruitC; EarnFruitD; EarnFjuiceF; EarnFjuiceZ; EarnFjuiceC; EarnFjuiceD; EarnPotatoesF; EarnPotatoesZ; EarnPotatoesC; EarnPotatoesD; EarnLegumesF; EarnLegumesZ; EarnLegumesC; EarnLegumesD; EarnVegF; EarnVegZ; EarnVegC; EarnVegD; EarnVjuiceF; EarnVjuiceZ; EarnVjuiceC; EarnVjuiceD; EarnMeatF; EarnMeatZ;	I8	CQ through EL	(If I7=2) Which of the following SNAP eligible items can SNAP participants purchase to <b>earn</b> the incentive? (Mark all that apply.)  <table border="1"> <thead> <tr> <th></th> <th>Fresh</th> <th>Frozen</th> <th>Canned</th> <th>Dried</th> </tr> </thead> <tbody> <tr> <td>Fruit</td> <td>CQ</td> <td>CR</td> <td>CS</td> <td>CT</td> </tr> <tr> <td>Fruit Juice</td> <td>CU</td> <td>CV</td> <td>CW</td> <td>CX</td> </tr> <tr> <td>Potatoes</td> <td>CY</td> <td>CZ</td> <td>DA</td> <td>DB</td> </tr> <tr> <td>Legumes (beans, peas, lentils)</td> <td>DC</td> <td>DD</td> <td>DE</td> <td>DF</td> </tr> <tr> <td>Vegetables (excluding potatoes and legumes)</td> <td>DG</td> <td>DH</td> <td>DI</td> <td>DJ</td> </tr> <tr> <td>Vegetable juice</td> <td>DK</td> <td>DL</td> <td>DM</td> <td>DN</td> </tr> <tr> <td>Meat poultry and fish</td> <td>DO</td> <td>DP</td> <td>DQ</td> <td>DR</td> </tr> <tr> <td>Bread or cereals</td> <td>DS</td> <td>DT</td> <td>DU</td> <td>DV</td> </tr> <tr> <td>Dairy products</td> <td>DW</td> <td>DX</td> <td>DY</td> <td>DZ</td> </tr> <tr> <td>Nuts and seeds</td> <td>EA</td> <td>EB</td> <td>EC</td> <td>ED</td> </tr> <tr> <td>Eggs</td> <td>EE</td> <td>EF</td> <td>EG</td> <td>EH</td> </tr> <tr> <td>Accessory food items (desserts, snacks, candy, beverages)</td> <td>EI</td> <td>EJ</td> <td>EK</td> <td>EL</td> </tr> </tbody> </table>		Fresh	Frozen	Canned	Dried	Fruit	CQ	CR	CS	CT	Fruit Juice	CU	CV	CW	CX	Potatoes	CY	CZ	DA	DB	Legumes (beans, peas, lentils)	DC	DD	DE	DF	Vegetables (excluding potatoes and legumes)	DG	DH	DI	DJ	Vegetable juice	DK	DL	DM	DN	Meat poultry and fish	DO	DP	DQ	DR	Bread or cereals	DS	DT	DU	DV	Dairy products	DW	DX	DY	DZ	Nuts and seeds	EA	EB	EC	ED	Eggs	EE	EF	EG	EH	Accessory food items (desserts, snacks, candy, beverages)	EI	EJ	EK	EL	Y is the acceptable answer for Columns CQ-EL <i>Respond for <u>regular incentive programs only</u>, not Rx programs.</i>
	Fresh	Frozen	Canned	Dried																																																																	
Fruit	CQ	CR	CS	CT																																																																	
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EarnMeatC; EarnMeatD; EarnBreadF; EarnBreadZ; EarnBreadC; EarnBreadD; EarnDairyF; EarnDairyZ; EarnDairyC; EarnDairyD; EarnNutsF; EarnNutsZ; EarnNutsC; EarnNutsD; EarnEggsF; EarnEggsZ; EarnEggsC; EarnEggsD; EarnAccessoryF; EarnAccessoryZ; EarnAccessoryC; EarnAccessoryD																																							
PurchaseType	I9a	EM	Can SNAP participants <b>use</b> the incentive to purchase... Any SNAP eligible item.....1 ( <b>GO TO I10</b> ) Specific SNAP eligible items .....2	1 or 2 <i>Respond for regular incentive programs only, not Rx programs.</i>																																			
PurchFruitF; PurchFruitZ; PurchFruitC; PurchFruitD; PurchFjuiceF; PurchFjuiceZ; PurchFjuiceC; PurchFjuiceD; PurchPotatoesF; PurchPotatoesZ; PurchPotatoesC; PurchPotatoesD; PurchLegumesF; PurchLegumesZ;	I9b	EN through GI	(If I9a=2) Which of the following SNAP eligible items can SNAP participants purchase <b>with</b> the incentive? (Mark all that apply) <table border="1"> <thead> <tr> <th></th> <th>Fresh</th> <th>Frozen</th> <th>Canned</th> <th>Dried</th> </tr> </thead> <tbody> <tr> <td>Fruit</td> <td>EN</td> <td>EO</td> <td>EP</td> <td>EQ</td> </tr> <tr> <td>Fruit Juice</td> <td>ER</td> <td>ES</td> <td>ET</td> <td>EU</td> </tr> <tr> <td>Potatoes</td> <td>EV</td> <td>EW</td> <td>EX</td> <td>EY</td> </tr> <tr> <td>Legumes (beans, peas, lentils)</td> <td>EZ</td> <td>FA</td> <td>FB</td> <td>FC</td> </tr> <tr> <td>Vegetables (excluding potatoes and legumes)</td> <td>FD</td> <td>FE</td> <td>FF</td> <td>FG</td> </tr> <tr> <td>Vegetable juice</td> <td>FH</td> <td>FI</td> <td>FJ</td> <td>FK</td> </tr> </tbody> </table>		Fresh	Frozen	Canned	Dried	Fruit	EN	EO	EP	EQ	Fruit Juice	ER	ES	ET	EU	Potatoes	EV	EW	EX	EY	Legumes (beans, peas, lentils)	EZ	FA	FB	FC	Vegetables (excluding potatoes and legumes)	FD	FE	FF	FG	Vegetable juice	FH	FI	FJ	FK	Y is the acceptable answer for Columns EN through GI <i>Respond for regular incentive programs only, not Rx programs.</i>
	Fresh	Frozen	Canned	Dried																																			
Fruit	EN	EO	EP	EQ																																			
Fruit Juice	ER	ES	ET	EU																																			
Potatoes	EV	EW	EX	EY																																			
Legumes (beans, peas, lentils)	EZ	FA	FB	FC																																			
Vegetables (excluding potatoes and legumes)	FD	FE	FF	FG																																			
Vegetable juice	FH	FI	FJ	FK																																			

Variable	QUESTION #	COLUMN #	QUESTION					ACCEPTABLE VALUES	
PurchLegumesC; PurchLegumesD; PurchVegF; PurchVegZ; PurchVegC; PurchVegD; PurchVjuiceF; PurchVjuiceZ; PurchVjuiceC; PurchVjuiceD; PurchMeatF; PurchMeatZ; PurchMeatC; PurchMeatD; PurchBreadF; PurchBreadZ; PurchBreadC; PurchBreadD; PurchDairyF; PurchDairyZ; PurchDairyC; PurchDairyD; PurchNutsF; PurchNutsZ; PurchNutsC; PurchNutsD; PurchEggsF; PurchEggsZ; PurchEggsC; PurchEggsD; PurchAccessoryF; PurchAccessoryZ; PurchAccessoryC; PurchAccessoryD			Meat poultry and fish	FL	FM	FN	FO		
			Bread or cereals	FP	FQ	FR	FS		
			Dairy products	FT	FU	FV	FW		
			Nuts and seeds	FX	FY	FZ	GA		
			Eggs	GB	GC	GD	GE		
			Accessory food items (desserts, snacks, candy, beverages)	GF	GG	GH	GI		

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
IncToken; IncScrip; IncElec; IncOther; IncOtherSpec	I10	GJ-GN	Is the incentive provided to the customer in the form of: (Select all that apply) A token..... (Column GJ) Scrip (certificate of money)..... (Column GK) Electronic format..... (Column GL) Some other form..... (Column GM) Specify..... (Column GN)	Y is the acceptable answer for Columns GJ to GN. If you enter “Y” for “Other,” type the other form of the incentive in the next column.  <b>Token</b> – legal tender in coin form <b>Scrip</b> – legal tender in paper form of legal tender (voucher, paper coupon, gift card) <b>Electronic format</b> - includes point-of-sale discounts.  <i>Respond for <u>regular incentive programs only</u>, not Rx programs.</i>
MinInc	I11	GO	What is the minimum denomination for the incentive? (e.g. \$2 , \$0.50) \$ _____	Amounts can be between \$0.01 and \$99. <i>For incentives provided in the form of point-of-sale discounts, put “0.01”.</i>  <i>Respond for <u>regular incentive programs only</u>, not Rx programs.</i>
IncDist	I12	GP	Can the incentive currency be distinguished from the SNAP currency? Yes .....Y No .....N	Y/N <i>Respond for <u>regular incentive programs only</u>, not Rx programs.</i>
LimitOrganic; LimitLocal; LimitNeither	I13	GQ-GS	This incentive is limited to: (Select all that apply) Organic produce..... (Column GQ) Local Produce..... (Column GR) Neither..... (Column GS)	Y is the acceptable answer for Columns GQ-GS <i>Respond for <u>regular incentive programs only</u>, not Rx programs.</i>
RatioSNAP; RatioInc	I14	GT and GU	What is the ratio of SNAP spending to incentive match offered to the customer? (E.g. for \$10 SNAP purchase, offer \$5 incentive). If no purchase necessary, enter 0 for SNAP purchase. For \$ _____ SNAP Purchase (RatioSNAP, column GT); Offer \$ _____ Incentive (RatioInc, column GU)	Amounts can be between 0 - 99 <i>Respond for <u>regular incentive programs only</u>, not Rx programs.</i>

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
OfferFreq; OfferFreqSpec	I15	GV and GW	What is the frequency of incentive offered to the customer? (Column GV) Daily (each shopping visit)..... 1 Weekly ..... 2 Monthly ..... 3 Seasonal..... 4 Other..... 5 (Other - Specify) _____ (column GV)	1-5 (column GV). If you enter “5” for “Other,” specify the frequency in the next column.  <i>This is the frequency of when incentives are offered. If a market is only open one day a week but it offers incentives every day that it is open, answer “1, Daily.”</i>  <i>“4, seasonal” most often applies to CSAs with one seasonal incentive offered to afford a CSA share.</i>  <i>Respond for regular incentive programs only, not Rx programs.</i>
IsMaxInc	I16	GX	Is there a maximum incentive limit per customer? Yes..... Y No..... N → (END – SKIP I17 and I18)	Y/N  <i>We are asking here if there is a maximum amount, or cap, on the incentives that a customer can earn.</i>  <i>Respond for regular incentive programs only, not Rx programs.</i>
MaxInc	I17	GY	What is the maximum incentive limit in dollars per customer? _____	0-2500 <i>Respond for regular incentive programs only, not Rx programs.</i>
IncSet; IncSetSpec	I18	GZ and HA	How is the maximum incentive set? (column GZ) Per day..... 1 Per week ..... 2 Per month ..... 3 Per season..... 4 Other..... 5 (SPECIFY) _____ (column HA)	1-5 (column GZ)  If you enter “5” for “Other,” type the other frequency of how the maximum incentive is set.  <i>This will often be the same as the response to OfferFreq.</i>

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
				<p>Use your response here to clarify whether the maximum limit per customer resets each day, each week, each month, or each season.</p> <p>Respond for <u>regular incentive programs only</u>, not Rx programs.</p>

**PRESCRIPTION (RX) PROGRAM INFORMATION** (ONLY GRANTEES WITH FINI-FUNDED PRESCRIPTION PROGRAMS ARE REQUIRED TO FILL THIS OUT. ALL OTHER GRANTEES SHOULD SKIP THIS SECTION)

Variable	QUESTION #	COLUMN #	QUESTION	ACCEPTABLE VALUES
RxStart	R1	HB	When did the outlet first accept the Rx incentive? DATE: <u>   </u> / <u>   </u> / <u>   </u> M M D D Y Y Y Y	MM/DD/YYYY format  <i>Leave blank if outlet has never accepted Rx incentives.</i>
RxAccept	R2	HC	Did the outlet accept Rx incentives this quarter? Yes .....Y No .....N	Y/N
RxConvert; RxConvertSpec	R3	HD and HE	Is the Rx incentive received from the healthcare provider converted to a different form at the outlet? Yes.....Y No.....N (GO TO R4) Don't Know.....DK (GO TO R4) (SPECIFY) (column HE)	Y/N/DK  If you enter "Y" for "Yes," specify in Column HE the form the Rx incentive is converted to at the outlet.
RXRedeemed	R4	HF	What was the total value of Rx incentives ISSUED by all clinics/health care providers in the current quarter? \$ _____ <i>In the top box, enter the total value of Rx benefits issued by all clinics/health care providers.</i>  What was the dollar value of Rx incentives REDEEMED at the outlet in the current quarter? \$ _____ <i>Enter the value of Rx benefits redeemed by outlet.</i>	Numeric value  <i>If no Rx benefits were redeemed in a quarter, enter "0" in column HF.</i>

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## **Appendix B**

### **Annual Core Program Data Form**





# Evaluation Technical Assistance for the Food Insecurity Nutrition Incentive Grant Program

## APRIL 1, 2016 – MARCH 31, 2017 FINI ANNUAL CORE PROGRAM DATA

<p>1. What is the grantee's name? _____</p> <p>2. What is the name of the incentive program? (e.g., double up coupons, fresh bucks, etc.) _____</p> <p>3. Is the incentive program: new, continuation of existing program, expansion of existing program (same incentive structure, but serve more SNAP customers), or a modification of existing program (change in incentives or other services but no change in SNAP customers)? (Check all that apply).                  New ..... 1                  Continuation of an existing program ..... 2                  Expansion of an existing program ..... 3                  Modification of an existing program ..... 4</p> <p>4. What is the organizational or management structure for the incentive program? (Please attach a written description and include organizational chart if available).</p> <p>5. At what type of outlets was the incentive program offered? (Check all that apply).                  Large Chain Grocery Store/Supermarket ..... 1                  Discount Superstore ..... 2                  Convenience Store ..... 3                  Small Store or Corner Store ..... 4                  Farmers Market ..... 5                  Direct Farm ..... 6                  Farm Stand ..... 7                  Mobile market at single location ..... 8                  Mobile market at multiple locations ..... 9                  CSA ..... 10                  Vendor at a single farmers market location ..... 11                  Vendor at multiple farmers market locations ..... 12                  Vendor at multiple outlet types ..... 13                  (SPECIFY OUTLET TYPES) _____</p> <p>6. How many outlets did your organization operate (include outlets that offer and don't offer FINI incentives)? _____</p> <p>6a. At how many of these outlets was the incentive offered? _____</p> <p>7. What tracking systems were used by the outlets to monitor SNAP and incentive distribution and redemption? (Check all that apply).                  Manual ..... 1                  Excel or other computer program ..... 2                  Web based form ..... 3                  Other ..... 4                  (SPECIFY) _____</p>	<p>8. How is the incentive provided to SNAP customers? (Check all that apply).                  Provided at SNAP office ..... 1                  Provided at outlet ..... 2                  Mailed to participants at home ..... 3                  Added to electronic benefit transfer (EBT) card ..... 4                  Added to electronic incentive card ..... 5                  Other ..... 6                  (SPECIFY) _____</p> <p>9. What was your source of initial funding to establish the incentive program? (Check all that apply).                  FINI grant ..... 1                  Matching grant ..... 2                  Other ..... 3                  (SPECIFY) _____</p> <p>10. Between April 1, 2016 and March 31, 2017, how much money was spent by your organization to operate the incentive program (include funding from all streams; do not include costs incurred by the outlet)                  \$ _____</p> <p>11. What was this money spent on? (Check all that apply).                  Purchase equipment ..... 1                  Purchase token, scrip, etc. .... 2                  Hire Staff ..... 3                  Train Staff ..... 4                  Outreach activities ..... 5                  Education activities ..... 6                  Pay outlet staff ..... 7                  Other ..... 8                  (SPECIFY) _____</p> <p>12. How many people were involved in the administration (management) of the incentive program? (Include grantee staff who work at the outlets to assist them in operating the program). _____</p> <p>3a. Of these, how many were full time? _____</p> <p>3b. Of these, how many were part-time? _____</p> <p>3c. Of these, how many were volunteers? _____</p> <p>13. Contact information of the person completing this form:                  NAME: _____                  TITLE: _____                  EMAIL: _____                  PHONE NUMBER: _____</p>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-0616. 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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## **Appendix C**

### **Grantee Administrator Discussion Guide**





## Grantee Telephone Interview Protocol

### Overall goals:

- Understand grantee's implementation approach to FINI projects.
- Determine grantee-level implementation challenges and strategies to overcome them.
- Identify process/protocol used by grantees to communicate with/monitor outlets.

### A. Welcome and overview.

Hello, I'm [MODERATOR'S NAME] and I am the moderator for today's discussion. Also with me is my colleague [NOTE TAKER'S NAME] who will be taking notes. We work for Westat, a research organization based in Rockville, MD that has been contracted by the United States Department of Agriculture to evaluate the implementation and outcomes of the FINI projects.

We want to talk with you about how you have implemented your FINI project and your experiences in implementing it. More specifically, I'll be asking about how you selected the outlets to participate in the project, what kind of support the outlets requested from you, what guidance and support you provided to the outlets, challenges faced by you and the outlets in implementing the project, and what was done to address these challenges. We are also interested in understanding what worked well for you. Your contribution is important in creating an accurate picture of the FINI experience.

### B. Disclosure and ground rules

Before we get started, there are a few things I would like to mention. This is a research project, your participation is voluntary, and you can choose not to answer any question. Anything you share will not be attributed to your name in any material that is provided to USDA or publically distributed. USDA will receive a redacted transcript of this conversation. We will also be listing grantees by name as part of the final report, but neither your name nor the name of your organization, will be identified or associated with any quotes or specific information provided in your interview. We will be recording this session, but you can opt to not be recorded, or ask to stop the recording at any point during the session. Finally, we have planned for this discussion to last no more than 90 minutes.

Do you have any questions before we start? ANSWER ALL QUESTIONS

Do I have your permission to record our discussion?

IF PERMISSION WAS GIVEN TO RECORD: I'd like to start the audio recording now.

TURN ON RECORDER: For the purposes of the recording, I am going to repeat my requests to participate in the interview and to allow the recording so I have your permission on tape.

Today is [DATE] and it is [TIME]. Are you willing to participate in the interview? [PAUSE FOR RESPONSE.]

May I record our conversation? [PAUSE FOR RESPONSE.]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The time required to complete this information collection is estimated to average 90 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.

**Grantee Profile**

**[INTERVIEWER, please complete and review prior to the interview]**

1. Organization Name: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Role in FINI project: \_\_\_\_\_
4. Phone number: \_\_\_\_\_
5. FINI Project Name: \_\_\_\_\_
6. Project Grant Start date: \_\_\_\_\_ End date: \_\_\_\_\_
7. Expected number of SNAP participants: \_\_\_\_\_
8. Count of Outlets by Type:
  - a. Large Chain Grocery Store/Supermarket, \_\_\_\_\_ (count)
  - b. Discount Superstore, \_\_\_\_\_ (count)
  - c. Convenience Store, \_\_\_\_\_ (count)
  - d. Small Store or Corner Store, \_\_\_\_\_ (count)
  - e. Farmers Market, \_\_\_\_\_ (count)
  - f. Direct Farm, \_\_\_\_\_ (count)
  - g. Farm Stand, \_\_\_\_\_ (count)
  - h. Mobile market at single location, \_\_\_\_\_ (count)
  - i. Mobile market at multiple locations, \_\_\_\_\_ (count)
  - j. CSA, \_\_\_\_\_ (count)
9. Form in which incentive provided:
  - a. Tokens
  - b. Scrip (certificate of money)
  - c. Electronic format
  - d. Other, please specify: \_\_\_\_\_
10. Incentive earning and redemption:
  - a. products eligible to earn the incentive
  - b. products eligible to redeem the incentive
  - c. match rate
  - d. incentive maximum
  - e. does maximum differ by outlet?

## Grantee-Level Key Informant Interview Telephone Protocol

1. Let's begin with the incentive program that you operate. We have the following information about your incentive. Please let me know if this information is correct. If anything has changed, please let me know what the change is and why it was made. [Interviewer will use the information from Q10 in the Grantee Profile to discuss products eligible to earn incentive, products eligible to redeem incentive, match rate, maximum incentive, and how (if applicable) the maximum differs by outlet.]
2. Let's move to talking about how you selected the outlets to offer [FINI].
  - How did you decide which type of outlet would be part of FINI?
  - How did you choose the outlets that would offer [FINI]?
    - Did you develop selection criteria? If YES,
      - Who was involved in developing the selection criteria? (PROBE TO UNDERSTAND THE DIFFERENT ORGANIZATIONS INVOLVED AND THEIR ROLE)
      - How did you decide what the selection criteria would be?
      - What were the selection criteria (by outlet type if multiple outlet types were included)?
  - Did you have any recruitment goals in terms of the number of outlets that would offer [FINI]?  
If YES:
    - What were your recruitment goals and did you meet them? If not, why not?
3. Next, we want to understand how your organization is connected to your outlets.
  - Are you connected directly, through partner organizations, or through subcontractors?
  - How does this/do these relationship(s) impact your ability to manage your FINI program?
4. Now let's move on to your sources of match funding.
  - What are your sources of match funding?
  - How easy or difficult is it to obtain and maintain match funding?
  - Is it administratively burdensome?
  - What forms have your match funding been in? Cash? In-kind? What are the implications of these types?
5. Please describe your process for recruiting outlets and getting them onboard with the FINI project. (PROBE TO UNDERSTAND THE DIFFERENT ORGANIZATIONS INVOLVED AND THEIR ROLE)  
IF NOT MENTIONED,
  - What worked well in getting outlet participation?
  - What challenges, if any, did you face in that process? How were those challenges addressed?
  - Did any outlet commit to the program and then back out?
    - If yes, do you know why?
    - Did you replace that outlet with another one?

6. What training or guidance did you provide the outlets to prepare them to offer [FINI]?

IF NOT MENTIONED,

- Who offered/conducted the training(s) (PROBE ON WHICH ORGANIZATIONS WERE INVOLVED)?
- Who attended the training(s)?
- What format was/were the training(s)? Phone? Webinar? In-person? If, in-person, where were they held?
- How many training sessions were held? Did all outlets attend a common training program or did each receive a one-on-one session?
- What topics were covered during the training?
- Did you offer any refresher training to new staff at the outlet?
- Were there any training challenges? If yes, what were they and how did you resolve them?

7. Let's talk about rolling out [FINI] at the outlet level.

- How did you roll out the incentive program across all outlets?
  - IF NEEDED: Did you roll out the program at all outlets at the same time or was it staggered? If staggered, at what point were all outlets on board? Was this the timeline you originally proposed, or later?
- What was your reason for doing the rollout this way?
  - IF NEEDED: which partner organization was involved in this decision making and how did they influence these decisions?
- What types of issues, if any, did the outlets have during initial implementation of the program?
  - How did you find out about these issues?
  - IF NEEDED: outlets brought to your attention vs. you noticed them?
  - What kinds of things did you/outlet staff do to address these issues?
  - If there were no issues with rollout, why did things flow so smoothly?

8. What types of issues, if any, did the outlets have once the program was up and running?

IF NOT MENTIONED: Think about how any of the following may have impacted program implementation.

- Staff turnover
- Distribution or redemption of incentives
- Converting consumers' unused incentive funds to cash
- For farmers markets: vendor participation

9. What type of ongoing support, if any, do you or your partners provide to the outlets?

IF NOT MENTIONED: Think about things like...

- Financial assistance
- Updating/maintaining POS terminals
- Technical assistance
- Refresher trainings
- Have there been any challenges with supporting your outlets? If YES, what were they and what have you done to address those challenges?
- What has gone well?

10. In what ways do you or does someone in your organization/partner organization monitor the outlets?

IF NOT MENTIONED, PROMPT R: Think about...

- Conducting site visits
- Making regular follow-up calls with outlets (how often, what's discussed, with which staff are they held)
- Understanding any variability in redemption over time
- Detecting fraud in incentive redemption
- What challenges have you faced in monitoring your outlets? How have you addressed them?
- What has gone well in monitoring and why has this gone well?

11. What is your protocol to obtain Core Program Data from the outlets?

IF NOT MENTIONED, PROBE ON:

- How often are the data provided?
- What format?
- Who provides the data (from each outlet)?
- Have there been any challenges in getting all of the information needed? If YES, what steps have been taken to address these challenges?
- If partner organizations provide data to you, how do they do this? Do you receive it at the outlet level, or do you receive aggregated data? If aggregated, how do you parse it by outlet?
- FOR GRANTEES WITH FARMERS MARKETS, are any of your farmers markets sharing EBT terminals? If YES, how are you separating out locations for the Core Program Data?

12. Have you had any challenges with reporting your Core Program Data so far? Are there any nuances about your program that you think aren't being captured?

13. Let's talk about how you reimburse the outlets for [FINI].

- Is your reimbursement structure the same for all outlets or does it vary across outlet types/outlets? IF VARIATION, How does it vary?
- How do you reimburse the outlets for the value of incentives that were redeemed?

IF NOT MENTIONED, PROBE ON:

- Do you provide them with the incentive funds upfront or at the end of each month?
- What documentation do outlets have to provide you to obtain reimbursement?
- How long does it take for you from the time you receive the paperwork from the outlets to providing them with reimbursement?
- Have outlets requested more frequent/delayed reimbursements than you proposed? How did you address these requests?
- Do you reimburse outlets for incentives provided to customers or incentives redeemed by customers? Do you track incentives provided or incentives redeemed?

14. Please tell me about any non-financial incentives, if any, that are offered at your outlets. Are these being conducted with FINI funds, or are they funded through other sources and would be at your outlets regardless of FINI?

IF NONE, note and move to next section.

IF YES, what are the specific activities?

IF NOT MENTIONED, PROBE ON:

- How did you decide on these activities?
- Who is responsible for providing these activities? (probe on role of partner organizations)
- How are SNAP participants made aware of these activities?
- Have you heard any feedback from FINI customers on these activities? If YES, what have you heard?
- What has been your experience thus far on the effect of additional activities to help keep SNAP participants engaged in the incentive program?

15. How did SNAP participants learn that the outlets were offering [FINI]?

IF NOT MENTIONED, PROBE ON:

- What outreach and marketing are you doing as the grantee?
- What role, if any, do partner organizations play in outreach and marketing?
- How do the outlets describe the program to participants?
- When it comes to marketing the program, what guidance did you provide?
- IF NEEDED: were any other partner organizations involved in providing guidance to the outlets?
- Did all/some outlets do their own marketing? IF YES, Please describe.

16. What have been the most effective outreach and marketing strategies to reach SNAP participants?

How do you know these are the most effective?

IF NOT MENTIONED, PROBE ON:

- Have there been any outreach and marketing mechanisms that just haven't worked? If YES, what were they and why did they not work as intended?
- Are you making any changes going forward to how you, or your outlets, market the program? If YES, describe the changes.
- Have there been any other challenges related to outreach and marketing that we haven't already discussed? If yes, what were they and how have you resolved them?

17. Have you or your partners talked with SNAP participants about their experience with FINI?

IF YES:

- If partner: which one?
- What is the feedback you have received thus far? Have outlets provided you with anecdotes on consumer experiences?
- Can you tell me an example of a positive experience you have heard from a customer?
- Can you tell me an example of a negative experience you have heard from a customer?

18. You received a FINI grant for XX years and expected to reach XXXX SNAP participants. Please tell me if you are on track to reach your proposed goal. Why or why not on track? How do you know?

IF NOT MENTIONED, PROBE ON:

- Are there sufficient outlets in the program to reach the expected number of SNAP participants?
- Are the funds sufficient to continue the program as planned? Did you have to discontinue the program sooner than planned because the funds were exhausted?

19. Thinking of your experience with FINI, what have been the stumbling blocks?

20. What factors do you think were most important for the program to succeed?

IF NEEDED: If you collaborated with other organizations, did the collaboration help or deter from successful implementation of FINI? How so?

21. Do you believe the FINI initiative is: very successful, somewhat successful, a little successful or not at all successful?

- What makes you say that?
- [IF A LITTLE OR NOT AT ALL SUCCESSFUL] What would have to happen in order for you to change your rating from [CURRENT RATING] to [NEXT HIGHEST RATING]?
- What do you think has been the impact of your FINI program on fruit and vegetable purchase and consumption?

22. Finally, is there anything else that you think is important for me to know about the implementation and administration of FINI?

Let's end with your outlook for the upcoming year.

- Is the pace that your funds are being spent down what you anticipated?
- Are you planning to keep everything the same? Scale up? Scale down?
- Do you need to shift anything to accommodate participant levels?
- Do you anticipate running out of FINI funds early? If YES, what will you do?

Thank you for taking the time to talk with me. Those are all the questions I have for you today. Do you have any questions for me?

[END]

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## **Appendix D**

### **Retailer Survey, Farmers Markets**



<FINI>  
 <OUTLETNAME>  
 <OUTLET ADDRESS> <OUTLET CITY>

**1. Why did your market choose to participate in <FINI>?**

**MARK ALL THAT APPLY**

- To benefit customers
- To be part of something new
- <Name of Grantee> or the Program Administrator asked us to join
- Know other outlets who joined
- To increase sales of fruits and vegetables
- To increase sales of other items in the market
- Other reasons for participating, please specify:

**2. Did your market receive training from <NAME OF GRANTEE> or the Program Administrator to help implement <FINI>?**

- Yes
- No → **GO TO QUESTION 3**

**2a. For each type of staff listed below, please indicate how many attended the <FINI> training.**

Enter a 0 if that type of staff did not attend the training.

Type of Staff	Count
Paid staff	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Paid managers	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Volunteer managers	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Volunteer staff	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Other attendees, specify: <input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>



**2b. Which of the following topics were covered in the <FINI> training?**

**MARK ALL THAT APPLY**

- List of eligible products
- Calculating incentive value
- Ratio of SNAP purchase to incentive value
- Maximum amount of incentive value per customer
- Submitting invoices for reimbursement
- Handling customer issues
- Other, please specify:

**3. What types of marketing materials did your market receive from <NAME OF GRANTEE> or the Program Administrator to inform SNAP participants about <FINI>?**

**MARK ALL THAT APPLY**

- Posters or signs
- Shelf tags
- Educational pamphlets
- Flyers to mail or hand out to community residents
- Other, please specify:
- Did not receive any marketing materials

**4. What types of marketing materials did your market develop to inform SNAP participants about <FINI>?**

**MARK ALL THAT APPLY**

- Posters or signs
- Display tags
- Educational pamphlets
- Flyers to mail or hand out to community residents
- Other, please specify:
- Did not develop any marketing materials



**5. Which questions have staff (paid or volunteer) or vendors at the market asked you about <FINI>?**

**MARK ALL THAT APPLY**

- Knowing which items are eligible
- Having a complete list of eligible items
- Calculating incentive value
- Processing sales with incentives
- Responding to customer questions
- Other, please specify:
- Staff and vendors did not have any questions

**6. What questions have customers asked you or other staff (manager, volunteers, or vendors) about <FINI>?**

**MARK ALL THAT APPLY**

- Clarification on the types of products that are eligible
- Maximum amount of incentive the customer can receive
- Returning unused <FINI> incentives
  
- Returning items purchased with <FINI>
  
- Other, please specify:
- Customers did not have any questions



7. Have you contacted <NAME OF GRANTEE> or the Program Administrator for clarification with <FINI> implementation?

Yes

No → GO TO QUESTION 8

7a. Briefly indicate the topic(s) on which clarification was needed.


7b. Did <NAME OF GRANTEE> or the Program Administrator provide the clarification in a timely manner?

Yes

No

7c. What was the format in which <NAME OF GRANTEE> or the Program Administrator provided clarification?

MARK ALL THAT APPLY

Phone call

Email

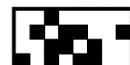
Directed to National Institute of Food and Agriculture (NIFA) website

Directed to SNAP (Supplemental Nutrition Assistance Program) Policy website

Directed to FINI Evaluation Technical Assistance website

Directed to someone else, please specify:

Other format, please specify:



**8. How easy or difficult has it been to track and manage <FINI> funds?**

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

**9. How easy or difficult has it been to receive <FINI> reimbursements?**

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

**10. Which of the following best describes your experience with <FINI> reimbursements?**

- Received in a reasonable amount of time
- Taken longer than expected to receive
- Varied and unpredictable



**11. How did offering <FINI> affect the following at your market?**

**MARK ONE ANSWER FOR EACH ITEM.**

	Large Increase	Small Increase	No Change	Small Decrease	Large Decrease	Not Applicable
Average time to process SNAP purchases	<input type="checkbox"/>					
Number of produce vendors	<input type="checkbox"/>					
Number of artisan vendors	<input type="checkbox"/>					
Number of vendors who accept SNAP	<input type="checkbox"/>					
Sale of fruits and vegetables	<input type="checkbox"/>					
Number of non-SNAP shoppers	<input type="checkbox"/>					

**12. If your market had to do it again, would you join another <FINI> project?**

- Yes
- No
- Not sure



**13. Please describe the challenges in implementing <FINI> at your market.**


**14. Please describe the successes in implementing <FINI> at your market.**


**Thank you for completing this survey. Please return it in the postage-paid envelope or mail it to the following address:**

**Attention: FINI PROJECT  
1600 Research Blvd  
Room RC B16  
Rockville, MD 20850**



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## **Appendix E**

### **Retailer Survey, Grocery Stores and Other Retailer Types**



<FINI>  
 <OUTLETNAME>  
 <OUTLET ADDRESS> <OUTLET CITY>

**1. Why did your retail outlet choose to participate in <FINI>?**

**MARK ALL THAT APPLY**

- To benefit customers
- To be part of something new
- <Name of Grantee> or the Program Administrator asked us to join
- Corporate office asked us to join
- Know other retail outlets who joined
- To increase sales of fruits and vegetables
- To increase sales of other items sold at the retail outlet
- Other reasons for participating, please specify:

**2. Did your retail outlet receive training from <NAME OF GRANTEE> or the Program Administrator to help implement <FINI>?**

- Yes
- No → **GO TO QUESTION 3**

**2a. For each type of staff listed below, please indicate how many attended the <FINI> training.**  
 Enter a 0 if that type of staff did not attend the training.

Type of Staff	Count
Retail outlet owner	<input style="width: 30px; height: 20px;" type="text"/>
Retail outlet managers (excluding retail outlet owner)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Cashiers (excluding retail outlet owner)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Other attendees, specify: <input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

**2b. Which of the following topics were covered in the <FINI> training?**

**MARK ALL THAT APPLY**

- List of eligible products
- Calculating incentive value
- Ratio of SNAP purchase to incentive value
- Maximum amount of incentive value per customer
- Submitting invoices for reimbursement
- Handling customer issues
- Other, please specify:



**3. What types of marketing materials did your retail outlet receive from <NAME OF GRANTEE> or the Program Administrator to inform SNAP participants about <FINI>?**

**MARK ALL THAT APPLY**

- Posters or signs
- Shelf tags
- Educational pamphlets
- Flyers to mail or hand out to community residents
- Other, please specify:
- Did not receive any marketing materials

**4. What types of marketing materials did your retail outlet develop to inform SNAP participants about <FINI>?**

**MARK ALL THAT APPLY**

- Posters or signs
- Shelf tags
- Educational pamphlets
- Flyers to mail or hand out to community residents
- Other, please specify:
- Did not develop any marketing materials

**5. What questions have staff (paid or volunteer) or vendors asked you about <FINI>?**

**MARK ALL THAT APPLY**

- Knowing which items are eligible
- Separating <FINI> food items from non-<FINI> food items
  
- Having a complete list of eligible items
- Calculating incentive value
- Processing sales with incentives
- Responding to customer questions
- Other, please specify:
- Employees/vendors did not have any questions



**6. What questions have customers asked you or other staff about <FINI>?**

**MARK ALL THAT APPLY**

- Clarification on the types of products eligible
- Maximum amount of incentive they can receive
- Reimbursements on unused <FINI> incentives
  
- Returning items purchased with <FINI>
  
- Other, please specify:
- Customers did not have any questions

**7. Have you contacted <NAME OF GRANTEE> or the Program Administrator for clarification with <FINI> implementation?**

- Yes
- No → **GO TO QUESTION 8**

**7a. Briefly indicate the topic(s) on which clarification was needed.**


**7b. Did <NAME OF GRANTEE> or the Program Administrator provide the clarification in a timely manner?**

- Yes
- No



**7c. What was the format in which <NAME OF GRANTEE> or the Program Administrator provided clarification?**

**MARK ALL THAT APPLY**

- Phone call
- Email
- Directed to National Institute of Food and Agriculture (NIFA) website
- Directed to SNAP (Supplemental Nutrition Assistance Program) Policy website
- Directed to FINI Evaluation Technical Assistance website
- Directed to someone else, please specify:
- Other format, please specify:

**8. How easy or difficult has it been to track and manage <FINI> funds?**

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

**9. How easy or difficult has it been to receive <FINI> reimbursements?**

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

**10. Which of the following best describes your experience with <FINI> reimbursements?**

- Received in a reasonable amount of time
- Taken longer than expected to receive
- Varied and unpredictable



**11. Comparing your current stock to that before you joined <FINI>, would you say that you stock more, the same, or less of the following products?**

**MARK ONE ANSWER FOR EACH PRODUCT.**

Products	Stock more than before	Stock about the same amount as before	Stock less than before	Not applicable
Fresh fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 percent fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried vegetables (e.g. mushrooms, dehydrated potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Comparing your current fruit stock to that before you joined <FINI>, would you say that you now stock:**

**MARK ONLY ONE**

- Different types of fruits that you did not stock before
- The same types of fruits that you stocked before
- Does not apply to my retail outlet

**13. Comparing your current vegetable stock to that before you joined <FINI>, would you say that you now stock:**

**MARK ONLY ONE**

- Different types of vegetables that you did not stock before
- The same types of vegetables that you stocked before
- Does not apply to my retail outlet



**14. Because of your participation in <FINI>, have you done any of the following?**

**MARK ALL THAT APPLY**

- Started working with new produce suppliers
- Received more shipments from any produce suppliers
- Increased frequency of restocking produce on the display floor
- Installed new refrigeration or freezer units for produce
- Increased shelf space for produce
- Changed where produce is located in the store
- Changed where produce is located on the shelves
- Other, please specify:

**15. How did offering <FINI> affect the following at your retail outlet?**

**MARK ONE ANSWER FOR EACH ITEM.**

	Large Increase	Small Increase	No Change	Small Decrease	Large Decrease	Not Applicable
Average time to process SNAP purchases	<input type="checkbox"/>					
Sale of fruits and vegetables	<input type="checkbox"/>					
Number of non-SNAP shoppers	<input type="checkbox"/>					
Store profits	<input type="checkbox"/>					

**16. If you had to do it again, would you join another <FINI> project?**

- Yes
- No
- Not sure



**17. Please describe the challenges in implementing <FINI> at your retail outlet.**


**18. Please describe the successes in implementing <FINI> at your retail outlet.**


**Thank you for completing this survey. Please return it in the postage-paid envelope or mail it to the following address:**

**Attention: FINI PROJECT  
1600 Research Blvd  
Room RC B16  
Rockville, MD 20850**



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## **Appendix F**

### **Pre-FINI SNAP Participant Survey**



## Marking Instructions

Please use a black or blue pen to complete this form.

Mark  to indicate your answer.

If you want to change your answer, mark  on the wrong answer.

Your answers are very important to us, please print clearly and in uppercase letters.

### SECTION A. SHOPPING FOR GROCERIES

**When answering these questions, please think about your household. By household, we mean people who live with you and with whom you purchase and prepare food. If you purchase foods and prepare meals for yourself only, please answer only for yourself.**

**A1. Do you or anyone in your household currently receive <STATE NAME OF SNAP> or Food Stamp benefits? Food Stamp benefits are provided on an electronic debit card called the <STATE NAME OF SNAP CARD>.**

Yes

No → **GO TO SECTION E ON PAGE 14**

**A2. Where do you buy most of the groceries for your household?**

Store Name:

**A2a. Is the store above a ...**

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:

**A3. Why do you shop for groceries at this store?**

**MARK ALL THAT APPLY**

- Close to home
- Close to work or school
- Location convenient but not close to home, work, or school
- Affordable prices
- Lots of in-store promotions
- Deals on fruits and vegetables
- Variety of products
- Ethnic foods are available
- High-quality meat
- Preferred products are always available

- Better or fresher produce than other stores
- Good service
- Store is clean
- Store is familiar to me
- Convenient store hours
- Frequent shopper program or savings card
- Store accepts EBT
- Home delivery option
- Other, tell us why:

**A4. How often do you usually shop for groceries?**

- More than once a week
- Once a week
- Once every two weeks
- Once a month or less
- Rarely make any major shopping trips, only small trips
- Rarely shop for food



## SECTION B. SHOPPING FOR FRUITS AND VEGETABLES

### B1. Where do you usually buy fruits and vegetables for your household?

MARK ALL THAT APPLY

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:

### B2. How often do you make special efforts to go to a particular store to buy high-quality fruits or vegetables?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

### B3. Please estimate your household's usual MONTHLY expense for fruits and vegetables (include fresh, frozen, canned, and dried fruits and vegetables)?

\$

- Don't know

### B4. In the past year, how many times did you shop for fruits and vegetables at farmers markets?

- Never
- Less than once a month
- Once a month
- Every other week
- Once a week
- More than once a week



**B5. Some farmers markets and grocery stores provide a matching amount to <STATE NAME OF SNAP CARD> customers when they buy fruits and vegetables using their <STATE NAME OF SNAP CARD>. For example, farmers markets or grocery stores may give \$2 for every \$5 spent using a <STATE NAME OF SNAP CARD>. In the past month, did you get any such matching amount at the farmers market or grocery store where you shopped?**

- Yes, matching amount was received at farmers market
- Yes, matching amount was received at grocery store
- No, matching amount was not received at farmers market or grocery store
- Don't know

**B6. Some stores offer coupons, or discounts on fruit and vegetable purchases. In the past month, did you get any coupons or discounts when you shopped for fruits and vegetables at any of the following stores?**

**MARK ALL THAT APPLY**

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:
- No, did not receive coupons



**B7. In the past month, how often did you buy the following types of fruits and vegetables? For each type listed, mark the answer that represents how often you bought it.**

	<b>More than once a week</b>	<b>Once a week</b>	<b>Every other week</b>	<b>Once a month</b>	<b>Never</b>
Fresh fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 percent fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried vegetables (e.g. mushrooms, dehydrated potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**B8. In the past month, when you bought fruits, what kind did you buy? For each type listed, mark the answers that represent the types of fruits that you bought.**

**MARK ALL THAT APPLY FOR EACH TYPE OF FRUIT**

	Fresh	Frozen	Canned	Dried	I did not buy it
Bananas	<input type="checkbox"/>				
Apples	<input type="checkbox"/>				
Berries	<input type="checkbox"/>				
Oranges	<input type="checkbox"/>				
Melons	<input type="checkbox"/>				
Grapes	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pineapples	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**B9. In the past month, when you bought vegetables, what kind did you buy? For each type listed, mark the answers that represent the types of vegetables that you bought.**

**MARK ALL THAT APPLY FOR EACH TYPE OF VEGETABLE**

	Fresh	Frozen	Canned	Dried	I did not buy it
Potatoes	<input type="checkbox"/>				
Lettuce/leafy salad greens	<input type="checkbox"/>				
Onions	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Green beans	<input type="checkbox"/>				
Peppers	<input type="checkbox"/>				
Legumes/shelled beans	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## SECTION C. YOUR OPINIONS ABOUT FRUITS AND VEGETABLES

**C1. For each statement listed, mark the answer that best indicates how much you personally agree or disagree with that statement. If you don't understand a statement or don't have an opinion, mark "Does not apply."**

	Strongly Disagree	Somewhat Disagree	Neither Disagree or Agree	Somewhat Agree	Strongly Agree	Does Not Apply
I enjoy trying new foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat enough fruits to keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat enough vegetables to keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my family to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my friends to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**These questions are about the different kinds of fruits and vegetables you ate or drank during the LAST MONTH. Please think about all fruits, vegetables, and fruit juices that you had last month. Include those that were raw, cooked, eaten as snacks, and at meals; eaten at home and away from home in restaurants, with friends, and as take-out; and eaten alone and mixed with other foods.**

**C2. Over the past month, how many times per month, week, or day did you drink 100% juice such as orange, mango, apple, grape, or pineapple juice? Do not count fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include juice you drank at all mealtimes and between meals.**

- Never  
 1 to 3 times last month  
 1 to 2 times per week  
 3 to 4 times per week  
 5 to 6 times per week  
 1 time per day  
 2 times per day  
 3 times per day  
 4 times per day  
 5 or more times per day

**C2a. Each time you drank 100% juice, how much did you usually drink?**

- Less than  $\frac{3}{4}$  cup (less than 6 ounces)  
  $\frac{3}{4}$  to  $1\frac{1}{4}$  cups (6 to less than 10 ounces)  
  $1\frac{1}{4}$  to 2 cups (10 to 16 ounces)  
 More than 2 cups (more than 16 ounces)

**NEXT PAGE**



**C3. Over the past month, how many times per month, week, or day did you eat fruit? Count any kind of fruit—fresh, canned, dried, and frozen. Do not count juices. Include fruit you ate at all mealtimes and for snacks.**

- Never   
  1 to 3 times **last month**   
  1 to 2 times **per week**   
  3 to 4 times **per week**   
  5 to 6 times **per week**   
  1 time **per day**   
  2 times **per day**   
  3 times **per day**   
  4 times **per day**   
  5 or more times **per day**

**C3a. Each time you ate fruit, how much did you usually eat?**

**MARK ONLY ONE ANSWER**

- Less than 1 medium fruit   
  1 medium fruit   
  2 medium fruits   
  More than 2 medium fruits
- OR-----
- Less than ½ cup   
  About ½ cup   
  About 1 cup   
  More than 1 cup

**C4. Over the past month, how many times per month, week, or day did you eat a lettuce or green leafy salad (with or without other vegetables)?**

- Never   
  1 to 3 times **last month**   
  1 to 2 times **per week**   
  3 to 4 times **per week**   
  5 to 6 times **per week**   
  1 time **per day**   
  2 times **per day**   
  3 times **per day**   
  4 times **per day**   
  5 or more times **per day**

**C4a. Each time you ate lettuce or green leafy salad, how much did you usually eat?**

- About ½ cup   
  About 1 cup   
  About 2 cups   
  More than 2 cups

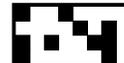
**C5. Over the past month, how many times per month, week, or day did you eat any kind of fried potatoes, including French fries, home fries, or hash brown potatoes?**

- Never   
  1 to 3 times **last month**   
  1 to 2 times **per week**   
  3 to 4 times **per week**   
  5 to 6 times **per week**   
  1 time **per day**   
  2 times **per day**   
  3 times **per day**   
  4 times **per day**   
  5 or more times **per day**

**C5a. Each time you ate fried potatoes, how much did you usually eat?**

- Small order or less (About 1 cup or less)   
  Medium order (About 1 ½ cups)   
  Large order (About 2 cups)   
  Super-size order or more (About 3 cups or more)

**NEXT PAGE**



**C6. Over the past month, how many times per month, week, or day did you eat other white potatoes? Count baked, boiled, and mashed potatoes, sweet potatoes, potato salad, and white potatoes that were not fried.**

- Never
- 1 to 3  
times **last month**
- 1 to 2  
times **per week**
- 3 to 4  
times **per week**
- 5 to 6  
times **per week**
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
**per day**

**C6a. Each time you ate these potatoes, how much did you usually eat?**

- 1 small potato or less  
(½ cup or less)
- 1 medium potato  
(½ to 1 cup)
- 1 large potato  
(1 to 1 ½ cups)
- 2 medium potatoes or more  
(1 ½ cups or more)

**C7. Over the past month, how many times per month, week, or day did you eat cooked dried beans? Count refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans.**

- Never
- 1 to 3  
times **last month**
- 1 to 2  
times **per week**
- 3 to 4  
times **per week**
- 5 to 6  
times **per week**
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
**per day**

**C7a. Each time you ate these beans, how much did you usually eat?**

- Less than ½ cup
- ½ to 1 cup
- 1 to 1 ½ cups
- More than 1 ½ cups

**C8. Over the past month, how many times per month, week, or day, did you eat other vegetables? COUNT raw, cooked, canned, and frozen vegetables such as tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, plantains, yucca, chayote or other squash, and broccoli. DO NOT COUNT lettuce salads, white potatoes, cooked dried beans, vegetables in mixtures such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry, soups, and rice.**

- Never
- 1 to 3  
times **last month**
- 1 to 2  
times **per week**
- 3 to 4  
times **per week**
- 5 to 6  
times **per week**
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
**per day**

**C8a. Each time you ate these other vegetables, how much did you usually eat?**

- Less than ½ cup
- ½ to 1 cup
- 1 to 2 cups
- More than 2 cups

**GO TO C9**



**C9. Over the past month, how many times per month, week, or day did you have tomato sauces ON spaghetti or noodles or mixed into foods such as lasagna? DO NOT COUNT tomato sauce on pizza.**

- Never       1 to 3 times **last month**       1 to 2 times **per week**       3 to 4 times **per week**       5 to 6 times **per week**       1 time **per day**       2 times **per day**       3 times **per day**       4 times **per day**       5 or more times **per day**

**C9a. Each time you ate tomato sauce, how much did you usually eat?**

- About ¼ cup       About ½ cup       About 1 cup       More than 1 cup

**C10. Over the past month, how many times per month, week, or day did you have Mexican-type salsa made with tomato?**

- Never       1 to 3 times **last month**       1 to 2 times **per week**       3 to 4 times **per week**       5 to 6 times **per week**       1 time **per day**       2 times **per day**       3 times **per day**       4 times **per day**       5 or more times **per day**

**GO TO D1**

**C10a. Each time you ate salsa, how much did you usually eat?**

- Less than 1 tablespoon       1 to less than 3 tablespoons       3 to 5 tablespoons       More than 5 tablespoons

**NEXT PAGE**



## SECTION D. FOOD SITUATION IN YOUR HOUSEHOLD

These questions are about the food situation in your household in the last 30 days and whether you were able to afford the food you need. For each statement or question below, please mark one response that best describes your household's food situation.

**D1. In the last 30 days, "we worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D2. In the last 30 days, "the food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D3. In the last 30 days, "we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D4. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- Yes
- No → **GO TO D5**
- Don't know → **GO TO D5**

**D4a. In the last 30 days, how often did this happen?**

Days



**D5. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D6. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D7. In the last 30 days, did you lose weight because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D8. In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?**

- Yes
- No → **GO TO D9**
- Don't know → **GO TO D9**

**D8a. In the last 30 days, how often did this happen?**

--	--

 Days

**D9. Over the last month, has your household had any unusually large expenses that affected your spending on food?**

- Yes
- No
- Don't know



## SECTION E. YOU AND YOUR HOUSEHOLD

**E1. Are you male or female?**

- Male
- Female

**E2. What is your marital status?**

- Married
- Widowed
- Divorced
- Separated
- Never married

**E3. How old are you?**

- 18–29 years old
- 30–39 years old
- 40–49 years old
- 50–59 years old
- 60 or older

**E4. What language(s) do you usually speak at home?**

**MARK ALL THAT APPLY**

- English
- Spanish
- Other, tell us which languages:

**E5. What is your ethnicity?**

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)

**E6. Which one or more of the following would you say is your race?**

**MARK ALL THAT APPLY**

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White



**E7. Were you born outside of the United States, Puerto Rico, or other U.S. territories?**

- Yes
- No → **GO TO E8**

**E7a. How long have you lived in the United States?**

- Less than 1 year
- 1 year but less than 5 years
- 5 years but less than 10 years
- 10 years or more

**E8. What is the highest grade or level of school you have completed or the highest degree you have received?**

- Never attended school or only attended Kindergarten
- Less than high school
- High school diploma or GED
- Some college, no degree
- Associate degree: occupational, technical, or vocational program
- Associate degree: academic program
- Bachelor's degree (example: BA, AB, BS, BBA)
- Master's degree (example: MA, MS, MEng, MEd, MBA)
- Doctoral degree (example: PhD, EdD)

**E9. Which of the following were you doing last month?**

**MARK ONLY ONE**

- With a job or business but not at work
- Not working at a job or business
- Working at a job or business → **GO TO E10**
- Looking for work → **GO TO E10**

**E9a. What is the main reason you did not work last month?**

- Taking care of house/family
- Going to school
- Retired
- Unable to work for health reasons
- Disabled
- On layoff/unemployed
- On vacation
- On strike
- Other, please specify:



**E10. In general, would you say your health is...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**E11. Thinking only about yourself, in general, how healthy is your overall diet?**

- Excellent
- Very good
- Good
- Fair
- Poor

**E12. In general, how healthy is your household's overall diet?**

- Excellent
- Very good
- Good
- Fair
- Poor
- Does not apply to me

**E13. Including you, how many people currently live in your household? By household, we mean the people who share food and income with you. Please do not include people in your home who your <STATE NAME OF SNAP> benefits and other income do not support.**

number of people who currently live in your household

**E13a. How many of these are children 5–17 years old?**

number of children

**E13b. How many of these are children under 5 years of age?**

number of children

**E13c. How many are adults over 60 years?**

number of adults over 60



**E14. In the last 12 months, has there been a change in the number of people living in your household?**

Yes

No → **GO TO E15**

**E14a. What caused the change?**

**MARK ALL THAT APPLY**

Birth of child

New step, foster, or adopted child

Marriage/New partner

Separation or divorce

Death of a household member

Family/boarder moving in

Family/boarder moving out

Other, tell us what the change was:

**E15. Do you or anyone who lives in your household get food from any of the following sources?**

**MARK ALL THAT APPLY**

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

National School Lunch Program

Senior Farmers Market Program

Meals on Wheels

Food Pantry

Other, please specify:

Do not get food from another source

**E16. Please indicate whether you or anyone in your household received income in the last 12 months from any of the following:**

**MARK ALL THAT APPLY**

Wages, salary, commissions, bonuses, or tips

Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships

Interest, dividends, net rental income, royalty income, or income from estates and trusts

Social Security or Railroad Retirement

Supplemental Security Income (SSI)

Any public assistance or welfare payments from the state or local welfare office

Retirement, survivor, or disability pensions

Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony



**E17. What was the total income received last month by you and other household members before taxes? Please include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, and so forth.**

\$ 

--	--	--	--	--

**E18. Which category best describes your total household income last year, before taxes or other deductions?**

- Under \$10,000
- \$10,000–\$19,999
- \$20,000–\$29,999
- \$30,000–\$39,999
- \$40,000–\$49,999
- \$50,000–\$59,999
- \$60,000–\$69,999
- Over \$70,000

**E19. Which of the following best describes your household's current financial condition?**

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head

**Please continue to next page.**



## SECTION F. CONTACT INFORMATION

We will send your \$20 in cash promptly. We will not share your contact information with anyone.

### F1. Did your name and/or address change recently?

- No Thank you! We will send \$20 to the name and address on the survey letter. → **GO TO F2**
- Yes **If your name and/or address has changed recently, please record it below and we will mail \$20 to this name and address:**

Updated name:

Updated street address 1:

Updated street address 2:

Updated city:  Updated state:  Updated zip code:

### F2. We would like to send you a follow-up survey within a year. Please provide us your contact information so we can follow-up with you:

Phone number:  -  -

Cell phone number:  -  -

Email:

### F3. Because phone numbers and email addresses can change over time, please tell us the name and contact information of 2 people who will know how to find you:

#### CONTACT PERSON #1

Name:

Street address:

City:  State:  Zip code:

Phone:  -  -  Cell phone:  -  -

Email:

#### CONTACT PERSON #2

Name:

Street address:

City:  State:  Zip code:

Phone:  -  -  Cell phone:  -  -

Email:

**THANK YOU FOR COMPLETING THIS SURVEY.**

Please return this survey in the postage-paid envelope provided.

25936



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## **Appendix G**

### **SNAP Participant Follow-up Survey, Treatment Group**



## Marking Instructions

Please use a black or blue pen to complete this form.

Mark  to indicate your answer.

If you want to change your answer, mark  on the wrong answer.

Your answers are very important to us, please print clearly and in uppercase letters.

### SECTION A. SHOPPING FOR GROCERIES

**When answering these questions, please think about your household. By household, we mean people who live with you and with whom you purchase and prepare food. If you purchase foods and prepare meals for yourself only, please answer only for yourself.**

**A1. Do you or anyone in your household currently receive <STATE NAME OF SNAP> or Food Stamp benefits? Food Stamp benefits are provided on an electronic debit card called the <STATE NAME OF SNAP CARD>.**

Yes

No → **GO TO SECTION F ON PAGE 21**

**A2. Where do you buy most of the groceries for your household?**

Store Name:

**A2a. Is the store above a ...**

**MARK ONLY ONE**

Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)

Discount superstore (such as Kmart, Target, Walmart)

Convenience store (such as 7-Eleven or a mini market)

A Dollar Store

Warehouse club store (such as BJ's, Costco, Sam's Club)

Ethnic market

Natural or organic supermarket/local market

Small local store or corner store

Farmers market/farm stand/co-op

Home delivery service (such as FreshDirect, Peapod)

Other, tell us where:

**A3. Why do you shop for groceries at this store?**

**MARK ALL THAT APPLY**

- Close to home
- Close to work or school
- Location convenient but not close to home, work, or school
- Affordable prices
- Lots of in-store promotions
- Deals on fruits and vegetables
- Variety of products
- Ethnic foods are available
- High-quality meat
- Preferred products are always available

- Better or fresher produce than other stores
- Good service
- Store is clean
- Store is familiar to me
- Convenient store hours
- Frequent shopper program or savings card
- Store accepts EBT
- Home delivery option
- Other, tell us why:

**A4. How often do you usually shop for groceries?**

**MARK ONLY ONE**

- More than once a week
- Once a week
- Once every two weeks
- Once a month or less
- Rarely make any major shopping trips, only small trips
- Rarely shop for food



## SECTION B. SHOPPING FOR FRUITS AND VEGETABLES

### B1. Where do you usually buy fruits and vegetables for your household?

MARK ALL THAT APPLY

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:

### B2. How often do you make special efforts to go to a particular store to buy high-quality fruits or vegetables?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

### B3. Please estimate your household's usual MONTHLY expense for fruits and vegetables (include fresh, frozen, canned, and dried fruits and vegetables)?

\$    .

- Don't know

### B4. Since May 2017, how many times did you shop for fruits and vegetables at farmers markets?

- Never
- Less than once a month
- Once a month
- Every other week
- Once a week
- More than once a week



**B5. Some farmers markets and grocery stores provide a matching amount to <STATE NAME OF SNAP CARD> customers when they buy fruits and vegetables using their <STATE NAME OF SNAP CARD>. For example, farmers markets or grocery stores may give \$2 for every \$5 spent using <STATE NAME OF SNAP CARD>. In the past month, did you get any such matching amount at the farmers market or grocery store where you shopped?**

**MARK ALL THAT APPLY**

- Yes, matching amount was received at farmers market
- Yes, matching amount was received at grocery store
- No, matching amount was not received at farmers market or grocery store
- Don't know

**B6. Some stores offer coupons or discounts on fruit and vegetable purchases. In the past month, did you get any coupons or discounts when you shopped for fruits and vegetables at any of the following stores?**

**MARK ALL THAT APPLY**

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:
- No, did not receive coupons



**B7. In the past month, how often did you buy the following types of fruits and vegetables? For each type listed, mark the answer that represents how often you bought it.**

	<b>More than once a week</b>	<b>Once a week</b>	<b>Every other week</b>	<b>Once a month</b>	<b>Never</b>
Fresh fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 percent fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried vegetables (e.g. mushrooms, dehydrated potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**B8. In the past month, when you bought fruits, what kind did you buy? For each type listed, mark the answers that represent the types of fruits that you bought.**

**MARK ALL THAT APPLY FOR EACH TYPE OF FRUIT**

	Fresh	Frozen	Canned	Dried	I did not buy it
Bananas	<input type="checkbox"/>				
Apples	<input type="checkbox"/>				
Berries	<input type="checkbox"/>				
Oranges	<input type="checkbox"/>				
Melons	<input type="checkbox"/>				
Grapes	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pineapples	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**B9. In the past month, when you bought vegetables, what kind did you buy? For each type listed, mark the answers that represent the types of vegetables that you bought.**

**MARK ALL THAT APPLY FOR EACH TYPE OF VEGETABLE**

	Fresh	Frozen	Canned	Dried	I did not buy it
Potatoes	<input type="checkbox"/>				
Lettuce/leafy salad greens	<input type="checkbox"/>				
Onions	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Green beans	<input type="checkbox"/>				
Peppers	<input type="checkbox"/>				
Legumes/shelled beans	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## SECTION C. YOUR OPINIONS ABOUT FRUITS AND VEGETABLES

**C1. For each statement listed, mark the answer that best indicates how much you personally agree or disagree with that statement. If you don't understand a statement or don't have an opinion, mark "Does not apply."**

	Strongly Disagree	Somewhat Disagree	Neither Disagree or Agree	Somewhat Agree	Strongly Agree	Does Not Apply
I enjoy trying new foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat enough fruits to keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat enough vegetables to keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my family to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my friends to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**These questions are about the different kinds of fruits and vegetables you ate or drank during the LAST MONTH. Please think about all fruits, vegetables, and fruit juices that you had last month. Include those that were raw, cooked, eaten as snacks, and at meals; eaten at home and away from home in restaurants, with friends, and as take-out; and eaten alone and mixed with other foods.**

**C2. Over the past month, how many times per month, week, or day did you drink 100% juice such as orange, mango, apple, grape, or pineapple juice? **DO NOT COUNT** fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. **COUNT** juice you drank at all mealtimes and between meals.**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Never                    | 1 to 3                   | 1 to 2                   | 3 to 4                   | 5 to 6                   | 1 time                   | 2 times                  | 3 times                  | 4 times                  | 5 or more                |
| <b>GO TO C3</b>          | times last               | times                    | times                    | times                    | per day                  | per day                  | per day                  | per day                  | times                    |
|                          | month                    | per week                 | per week                 | per week                 |                          |                          |                          |                          | per day                  |

**C2a. Each time you drank 100% juice, how much did you usually drink?**

- |                                                     |                                                                    |                                               |                                           |
|-----------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/>                            | <input type="checkbox"/>                                           | <input type="checkbox"/>                      | <input type="checkbox"/>                  |
| Less than $\frac{3}{4}$ cup<br>(less than 6 ounces) | $\frac{3}{4}$ to $1\frac{1}{4}$ cups<br>(6 to less than 10 ounces) | $1\frac{1}{4}$ to 2 cups<br>(10 to 16 ounces) | More than 2 cups<br>(more than 16 ounces) |

**NEXT PAGE**



**C3. Over the past month, how many times per month, week, or day did you eat fruit? COUNT any kind of fruit – fresh, canned, dried, and frozen – that you ate at all mealtimes and for snacks. DO NOT COUNT juices.**

- Never   
 1 to 3 times **last month**   
 1 to 2 times **per week**   
 3 to 4 times **per week**   
 5 to 6 times **per week**   
 1 time **per day**   
 2 times **per day**   
 3 times **per day**   
 4 times **per day**   
 5 or more times **per day**

**C3a. Each time you ate fruit, how much did you usually eat?**

**MARK ONLY ONE ANSWER**

- Less than 1 medium fruit   
 1 medium fruit   
 2 medium fruits   
 More than 2 medium fruits
- OR-----
- Less than ½ cup   
 About ½ cup   
 About 1 cup   
 More than 1 cup

**C4. Over the past month, how many times per month, week, or day did you eat a lettuce or green leafy salad (with or without other vegetables)?**

- Never   
 1 to 3 times **last month**   
 1 to 2 times **per week**   
 3 to 4 times **per week**   
 5 to 6 times **per week**   
 1 time **per day**   
 2 times **per day**   
 3 times **per day**   
 4 times **per day**   
 5 or more times **per day**

**C4a. Each time you ate lettuce or green leafy salad, how much did you usually eat?**

- About ½ cup   
 About 1 cup   
 About 2 cups   
 More than 2 cups

**C5. Over the past month, how many times per month, week, or day did you eat any kind of fried potatoes, including French fries, home fries, or hash brown potatoes?**

- Never   
 1 to 3 times **last month**   
 1 to 2 times **per week**   
 3 to 4 times **per week**   
 5 to 6 times **per week**   
 1 time **per day**   
 2 times **per day**   
 3 times **per day**   
 4 times **per day**   
 5 or more times **per day**

**C5a. Each time you ate fried potatoes, how much did you usually eat?**

- Small order or less (About 1 cup or less)   
 Medium order (About 1 ½ cups)   
 Large order (About 2 cups)   
 Super-size order or more (About 3 cups or more)

**NEXT PAGE**



**C6. Over the past month, how many times per month, week, or day did you eat other white potatoes? COUNT baked, boiled, and mashed potatoes, sweet potatoes, potato salad, and white potatoes that were not fried.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
per day
- 2 times  
per day
- 3 times  
per day
- 4 times  
per day
- 5 or more  
times  
per day

**C6a. Each time you ate these potatoes, how much did you usually eat?**

- 1 small potato or less  
(½ cup or less)
- 1 medium potato  
(½ to 1 cup)
- 1 large potato  
(1 to 1 ½ cups)
- 2 medium potatoes or more  
(1 ½ cups or more)

**C7. Over the past month, how many times per month, week, or day did you eat cooked dried beans? COUNT refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
per day
- 2 times  
per day
- 3 times  
per day
- 4 times  
per day
- 5 or more  
times  
per day

**C7a. Each time you ate these beans, how much did you usually eat?**

- Less than ½ cup
- ½ to 1 cup
- 1 to 1 ½ cups
- More than 1 ½ cups

**C8. Over the past month, how many times per month, week, or day, did you eat other vegetables? COUNT raw, cooked, canned, and frozen vegetables such as tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, plantains, yucca, chayote or other squash, and broccoli. DO NOT COUNT lettuce salads, white potatoes, cooked dried beans, vegetables in mixtures such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry, soups, and rice.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
per day
- 2 times  
per day
- 3 times  
per day
- 4 times  
per day
- 5 or more  
times  
per day

**C8a. Each time you ate these other vegetables, how much did you usually eat?**

- Less than ½ cup
- ½ to 1 cup
- 1 to 2 cups
- More than 2 cups

**GO TO C9**



**C9. Over the past month, how many times per month, week, or day did you have tomato sauces on spaghetti or noodles or mixed into foods such as lasagna? DO NOT COUNT tomato sauce on pizza.**

- Never
- 1 to 3 times **last month**
- 1 to 2 times **per week**
- 3 to 4 times **per week**
- 5 to 6 times **per week**
- 1 time **per day**
- 2 times **per day**
- 3 times **per day**
- 4 times **per day**
- 5 or more times **per day**

**C9a. Each time you ate tomato sauce, how much did you usually eat?**

- About ¼ cup
- About ½ cup
- About 1 cup
- More than 1 cup

**C10. Over the past month, how many times per month, week, or day did you have Mexican-type salsa made with tomato?**

- Never
- 1 to 3 times **last month**
- 1 to 2 times **per week**
- 3 to 4 times **per week**
- 5 to 6 times **per week**
- 1 time **per day**
- 2 times **per day**
- 3 times **per day**
- 4 times **per day**
- 5 or more times **per day**

**GO TO D1**

**C10a. Each time you ate salsa, how much did you usually eat?**

- Less than 1 tablespoon
- 1 to less than 3 tablespoons
- 3 to 5 tablespoons
- More than 5 tablespoons

**NEXT PAGE**



## SECTION D. FOOD SITUATION IN YOUR HOUSEHOLD

These questions are about the food situation in your household in the last 30 days and whether you were able to afford the food you need. For each statement or question below, please mark one response that best describes your household's food situation.

**D1. In the last 30 days, "we worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D2. In the last 30 days, "the food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D3. In the last 30 days, "we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D4. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- Yes
- No → **GO TO D5**
- Don't know → **GO TO D5**

→ **D4a. In the last 30 days, how often did this happen?**

Days



**D5. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D6. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D7. In the last 30 days, did you lose weight because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D8. In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?**

- Yes
- No → **GO TO D9**
- Don't know → **GO TO D9**

→ **D8a. In the last 30 days, how often did this happen?**

Days

**D9. Over the last month, has your household had any unusually large expenses that affected your spending on food?**

- Yes
- No
- Don't know



**SECTION E. SHOPPING EXPERIENCE WITH <FINI>**

**E1. How long have you been shopping at <NAME OF OUTLET>?**

- Less than one month
- 1 to 3 months
- 4 to 6 months
- More than 6 months
- Do not shop at <NAME OF OUTLET> → **GO TO E9**

**E2. In the last month, how often did you shop at <NAME OF OUTLET>?**

- More than once a week
- Once a week
- Every other week
- Only once in the last month
- Did not shop here in the last month

**E3. Why do you shop at <NAME OF OUTLET>?**

**MARK ALL THAT APPLY**

- |                                                                                     |                                                                                             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Close to home                                              | <input type="checkbox"/> Better or fresher produce than at other stores/markets in the area |
| <input type="checkbox"/> Close to work or school                                    | <input type="checkbox"/> Good service                                                       |
| <input type="checkbox"/> Location convenient but not close to home, work, or school | <input type="checkbox"/> Cleanliness                                                        |
| <input type="checkbox"/> Affordable prices                                          | <input type="checkbox"/> Store/market is familiar to me                                     |
| <input type="checkbox"/> Lots of promotions                                         | <input type="checkbox"/> Convenient hours                                                   |
| <input type="checkbox"/> Deals on fruits and vegetables                             | <input type="checkbox"/> Frequent shopper program or savings card                           |
| <input type="checkbox"/> Variety of products                                        | <input type="checkbox"/> EBT is accepted                                                    |
| <input type="checkbox"/> Ethnic foods are available                                 | <input type="checkbox"/> Home delivery option                                               |
| <input type="checkbox"/> High-quality meat                                          | <input type="checkbox"/> Other, tell us why:                                                |
| <input type="checkbox"/> Preferred products are always available                    | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>                     |

**E4. Do you use <STATE NAME OF SNAP> at <NAME OF OUTLET> to buy groceries?**

- Yes
- No



**E5. Do you use any other nutrition program benefits, such as WIC, at <NAME OF OUTLET>?**

- Yes
- No

**E6. Do you buy fruits and vegetables at <NAME OF OUTLET>?**

- Yes
- No → **GO TO E9**

→ **E6a. Compared to the amount of fruits and vegetables you get at other stores or markets, how much of your fruits and vegetables do you usually get from <NAME OF OUTLET>?**

- MORE fruits and vegetables from <NAME OF OUTLET> than from other stores or markets
- LESS fruits and vegetables from <NAME OF OUTLET> than from other stores or markets
- SAME AMOUNT of fruits and vegetables from <NAME OF OUTLET> as from other stores or markets

**E7. How much of your <STATE NAME FOR SNAP> benefits do you spend on fruits and vegetables at <NAME OF OUTLET>?**

- All of it
- Most of it
- Some of it
- A little of it
- None of it

**E8. Did <NAME OF OUTLET> give you any matching funds, coupons, or other deals to buy fruits and vegetables when you used your <STATE NAME FOR SNAP CARD>?**

- Yes
- No

**E9. Have you heard of <FINI>?**

- Yes
- No → **GO TO SECTION F ON PAGE 21**



**E10. How did you hear about <FINI>?**

**MARK ALL THAT APPLY**

- Printed material such as letter or handout
- Email
- Billboard, banner, or signage at <NAME OF OUTLET>
- Workshops
- Word of mouth
- Internet
- Community service provider or health provider
- Other, tell us how:

**E11. How easy was it for you to understand how <FINI> works?**

- Very easy
- Somewhat easy
- A little easy
- Not at all easy

**E12. How well do you think the cashiers and other workers at <NAME OF OUTLET> understand <FINI>?**

- Very well
- Somewhat well
- Not too well
- Not at all well



**E13. Have you ever received <FINI>?**

- Yes → **GO TO E13a**
- No → **GO TO SECTION F ON PAGE 21**
- Don't know → **GO TO SECTION F ON PAGE 21**

**E13a. At which of the following store or market types did you receive <FINI>?**

**MARK ALL THAT APPLY**

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:

**E13b. Did you receive <FINI> at <NAME OF OUTLET>?**

- Yes
- No
- Don't know

**E14. In what month and year did you first receive <FINI> at any store or market?**

□	□	/	□	□	□	□
M	M		Y	Y	Y	Y

**E14a. In what month and year did you last receive <FINI>?**

□	□	/	□	□	□	□
M	M		Y	Y	Y	Y

**E14a.i. Thinking about the last time you received <FINI>, how much money did you save?**

\$ 

□	□	□	.	0	0
---	---	---	---	---	---

**E14a.ii. Is this <FINI> amount:**

- More than you usually receive
- Less than you usually receive
- About the same amount that you usually receive

**E14a.iii. How much of <FINI> did you spend last month?**

- All of it
- More than half of it
- Less than half of it
- Not sure

**E15. Which of the following statements describes how you usually spend <FINI>?**

- Spend all of it on the day it is received
- Spend most of it on the day it is received
- Spend some of it on the day it is received
- Not sure



**E16. Do you currently have any <FINI> left to spend?**

Yes

No → **GO TO E17**

→ **E16a. When do you plan to spend <FINI>?**

Spend all of it at the next shopping trip

Spend it over multiple shopping trips

Possibly won't use it at all

**E17. Because of <FINI>, is your household buying... ?**

More fruits and vegetables at <NAME OF OUTLET> than at other stores or markets

Less fruits and vegetables at <NAME OF OUTLET> than at other stores or markets

About the same amount of fruits and vegetables at <NAME OF OUTLET> as at other stores or markets

Not sure

**E18. Because of <FINI> is your household spending... ?**

More of your own money on fruits

Less of your own money on fruits

About the same of your own money on fruits

Not sure

**E19. Because of <FINI> is your household spending... ?**

More of your own money on vegetables

Less of your own money on vegetables

About the same of your own money on vegetables

Not sure

**E20. Compared to BEFORE receiving <FINI>, would you say you NOW spend more, less, or about the same on food products other than fruits and vegetables?**

More on other food products

Less on other food products

About the same on other food products

Not sure



**E21. In deciding where to buy fruits and vegetables, how important is it to you that the store or farmers market offers <FINI>?**

- Very important
- Somewhat important
- Not at all important

**E22. How likely are you to shop for fruits and vegetables if the store or farmers market does not offer <FINI>?**

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

**E23. Because of <FINI>, do you and your household now ...**

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neither Disagree or Agree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>	<b>Does Not Apply</b>
Eat more fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat more vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat different types of fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat different types of vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat more organic fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat more locally grown foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION F. YOU AND YOUR HOUSEHOLD

**F1. Are you male or female?**

- Male
- Female

**F2. What is your marital status?**

- Married
- Widowed
- Divorced
- Separated
- Never married

**F3. How old are you?**

- 18–29 years old
- 30–39 years old
- 40–49 years old
- 50–59 years old
- 60 or older

**F4. What language(s) do you usually speak at home?**

**MARK ALL THAT APPLY**

- English
- Spanish
- Other, tell us which languages:

**F5. What is your ethnicity?**

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)

**F6. Which one or more of the following would you say is your race?**

**MARK ALL THAT APPLY**

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

**F7. Were you born outside of the United States, Puerto Rico, or other U.S. territories?**

- Yes
- No → **GO TO F8**

→ **F7a. How long have you lived in the United States?**

- Less than 1 year
- More than 1 year but less than 5 years
- More than 5 years but less than 10 years
- 10 years or more

**F8. What is the highest grade or level of school you have completed or the highest degree you have received?**

- Never attended school or only attended Kindergarten
- Less than high school
- High school diploma or GED
- Some college, no degree
- Associate degree: occupational, technical, or vocational program
- Associate degree: academic program
- Bachelor's degree (example: BA, AB, BS, BBA)
- Master's degree (example: MA, MS, MEng, MEd, MBA)
- Doctoral degree (example: PhD, EdD)

**F9. Which of the following were you doing last month?**

**MARK ONLY ONE**

- With a job or business but not at work → **GO TO F9a**
- Not working at a job or business → **GO TO F9a**
- Working at a job or business → **GO TO F10**
- Looking for work → **GO TO F10**

**F9a. What is the main reason you did not work last month?**

- Taking care of house/family
- Going to school
- Retired
- Unable to work for health reasons
- Disabled
- On layoff/unemployed
- On vacation
- On strike
- Other, please specify:



**F10. In general, would you say your health is...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**F11. Thinking only about yourself, how healthy is your overall diet?**

- Excellent
- Very good
- Good
- Fair
- Poor

**F12. In general, how healthy is your household's overall diet?**

- Excellent
- Very good
- Good
- Fair
- Poor
- Does not apply to me

**F13. Including you, how many people currently live in your household? By household, we mean the people who share food and income with you. Please do not include people in your home who your <STATE NAME OF SNAP> benefits and other income do not support.**

number of people who currently live in your household

**F13a. How many of these are children 5–17 years old?**

number of children

**F13b. How many of these are children under 5 years of age?**

number of children

**F13c. How many are adults over 60 years?**

number of adults over 60



**F14. How long have you lived at the current address?**

- Less than three months
- Three to six months
- Seven to nine months
- Ten months to one year
- More than one year

**F15. In the last 6 months, has there been a change in the number of people living in your household?**

- Yes
- No → **GO TO F16**

→ **F15a. What caused the change?**

**MARK ALL THAT APPLY**

- Birth of child
- New step, foster, or adopted child
- Marriage/New partner
- Separation or divorce
- Death of a household member
- Family/boarder moving in
- Family/boarder moving out
- Other, tell us what the change was:

**F16. Do you or anyone who lives in your household get food from any of the following sources?**

**MARK ALL THAT APPLY**

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- National School Lunch Program (NSLP)
- Senior Farmers Market Program
- Meals on Wheels
- Food Pantry
- Other, please specify:
- No, do not get food from another source



**F17. Please indicate whether you or anyone in your household received income in the last 6 months from any of the following:**

**MARK ALL THAT APPLY**

- Wages, salary, commissions, bonuses, or tips from all jobs
- Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social Security or Railroad Retirement
- Supplemental Security Income (SSI)
- Any public assistance or welfare payments from the state or local welfare office
- Retirement, survivor, or disability pensions
- Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony

**F18. What was the total income received last month by you and other household members before taxes? Please include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, and so forth.**

\$ 

--	--	--	--	--

 . 

0	0
---	---

**F19. Which of the following best describes your household's current financial condition?**

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head



## SECTION G. CONTACT INFORMATION

Thank you, you have reached the end of the survey. We will send your \$20 cash in the next few weeks. To be sure we send the \$20 to the right location please confirm your address. We will not share your contact information with anyone.

### G1. Did your name and/or address change recently?

- No Thank you! We will send \$20 to the name and address on the survey letter. → **GO TO G2**
- Yes **If your name and/or address has changed recently, please record it below and we will mail \$20 to this name and address:**

Updated name:

Updated street address 1:

Updated street address 2:

Updated city:

Updated state:

Updated zip code:

→ We may contact you in the next few months and ask you to take part in a 60-minute telephone interview. If you are invited to participate in the interview, we will mail you a check for \$25 to thank you for your time.

### G2. Are you interested in participating in this follow-up interview?

- Yes → GREAT! We may contact you in a few months. Please provide the best phone number to reach you.

Home/Landline phone number:

 -  - 

Cell phone number:

 -  - 

**May we text you a message to this number?**

- Yes  
 No

- No → We understand, and will not contact you.

**THANK YOU FOR COMPLETING THIS SURVEY.**  
**Please return this survey in the postage-paid envelope provided.**

30004



## **Appendix H**

### **SNAP Participant Follow-up Survey, Comparison Group**



## Marking Instructions

Please use a black or blue pen to complete this form.

Mark  to indicate your answer.

If you want to change your answer, mark  on the wrong answer.

Your answers are very important to us, please print clearly and in uppercase letters.

### SECTION A. SHOPPING FOR GROCERIES

**When answering these questions, please think about your household. By household, we mean people who live with you and with whom you purchase and prepare food. If you purchase foods and prepare meals for yourself only, please answer only for yourself.**

**A1. Do you or anyone in your household currently receive <STATE NAME OF SNAP> or Food Stamp benefits? Food Stamp benefits are provided on an electronic debit card called the <STATE NAME OF SNAP CARD>.**

Yes

No → **GO TO SECTION E ON PAGE 14**

**A2. Where do you buy most of the groceries for your household?**

Store Name:

**A2a. Is the store above a ...**

**MARK ONLY ONE**

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:



**A3. Why do you shop for groceries at this store?**

**MARK ALL THAT APPLY**

- Close to home
- Close to work or school
- Location convenient but not close to home, work, or school
- Affordable prices
- Lots of in-store promotions
- Deals on fruits and vegetables
- Variety of products
- Ethnic foods are available
- High-quality meat
- Preferred products are always available

- Better or fresher produce than other stores
- Good service
- Store is clean
- Store is familiar to me
- Convenient store hours
- Frequent shopper program or savings card
- Store accepts EBT
- Home delivery option
- Other, tell us why:

**A4. How often do you usually shop for groceries?**

**MARK ONLY ONE**

- More than once a week
- Once a week
- Once every two weeks
- Once a month or less
- Rarely make any major shopping trips, only small trips
- Rarely shop for food



## SECTION B. SHOPPING FOR FRUITS AND VEGETABLES

### B1. Where do you usually buy fruits and vegetables for your household?

MARK ALL THAT APPLY

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:

### B2. How often do you make special efforts to go to a particular store to buy high-quality fruits or vegetables?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

### B3. Please estimate your household's usual MONTHLY expense for fruits and vegetables (include fresh, frozen, canned, and dried fruits and vegetables)?

\$    .   ..

- Don't know

### B4. Since May 2017, how many times did you shop for fruits and vegetables at farmers markets?

- Never
- Less than once a month
- Once a month
- Every other week
- Once a week
- More than once a week



**B5. Some farmers markets and grocery stores provide a matching amount to <STATE NAME OF SNAP CARD> customers when they buy fruits and vegetables using their <STATE NAME OF SNAP CARD>. For example, farmers markets or grocery stores may give \$2 for every \$5 spent using a <STATE NAME OF SNAP CARD>. In the past month, did you get any such matching amount at the farmers market or grocery store where you shopped?**

**MARK ALL THAT APPLY**

- Yes, matching amount was received at farmers market
- Yes, matching amount was received at grocery store
- No, matching amount was not received at farmers market or grocery store
- Don't know

**B6. Some stores offer coupons or discounts on fruit and vegetable purchases. In the past month, did you get any coupons or discounts when you shopped for fruits and vegetables at any of the following stores?**

**MARK ALL THAT APPLY**

- Large chain grocery store or supermarket (such as Albertsons, Giant, Kroger, Publix, Safeway)
- Discount superstore (such as Kmart, Target, Walmart)
- Convenience store (such as 7-Eleven or a mini market)
- A Dollar Store
- Warehouse club store (such as BJ's, Costco, Sam's Club)
- Ethnic market
- Natural or organic supermarket/local market
- Small local store or corner store
- Farmers market/farm stand/co-op
- Home delivery service (such as FreshDirect, Peapod)
- Other, tell us where:
- No, did not receive coupons



**B7. In the past month, how often did you buy the following types of fruits and vegetables? For each type listed, mark the answer that represents how often you bought it.**

	<b>More than once a week</b>	<b>Once a week</b>	<b>Every other week</b>	<b>Once a month</b>	<b>Never</b>
Fresh fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 percent fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried vegetables (e.g. mushrooms, dehydrated potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**B8. In the past month, when you bought fruits, what kind did you buy? For each type listed, mark the answers that represent the types of fruits that you bought.**

**MARK ALL THAT APPLY FOR EACH TYPE OF FRUIT**

	Fresh	Frozen	Canned	Dried	I did not buy it
Bananas	<input type="checkbox"/>				
Apples	<input type="checkbox"/>				
Berries	<input type="checkbox"/>				
Oranges	<input type="checkbox"/>				
Melons	<input type="checkbox"/>				
Grapes	<input type="checkbox"/>				
Peaches	<input type="checkbox"/>				
Pineapples	<input type="checkbox"/>				
Pears	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**B9. In the past month, when you bought vegetables, what kind did you buy? For each type listed, mark the answers that represent the types of vegetables that you bought.**

**MARK ALL THAT APPLY FOR EACH TYPE OF VEGETABLE**

	Fresh	Frozen	Canned	Dried	I did not buy it
Potatoes	<input type="checkbox"/>				
Lettuce/leafy salad greens	<input type="checkbox"/>				
Onions	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Carrots	<input type="checkbox"/>				
Green beans	<input type="checkbox"/>				
Peppers	<input type="checkbox"/>				
Legumes/shelled beans	<input type="checkbox"/>				
Broccoli	<input type="checkbox"/>				
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## SECTION C. YOUR OPINIONS ABOUT FRUITS AND VEGETABLES

**C1. For each statement listed, mark the answer that best indicates how much you personally agree or disagree with that statement. If you don't understand a statement or don't have an opinion, mark "Does not apply."**

	Strongly Disagree	Somewhat Disagree	Neither Disagree or Agree	Somewhat Agree	Strongly Agree	Does Not Apply
I enjoy trying new foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy trying new vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat enough fruits to keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat enough vegetables to keep me healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my family to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my friends to eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**These questions are about the different kinds of fruits and vegetables you ate or drank during the LAST MONTH. Please think about all fruits, vegetables, and fruit juices that you had last month. Include those that were raw, cooked, eaten as snacks, and at meals; eaten at home and away from home in restaurants, with friends, and as take-out; and eaten alone and mixed with other foods.**

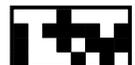
**C2. Over the past month, how many times per month, week, or day did you drink 100% juice such as orange, mango, apple, grape, or pineapple juice? **DO NOT COUNT** fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. **COUNT** juice you drank at all mealtimes and between meals.**

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Never                    | 1 to 3                   | 1 to 2                   | 3 to 4                   | 5 to 6                   | 1 time                   | 2 times                  | 3 times                  | 4 times                  | 5 or more                |
| <b>GO TO C3</b>          | times last               | times                    | times                    | times                    | per day                  | per day                  | per day                  | per day                  | times                    |
|                          | month                    | per week                 | per week                 | per week                 |                          |                          |                          |                          | per day                  |

**C2a. Each time you drank 100% juice, how much did you usually drink?**

- |                                                     |                                                                    |                                               |                                           |
|-----------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/>                            | <input type="checkbox"/>                                           | <input type="checkbox"/>                      | <input type="checkbox"/>                  |
| Less than $\frac{3}{4}$ cup<br>(less than 6 ounces) | $\frac{3}{4}$ to $1\frac{1}{4}$ cups<br>(6 to less than 10 ounces) | $1\frac{1}{4}$ to 2 cups<br>(10 to 16 ounces) | More than 2 cups<br>(more than 16 ounces) |

**NEXT PAGE**



**C3. Over the past month, how many times per month, week, or day did you eat fruit? COUNT any kind of fruit – fresh, canned, dried, and frozen – that you ate at all mealtimes and for snacks. DO NOT COUNT juices.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
**per day**

**C3a. Each time you ate fruit, how much did you usually eat?**  
**MARK ONLY ONE ANSWER**

- |                                                      |                                            |                                             |                                                       |
|------------------------------------------------------|--------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/><br>Less than 1 medium fruit | <input type="checkbox"/><br>1 medium fruit | <input type="checkbox"/><br>2 medium fruits | <input type="checkbox"/><br>More than 2 medium fruits |
| -----OR-----                                         |                                            |                                             |                                                       |
| <input type="checkbox"/><br>Less than ½ cup          | <input type="checkbox"/><br>About ½ cup    | <input type="checkbox"/><br>About 1 cup     | <input type="checkbox"/><br>More than 1 cup           |

**C4. Over the past month, how many times per month, week, or day did you eat a lettuce or green leafy salad (with or without other vegetables)?**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
**per day**

**C4a. Each time you ate lettuce or green leafy salad, how much did you usually eat?**

- About ½ cup
- About 1 cup
- About 2 cups
- More than 2 cups

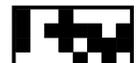
**C5. Over the past month, how many times per month, week, or day did you eat any kind of fried potatoes, including French fries, home fries, or hash brown potatoes?**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
**per day**

**C5a. Each time you ate fried potatoes, how much did you usually eat?**

- Small order or less  
(About 1 cup or less)
- Medium order  
(About 1 ½ cups)
- Large order  
(About 2 cups)
- Super-size order or more  
(About 3 cups or more)

**NEXT PAGE**



**C6. Over the past month, how many times per month, week, or day did you eat other white potatoes? COUNT baked, boiled, and mashed potatoes, sweet potatoes, potato salad, and white potatoes that were not fried.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
per day

**C6a. Each time you ate these potatoes, how much did you usually eat?**

- 1 small potato or less  
(½ cup or less)
- 1 medium potato  
(½ to 1 cup)
- 1 large potato  
(1 to 1 ½ cups)
- 2 medium potatoes or more  
(1 ½ cups or more)

**C7. Over the past month, how many times per month, week, or day did you eat cooked dried beans? COUNT refried beans, baked beans, beans in soup, pork and beans, or any other type of cooked dried beans.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
per day

**C7a. Each time you ate these beans, how much did you usually eat?**

- Less than ½ cup
- ½ to 1 cup
- 1 to 1 ½ cups
- More than 1 ½ cups

**C8. Over the past month, how many times per month, week, or day, did you eat other vegetables? COUNT raw, cooked, canned, and frozen vegetables such as tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, plantains, yucca, chayote or other squash, and broccoli. DO NOT COUNT lettuce salads, white potatoes, cooked dried beans, vegetables in mixtures such as in sandwiches, omelets, casseroles, Mexican dishes, stews, stir-fry, soups, and rice.**

- Never
- 1 to 3  
times **last**  
month
- 1 to 2  
times  
per week
- 3 to 4  
times  
per week
- 5 to 6  
times  
per week
- 1 time  
**per day**
- 2 times  
**per day**
- 3 times  
**per day**
- 4 times  
**per day**
- 5 or more  
times  
per day

**C8a. Each time you ate these other vegetables, how much did you usually eat?**

- Less than ½ cup
- ½ to 1 cup
- 1 to 2 cups
- More than 2 cups

**NEXT PAGE**



**C9. Over the past month, how many times per month, week, or day did you have tomato sauces on spaghetti or noodles or mixed into foods such as lasagna? DO NOT COUNT tomato sauce on pizza.**

- Never
- 1 to 3 times **last month**
- 1 to 2 times **per week**
- 3 to 4 times **per week**
- 5 to 6 times **per week**
- 1 time **per day**
- 2 times **per day**
- 3 times **per day**
- 4 times **per day**
- 5 or more times **per day**

**C9a. Each time you ate tomato sauce, how much did you usually eat?**

- About ¼ cup
- About ½ cup
- About 1 cup
- More than 1 cup

**C10. Over the past month, how many times per month, week, or day did you have Mexican-type salsa made with tomato?**

- Never
- 1 to 3 times **last month**
- 1 to 2 times **per week**
- 3 to 4 times **per week**
- 5 to 6 times **per week**
- 1 time **per day**
- 2 times **per day**
- 3 times **per day**
- 4 times **per day**
- 5 or more times **per day**

**GO TO D1**

**C10a. Each time you ate salsa, how much did you usually eat?**

- Less than 1 tablespoon
- 1 to less than 3 tablespoons
- 3 to 5 tablespoons
- More than 5 tablespoons

**NEXT PAGE**



## SECTION D. FOOD SITUATION IN YOUR HOUSEHOLD

These questions are about the food situation in your household in the last 30 days and whether you were able to afford the food you need. For each statement or question below, please mark one response that best describes your household's food situation.

**D1. In the last 30 days, "we worried whether our food would run out before we got money to buy more." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D2. In the last 30 days, "the food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D3. In the last 30 days, "we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household?**

- Often true
- Sometimes true
- Never true
- Don't know

**D4. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- Yes
- No → **GO TO D5**
- Don't know → **GO TO D5**

→ **D4a. In the last 30 days, how often did this happen?**

Days

**D5. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D6. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D7. In the last 30 days, did you lose weight because there wasn't enough money for food?**

- Yes
- No
- Don't know

**D8. In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?**

- Yes
- No → **GO TO D9**
- Don't know → **GO TO D9**

→ **D8a. In the last 30 days, how often did this happen?**

Days

**D9. Over the last month, has your household had any unusually large expenses that affected your spending on food?**

- Yes
- No
- Don't know



## SECTION E. YOU AND YOUR HOUSEHOLD

**E1. Are you male or female?**

- Male
- Female

**E2. What is your marital status?**

- Married
- Widowed
- Divorced
- Separated
- Never married

**E3. How old are you?**

- 18–29 years old
- 30–39 years old
- 40–49 years old
- 50–59 years old
- 60 or older

**E4. What language(s) do you usually speak at home?**

**MARK ALL THAT APPLY**

- English
- Spanish
- Other, tell us which languages:

**E5. What is your ethnicity?**

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)

**E6. Which one or more of the following would you say is your race?**

**MARK ALL THAT APPLY**

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White



**E7. Were you born outside of the United States, Puerto Rico, or other U.S. territories?**

- Yes
- No → **GO TO E8**

→ **E7a. How long have you lived in the United States?**

- Less than 1 year
- More than 1 year but less than 5 years
- More than 5 years but less than 10 years
- 10 years or more

**E8. What is the highest grade or level of school you have completed or the highest degree you have received?**

- Never attended school or only attended Kindergarten
- Less than high school
- High school diploma or GED
- Some college, no degree
- Associate degree: occupational, technical, or vocational program
- Associate degree: academic program
- Bachelor's degree (example: BA, AB, BS, BBA)
- Master's degree (example: MA, MS, MEng, MEd, MBA)
- Doctoral degree (example: PhD, EdD)

**E9. Which of the following were you doing last month?**

**MARK ONLY ONE**

- With a job or business but not at work → **GO TO E9a**
- Not working at a job or business → **GO TO E9a**
- Working at a job or business → **GO TO E10**
- Looking for work → **GO TO E10**

**E9a. What is the main reason you did not work last month?**

- Taking care of house/family
- Going to school
- Retired
- Unable to work for health reasons
- Disabled
- On layoff/unemployed
- On vacation
- On strike
- Other, please specify:



**E10. In general, would you say your health is...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**E11. Thinking only about yourself, how healthy is your overall diet?**

- Excellent
- Very good
- Good
- Fair
- Poor

**E12. In general, how healthy is your household's overall diet?**

- Excellent
- Very good
- Good
- Fair
- Poor
- Does not apply to me

**E13. Including you, how many people currently live in your household? By household, we mean the people who share food and income with you. Please do not include people in your home who your <STATE NAME OF SNAP> benefits and other income do not support.**

number of people who currently live in your household

**E13a. How many of these are children 5–17 years old?**

number of children

**E13b. How many of these are children under 5 years of age?**

number of children

**E13c. How many are adults over 60 years?**

number of adults over 60



**E14. How long have you lived at the current address?**

- Less than three months
- Three to six months
- Seven to nine months
- Ten months to one year
- More than one year

**E15. In the last 6 months, has there been a change in the number of people living in your household?**

- Yes
- No → **GO TO E16**

→ **E15a. What caused the change?**

**MARK ALL THAT APPLY**

- Birth of child
- New step, foster, or adopted child
- Marriage/New partner
- Separation or divorce
- Death of a household member
- Family/boarder moving in
- Family/boarder moving out
- Other, tell us what the change was:

**E16. Do you or anyone who lives in your household get food from any of the following sources?**

**MARK ALL THAT APPLY**

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- National School Lunch Program (NSLP)
- Senior Farmers Market Program
- Meals on Wheels
- Food Pantry
- Other, please specify:
- No, do not get food from another source



**E17. Please indicate whether you or anyone in your household received income in the last 6 months from any of the following:**

**MARK ALL THAT APPLY**

- Wages, salary, commissions, bonuses, or tips from all jobs
- Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships
- Interest, dividends, net rental income, royalty income, or income from estates and trusts
- Social Security or Railroad Retirement
- Supplemental Security Income (SSI)
- Any public assistance or welfare payments from the state or local welfare office
- Retirement, survivor, or disability pensions
- Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony

**E18. What was the total income received last month by you and other household members before taxes? Please include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, and so forth.**

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**E19. Which of the following best describes your household's current financial condition?**

- Very comfortable and secure
- Able to make ends meet without much difficulty
- Occasionally have some difficulty making ends meet
- Tough to make ends meet but keeping your head above water
- In over your head



## SECTION F. CONTACT INFORMATION

Thank you, you have reached the end of the survey. We will send your \$20 cash in the next few weeks. To be sure we send the \$20 to the right location please confirm your address. We will not share your contact information with anyone.

### F1. Did your name and/or address change recently?

- No Thank you! We will send \$20 to the name and address on the survey letter.
- Yes **If your name and/or address has changed recently, please record it below and we will mail \$20 to this name and address:**

Updated name:

Updated street address 1:

Updated street address 2:

Updated city:

Updated state:

Updated zip code:

**THANK YOU FOR COMPLETING THIS SURVEY.**  
Please return this survey in the postage-paid envelope provided.

59837

