

APPENDIX F
SAMPLE SCRIPTS FOR MENU SURVEY TECHNICAL ASSISTANCE

**School Nutrition Dietary
Assessment Study IV**

(OMB No.: 0584-0527)

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SCRIPT #1 FOR INTRODUCTORY CALL (PRESET TRAINING DATE)

Hello, my name is _____. I'm calling from Mathematica Policy Research regarding the School Nutrition Dietary Assessment study. Has your Food Service Director spoken with you about the study?

As part of this study, you are being asked to complete a Menu Survey. The objective of the Menu Survey is to obtain a complete and accurate description of the foods offered and served in your school food service program for one week.

Read Public Burden Statement

Public reporting burden for this collection of information is estimated to average 6 hours and 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0527). Do not return the completed form to this address.

When we spoke with (SFA DIRECTOR), we established next week (DATES OF TARGET WEEK) as the target week for your district. On Tuesday, I'll be sending you a Federal Express package that contains the forms you'll be filling out during the target week and a questionnaire about your schools' food service operation. Included in the packet will be a \$50 check as a thank you. (SFA DIRECTOR) has set up a training conference call for (DAY & TIME) to review each Menu Survey form and explain how they should be completed. The call will take approximately one hour. Information about the call, including the toll-free number is included in the packet. Can you please confirm that the mailing address for your school is _____? I'll send you an e-mail to confirm that you've received it. Can you please confirm your e-mail address as _____?

I want to verify some information so that I send you the correct forms. Do you serve breakfast as part of the USDA School Breakfast Program? Does your school participate in the NSLP Afterschool Snack program?

(CHECK SFA RECRUITMENT INTERVIEW. IF MEALS PREPARED PARTLY OR FULLY IN OFF-SITE KITCHEN=YES . . .) (SFA DIRECTOR) indicated that some or all of your menu items are prepared in a location separate from your school. Can you tell me where your meals are prepared? When you receive the Menu Survey, you will want to speak with (SFA

DIRECTOR) about getting help with recipes and commercially prepared product information, either from (HIM/HER) or someone in the kitchen that prepares your meals. It would be helpful if they also participate in the training call, if possible.

I will be conducting the training on (TRAINING DAY) and will be available by phone or e-mail to assist you throughout the survey completion period. Please feel free to call at anytime.

Do have any questions? If you have any questions later, feel free to call me at xxx-xxx-xxxx. I will be available by phone or e-mail to assist you throughout the survey period. Please feel free to call at anytime.

Thank you for your time and I look forward to working with you.

SCRIPT #2 FOR INTRODUCTORY CALL (NO PRESET TRAINING DATE)

Hello, my name is _____. I'm calling from Mathematica Policy Research regarding the School Nutrition Dietary Assessment study. Has your Food Service Director spoken with you about the study?

(IF FSM IS UNAWARE OF THE STUDY): The School Nutrition Dietary Assessment is being conducted on behalf of the USDA. We are collecting data in 600 school districts and over 900 schools this year. We've spoken with (SFA DIRECTOR) and (HE/SHE) is aware that you'll be helping us with this important study. The food service managers from (NAMES OF OTHER PARTICIPATING SCHOOLS IN THE DISTRICT) will also be participating.

As part of this study, you are being asked to complete a Menu Survey. The objective of the Menu Survey is to obtain a complete and accurate description of the foods offered and served in your school food service program for one week.

Read Public Burden Statement

Public reporting burden for this collection of information is estimated to average 6 hours and 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0527). Do not return the completed form to this address.

On Tuesday, I'll be sending you a Federal Express package that contains the forms you'll be filling out during the target week and a questionnaire about your schools' food service operation. Included in the packet will be a \$50 check as a thank you. Can you please confirm that the mailing address for your school is _____? I'll send you an e-mail to confirm that you've received the package. Can you please confirm your e-mail address as _____?

I want to verify some information so that I send you the correct forms. Do you serve breakfast as part of the USDA School Breakfast Program? Does your school participate in the NSLP Afterschool Snack program?

(IF YES OR IF MEALS PREPARED PARTLY OR FULLY IN OFF-SITE KITCHEN=YES, ASK. . .) (SFA DIRECTOR) indicated that some or all of your menu items are prepared in a location separate from your school. Can you tell me where your meals are prepared? When you receive the Menu Survey, you will want to speak with (SFA DIRECTOR)

about getting help with recipes and commercially prepared product information, either from (HIM/HER) or someone in the kitchen that prepares your meals.

What I'd like to do today is set up a time when we can have a training conference call to review each Menu Survey form and explain how they should be completed. If (SFA DIRECTOR) or someone from the (CENTRAL/BASE) kitchen will be helping you with recipes and product information, it would be helpful for them to participate. The call will take approximately one hour. Since we'd like to include all of the participating food service managers in your district on the call, could you give me 2 timeframes on Friday when you'd be available? I'll coordinate with the other managers and get back to you when we have an agreed upon time.

Do you have any questions? If you have any questions later, feel free to call me at xxx-xxx-xxxx. I will be available by phone or e-mail to assist you throughout the survey period. Please feel free to call at anytime.

Thank you for your time and I look forward to working with you.

SCRIPTS FOR MONDAY TARGET WEEK CALL

Choose script based on time of day respondent is reached

1. Early Morning Call:

Hello, this is _____ from the School Nutrition Dietary Assessment study. I just wanted to check in today and see if you had any questions about filling out the Menu Survey this week. You should begin completing the forms today. It may help to look at the sample completed forms as you begin filling out your forms, and you can check the Daily Reminder List to be sure you've completed everything for the day.

(ASK SPECIFIC QUESTIONS TO ADDRESS ANY ISSUES FOR THIS SCHOOL RAISED IN TRAINING CALL.)

(ASK FSM A COUPLE OF QUESTIONS TO BE SURE SHE/HE UNDERSTANDS HOW TO COMPLETE EACH FORM . . .)

- Do you feel comfortable recording the number of reimbursable portions served for each menu item on the Reimbursable Foods Form?
- Will you be able to provide manufacturer/brand and product code information for commercially prepared foods that are offered (e.g., pizza, chicken nuggets, French fries, or burritos)?
- (IF SELF-SERVE/MADE-TO-ORDER FOOD BARS ARE OFFERED, ASK) Do you have any questions about using the Self-Serve/Made-to-Order Food Bar Form? This is the form you will use to list all of the ingredients included on the bars. You need to use a different form for each bar, but if the same bar is offered on multiple days (with the same ingredients), you'll just use one form and indicate which days the bar is offered at the top of the form.
- Do you have any questions about the A La Carte Checklist? Remember to complete this form on _____ (DAY SPECIFIED ON MENU SURVEY FOLDER).
- (IF COMPLETING AFTERSCHOOL SNACK FORM, ASK) Will you be able to record the number of snacks served each day or have you arranged for someone else to help complete the form?

It sounds like you're ready to get started! If you have any questions as the week goes along, please don't hesitate to call us at xxx-xxx-xxxx.

Thank you again for your help!

2. Late Morning Call:

Hello, this is _____ from the School Nutrition Dietary Assessment study. I just wanted to check in today and see if you had any questions about filling out the Menu Survey this week. Have you completed the Reimbursable Foods Form for Breakfast today? Do you have any questions?

(ASK SPECIFIC QUESTIONS TO ADDRESS ANY ISSUES FOR THIS SCHOOL RAISED IN TRAINING CALL.)

(ASK FSM A COUPLE OF QUESTIONS TO BE SURE SHE/HE UNDERSTANDS HOW TO COMPLETE EACH FORM OR CHECK THAT EACH FORM WAS COMPLETED CORRECTLY. . .)

- Were you able to record the number of reimbursable portions served for each menu item on the Reimbursable Foods Form? Did you sell any foods a la carte at breakfast today? (IF YES, ASK) Did you use Column C or D to report number of portions served for these foods?
- Were you be able to provide manufacturer/brand and product code information for commercially prepared foods that are offered (e.g., breakfast pizza, tater tots, fortified bakery products, breakfast burritos, pre-prepared breakfast sandwiches).
- Do you have any questions about completing the forms for lunch today?
- Do you have any questions about the A La Carte Checklist? Remember to complete this form on _____ (DAY SPECIFIED ON MENU SURVEY FOLDER).
- (IF COMPLETING AFTERSCHOOL SNACK FORM, ASK) Will you be able to record the number of snacks served each day or have you arranged for someone else to help complete the form?

You're doing a great job with the Menu Survey! We really appreciate the time you've spent so far. If you have any questions as the week goes along, please don't hesitate to call us at xxx-xxx-xxxx.

Thank you again for your help!

3. Afternoon Call:

Hello, this is _____ from the School Nutrition Dietary Assessment study. I just wanted to check in today and see if you had any questions about filling out the Menu Survey this week. Have you completed the Reimbursable Foods Form for Lunch and Breakfast today? Do you have any questions?

(ASK SPECIFIC QUESTIONS TO ADDRESS ANY ISSUES FOR THE SCHOOL RAISED IN TRAINING CALL.)

(ASK FSM A COUPLE OF QUESTIONS TO BE SURE SHE/HE UNDERSTANDS HOW TO COMPLETE EACH FORM OR CHECK THAT EACH FORM WAS COMPLETED CORRECTLY. . .)

- Were you able to record the number of reimbursable portions served for each menu item on the Reimbursable Foods Form? Did you sell any foods a la carte at breakfast or lunch today? (IF YES, ASK) Did you use Column C or D to report number of portions served for these foods?
- Were you be able to provide manufacturer/brand and product code information for commercially prepared foods that are offered (e.g., pizza, French fries/tater tots, chicken nuggets, fortified bakery products, burritos, pre-prepared sandwiches, etc.).
- (IF SELF-SERVE/MADE-TO-ORDER FOOD BARS ARE OFFERED, ASK) Do you have any questions about using the Self-Serve/Made-to-Order Food Bar Form? This is the form you will use to list all of the ingredients included on the bars. You need to use a different form for each bar, but if the same bar is offered on multiple days (with the same ingredients), you'll just use one form and indicate which days the bar is offered at the top of the form.
- Do you have any questions about completing the A La Carte Checklist? Remember to complete this form on _____ (DAY SPECIFIED ON MENU SURVEY FOLDER).
- (IF COMPLETING AFTERSCHOOL SNACK FORM, ASK) Will you be able to record the number of snacks served each day or have you arranged for someone else to help complete the form?

You're doing a great job with the Menu Survey! We appreciate all of the time you've spent completing the forms. If you have any questions as the week goes along, please don't hesitate to call us at xxx-xxx-xxxx.

Thank you again for your help!

SCRIPT FOR FINAL TARGET WEEK CALL

Hello, this is _____ from the School Nutrition Dietary Assessment study. Did you have any problems completing the Menu Survey this week?

(FOLLOW-UP ON ANY QUESTIONS OR ISSUES THAT WERE RAISED IN TRAINING CALL OR DURING TARGET WEEK.)

Once you've completed the forms, please double-check your work to make sure you have provided all of the necessary information. Please return all completed survey materials to MPR in the pre-addressed Federal Express envelope provided. Remember to also include your completed Food Service Manager Survey. Do you think you can get that out to us today? (IF NO) Okay, when do you think you can mail it?

Once we've received the forms, we'll review them and if we have any questions we'll call you to follow up.

Thank you again for your help with this important project!