

Appendix E: Survey of School Principals

Fresh Fruit and Vegetable Program Evaluation

Principal Survey

Respondent contact information

School name and district: _____

Contact name: _____

Telephone number: _____

Your participation in this study is voluntary. There are no penalties if you do not participate. You can refuse to answer any question and may even stop the survey at any time. Your answers will be kept confidential to the fullest extent permitted by law and your name will not be identified with any answers you give. Your responses to this survey will be grouped with others like yours across the 704 schools participating in this study in the study report. The data files that result from this study will not contain any personal identifiers or any characteristics that would make it possible for specific schools to be identified.

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-xxxx. The time required to complete this information collection is estimated to average 20 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.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Alexandria, VA 22302.

SCHOOL PRINCIPAL SURVEY FOR FFVP EVALUATION

Instructions for FFVP schools:

This survey is part of an evaluation of the USDA Fresh Fruit and Vegetable Program (FFVP) being conducted by Abt Associates for the USDA Food & Nutrition Service. We are interested in learning more about your school's participation in the FFVP and other nutrition programs and activities. **Please consult with other personnel in your school if needed to complete this questionnaire.**

Also, please note that for comparison purposes some questions ask about school activities **during the 2007-2008 school year**, before the FFVP in its current form began. Please feel free to consult any records or administrative data you have available to help you answer these questions.

Instructions non-FFVP schools:

This survey is part of an evaluation of the USDA Fresh Fruit and Vegetable Program (FFVP) being conducted by Abt Associates for the USDA Food & Nutrition Service. We are interested in learning more about how nutrition programs and activities in your school compare with those in schools in which the FFVP operates. **Please consult with other personnel in your school if needed to complete this questionnaire.**

Also, please note that for comparison purposes some questions ask about school activities **during the 2007-2008 school year**, before the FFVP in its current form began. Please feel free to consult any records or administrative data you have available to help you answer these questions.

E. Enrollment

E1. How many **total students** were enrolled in your school on or about October 1, 2007 and October 1, 2009?

	Total students enrolled on....	
<u>Grade levels</u>	<u>October 1, 2007</u>	<u>October 1, 2009</u>
Pre-school/Pre-Kindergarten		
Elementary (Fill in included grade levels:_____)		
Secondary (Fill in included grade levels:_____)		

E2. Is there any other information you would like to share with us about changes in enrollment in your school since 2007-2008?

N. Nutrition Education

The next question asks you to provide details about nutrition activities in your school during the week of [REFERENCE WEEK].

N1. Please check off **all grades** that participated in nutrition education or promotion activities at [SCHOOL NAME] for each **day and time** during [REFERENCE WEEK] in the chart below.

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

	Monday	Tuesday	Wednesday	Thursday	Friday
No nutrition education activities occurred this day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During school, before first lunch period	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade

<p>Between start of first lunch and end of last lunch</p>	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade
<p>During school, after last lunch period</p>	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade	<input type="checkbox"/> All grades If not all grades, check the grades below: <input type="checkbox"/> Pre-school <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> 8th grade

The next few questions ask you to consider the kinds of nutrition education and promotion activities that took place in your school during the last month, or in the four weeks ending in [REFERENCE WEEK].

N1a. Did your school have **any** nutrition education or promotion activities during the **three weeks before** [REFERENCE WEEK]?

- Yes
- No

[IF NO NUTRITION EDUCATION/PROMOTION ACTIVITY ON ANY DAY DURING REFERENCE WEEK OR PRIOR THREE WEEKS, SKIP TO N5.]

N2. What **message(s)** were conveyed by the nutrition education or promotion activities conducted during the four weeks ending in [REFERENCE WEEK] at your school? (Please check yes or no for each message listed.)

Message	Was the message conveyed by nutrition education or promotion activities during the last month?
Role of fresh fruits and vegetables in a complete diet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where fresh fruits and vegetables come from, links to local farms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trying new foods, variety	<input type="checkbox"/> Yes <input type="checkbox"/> No
USDA MyPyramid food guidance system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating lower fat foods more often	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating whole grains more often	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating lower sodium foods more often	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating higher fiber foods more often	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking with fresh fruits and vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthy weight and overweight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other message (Please specify: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No

N3. Did your school **coordinate** the specific foods discussed during nutrition education and promotion activities with specific foods offered during any of the following USDA programs? For example, dark green vegetables might be featured in a nutrition education class and in the lunch menu. (Please check all that apply.)

- USDA School Breakfast Program
- USDA National School Lunch Program
- USDA Fresh Fruit and Vegetable Program [*FFVP SCHOOLS ONLY*]
- USDA After-School Snack Program
- Other program (Please specify: _____)
- No, did not attempt to coordinate nutrition education and promotion activities with any USDA meals programs.

N4. What types of **professionals or volunteers** conduct or lead nutrition education or promotion activities in your school? Please check all that apply.

- Classroom teacher
- Principal or administrator
- Nutritionist or dietitian
- Doctor, nurse, or other health professional
- Trained non-professional
- Other (Please specify: _____)

N5. During the four weeks ending in [REFERENCE WEEK], did your school have any **displays**, such as posters or banners that conveyed nutrition education or promotion messages?

- Yes
- No [SKIP TO N6]

N5a. What **message(s)** were conveyed by the posters, displays, or similar media during the four weeks ending in [REFERENCE WEEK]? Please check all that apply.

- Role of fresh fruits and vegetables in a complete diet
- Where fresh fruits and vegetables come from, links to local farms
- Trying new foods, variety
- USDA MyPyramid food guidance system
- Eating lower fat foods more often
- Eating whole grains more often
- Eating lower sodium foods more often
- Eating higher fiber foods more often
- Cooking with fresh fruits and vegetables
- Healthy weight and overweight
- Physical activity
- Other messages. (Please specify: _____)

N6. During the four weeks ending in [REFERENCE WEEK], did your school distribute to students or parents any fliers, brochures, newsletters, or similar **media** that conveyed nutrition education or promotion messages?

- Yes
- No [SKIP TO N7]

N6a. What **message(s)** were conveyed by the fliers, brochures, newsletters, or similar media during the four weeks ending in [REFERENCE WEEK]? Please check all that apply.

- Role of fresh fruits and vegetables in a complete diet
- Where fresh fruits and vegetables come from, links to local farms
- Trying new foods, variety
- USDA MyPyramid food guidance system
- Eating lower fat foods more often
- Eating whole grains more often
- Eating lower sodium foods more often
- Eating higher fiber foods more often
- Cooking with fresh fruits and vegetables
- Healthy weight and overweight
- Physical activity
- Other messages. (Please specify: _____)

N7. During the 2009-2010 school year, is the **average time per week** spent on nutrition education in your school more than, less than, or about the same as **in the 2007-2008 school year**?

- More** than in 2007-2008
- Less** than in 2007-2008
- Same** as in 2007-2008
- Don't know

N8. Is there any other information you would like to share with us about nutrition education and promotion activities in your school?

N9. Please indicate what types of policies your school or school district has (if any) regarding the availability of **healthy food choices** when foods are offered to students outside of school meals. **Healthy food choices** are foods that meet school district or State standards for nutrient content, such as limits on fat, salt, or added sweeteners. Please check a response for each row below.

Type of occasion	Not applicable at my school	Allow only healthy food choices	Require at least some healthy food options	No policy on food choices
Foods sold on regular basis outside of school meals (snack bar, vending machines, school store, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods sold on special occasions during school (fund-raisers, festivals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods sold before/after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods offered free to students during school hours (parties, etc), not including snacks provided by a Federal, State, or district program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods given to individual students as rewards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N10. Does your school have an **advisory/policy group** of parents, teachers/staff, or community members who provide input on the types of foods offered in the school?

- Yes
- No (SKIP TO C1)

N10a. Which of the following **types** of meals, snacks, and other food offerings does this advisory/policy group have input on? Please check all that apply.

- School Breakfast Program
- National School Lunch Program
- Fresh Fruit and Vegetable Program *[FFVP SCHOOLS ONLY]*
- Snacks for after-school program
- Other snacks provided by school
- Sales of foods outside of the above
- Other foods offered to students during school
- Other foods offered to students before/after school, on school grounds

C. Competitive foods module

In this section, we ask questions about **changes** in the sales of foods offered in **school-operated venues** since the 2007-2008 school year. School-operated venues **exclude** those that are operated by the school food service.

C1. Compared to the 2007-2008 school year, would you say that **sales of foods** from each of the following **venues operated by your school** have increased, decreased, or stayed about the same? (Please check one answer in each row.)

Please do **not** include sales for venues operated by your school food service. You may need to consult with someone who oversees these venues to answer this question.

	No sales from this venue in 2007-2008 or now	More sales from this venue since 2007-2008	About the same sales from this venue since 2007-2008	Less sales from this venue since 2007-2008	Venue eliminated after 2007-2008
Vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other school-operated venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total food sales from school-operated venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[IF NO SALES IN 2007-2008 OR NOW FROM ANY SOURCES LISTED, SKIP TO MODULE F.]

C2. Compared to the 2007-2008 school year, would you say your school now serves more, less, or about the same amount of the following **types of foods** in **school-operated venues**? (Check one response for each food.)

Please do **not** include sales for venues operated by your school food service. You may need to consult with someone who oversees these venues to answer this question.

Food category	This food not offered in 2007-2008 or now	More of this food since 2007-2008	About the same amount of this type of food	Less of this type of food since 2007-2008	Offered this food in 2007-2008, but do not offer this food now
100% fruit juice or 100% vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soda pop or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks, such as Gatorade®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole or 2% fat milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1% or skim milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat or nonfat yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce, vegetable, or bean salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables with low-fat dip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food category	This food not offered in 2007-2008 or now	More of this food since 2007-2008	About the same amount of this type of food	Less of this type of food since 2007-2008	Offered this food in 2007-2008, but do not offer this food now
Deep fried French fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven baked French fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kinds of candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks that are not low in fat, such as regular potato chips or cheese puffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat or fat-free ice cream, frozen yogurt, or sherbet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream or frozen yogurt that is not low in fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Is there any other information you would like to share with us about changes in types of food offered in school-operated venues since 2007-2008?

F. FFVP module *[FFVP SCHOOLS ONLY; SKIP FOR NON-FFVP SCHOOLS]*

F1. Does your school **on its own** maintain **relationships with any outside partners** as part of the FFVP? **Do not include district-wide partnerships.**

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

F1a. Please check all partnerships that apply for your school, or “none” if your school does not maintain any partnerships.

- Produce for Better Health
- Healthcare providers, including hospitals and clinics; doctors, nurses, nutritionists, dietitians/dietetic interns, or other clinicians
- State, or Tribal government agency (e.g. health departments, agriculture departments, etc.)
- City, County or other local government agency (e.g. health departments, agriculture departments, etc.)
- Cooperative Extension Service
- Supermarkets, grocery stores, or other retail stores
- Farmers’ markets
- Food wholesalers or other food distributors
- Vocational clubs
- Produce associations/commodity groups
- Nutrition trade associations (e.g. American Dietetic Association, School Nutrition Associations)
- Health associations (e.g. State or National affiliates of the American Cancer, Diabetes, or Heart Associations)
- Universities, colleges, or other higher education institutions
- Community action agency, food bank, or other community/faith-based organization
- Other partner type (specify): _____
- Other partner type (specify): _____
- Other partner type (specify): _____
- None

F2. For each partner type you checked above, please indicate the **role** that partner played in implementing the FFVP in your school. If there is more than one partner of a specified type (such as two different clinics), please check all roles that apply for that group of partners.

	Partner 1	Partner 2	Partner N
Providing free nutrition education or promotion materials (print, video, audio, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Providing free instruction or demonstrations for students	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Providing fresh fruits and vegetables for free	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Providing other food (e.g., dips, condiments) for free	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Providing free supplies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Free advising on nutrition education	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Free training for teachers/staff	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other role (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other role (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other role (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

O. Opinions about the FFVP [FFVP SCHOOLS ONLY; SKIP FOR NON-FFVP SCHOOLS]

This section asks your opinion about different aspects of your district’s Fresh Fruit and Vegetable Program. For each statement, decide if you agree or disagree and then whether you strongly or somewhat agree or disagree. There are no right or wrong answers. *Check the box that best fits your opinion.*

		Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know
O1.	I wish more students took the FFVP fruit .	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O2.	I wish more students took the FFVP vegetables .	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O3.	<i>If not offered daily</i> , the FFVP should be offered more days during the week .	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O4.	The FFVP should be offered more times a day .	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O5.	I think the FFVP is NOT worth the effort it takes.	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O6.	At least once a month I verbally encourage the students to eat FFVP produce.	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O7.	I think students benefit from the FFVP.	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O8.	I would like FFVP to continue in my school	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O9.	My overall opinion of FFVP is favorable.	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3	<input type="checkbox"/> <input type="checkbox"/> 4	<input type="checkbox"/> 5
O10.	If I could change one thing about the FFVP it would be:	(write in): _____				

O11. Which of the following factors is a **challenge or barrier** to providing fresh fruits and vegetables in the FFVP?

	Major Barrier	Minor Barrier	Not a Barrier
a) Student acceptance of FFVP produce	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
b) Program requirements/regulations	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
c) Too much paperwork/documentation	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
d) Inadequate staff training	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
e) Inadequate staff time	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
f) Perishability of FFVP produce	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
g) Inadequate quality of FFVP produce	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
h) Inadequate variety of FFVP produce	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
i) Inadequate amounts of FFVP produce	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
j) Inadequate kitchen facilities	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
k) Lack of storage space/facilities	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
l) Disruption to class schedules	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3
m) Other (write in)_____	<input type="checkbox"/> <input type="checkbox"/> 1	<input type="checkbox"/> <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> 3

Thank you for completing this survey!