

Appendix I: Parent Survey

For parents of students in non-FFVP schools an abbreviated version of this survey will be used that includes only questions 1, 2, 3, and 18. We have included a Spanish translation of this instrument which will be used as needed.

PARENT SURVEY – FFVP SCHOOL

Child's First Name: _____

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 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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.



Your child's elementary school provides **free fresh fruits and vegetables** to students as snacks – separate from the school meal (breakfast or lunch). Think about **this school year** and please mark **one answer** for each question or statement below (except for the last question where more than one answer can be given).

1.	My child likes to eat the free fresh fruit and vegetable snacks offered at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable
2.	My child eats more fruits and vegetables since they have been offered as a free snack at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable
3.	My child complains about the quality of the free fresh fruit and vegetable snacks offered at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable
4.	My child gets tired of the same kinds of free fresh fruit and vegetable snacks that are offered at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable
5.	My child eats fewer unhealthy foods on days when fresh fruits and vegetables are offered as a free snack at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable
6.	My child has asked for fruits and vegetables at home more often since they have been offered as a free snack at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable
7.	I encourage my child to eat the free fresh fruit and vegetable snacks offered at school.	<input type="checkbox"/> <input type="checkbox"/> 1 Rarely or never	<input type="checkbox"/> <input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> <input type="checkbox"/> 3 Most of the time	<input type="checkbox"/> <input type="checkbox"/> 4 All of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Don't know or not applicable

8.	I don't like it when teachers take time from class to give out the free fresh fruit and vegetable snacks to children.	<input type="checkbox"/> <input type="checkbox"/> ₁ Agree Strongly	<input type="checkbox"/> <input type="checkbox"/> ₂ Agree Somewhat	<input type="checkbox"/> <input type="checkbox"/> ₃ Disagree Somewhat	<input type="checkbox"/> <input type="checkbox"/> ₄ Disagree Strongly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ₅ Don't know or not applicable
9.	The fresh fruit and vegetable snacks at school should be offered more frequently .	<input type="checkbox"/> <input type="checkbox"/> ₁ Agree Strongly	<input type="checkbox"/> <input type="checkbox"/> ₂ Agree Somewhat	<input type="checkbox"/> <input type="checkbox"/> ₃ Disagree Somewhat	<input type="checkbox"/> <input type="checkbox"/> ₄ Disagree Strongly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ₅ Don't know or not applicable
10.	Overall , I think the free fresh fruit and vegetable snack program is good .	<input type="checkbox"/> <input type="checkbox"/> ₁ Agree Strongly	<input type="checkbox"/> <input type="checkbox"/> ₂ Agree Somewhat	<input type="checkbox"/> <input type="checkbox"/> ₃ Disagree Somewhat	<input type="checkbox"/> <input type="checkbox"/> ₄ Disagree Strongly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ₅ Don't know or not applicable
11.	If I could change one thing about the free fruit and vegetable snack program it would be:	(Please write in) _____				

12.	Has your child attended this school since the beginning of the current school year (2010-2011)?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No			
13.	What does your child usually do for breakfast on school days?	<input type="checkbox"/> ₁ Eats breakfast at home	<input type="checkbox"/> ₂ Brings breakfast from home	<input type="checkbox"/> ₃ Eats a school breakfast	<input type="checkbox"/> ₄ Eats breakfast someplace else	<input type="checkbox"/> <input type="checkbox"/> ₅ Does not eat breakfast
14.	What does your child usually do for lunch on school days?	<input type="checkbox"/> ₁ Eats lunch at home	<input type="checkbox"/> ₂ Brings lunch from home	<input type="checkbox"/> ₃ Eats a school lunch	<input type="checkbox"/> ₄ Eats lunch someplace else	<input type="checkbox"/> <input type="checkbox"/> ₅ Does not eat lunch
15.	Does your child receive free or reduced price meals at school?	<input type="checkbox"/> ₁ Yes, receives FREE meals	<input type="checkbox"/> ₂ Yes, receives REDUCED PRICE meals	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₄ Don't know	
16.	Is your child Hispanic or Latino ?	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No			
17.	How would you describe your child? Please mark all that apply.	<input type="checkbox"/> ₁ American Indian or Alaska Native	<input type="checkbox"/> ₂ Asian	<input type="checkbox"/> ₃ Black or African American	<input type="checkbox"/> ₄ Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> ₅ White

THANK YOU FOR COMPLETING THIS SURVEY!