

Appendix I.

Cover Letters, Recruitment Letters, and Other Study Materials for Process Evaluation

- Program Administrator Packets
- Follow-Up Letters to Potential Program and Partner-Level Respondents
 - INN
 - Site Visit Intro Letter
 - Non-Site Visit Intro Letter
 - UKCES
 - Non-Site Visit Intro Letter
 - MSUE
 - Site Visit Intro Letter
- Recruiting Materials for Structured Group Interviews
 - All Sites
 - Questions and Answers about the Discussion Group
 - Script for Discussion Group Reminder Calls
 - Discussion Group Recruitment List
 - Discussion Group Reminder Participant Letter
 - Discussion Group Consent Form - English
 - Discussion Group Consent Form - Spanish
 - Discussion Group Recruitment Flier
 - INN & UKCES
 - Demographic Survey - English
 - Demographic Survey - Spanish
 - Recruitment Protocol for Discussion Group with Parents
 - Discussion Group Recruitment Flier - Spanish
 - Discussion Group Eligibility and Frequently Asked Questions Script
 - Sign-Up Form for Discussion Group - English
 - Sign-Up Form for Discussion Group - Spanish
 - Discussion Group Letter to Teachers

- o **MSUE**

- **Sign-Up Form for Discussion Group**
- **Discussion Group Letter to Senior Center**
- **Discussion Group Participants Demographic Survey - English**

Program Administrator Packets

To inform program staff and partners of the evaluation study, Altarum will use a similar protocol for each of the three demonstration projects. In order to initiate our data collection process with each program and to introduce the study to program- and partner-level staff, we will send the program administrators for each project a packet of information related to the study. This packet will include the materials listed in Table 1. Examples of some of these materials are provided in this section. The approximate timing of recruitment activities for the process evaluation is also provided. The table below focuses primarily on pre-implementation interview initiation, because the scheduling of the nutrition education observation and post-implementation discussions will take place during our initial onsite visits.

Table - 1: Materials to Be Included in Program Administrator Packet

Materials to Be Included in Packet	Examples Provided in Appendix
Cover Letter to Program Administrator	One letter provided. This letter will be tailored where indicated and sent to program administrators from each site
Draft Letter for Program Administrators to send to program and partner level respondents	One letter provided. This letter will be tailored where indicated and sent by the program administrator to potential program- and partner-level respondents from each site.
Respondents Contact Information Form	One tailored form provided for each Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Wave II demonstration program.
Primary Data Collection Plan Summary	One tailored plan provided for each SNAP-Ed Wave II demonstration program.
Data Collection Plan Timeline	One tailored timeline provided for each SNAP-Ed Wave II demonstration program.

Cover Letter to Program Administrator

This letter will be tailored where indicated and sent to the program administrators of all three SNAP-Ed programs.



[DATE]

[NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [NAME]:

We would like to take this opportunity to once again thank you for your cooperation as we move forward with the evaluation of your [INTERVENTION] Supplemental Nutrition Assistance Program-Education (SNAP-Ed) program. Enclosed is a packet of materials that will provide you with an overview and understanding of the plan we have designed for conducting a process evaluation of your SNAP-Ed program. This packet includes the following:

1. A summary data collection plan for your program, including the type and number of respondents that we would like to recruit and a timeline for the data collection. This is simply for your information and does not require a response.
2. A letter for you to send to staff members who are potential respondents. This introduces the study and asks for their participation, protecting information and advising them that participation is optional. **At this time, we would just like you to read the letter and notify us of any changes you would like to make.** We will ask that you send the letters out by [DATE]. However, we will be providing more guidance on this as the time nears.
3. A contact information form for you to complete about potential staff respondents. **We would greatly appreciate it if you could return this completed form to us by [DATE].**

We hope that you find this information helpful. We would like to schedule a brief call for us to go over the contents of this packet and our process evaluation plan for [SITE] with you; we will be following up with you by phone or e-mail to do so.

I am looking forward to working with you and will be in touch soon.

Sincerely,

[SIGNATURE]

[NAME]

[TITLE]

The public reporting burden for this collection of information 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. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Draft Letter to Other Program Respondents
(to be sent from program administrator)

The letter below is intended for staff of [PROGRAM] who will be recruited for the process evaluation. Please copy the letter onto your letterhead, make any necessary adjustments, and send by [DATE]. We will follow up with each potential respondent to further explain the specifics of data collection and to schedule a meeting time. If you have any questions or should need any other assistance, please contact [NAME AND INFO]. Thank you!



Dear [NAME],

I am writing to inform you that we are taking part in a study titled “Models of SNAP-Ed Wave II” that is being conducted by Altarum Institute and RTI International under contract with the Food and Nutrition Service of the U.S. Department of Agriculture. The study is an evaluation of [PROGRAM] currently or soon to be implemented in [SCHOOLS/CENTERS]. Specifically, RTI will be measuring the behavior change of older adults and students who receive this nutrition education, and Altarum will be studying the process used to plan and implement [PROGRAM] with the goal of understanding what aspects of planning and implementing the program affect the program’s success. This information can then be used to make improvements to the program and/or allow it to be replicated in other settings.

The contractors (Altarum and RTI) will be sending you a follow-up letter shortly with more details about the study and then follow up by phone to schedule an in-person interview. Your participation in the study is completely voluntary but would be greatly appreciated. Please know that anything that you say in the interview is private except as otherwise required by law and your responses will not be attached to your name or other any other identifying information. Nothing that you say during the interview will affect your employment or be used against your employer in any way.

If you have any comments or would like further information about our participation, please feel free to contact [DEMONSTRATION PROJECT CONTACT INFO].

We do hope you choose to participate in this valuable evaluation of our program.

Sincerely,

[SIGNATURE]

[NAME]

[TITLE]

The public reporting burden for this collection of information 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. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Potential Respondent Contact Information Form

INN: BASICS

We would like to collect information about potential respondents for this evaluation. Please fill out the form below to the best of your ability, and return it to [CONTACT INFO] by [DATE]. We will follow up with them shortly to provide more information and schedule discussions. **If you have an existing list that includes all of the following information, please feel free to send that along instead.** Call [NAME] at [NUMBER] with any questions. Thank you!

Respondent Type	#	Contact Information
Demonstration Project Staff	1	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Implementation Site Key Contact: School Principals	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
Implementation Site Key Contact: School Principals	2	Work Address:
		Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
Implementation Site Key Contact: School Principals	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	6	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	7	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	8	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	10	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
Implementation Site Key Contact: School Principals	11	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	12	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	13	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	14	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	15	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	16	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	17	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	18	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Respondent Type	#	Contact Information

Respondent Type	#	Contact Information
Implementation Site Key Contact: School Principals	19	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	20	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	21	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	22	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Implementation Site Key Contact: School Food Service Directors	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
Direct Educators	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address
Classroom Teachers	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	5	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	6	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	7	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	8	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
10	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
11	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom Teachers	12	Name:

Respondent Type	#	Contact Information
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	13	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	14	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	15	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
		Full Title:
		School Name:
	16	Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	17	Name:
		Full Title:
		School Name:
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
18	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
19	Name:	

Respondent Type	#	Contact Information	
		Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	20	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	21	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	22	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	Classroom Teachers	23	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:
		24	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:
		25	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:
		26	Name:

Respondent Type	#	Contact Information
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	27	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	28	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	29	Name:
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom Teachers	30	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	31	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	32	Name:
		Full Title:
		School Name:
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
33	Name:	

Respondent Type	#	Contact Information
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	34	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	35	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Classroom Teachers	36	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	37	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
38	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
39	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	

Respondent Type	#	Contact Information
	40	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	41	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	42	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
43	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom Teachers	44	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	45	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	46	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	47	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	48	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	49	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	50	Name:
		Full Title:
School Name:		
Daytime Phone Number:		
E-mail Address:		
Work Address:		
Classroom Teachers	51	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	52	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	53	Name:
		Full Title:
		School Name:
Daytime Phone Number:		
E-mail Address:		
Work Address:		

Respondent Type	#	Contact Information
	54	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	55	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	56	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	57	Name:
		Full Title:
School Name:		
Daytime Phone Number:		
E-mail Address:		
Work Address:		
Classroom Teachers	58	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	59	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	60	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	61	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	62	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	63	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	64	Name:
		Full Title:
School Name:		
Daytime Phone Number:		
E-mail Address:		
Classroom Teachers	65	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
66	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Other Partners	1	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:

Respondent Type	#	Contact Information
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Other Partners	6	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	7	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	8	Name:
		Full Title:
		School Name:
	Daytime Phone Number:	
	E-mail Address:	

Respondent Type	#	Contact Information
		Work Address:
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	10	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	11	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Summary of Primary Data Collection Methods and Sources Included in the INN Process Evaluation Design

Key-Informant Type	Potential Respondent	Approximate Number, Total	Primary Role(s)	Instrument Type	Estimated Number of Respondents	Pre	Post	Estimated Response Time (min)
Demonstration project staff	INN (Iowa Department of Public Health), Iowa State University, University of Iowa	5	Plan and design intervention; oversee and coordinate training and implementation	In-depth, open-ended discussions	5	✓	✓	40–50 min
Implementation site key contact	School Principals in the Council Bluffs, Waterloo, and Des Moines school districts	22 (1 in each school)	Provide oversight of project in school and partner with INN in implementation of the project	In-depth, open-ended discussions	6 (2 in each district)		✓	15 min
	School Food Service Directors in the Council Bluffs, Waterloo, and Des Moines school districts	3 (1 in each district)	Assists with implementation of INN Building and Strengthening Iowa Community Support (BASICS) intervention (food-tasting activities)	In-depth, open-ended discussions	3 (1 in each district)		✓	15 min
Direct educators	Waterloo/Black Hawk County Public Health Department, Council Bluffs Community School District, and Des Moines Community School District	3 (INN is planning on hiring 3 assistants)	Teaching 8 of the 12 BASICS lessons	In-depth, open-ended discussions	3 plus 3 assistants	✓	✓	30 min

Key Informant Type	Potential Respondent	Approximate Number, Total	Primary Role(s)	Instrument Type	Estimated Number of Respondents	Pre	Post	Estimated Response Time (min)
Classroom teachers	Council Bluffs, Waterloo, and Des Moines school district third-grade teachers in intervention classrooms	66	Teaching 4 of the 12 BASICS lessons and incorporate lesson-related messages and activities into their classrooms; will be trained by Iowa Nutrition Network	Brief questionnaire (mail)	50	✓	✓	15 min
				Brief interview (in person)	16		✓	30 min
Other partners	Retail stores – produce managers	11	Promote objectives of BASICS curriculum through point-of-purchase nutrition information	In-depth, open-ended discussions	6 (2 in each district)		✓	15 min
Program participants	Parents of children in the intervention classrooms	1,584	Indirect recipients of nutrition education through information and materials children bring home from BASICS curriculum and social marketing campaign	Structured group interviews	3 groups (6–8 per group)		✓	90–120 min

Timeline for Food and Nutrition Service (FNS) Evaluation Data Collection Activities with INN

	Month/Year*	Impact-Related Data Collection Activities	Process-Related Data Collection Activities
Pre-intervention	March 2011	No planned activities	- Conduct secondary data abstraction - Send packet of information to program administrator
	April 2011	Contact control sites: send letter with information on impact evaluation	- Ask program administrators to send introductory letters to potential demonstration project, partner, and implementation site key informants - Send follow-up letters to potential respondents - Secondary data abstraction (<i>continued</i>) - Work with INN to identify other nutrition education offered at intervention and control schools
		Contact intervention sites: send follow-up letters to school principals at intervention sites with joint information on impact and process evaluation with additional information for schools (packet of information) where onsite process evaluation interviews and observations will occur	
	September 2011	- Visit sites and conduct in-person meetings/training with site coordinators at intervention and control sites - Send information packet and consent form home with students - Collect consent forms and mail pre-survey	- Schedule in-person meetings and pre-intervention process interviews with select key informants - Complete secondary data abstraction
	October 2011	- Collect consent forms and mail pre-survey (<i>continued</i>) - Mail reminder/thank-you postcard - Conduct telephone surveys with nonrespondents	- Visit sites and conduct in-person meetings and pre-intervention with select key informants - Begin collecting monthly INN Web-based educator logs
Intervention	November 2011	No planned activities	Collect monthly INN Web-based educator reports
	December 2011	No planned activities	- Collect monthly INN Web-based educator reports - Onsite nutrition education observations in select classrooms
	January 2012	No planned activities	- Collect monthly INN Web-based educator reports - Midpoint collection of social marketing/media data (affidavits of performance)
	February 2012	No planned activities	Collect monthly INN Web-based educator reports
	March 2012	No planned activities	Collect monthly INN Web-based educator reports

	Month/Year*	Impact-Related Data Collection Activities	Process-Related Data Collection Activities
Post-intervention	April 2012	No planned activities	- Collect monthly INN Web-based educator reports - Onsite nutrition education observations in select classrooms - Mail post-intervention questionnaire to teachers for completion immediately following last day of intervention
	May 2012	No planned activities	- Collect monthly INN Web-based educator reports - Conduct post-intervention onsite data collection - Conduct structured group interviews with parents - Follow-up with teachers regarding mail questionnaire as needed to maximize response rate
	June 2012	- Mail advance letter - Mail post-survey - Mail reminder or thank-you postcard - Mail post-survey again if necessary	- Conduct post-intervention interviews with school food service directors - Conduct post-intervention interviews with grocery store produce managers - Conduct post-intervention telephone interviews with principals
	July 2012	Conduct telephone survey with nonrespondents	No planned activities
	August 2012	Conduct telephone survey with nonrespondents (<i>continued</i>)	Final collection of social marketing/media data (affidavits of performance)
	December 2012	- Obtain demonstration project 2012 SNAP-Ed reports from FNS (or similar report directly from demonstration project as soon as available) and extract relevant impact and process data - Conduct post-intervention interview with evaluation managers	

*Approximate date; may need adjustment based on delivery of intervention in each individual site

Potential Respondent Contact Information Form

UKCES: LEAP2

We would like to collect some information about potential respondents for this evaluation. Please fill out the form below to the best of your ability, and return to [INFO] by [DATE]. We will follow up with them shortly to provide more information and schedule discussions. **If you have an existing list that includes all of the following information, please feel free to send that along instead.** Call [NAME] at [NUMBER] with any questions. Thank you!

Respondent Type	#	Contact Information
Demonstration Project Staff	1	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Subprogram-Level Staff	1	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
Implementation Site Key Contact	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	6	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	7	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	8	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	10	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	11	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
12	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
13	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
14	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
		Work Address:

Respondent Type	#	Contact Information
	15	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	16	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Direct Educators	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address
Respondent Type	#	Contact Information
Classroom teachers	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		School Name:
Daytime Phone Number:		
E-mail Address:		
Work Address:		
6	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
7	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom teachers	8	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	10	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	11	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	12	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
13	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
14	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom teachers	15	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	16	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	17	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	18	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	19	Name:
		Full Title:
		School Name:
Daytime Phone Number:		
E-mail Address:		
Work Address:		
20	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
21	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom teachers	22	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	23	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	24	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	25	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	26	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
27	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
28	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
29	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom teachers	29	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:

Respondent Type	#	Contact Information
	30	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	31	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	32	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	33	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
34	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
35	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
36	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
Classroom teachers		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	37	Name:

Respondent Type	#	Contact Information	
		Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	38	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	39	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	40	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	41	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	42	Name: Full Title: School Name: Daytime Phone Number: E-mail Address: Work Address:	
	43	Name: Full Title:	
	Classroom teachers		School Name: Daytime Phone Number: E-mail Address: Work Address:
		44	Name:

Respondent Type	#	Contact Information
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	45	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
	46	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
	47	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
	48	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
49	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
50	Name:	
	Full Title:	
	School Name:	
Classroom teachers		Daytime Phone Number:
		E-mail Address:
		Work Address:
	51	Name:
	Full Title:	

Respondent Type	#	Contact Information
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	52	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	53	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	54	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	55	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
56	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
57	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
Classroom teachers		E-mail Address:
		Work Address:
	58	Name:
		Full Title:
		School Name:

Respondent Type	#	Contact Information
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	59	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
		60
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
	61	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	62	Name:
		Full Title:
		School Name:
Daytime Phone Number:		
E-mail Address:		
Work Address:		

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Summary of Primary Data Collection Methods and Sources Included in the UKCES Process Evaluation Design

Key Informant Type	Potential Respondent	Approximate Number, Total	Primary Role(s)	Instrument Type	Estimated Number of Respondents	Pre	Post	Estimated Response Time (min)
Demonstration project staff	University of Kentucky, Cooperative Extension Service	5	Plan and design intervention and evaluation; oversee and coordinate implementation and training	In-depth, open-ended discussions (in person)	5	✓	✓	40 min
Subprogram-level staff	UKCES Family and Consumer Science (FCS) agents	1-2 in each county	Serve as liaison between NEPs, UKCES staff, and schools; viewed as a “host” in their county and need to be aware of evaluation-related activities	In-depth, open-ended discussions (telephone)	2-4	✓	✓	40 min
Implementation site key contact	School-based family resource center directors or school principals	16 (1 of each per school)	Serve as onsite coordinator; most informed about implementation and evaluation of LEAP2 in his or her school	In-depth, open-ended discussions (in person)	4 (one from each of 4 schools)		✓	30 min
Classroom teachers	First- through third-grade classroom teachers in intervention schools	62	May incorporate lesson-related messages and activities into classrooms; primary target audience for training	Brief questionnaire (mail)	50		✓	10 min
				Brief interview (in person)	12		✓	15 min
Direct educators	Laurel and Perry Counties Nutrition Education Program (NEP)	4 (2 in each county)	Teach the LEAP2 curriculum	In-depth, open-ended discussions (telephone)	4	✓	✓	30 min
Program participants	Parents of children participating in LEAP2 NEP	1,450	Indirect recipients of nutrition education through information and materials children bring home from LEAP2 curriculum	Structured group interviews (in person)	4 groups (6-8 per group)		✓	90-120 min

Timeline for FNS Evaluation Data Collection Activities with UKCES

	Month/Year*	Impact-Related Data Collection Activities	Process-Related Data Collection Activities
Pre-intervention	April 2011	Contact control sites: send letter with information on impact evaluation	- Send program administrator packets - Ask program administrators to send letters to potential respondents (key program- and partner-level staff at intervention sites) introducing study - Send follow-up letters to potential respondents
		Contact intervention sites: send follow-up letters to school principals at intervention sites with joint information on impact and process evaluation with additional information for schools (packet of information) where onsite process evaluation interviews and observations will occur	
	September 2011	- Visit sites and conduct in-person meetings/training with site coordinators at intervention and control sites - Send info packet and consent form home with students - Collect consent forms and mail pre-survey	Schedule in-person meetings at intervention sites and pre-intervention process interviews
	October 2011	- Collect consent forms and mail pre-survey (<i>continued</i>) - Mail reminder/thank-you postcard - Conduct telephone surveys with nonrespondents	Visit sites and conduct in-person meetings and pre-intervention process interviews
Intervention	November 2011	No planned activities	No planned activities
	December 2011	No planned activities	Conduct nutrition education observation
	January 2012	No planned activities	No planned activities
Post-intervention	February 2012	- Mail advance letter - Mail post-survey - Mail reminder or thank-you postcard	- Conduct post-intervention onsite data collection - Conduct structured group interviews with parents
	March 2012	Conduct telephone survey with nonrespondents	No planned activities
	April 2012	Conduct telephone survey with nonrespondents (<i>continued</i>)	No planned activities
	September 2012	No planned activities	Obtain data related to dose, reach, and fidelity from demonstration project
	December 2012	- Obtain demonstration project 2012 SNAP-Ed reports from FNS (or similar report directly from demonstration project as soon as available) and extract relevant impact and process data - Obtain actual resource and budget data from demonstration project - Conduct post-intervention interview with evaluation managers	

*Approximate date; may need adjustment based on delivery of intervention in each individual site

Potential Respondent Contact Information Form

MSUE: Eat Smart, Live Strong

We would like to collect some information about potential respondents for this evaluation. Please fill out the form below to the best of your ability, and return to [INFO] by [DATE]. We will follow up with them shortly to provide more information and schedule discussions. **If you have an existing list that includes all of the following information, please feel free to send that along instead.** Call [NAME] at [NUMBER] with any questions. Thank you!

Respondent Type	#	Contact Information
Demonstration Project Staff	1	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Subprogram-Level Staff	1	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:

Respondent Type	#	Contact Information
Subprogram-Level Staff		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Implementation Site Key Contact	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	5	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	6	Name:
		Full Title:
		School Name:
		Daytime Phone Number:

Respondent Type	#	Contact Information
Implementation Site Key Contact		E-mail Address:
		Work Address:
	7	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	8	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	10	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	11	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	12	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	13	Name:
		Full Title:
		School Name:
		Daytime Phone Number:

Respondent Type	#	Contact Information
Implementation Site Key Contact		E-mail Address:
		Work Address:
	14	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
Direct Educators	1	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	2	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	3	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address
	4	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address
	5	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	6	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:

Respondent Type	#	Contact Information
Direct Educators		Work Address:
	7	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	8	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	9	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	10	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	11	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
Work Address:		
12	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	
	Work Address:	
13	Name:	
	Full Title:	
	School Name:	
	Daytime Phone Number:	
	E-mail Address:	

Respondent Type	#	Contact Information
Direct Educators		Work Address:
	14	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	15	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
		Work Address:
	16	Name:
		Full Title:
		School Name:
		Daytime Phone Number:
		E-mail Address:
Work Address:		

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Summary of Primary Data Collection Methods and Sources Included in the MSUE Process Evaluation Design

Key Informant Type	Potential Respondent	Approximate Number, Total	Primary Role(s)	Instrument Type	Estimated Number of Respondents	Pre	Post	Estimated Response Time (min)
Demonstration project staff	MSUE	3	Plan and design intervention; oversee and coordinate training and implementation	In-depth, open-ended discussions	2	✓	✓	40 min
Subprogram-level staff	Regional or area-level cooperative extension staff	5*	Serve as a liaison between State-level MSUE staff, direct educators, and intervention sites	In-depth, open-ended discussions	5	✓	✓	40 min
Implementation site key contact	Program managers at senior center sites	14 sites in a total of 12 centers	To serve as onsite coordinators; MSUE will rely on these individuals to provide adequate space for classes, advertise and promote program, and promote each week's lesson to ensure attendance by participants	In-depth, open-ended discussions	6 (2 at each of three sites serving different race groups)		✓	40 min
Direct educators	Local cooperative extension professional and paraprofessional nutrition educators	16	Teach Eat Smart, Live Strong curriculum	In-person and telephone interviews	16	✓	✓	30 min
Program participants	Seniors who participate in intervention classes	432	Direct recipients of nutrition education intervention	Structured group interviews	6 groups (6–8 per group); same sites as described above		✓	90–120 min

* MSUE is undergoing reorganization at this time, and the final sample sites have not yet been selected. Thus, the number of these respondents is an estimate provided by MSUE.

Timeline for FNS Evaluation Data Collection Activities with MSUE

	Month/Year*	Impact-Related Data Collection Activities	Process-Related Data Collection Activities
Pre-intervention	September 2011	No planned activities	Conduct secondary data abstraction
	October 2011	No planned activities	- Send packet of information to program administrator - Ask program administrators to send introductory letters to potential respondents (extension area staff and program managers at intervention and control sites) - Send follow-up letters to potential process evaluation respondents at State and area levels and to direct educators - Secondary data abstraction (<i>continued</i>)
	November 2011	Contact intervention sites: send follow-up letters to intervention site program managers with joint information on impact and process evaluation with additional information for schools (packet of information) where onsite process evaluation interviews and observations will occur	
		No additional planned activities	Complete secondary data abstraction
	December 2011	No planned activities	- Conduct pre-intervention interviews with MSUE program-level staff and regional/area Extension staff; conduct onsite interviews with direct educators after MSUE statewide training meeting - Collect secondary data from MSUE—planned intervention and class schedule by site and round of intervention
Intervention	January 2012	No planned activities	- Follow-up with intervention site program managers at 3 Round 1 senior center sites to schedule and plan visits for class observations in March and post-intervention interviews in April - Work with MSUE to request information on other nutrition education offered at all intervention and control sites information - Obtain data MSUE is collecting from a pre-intervention survey of educators on their characteristics and initial views of training and curriculum
	February 2012	Conduct pre-survey in conjunction with MSUE (Round 1)	- Follow-up with intervention site program managers at 3 Round 2 sites to schedule and plan visits for class observations in May and post-intervention interviews in June - Complete data collection on other nutrition education offered at intervention and control sites in past year

	Month/Year*	Impact-Related Data Collection Activities	Process-Related Data Collection Activities
	March 2012	- Conduct pre-survey in conjunction with MSUE (Round 1) (<i>continued</i>) - Mail advance letter (Round 1) - Mail post-survey (Round 1) - Mail reminder or thank-you postcard (Round 1)	Conduct nutrition education observation of classes at three round 1 sites
	April 2012	- Conduct telephone survey with nonrespondents (Round 1) - Conduct pre-survey in conjunction with MSUE (Round 2)	Conduct post-intervention site visits to hold structured group interviews and interviews with program managers at 3 Round 1 sites
	May 2012	- Conduct telephone survey with nonrespondents (Round 1) (<i>continued</i>) - Conduct pre-survey in conjunction with MSUE (Round 2) (<i>continued</i>) - Mail advance letter (Round 2) - Mail post-survey (Round 2) - Mail reminder or thank-you postcard (Round 2)	Conduct nutrition education observation of classes at 3 Round 2 sites
	June 2012	Conduct telephone survey with nonrespondents (Round 2)	- Conduct post-intervention site visits to hold structured group interviews and interviews with program directors at 3 Round 2 sites - Conduct post-intervention telephone interviews with direct educators
	July 2012	No planned activities	Obtain data from MSUE related to dose, reach, and fidelity
	August–October 2012	No planned activities	No planned activities
Post-intervention	November 2012	No planned activities	Conduct post-intervention interview with evaluation lead
	December 2012	- Review and abstract information from Michigan’s 2012 SNAP-Ed annual report submitted to FNS (or similar report directly from demonstration project as soon as available) and extract relevant impact and process data - Collect information from demonstration project administrator on actual resources used and expenditures for implementation and evaluation of demonstration project	

[DATE]

[NAME]

[ADDRESS]

Dear [NAME]:

I am writing to follow up on your discussion with representatives from [PROGRAM] about the BASICS program. As you may recall, the BASICS program was developed by the Iowa Nutrition Network (INN) and is part of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) initiative designed to promote a healthful diet and physical activity through this special nutrition education program. As discussed, this program will be implemented at your school between [DATES]. To assess the effectiveness of the program, FNS has contracted with Altarum Institute and RTI International to conduct an independent evaluation of the program.

The evaluation is being conducted in two parts:

- (1) An **impact evaluation** of the program on positive nutrition behaviors among participants, conducted by RTI; and
- (2) A **process evaluation** focusing on the planning process for the program and key steps undertaken during its implementation, conducted by Altarum.

The information from this evaluation will provide insight into what positive behavior changes result from the program; what aspects of the program contributed to those changes; and what aspects of the program, if necessary, may need to be changed. It also provides crucial information that would allow other programs to replicate what you have accomplished.

The process evaluation at your school involves one interview with the school principal, two interviews with the teachers in the classrooms where INN Building and Strengthening Iowa Community Support (BASICS) lessons are taught, and a group discussion with parents and caregivers of students who received the BASICS classes. Parents will receive [DOLLAR AMOUNT] for participating in this group discussion. In addition, sometime during the BASICS program at your school, we would like to observe one BASICS lesson for children.

To ensure the success of this study, we are seeking your assistance with the process evaluation data collection efforts. In the following sections, we outline our expectations for staff involved in the study as well as the compensation we will provide for your assistance.

Process: School Principal

- **Participate in one 30-minute interview** at your school to discuss your views and experience with the BASICS program. The interview will take place shortly after the program ends at your school. I will be in your area [DATE] and would like to schedule an interview with you that day or week.
- **Permit us to observe the delivery of this nutrition education program** in your school in one classroom, on one occasion during the week of [DATE].
- **Provide a space at your school one evening shortly after completion of the program** to hold the group discussion with parents during the week of [DATE].

Process: Teachers of Classrooms Receiving the BASICS Program

- **Participate in two 30-minute onsite interview for a \$10.00 honorarium for each interview.** One interview will be before the BASICS program begins, and one will be shortly after the program ends at your school in early [TIME FRAME].

We may also ask these teachers to assist the BASICS instructor in distributing flyers to recruit parents and caregivers for a group discussion at the end of the BASICS program.

The impact evaluation involves surveying parents of children participating in the BASICS program. Additionally, INN will survey students in the classroom in September and June as part of their evaluation of the BASICS program. In [DATE], we will send a study representative to meet with the school coordinator to explain the school's role in the parent enrollment process. We simply ask teachers in the classrooms that are participating in the BASICS program to send home an information packet with each child that includes a consent form for parents and caregivers to complete and the survey questionnaire. The consent form will have YES/NO checkboxes for parents and caregivers to indicate whether they are willing to participate and, if so, will provide their contact information. Whether or not they agree to participate in the study, parents and caregivers will be instructed to return the form in a sealed envelope to their children's teacher. Teachers will be asked to track the return of these sealed envelopes and distribute a token gift (e.g., a novelty pencil or eraser) to each child who returns the envelope. Parents and caregivers of children who agree to participate in the evaluation will be asked to complete and send the pre-survey to RTI in the envelope provided. RTI will mail the post-survey to the child's home in June. Parents will receive a \$10 cash honorarium for completing the pre-survey and a \$15 cash honorarium for completing the post-survey.

To ensure the success of this study, we are seeking your assistance. In the following sections, we outline our expectations for staff involved in the study as well as the compensation we will provide for their assistance.

Impact: Participating School

Participating schools will receive a **\$200** honorarium. We would ask for you to do as follows:

- **Designate someone** within the school (e.g., your administrative assistant, other office personnel) to collect and track parental consent forms from classroom teachers in late September and early October.

Impact: School Coordinator (nominated by the School Principal)

The School Coordinator will receive a **\$50** honorarium. We would ask the Coordinator to do as follows:

- **Collect parental consent forms** in their sealed envelopes from each of the classrooms participating in the BASICS Program on a daily basis during September and October for pick up each day by an RTI field representative.

Impact: Teachers of Classrooms Receiving the Program

Each participating teacher will receive a **\$25** honorarium for their assistance prior to the start and after the completion of the BASICS program and an additional **\$10** for completing a questionnaire after completion of the program. Specifically, we would ask the classroom teachers to do as follows:

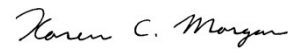
- **Send home an information packet with each child for parents and caregivers.** The information packet will include a consent form on which parents and caregivers will indicate whether they are willing to participate in the study and a questionnaire.
- **Track the returned, sealed envelopes and distribute a token gift** to each child who returns an envelope. A tracking chart with stickers will be provided to assist in this process.

We appreciate your consideration of this request. Participation in this external evaluation is completely voluntary. If an individual chooses to participate, answers will be kept private except as otherwise required by law and no specific identifying information will be released in conjunction with their comments. The goal of this study is to understand the workings of the BASICS program and possibly develop recommendations for improvement; therefore, any feedback, positive or negative, is appreciated and encouraged.

We would like to coordinate with you on these data collection efforts. As a first step, a representative from each Altarum and RTI would like to schedule a call with you in the next few days to provide further details on the process and impact evaluation data collection plans and schedule a convenient time to meet with you in the fall. If you should have any questions or comments in the meantime, please feel free to contact Karen Morgan at RTI at 1-800-334-8571, ext. 27779, or [STAFF MEMBER] at Altarum at [TELEPHONE NUMBER].

Sincerely,

[SIGNATURE]



[STAFF MEMBER]

Karen Morgan, Ph.D.

Process Evaluation Data Collection Lead
Altarum Institute

Impact Evaluation Data Collection Lead
RTI International

The public reporting burden for this collection of information 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. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

[DATE]

[NAME]

[ADDRESS]

Dear [NAME]:

I am writing to follow up on your discussion with representatives from [PROGRAM] about the Building and Strengthening Iowa Community Support (BASICS) program. As you may recall, the BASICS program was developed by the Iowa Nutrition Network (INN) and is part of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) program aimed at providing all persons with a healthful diet and nutrition education. As you discussed, this program will be implemented at your school between [DATES]. To assess the effectiveness of the program, FNS has contracted with Altarum Institute and RTI International to conduct an independent evaluation of the program.

The evaluation is being conducted in two parts:

- (1) An **impact evaluation** of the program on positive nutrition behaviors among participants, conducted by RTI; and
- (2) A **process evaluation** focusing on the planning process for the program and key steps undertaken during its implementation, conducted by Altarum.

The information from this evaluation will provide insight into what positive behavior changes result from the program; what aspects of the program contributed to those changes; and what aspects of the program, if necessary, may need to be changed. It also provides crucial information that would allow other programs to replicate what you have accomplished.

The impact evaluation involves surveying parents of children participating in the BASICS program. Additionally, INN will survey students in the classroom in September and June as part of their evaluation of the BASICS program. In [DATE], we will send a study representative to meet with the school coordinator to explain your school's role in the parent enrollment process. We simply ask teachers in the classrooms that are participating in the BASICS program to send home an information packet with each child that includes a consent form for parents and caregivers to complete and the survey questionnaire. The consent form will have YES/NO checkboxes for parents and caregivers to indicate whether they are willing to participate and, if so, provide their contact information. Whether or not they agree to participate in the study, we need parents and caregivers to return the form in a sealed envelope to their children's teacher. Teachers will be asked to track the return of these sealed envelopes and distribute a token gift (e.g., a novelty pencil or eraser) to each child who returns the envelope. Parents and caregivers of children participating in the BASICS program who agree to participate in the evaluation will be asked to complete and send the pre-survey to RTI in the envelope provided. RTI will mail the post-survey to the child's home in June. Parents will receive a \$10 cash honorarium for completing the pre-survey and a \$15 cash honorarium for completing the post-survey.

The process evaluation at your school involves only a mail questionnaire for the teachers in the classrooms where BASICS lessons will be provided. This will be sent to them after the BASICS program is finished at your school. Each teacher will receive a \$10 honorarium for completing the survey.

To ensure the success of this study, we are seeking your assistance. In the following sections, we outline the anticipated role for staff involved in the study as well as the compensation we will provide for your assistance.

PARTICIPATING SCHOOL

Participating schools will receive a **\$200** honorarium. We would ask for you to do as follows:



- **Designate someone** within the school (e.g., your administrative assistant, other office personnel) to collect and track parental consent forms from classroom teachers in late September and early October.

SCHOOL COORDINATOR (NOMINATED BY THE SCHOOL PRINCIPAL)

The School Coordinator will receive a **\$50** honorarium. We would ask the Coordinator to do as follows:

- **Collect parental consent forms** in their sealed envelopes from each of the classrooms participating in the BASICS program on a daily basis during September and October for pick up each day by an RTI field representative.

TEACHERS OF CLASSROOMS RECEIVING THE PROGRAM

Each participating teacher will receive a **\$25** honorarium for their assistance prior to the start of the BASICS program and an additional **\$10** for completing a questionnaire after completion of the program. Specifically, we would ask the classroom teachers to do as follows:

- **Send home an information packet with each child for parents and caregivers.** The information packet will include the survey and a consent form on which parents and caregivers will indicate whether they are willing to participate in the study.
- **Track the returned, sealed envelopes and distribute a token gift** to each child who returns an envelope. A tracking chart with stickers will be provided to assist in this process.
- **Complete a brief mailed questionnaire**, as part of Altarum's process evaluation, shortly after completion of the BASICS program.

We appreciate your consideration of this request. Participation in this external evaluation is completely voluntary. If an individual chooses to participate, answers will be kept private except as otherwise required by law and no specific identifying information will be released in conjunction with their comments. The goal of this study is to understand the workings of the BASICS program, and possibly develop recommendations for improvement; therefore, any feedback, positive or negative, is appreciated and encouraged.

We would like to coordinate with you on these data collection efforts. As a first step, a representative from RTI would like to schedule a call with you in the next few days to provide further details on the impact evaluation data collection plan and schedule a convenient time to meet with you in the fall. If you should have any questions or comments in the meantime, please feel free to contact Karen Morgan at RTI at 1-800-334-8571, ext. 27779, or [STAFF] at Altarum at [TELEPHONE NUMBER].

Sincerely,

[SIGNATURE]

[NAME]



Karen Morgan, Ph.D.

Process Evaluation Data Collection Lead
Altarum Institute

Impact Evaluation Data Collection Lead
RTI International

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[DATE]

[NAME]

[ADDRESS]

Dear [NAME]:

I am writing to follow up on your discussion with representatives from [PROGRAM] about the LEAP2 program. As you may recall, the LEAP2 program was developed by [SPECIFICS] and is part of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) initiative aimed at promoting a healthful diet and physical activity via a nutrition education program. As discussed, this program will be implemented at your school between [DATES]. To assess the effectiveness of the program, FNS has contracted with Altarum Institute and RTI International to conduct an independent evaluation of the program.

The evaluation is being conducted in two parts:

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The information from this evaluation will provide insight into what positive behavior changes result from the program; what aspects of the program contributed to those changes; and what aspects of the program, if necessary, may need to be changed. It also provides crucial information that would allow other programs to replicate what you have accomplished.

The process evaluation at your school involves one interview with the school principal, one interview with the teachers in the classrooms where LEAP2 lessons will be provided, and a group discussion with parents and caregivers of children who received the LEAP2 classes. Parents will receive [DOLLAR AMOUNT] for participating in this group discussion. In addition, sometime during the LEAP2 program at your school we would like to observe one LEAP2 lesson for children.

To ensure the success of this study, we are seeking your assistance with the process evaluation data collection efforts. In the following sections, we outline our expectations for staff involved in the study as well as the compensation we will provide for your assistance.

PROCESS: SCHOOL PRINCIPAL

- **Participate in one 30-minute interview** at your school to discuss your views and experience with the LEAP2 program. The interview will be shortly after the program ends at your school. I will be in your area [DATE] and would like to schedule an interview with you that day or week.
- **Permit us to observe the delivery of this nutrition education** program in your school in one classroom, on one occasion during the week of [DATE].
- **Provide a space at your school one evening shortly after completion of the program** to hold the group discussion with parents during the week of [DATE].

PROCESS: TEACHERS OF CLASSROOMS RECEIVING THE LEAP2 PROGRAM

- **Participate in a 30-minute onsite interview for a \$10 honorarium**, following the completion of the program during the week of [DATE].

We may also ask these teachers to assist the LEAP2 instructor in distributing flyers to recruit parents/caregivers for a group discussion at the end of the LEAP2 program.



The impact evaluation involves surveying parents of children participating in the LEAP2 program, so there will be minimal burden or impact on the normal operations at the school. In [DATE], we will send a study representative to meet with the school coordinator to explain the school's role in the parent enrollment process. We simply ask teachers in the classrooms that are participating in the LEAP2 program to send home an information packet with each child that includes a consent form for parents/caregivers to complete. The consent form will have YES/NO check boxes for parents and caregivers to indicate whether they are willing to participate and, if so, provide their contact information. Whether or not they agree to participate in the study, parents and caregivers will be instructed to return the form in a sealed envelope to their children's teacher. Teachers will be asked to track the return of these sealed envelopes and distribute a token gift (e.g., a novelty pencil or eraser) to each child who returns the envelope. Parents and caregivers of children who agree to participate in the evaluation will be mailed a pre- and post-survey. Parents will receive a \$10 cash honorarium for completing the pre-survey and a \$15 cash honorarium for completing the post-survey.

To ensure the success of this study, we are seeking your assistance. In the following sections, we outline our expectations for staff involved in the study as well as the compensation we will provide for their assistance.

IMPACT: PARTICIPATING SCHOOL

Participating schools will receive a **\$200** honorarium. We would ask for you to do as follows:

- **Designate someone** within the school (e.g., your administrative assistant, other office personnel) to collect and track parental consent forms from classroom teachers in late September and early October.

IMPACT: SCHOOL COORDINATOR (NOMINATED BY THE SCHOOL PRINCIPAL)

The School Coordinator will receive a **\$50** honorarium. We would ask the Coordinator to do as follows:

- **Collect parental consent forms** in their sealed envelopes from each of the classrooms participating in the LEAP2 program on a daily basis during September and October for pick up each day by an RTI field representative.

IMPACT: TEACHERS OF CLASSROOMS RECEIVING THE PROGRAM

Each participating teacher will receive a **\$25** honorarium for their assistance prior to the start of the LEAP2 program and an additional **\$10** for completing a questionnaire after completion of the program. Specifically, we would ask the classroom teachers to do as follows:

- **Send home an information packet with each child for parents and caregivers.** The information packet will include a consent form on which parents and caregivers will indicate whether they are willing to participate in the study and, if so, will provide their contact information.
- **Track the returned, sealed envelopes and distribute a token gift** to each child who returns an envelope. A tracking chart with stickers will be provided to assist in this process.
- **Complete a brief mailed questionnaire**, as part of Altarum's process evaluation, shortly after completion of the LEAP2 program.

We appreciate your consideration of this request. Participation in this external evaluation is completely voluntary. If an individual chooses to participate, answers will be kept private except as otherwise required by law and no specific identifying information will be released in conjunction with their comments. The goal of this study is to understand the workings of the LEAP2 program, and possibly develop recommendations for improvement; therefore, any feedback, positive or negative, is appreciated and encouraged.

We would like to coordinate with you on these data collection efforts. As a first step, a representative from each Altarum and RTI would like to schedule a call with you in the next few days to provide further details on the process and impact evaluation data collection plans and schedule a convenient time to meet with you in the fall. If you should have any questions or comments in the meantime, please feel free to contact Karen Morgan at RTI at 1-800-334-8571, ext. 27779, or [STAFF] at Altarum at [TELEPHONE NUMBER].

Sincerely,

[SIGNATURE]

[NAME]

Process Evaluation Data Collection Lead
Altarum Institute



Karen Morgan, Ph.D.

Impact Evaluation Data Collection Lead
RTI International

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[DATE]

[NAME]

[ADDRESS]

Dear [NAME]:

I am writing to follow up on your discussion with representatives from [PROGRAM] about the LEAP2 program. As you may recall, the LEAP2 program was developed by [SPECIFICS] and is part of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) initiative aimed at promoting a healthful diet and physical activity via a nutrition education program. As discussed, this program will be implemented at your school between [DATES]. To assess the effectiveness of the program, FNS has contracted with Altarum Institute and RTI International to conduct an independent evaluation of the program.

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The impact evaluation involves surveying parents of children participating in the LEAP2 program, so there will be minimal burden or impact on the normal operations at the school. In [DATE], we will send a study representative to meet with the school coordinator to explain your school's role in the parent enrollment process. We simply ask teachers in the classrooms that are participating in the LEAP2 program to send home an information packet with each child that includes a consent form for parents and caregivers to complete. The consent form will have YES/NO checkboxes for parents and caregivers to indicate whether they are willing to participate and, if so, provide their contact information. Whether or not they agree to participate in the study, we need parents and caregivers to return the form in a sealed envelope to their children's teacher. Teachers will be asked to track the return of these sealed envelopes and distribute a token gift (e.g., a novelty pencil or eraser) to each child who returns the envelope. Parents and caregivers of children participating in the LEAP2 program who agree to participate in the evaluation will be mailed a pre- and post-survey. Parents will receive a \$10 cash honorarium for completing the pre-survey and a \$15 cash honorarium for completing the post-survey.

The process evaluation at your school involves only a mail questionnaire for the teachers in the classrooms where LEAP2 lessons will be provided. This will be sent to them after the LEAP2 program is over at your school. Each teacher will receive a \$10 honorarium for completing the survey.

To ensure the success of this study, we are seeking your assistance. In the following sections, we outline the anticipated role for staff involved in the study as well as the compensation we will provide for your assistance.

PARTICIPATING SCHOOL

Participating schools will receive a **\$200** honorarium. We would ask for you to do as follows:

- **Designate someone** within the school (e.g., your administrative assistant, other office personnel) to collect and track parental consent forms from classroom teachers in late September and early October.



SCHOOL COORDINATOR (NOMINATED BY THE SCHOOL PRINCIPAL)

The School Coordinator will receive a **\$50** honorarium. We would ask the Coordinator to do as follows:

- **Collect parental consent forms** in their sealed envelopes from each of the classrooms participating in the LEAP2 program on a daily basis during September and October for pick up each day by an RTI field representative.

TEACHERS OF CLASSROOMS RECEIVING THE PROGRAM

Each participating teacher will receive a **\$25** honorarium for their assistance prior to the start of the LEAP2 program and an additional **\$10** for completing a questionnaire after completion of the program. Specifically, we would ask the classroom teachers to do as follows:

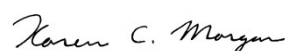
- **Send home an information packet with each child for parents and caregivers.** The information packet will include a consent form on which parents and caregivers will indicate whether they are willing to participate in the study and, if so, will provide their contact information.
- **Track the returned, sealed envelopes and distribute a token gift** to each child who returns an envelope. A tracking chart with stickers will be provided to assist this process.
- **Complete a brief mailed questionnaire**, as part of Altarum's process evaluation, shortly after completion of the LEAP2 program.

We appreciate your consideration of this request. Participation in this external evaluation is completely voluntary. If an individual chooses to participate, answers will be kept private except as otherwise required by law and no specific identifying information will be released in conjunction with their comments. The goal of this study is to understand the workings of the LEAP2 program, and possibly develop recommendations for improvement; therefore, any feedback, whether positive or negative, is appreciated and encouraged.

We would like to coordinate with you on these data collection efforts. As a first step, a representative from RTI would like to schedule a call with you in the next few days to provide further details on the impact evaluation data collection plan and schedule a convenient time to meet with you in the fall. If you should have any questions or comments in the meantime, please feel free to contact Karen Morgan at RTI at 1-800-334-8571, ext. 27779, or [STAFF] at Altarum at [TELEPHONE NUMBER].

Sincerely,

[SIGNATURE]



[NAME]

Karen Morgan, Ph.D.

Process Evaluation Data Collection Lead
Altarum Institute

Impact Evaluation Data Collection Lead
RTI International

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[DATE]

[NAME]

[ADDRESS]

Dear [NAME]:

I am writing to follow-up on your discussion with representatives from the Michigan State University Extension (MSUE) about the Eat Smart, Live Strong program. As you may recall, the Eat Smart, Live Strong program is part of the U.S. Department of Agriculture's Food and Nutrition Service (FNS) efforts aimed at providing all persons with a healthful diet and nutrition education. As you have discussed with representatives from [SPECIFICS], [fill in number] of groups of up to 10 older adults will be recruited to participate in this program at your center this spring. To assess the effectiveness of the program, FNS has contracted with Altarum Institute and RTI International to conduct an independent evaluation of the program.

The evaluation is being conducted in two parts:

- (1) An **impact evaluation** of the program on positive nutrition behaviors among participants, conducted by RTI; and
- (2) A **process evaluation** focusing on the planning process for the program and key steps undertaken during its implementation, conducted by Altarum.

The information from this evaluation will provide insight into what positive behavior changes result from the program; what aspects of the program contributed to those changes; and what aspects of the program, if necessary, may need to be changed. It also provides crucial information that would allow other programs to replicate what you have accomplished.

The impact evaluation involves surveying the older adults who participate in the Eat Smart, Live Strong program. Those who agree to participate in the evaluation will complete a survey on site at your center prior to the first class and will be mailed a survey at their home after the program is completed (with a follow-up telephone interview as an option). Participants will receive a \$10 honorarium for completing the pre-survey and \$15 honorarium for completing the post-survey. MSUE is conducting onsite surveys of participants before the first class and after the last class, as part of their evaluation of the program.

The process evaluation at your center includes one interview with the center director, and a group discussion with 8-10 of the older adults who participated in any of the Eat Smart, Live Strong groups at your center. The older adults who participate in the group discussion will receive \$50 for participating in this group discussion. The interview and group discussion will take place shortly after the completion of the program. In addition, during the program, we would like to observe one of the Eat Smart, Live Strong program classes at your center.

To ensure the success of this study, we are seeking your assistance with the three process evaluation data collection efforts that we would like to conduct at your center.

- **Class observation.** We would like to observe the delivery of the Eat Smart, Live Strong program in your center on one occasion during the week of [DATE].
- **In-person 30-minute interview.** We would like to spend time with you or your program manager to discuss your views and experience with the Eat Smart, Live Strong program. The interview will be conducted shortly after the program ends at your center. I will be in your area [WEEK] and would like to schedule an interview with you or your program manager at a convenient time during that week.



- **Group discussion with class participants.** We would like your help in recruiting for and providing a space at your center shortly after completion of the program, to hold a 1.5- to 2-hour group discussion with older adults who participated in the Eat Smart, Live Strong classes at your center. We would like to conduct this group discussion on the same date that we come to interview you.

Participation in this external evaluation is completely voluntary. If an individual chooses to participate, answers will be kept private except as otherwise required by law and no specific identifying information will be released in conjunction with their comments. The goal of this study is to understand the workings of the Eat Smart, Live Strong program and possibly develop recommendations for improvement; therefore, any feedback, positive or negative, is appreciated and encouraged.

I will contact you in the coming weeks to answer your questions and schedule our on-site visits for the process evaluation. If you should have any questions or comments before then, please feel free to contact me at [E-MAIL AND/OR TELEPHONE NUMBER].

Sincerely,

[SIGNATURE]

[NAME]

Process Evaluation Data Collection Lead
Altarum Institute

The public reporting burden for this collection of information 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. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Questions and Answers about the Group Discussion at [DISCUSSION GROUP SITE]

What is the purpose of this group discussion?

The purpose of the group discussion is to talk with participants who or parents whose children took part in [PROGRAM]. The goal is to use this information to develop ideas for improving nutrition education for older adults and children.

Who can and cannot participate?

The first 10 people to sign up for [PROGRAM] can participate. [FOR EAT SMART, LIVE STRONG ONLY: Unfortunately, people who have not attended the Eat Smart, Live Strong program at your center cannot participate.]

Who is conducting this project?

Altarum Institute will lead the group discussion. Altarum is talking to older adults and parents of children who participated in [PROGRAM] as part of a federally funded project studying model nutrition education programs across the country. For more information on Altarum, go to www.altarum.org

Will my participation in this discussion affect the services I receive?

Your voluntary participation will not affect any services that you or your family receive or can receive in the future.

How do I know my information will be kept private?

Your full name will not be used during the discussion or in any report or documents that we share with others.

Why should I participate?

The group discussion is an opportunity for you to provide input on what worked well and what could be improved in the [PROGRAM] program at [LOCATION]. As an appreciation for the time and effort involved in participating you will be given a \$50 gift certificate at [STORE].

How and when will I be paid?

You will be given the [\$50 INCENTIVE-CUSTOMIZE] right after the group discussion is completed and will be asked to complete a form to verify that you received the incentive.

[If applicable] Is child care available?

Yes, child care will be provided on site.

OR

No, we are sorry child care is not available.

Is transportation assistance available?

Sorry, we do not have special transportation assistance available. [CUSTOMIZE FOR OLDER ADULTS FOR EAT SMART, LIVE STRONG TO NOTE COORDINATED TRANSPORTATION ASSISTANCE WITH CENTER]

Can I bring someone along (e.g., a friend, another adult)?

Only one adult per household can participate in the group. You or your child must have taken part in the [PROGRAM] nutrition education activities to be in the group. If another adult comes with you to the group, they will not be able to join you in the room where the discussion is held.

What will the group discussion be like?

- It will be 2 hours long.
- There will be 8–10 participants (people like you) and a group moderator.
- [CUSTOMIZE] Food and drinks will be served.

- The discussion will be private but, with your permission, will be tape recorded for use by the moderators only.
- The group moderator will begin by explaining the purpose of the group and then ask different questions about your experiences with the nutrition education program at your child's school or your senior center.

Who should I call if I have more questions?

If you have questions, please feel free to contact [NAME] at [E-MAIL]. E-mail your question, and she will respond as quickly as possible. Alternatively, you can call [NAME] at [PHONE NUMBER].

Script for Focus Group Reminder Calls

Hello,

Is [NAME] at home?

My name is [NAME], and I am calling to remind you about the group meeting you signed up for on [DATE AND TIME].

Thank you for agreeing to share your thoughts about the [PROGRAM] at your senior center or your child's school. The group will meet on [LOCATION], at [TIME].

We will give you a total of \$50 as a [TYPE OF GIFT CARD] to be in the group meeting. This money is to thank you for your time.

We ask that you arrive [TIME—15 MINUTES BEFORE DESIGNATED TIME OF FOCUS GROUP] to register. The discussion group will start right at [TIME]. It is very important that you show up on time.

Thank you again and we look forward to seeing you on [DATE AND TIME] at [LOCATION].

If you have any questions, you can contact [CONTACT INFORMATION].

Recruitment List - BASICS/LEAP2						
State and city:						
Intervention name:						
SNAP-Ed site:						
Classroom:						
Group interview date and time:						
	Primary Language Spoken	Parent Name	Child Name	Phone Number	Reminder Phone Call Day Before (insert date)	Participating in group? (yes/no)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Recruitment List: Senior Center – Eat Smart, Live Strong						
State and city:						
Intervention name:						
Snap-Ed site:						
Group interview date and time:						
	Primary Language Spoken	Participants Name	Phone Number	Reminder Phone Call Day Before (insert date)	Attended intervention classes? (Yes/no)	Participating in group? (yes/no)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Dear [NAME]:

Thank you for signing up for the group discussion about [INTERVENTION].

The group discussion is scheduled to be held at:

[LOCATION]

[DAY OF WEEK, DATE] from [START AND END TIME]

Note: The group will take place during your child's class time, so child care is not needed.
OR child care will be provided. [ELIMINATE THIS ALTOGETHER IF DISCUSSION IS WITH SENIOR CITIZENS.]

We look forward to hearing what you think about the [PROGRAM] nutrition education program when we meet you at [DISCUSSION GROUP LOCATION]. Please know that all the information you provide will be kept private except as otherwise required by law.

Sincerely,

[DISCUSSION GROUP CONTACT NAME]

[PHONE NUMBER]

CONTACT FOR LAST MINUTE INFORMATION ON DATE OF GROUP: [PHONE NUMBER]

Nutrition Education Evaluation
Consent to Participate in Group Discussion

You are being asked to participate in a group discussion for a nutrition education study conducted by Altarum Institute. Your participation is important to this center and will help the agency improve the nutrition education provided to center/school participants.

All of your answers and the information you provide will be kept private except as otherwise required by law. Your name will never be included in any reports, and none of your answers will be linked to you in any way.

You do not have to participate in this discussion group. Even if you agree to participate now, you may stop participating AT ANY TIME or refuse to answer ANY QUESTION.

Your participation will not change the benefits you (or your child) receive (or care your child receives). You will be given [AMOUNT] even if you decide to stop participating in this group discussion.

If you have any questions about this research study, you may call me. Thank you.

Valerie Long
Study Director
(207) 772-1410, ext. 116.
Valerie.Long@altarum.org

I agree to take part in this discussion group and to be audio recorded. I have read the above group discussion description. Anything that I did not understand was explained to me by the focus group facilitator, and my questions were answered to my satisfaction.

Signature

Date

I have received a [AMOUNT] from the group leader.

Signature

Date

Evaluación de la Educación de Nutrición**Consentimiento de participación en el grupo de conversación**

Se le ofrece participar en un grupo de conversación para el estudio de la educación de nutrición. Su participación es importante para esta organización y ayudará a la agencia a mejorar la enseñanza de nutrición que todas las personas reciben.

Todas respuestas e información que ofrezcas se mantendrá privado. Nunca se incluirá su nombre en ningún reporte y sus respuestas no serán relacionadas de ninguna manera a usted.

No tiene la obligación de participar en este grupo de conversación. Si usted decide participar, tiene la libertad de dejar de hacerlo EN CUALQUIER MOMENTO o de negarse a responder CUALQUIERA DE LAS PREGUNTAS.

Su participación no cambiará la atención o beneficios que usted o sus hijos reciben o recibirán en un futuro. Le damos [AMOUNT] para participar aun que decidas dejar de participar en el grupo de conversación.

Si usted tenga preguntas acerca de este estudio de investigación, puede llamar a Gloria Aponte Clarke al (207) 772-1410. Gloria habla español.

Muchas gracias.

Valerie Long
Directora del proyecto

Estoy de acuerdo en participar en este grupo de conversación y que sea grabado. He leído la descripción del objetivo de este grupo de conversación. El líder de la conversación me ha explicado lo que no entendí, y mis preguntas fueron contestadas a mi satisfacción.

Confirmando que he recibido copia de este formulario para mi uso personal.

Firma

Fecha

He recibido [AMOUNT] del líder del grupo.

Firma

Fecha

Please Tell Us What You Think!

We want to hear your thoughts about
[PROGRAM].



When: [DATE]

Time: [TIME]

Where: [LOCATION]

To sign up for this group, talk to [RECRUITER, OR CUSTOMIZE WITH “call 1-800...”].

Space is limited to 10 group participants, so sign up early!

You will receive a reminder call 1 day before the group discussion date.

You will receive a \$50 gift card for your time.

[CUSTOMIZE: Breakfast/Snacks/Lunch] will be provided.



Please Share some Information about You and Your Child

Please **do not** write your name or your child's name on this paper. If you do not wish to provide an answer to a question, please leave it blank.

1. What is your relationship to the child or children who participated in the [customize] program?

€ Mother/stepmother

€ Father/stepfather

€ Other: _____

2. Please write in the age of each of your children who participated in [customize]?

Child 1: _____ Child 2: _____ Child 3: _____ Child 4: _____ Child 5: _____

3. Do you do most of the food shopping for your household?

€ Yes

€ No, someone else does

4. Do you do most of the food preparation for your household?

€ Yes

€ No, someone else does

5. How far did you go in school?

€ Eighth grade or less

€ Some high school but did not graduate

€ High school graduate or GED

€ Some college or a 2-year degree

€ A 4-year college graduate

€ More than a 4-year college degree

6. Are you Hispanic or Latino? (Check one.)

€ Yes

€ No

7. What is your race? (Check all that apply.)

€ American Indian or Alaskan Native

€ Asian

€ Black or African-American

€ Native Hawaiian or other Pacific Islander

€ White

8. What year were you born? _____

Thank you!

Algunas preguntas

Por favor no escriba su nombre o el nombre de su niño en este papel. Si usted no desee poner una respuesta a una pregunta, por favor déjela en blanco.

1. ¿Cuál es su relación al niño/a los niños que participaron en el programa de [PROGRAM]?
 - € Madre/madrastra
 - € Padre/padrastro
 - € Otro: _____
2. Escriba la edad de su niño o niños que participó en el programa de [PROGRAM].
Niño 1 _____ Niño 2 _____ Niño 3 _____ Niño 4 _____ Niño 5 _____
3. ¿Hace usted la mayor parte de las compras de alimento en su familia?
 - € Sí
 - € No
4. ¿Hace usted la mayor parte de preparación de alimento en su familia?
 - € Sí
 - € No
5. ¿Qué tan lejos llegó en la escuela?
 - € Menos que preparatoria (high school)
 - € Diploma/Graduado de Preparatoria (high school)
 - € Grado de Educación General (G.E.D.)
 - € Algo de estudios universitarios
 - € Grado de bachiller
 - € Graduado o grado profesional
6. ¿Es usted hispano o latino?
 - € Sí
 - € No
7. ¿Cuál es su raza? (marcar todos los que aplican)
 - € Indio o nativo de Alaska
 - € Asiático
 - € Negro o afroamericano
 - € _____
 - € Nativo de Hawái
8. ¿En qué año nació? _____

Gracias!

SNAP-Ed: Recruitment Protocol for Structured Group Interviews with Parents

Recruitment strategies. Recruitment will begin a minimum of 3 weeks before the projected group interview date. Altarum Institute created the following English and Spanish documents to be used in recruitment:

1. Recruitment letters to be tailored and printed on an Altarum letterhead
2. Recruitment fliers to be posted or handed out at the intervention site or other venues where focus group participants should be recruited
3. Recruitment FAQ sheets for participants
4. Recruitment postcards tailored to the intervention participants
5. A toll-free telephone number for participants to call with questions and register or recruitment to take place on site and participants register at the head start center (telephone scripts will be used for recruitment and reminder phone calls)
6. Onsite encouragement to participate from the classroom teacher and the onsite coordinator

Developing recruitment lists. A purposive sample will be created for each intervention site. Altarum will develop a recruitment list of persons in intervention classrooms that qualify for the group interviews. All persons on the recruitment list will be eligible to participate in the structured group interview.

Registration. Altarum will advertise a toll-free phone number for participants to call with questions and/or register with front office staff at the intervention location. Ten to 12 parents will be registered for each group interview, allowing for a 30 percent no-show rate to reach an ideal group interview size of eight participants. Persons calling the recruitment telephone line will be matched against the recruitment lists to assess eligibility. Persons registering on site will be matched against the recruiting lists.

Location and incentives. The structured group interviews will be held at the intervention sites to facilitate attendance, or an alternative site that is convenient to participants. If needed, child care will be provided or groups will take place during classroom time. Each participant will receive an incentive of [AMOUNT AND GIFT CERTIFICATE LOCATION].

Site-level contact person. Each site will identify a contact person who will assist Altarum to ensure adequate participation for the structured group interviews. Altarum staff will work with the contact person to choose an appropriate group interview date, time and room. The site contact would be responsible for the following:

1. Assistance in choosing an appropriate date, time, and room for the group interview
2. Placing recruitment letters and a flier in appropriate locations (3 weeks and 1 week before the date) of those parents on the recruitment list
3. Optional: Posting the recruitment fliers in the participant areas or classrooms (2 weeks before the date)
4. Placing confirmation postcards for registered parents in appropriate locations (1 day before the date)
5. Reminder phone calls to registered participants (1 day before the date of the structured group discussion)
6. Encouragement of participants to register
7. If needed, coordination of child care providers and the child care room

Recruitment timeline.

1. Four weeks prior to the group interview, Altarum will mail the recruitment materials to the contact site person. These include a recruitment flier, a clipboard with a registration sheet, a list of frequently asked questions, a reminder postcard, and a confirmation letter.
2. Three weeks prior to the group interview, the site contact person will place recruitment letters in appropriate locations.
3. Optional: Two weeks prior to the group interview, recruitment fliers will be posted in areas of the intervention site where participants congregate.

4. One week prior to the group interview, the site contact person will place recruitment letters or confirmation letters for those already registered in appropriate locations.
5. One day before the group interview, the site contact person will place confirmation postcards for registered participants in appropriate locations.
6. Persons who agree to participate will receive a reminder call the day before the group interview. The intervention center [or Altarum] will place the reminder calls.

Staffing. Altarum will have two staff members present at each group interview. One staff member will be an experienced group moderator. For Spanish-language groups, one staff member will be an experienced, bilingual (English/Spanish) focus group moderator. The role of the second staff person will be to assist with registering participants, manage any issues that arise while the focus group is being conducted (e.g., outside noise, the need for additional chairs, late-arriving participants), take notes, and audio-record.

¡Queremos saber lo que ustedes piensan!

Queremos oír sus pensamientos sobre el programa de salud que su niño recibió.



Cuándo: [DATE]

Tiempo: [TIME]

Dónde: El Centro de [LOCATION]

Para inscribirse en este grupo, habla con [NAME] o llama [TELEPHONE NUMBER].

Por participar, usted recibirá [\$50] por tu tiempo.

Customize: Desayuno se servirá.



SNAP-Ed Wave II Structured Group Interview Eligibility and Frequently Asked Questions Script

Eligibility screening if using call-in number:

Thank you for calling. First I need to ask you a few questions:

1. What State are you calling from?
2. Which school does your child attend?
3. What town is the school in?
4. Which [center/classroom] does your child attend?
5. What is your name?

If the adult's child is in one of the intervention centers/classrooms, then she/he is eligible.

What is the purpose of this group discussion?

The purpose of the group discussion is to talk with parents whose children took part in [PROGRAM]. The goal is to use this information to develop ideas for improving nutrition education.

Who is conducting this project?

Altarum Institute will lead the group discussion. Altarum is talking to parents of children who participated in [PROGRAM] as part of a federally funded project studying model nutrition education programs across the country. For more information on Altarum, visit <http://www.altarum.org>.

How will this affect the services that I receive or my child receives?

Your voluntary participation will not affect any services that you or your family receive or can receive in the future.

How do I know that my information will be kept private?

Your full name will not be used during the discussion or in any report or documents that we share with others.

Why should I participate?

The group discussion is an opportunity for you to provide input on what worked well and what could be improved in the [PROGRAM] program at your child's school. As an appreciation for the time and effort involved in participating, you will be given a \$50 gift certificate [CUSTOMIZE].

How and when will I be paid?

You will be given \$50 gift certificate [CUSTOMIZE] right after the group discussion is completed.

Is child care available?

Yes, child care will be provided on site.

OR

No, we are sorry that child care is not available.

Is transportation available?

Sorry, we do not provide transportation.

Can I bring someone along (a friend)?

Only one person per household can participate in the group, and only a parent or a child who has taken part in the [PROGRAM] nutrition education activities can participate. If another adult comes with you to the group, they will not be able to participate in the discussion.

What will the group discussion be like?

- It will be 2 hours long.
- There will be 8–10 parents like you and a group moderator.
- [CUSTOMIZE: Food and drinks] will be served.
- The discussion will be private but, with your permission, will be tape recorded for use by the moderators only.
- The group moderator will begin by explaining the purpose of the group and then ask different questions about parents' experiences with the nutrition education program at your child's school.

Who should I call if I have questions?

If you have questions, please feel free to contact [NAME] at [E-MAIL]. E-mail your question and she will respond as quickly as possible. Alternatively, you can call [NAME] at [PHONE NUMBER].

Thank you for agreeing to participate. We look forward to meeting you!



SYSTEMS RESEARCH FOR BETTER HEALTH

www.altarum.org

Sign-Up Form for Group Discussion

Please fill out the form only if your child participated in [BASICS or LEAP2] in his or her classroom at school and you want to be part of the group discussion. First come, first served. If all 10 spots are filled, we will close the discussion group to additional participants.

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Name of Child Who Participated in [BASICS or LEAP2]: _____

Name of This Child's School: _____

Grade of This Child: _____

This Child's Classroom Teacher: _____

The public reporting burden for this collection of information is estimated to average 120 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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.



Inscribirse en el Grupo de Discusión

Rellene por favor solamente si su niño participara en [PROGRAM] en su escuela y quiera ser parte de la discusión de grupo. Hay solamente 10 espacios. Si se llenen los 10 lugares, cerraremos al grupo de discusión.

Nombre del padre/guardián: _____

Número de teléfono del padre/guardián: _____

Nombre del niño que participó en [PROGRAM]: _____

Nombre de la escuela del niño: _____

Grado de este niño: _____

Profesor de la sala de clase del niño: _____



[DATE]:

Dear [CLASSROOM TEACHER]:

Altarum Institute is organizing group discussions to hear parents' thoughts about [PROGRAM] at [SCHOOL]. As you know, parents' opinions are very important to understanding the impact of an educational intervention. For participating in the 2-hour group discussion, parents will receive a \$50 gift certificate at [LOCATION].

The group is scheduled to be held in [LOCATION AND TIME]. We hope that you will encourage parents of children in your class to participate. Below are some details about the group so that you have some background.

The purpose of the group discussion is to hear directly from parents about their opinions on [PROGRAM]. Parents' voices are an important part of understanding how [INTERVENTION] took place in [SCHOOL].

How will the group be run?

- The group discussion will have 8–10 participants and a group moderator.
- Refreshments will be served.
- Child care will be provided, or the group will take place during the child's class time.
- The discussion will be private, but the discussion will be tape recorded for use by the moderators only.
- The group moderator will explain the purpose of the group at the beginning and the topics that will be discussed during the group.
- The moderator will then ask the group different questions about their experiences with the nutrition education program.

Please encourage parents to call 1-800-xxx-xxxx to register for the group or ask any questions about the group.

Thank you for your help.

[PROJECT EVALUATION LEAD]

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Sign-Up Form for Group Discussion

Please fill out the form only if you have enrolled and attended the Eat Smart, Live Strong classes at your senior center and want to be part of the group discussion. First come, first served. If all 10 spots are filled, we will close the discussion group to additional participants.

Senior Center Where You Participated in Eat Smart, Live Strong Classes:

Your Name: _____

Your Phone Number: _____

Name of Your Eat Smart, Live Strong Instructor: _____

The public reporting burden for this collection of information is estimated to average 120 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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.



[DATE]:

Dear [SENIOR CENTER DIRECTOR]:

Altarum Institute is organizing group discussions to hear participants' thoughts about nutrition education at [INTERVENTION SITE]. The participants' opinions are very important. For participating in a 1.5- to 2-hour group, discussion participants will receive a [GIFT CERTIFICATE].

The group is scheduled to be held in [LOCATION AND TIME]. We hope that you encourage participants to participate. Below are some details about the group so that you have some background.

What will the group discussion be like?

- The group discussion will have 8–10 participants and a group moderator.
- Refreshments will be served.
- The discussion will be private, but the discussion will be tape recorded for use by the moderators only.
- The group moderator will explain the purpose of the group at the beginning and the topics that will be discussed during the group.
- The moderator will then ask the group different questions about their experiences with the nutrition education program.

Please distribute the flyer that we have enclosed to help you recruit for this group and encourage participants to sign up with the receptionist, [RECEPTIONIST], at [CENTER]. If participants have any questions, they can call 1-800-000-000 to ask any questions about the group.

Thank you for your help.

[PROJECT EVALUATION LEAD]

The public reporting burden for this collection of information 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. **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 the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0554). Do not return the completed form to this address.

Please share some information about you.

Please **do not** write your name on this paper. If you do not wish to provide an answer to a question, please leave it blank.

1. How many days a week do you eat lunch or dinner at home?
 - € 1
 - € 3
 - € 4
 - € 5
 - € 6
 - € 7
2. Who does most of the food shopping for the food that you eat at home?
 - € I do
 - € A friend or family member
 - € All my meals are prepared outside of my home
 - € Other _____
3. Who does most of the food preparation for the meals that you eat at home?
 - € I do
 - € A friend or family member
 - € Most of my meals are delivered prepared to my house
 - € The senior center where I eat most of my meals
 - € Other _____
4. How far did you go in school?
 - € Eighth grade or less
 - € Some high school but did not graduate
 - € High school graduate or GED
 - € Some college or a 2-year degree
 - € A 4-year college graduate
 - € More than a 4-year college degree
5. Are you Hispanic or Latino? (*Check one.*)
 - € Yes
 - € No
6. What is your race? (*Check all that apply.*)
 - € American Indian or Alaskan Native
 - € Asian
 - € Black or African-American
 - € Native Hawaiian or other Pacific Islander
 - € White
7. What year were you born? _____

Thank you!

