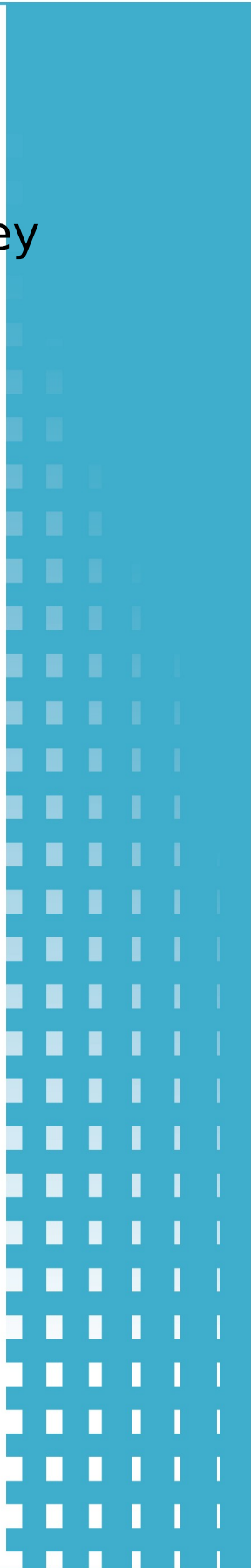


Appendix E1

Round 1 Participating Independent Store Survey



Participating Independent Store, Baseline



Abt Associates Inc.

OMB Control No: 0584-xxxx
Expiration Date: xx/xx/20xx

[STORE MANAGER/OWNER NAME AND ADDRESS]

[DATE]

Dear _____,

Thank you for being part of the Evaluation of the Healthy Incentives Pilot (HIP). You are one of a few retailers chosen to provide feedback about HIP. By responding to this survey, you are helping us learn how to make HIP better for retailers and Supplemental Nutrition Assistance Program (SNAP)/Food Stamp customers.

As an incentive, HIP will pay back SNAP/Food Stamp customers in Hampden County a portion of their fruit and vegetable purchases in the form of a credit. The Massachusetts Department of Transitional Assistance (DTA) is running HIP, with funding from the Food and Nutrition Service (FNS) of the USDA. We are studying how HIP affects SNAP/Food Stamp customers and the community on the behalf of FNS.

There are 2 parts to this survey:

- **Part 1: Store Manager/Owner Survey** (estimated to take 25 to 30 minutes) should be completed by the store manager or owner. The store manager or owner may consult other employees in the store to answer some of the survey questions. This part of the survey is yellow.
- **Part 2: Training Questionnaire** (estimated to take about 10 minutes) should be completed if store employees were trained for HIP. The person who knows the most about checkout procedures should complete this part of the survey. This person may be the manager or owner (for small stores) or the checkout supervisor (for medium and large stores). This part of the survey is blue.

Please call our toll-free number 1-800-xxx-xxxx if you need help filling out the survey or have any other questions. When you have finished Parts 1 and 2 of the survey, please return it to us using the pre-paid business reply envelopes provided.

Thank you,

Susan Bartlett
Abt Associates Inc.

Participating Independent Store, Baseline

Public reporting burden for this collection of information is estimated to average 25-30 minutes for Part 1, and 10 minutes for Part 2 per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Participating Independent Store (Store Manager/Owner), Baseline

OMB Control No: 0584-xxxx
Expiration Date: xx/xx/20xx

PART 1: STORE MANAGER/OWNER SURVEY HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- Please fill out the survey (Part 1) and mail back to us using the pre-paid business reply envelope
- Call toll-free number 1-800-xxx-xxxx if you need help filling out the survey

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the survey. We will try to reach you at the phone number provided below if we have any follow-up questions.

Store: (STORE NAME/ ID) _____ Address: _____
Respondent Name: _____ Job Title: _____
Email: _____ Daytime Phone: _____

All information in this survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 25 to 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Participating Independent Store (Store Manager/Owner), Baseline

Participating Independent Store (Store Manager/Owner), Baseline

SECTION A. ABOUT YOUR STORE

Please answer these questions about the store you manage.

1. When is your store open?

For each day of the week, mark if your store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

2. How many working cash registers are there in your store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

3. On average, what share of your store's **total food sales** is made with SNAP/Food Stamps? (*check the answer that best fits your store*)

- Less than 10%
- 10% to less than 25%
- 25% to less than 50%
- 50% to less than 75%
- 75% or more

Participating Independent Store (Store Manager/Owner), Baseline

4. How often does your store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	My store does this activity less than once a month	My store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fliers/ads in newspaper or direct mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You have completed Section A of the survey!
Please continue to Section B on the next page**

Participating Independent Store (Store Manager/Owner), Baseline

SECTION B. JOINING THE HEALTHY INCENTIVES PILOT (HIP)

We would like to learn about how you chose to be part of the Healthy Incentives Pilot (HIP).

5. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? (check all that apply)	Which was the <i>most useful</i> ? (check <u>one</u> in this column)
News media (newspaper, TV, magazine)	<input type="checkbox"/>	<input type="checkbox"/>
Flier in the mail	<input type="checkbox"/>	<input type="checkbox"/>
Someone called me	<input type="checkbox"/>	<input type="checkbox"/>
Conference call	<input type="checkbox"/>	<input type="checkbox"/>
Informational meeting	<input type="checkbox"/>	<input type="checkbox"/>
Someone visited the store	<input type="checkbox"/>	<input type="checkbox"/>
Other source <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

6. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? (check all that apply)	Which was the <i>most important</i> ? (check <u>one</u> in this column)
Department of Transitional Assistance (DTA/State Welfare Department —Eddie Gomez or others)	<input type="checkbox"/>	<input type="checkbox"/>
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/>	<input type="checkbox"/>
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/>	<input type="checkbox"/>
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/>	<input type="checkbox"/>
Other organization <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No one communicated with me		

Participating Independent Store (Store Manager/Owner), Baseline

7. Did you have all the information you needed when you decided to join HIP? (*check one*)
- Yes
 - No
8. Overall, how satisfied are you with how you were asked to join HIP? (*check one*)
- Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Very dissatisfied

Now we would like to learn about what you think about the purpose of HIP and how it will affect your store.

9. How much do you agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The schedule for starting HIP is <u>ru</u>shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP will be a <u>burden</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases will be <u>hard to process</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My store will be paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to my store for HIP purchases will be accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participating Independent Store (Store Manager/Owner), Baseline

10. Why did you join HIP? (*check all that apply*)

- My customers would benefit from it
- I wanted to be part of something new
- The State DTA or another organization asked me to join
- I know other retailers who joined
- HIP could increase my store's sales of fruits and vegetables
- HIP could increase my store's sales of other items
- Other reason *Please specify:*

You have completed Section B of the survey!
Please continue to Section C on the next page

Participating Independent Store (Store Manager/Owner), Baseline

Participating Independent Store (Store Manager/Owner), Baseline

SECTION C. PREPARING FOR THE HEALTHY INCENTIVES PILOT (HIP)

Now we would like to ask you some questions about steps your store has made to prepare for the Healthy Incentives Pilot (HIP) this Fall.

11. Have you received instructions preparing you and your store for HIP?

- Yes
- No

12. Have you identified foods eligible for HIP in your store?

- Yes
- No → (Go to question 13)

12a. Have you had any problems identifying foods eligible for HIP?

- Yes
- No → (Go to question 13)

12b. Were these problems resolved?

- Yes
- No

13. Have EBT terminals been updated in your store to be compatible with HIP?

- Yes
- No → (Go to question 14)

13a. Have you had any problems updating EBT terminals?

- Yes
- No → (Go to question 14)

13b. Were these problems resolved?

- Yes
- No

14. Have cash register systems been updated in your store to be compatible with HIP?

- Yes
- No → (Go to question 15 on the next page)

14a. Have you had any problems updating cash register systems?

- Yes
- No → (Go to question 15 on the next page)

14b. Were these problems resolved?

- Yes
- No

(Go to question 15 on the next page)

Participating Independent Store (Store Manager/Owner), Baseline

15. Has the HIP transaction been tested in your store?

- Yes
- No → (Go to question 16)

15a. Have you had any problems testing the HIP transaction?

- Yes
- No → (Go to question 16)

15b. Were these problems resolved?

- Yes
- No

→ 16. Has your store developed any signs for HIP customers?

- Yes
- No

17. Please describe any **major problems** you had with preparing for HIP in the space below.

- My store did not have any major problems preparing for HIP → (Go to question 19)

Participating Independent Store (Store Manager/Owner), Baseline

18. From the list below, who helped to fix any **major problems** described above in Question 17? How helpful were they?

- For each organization in Column (1), mark “yes” in Column (2) if you asked them for help or “no” if you did not ask them for help.
- If you marked “N” (no), move to the next row. If you marked “yes”, mark how helpful they were in Column (3).

(1) Organization	(2) Did you Ask for Help?	(3) How Helpful were They? (check one)		
		Not Helpful	Helpful	Very Helpful
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other organization <i>Please specify:</i> _____	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Who helped you get your store's checkout lane equipment and other systems ready for HIP? (check all that apply)

- ACS (the EBT contractor for DTA—Bill Kelly, EBT retailer hotline, or others)
- DTA/State Welfare Department (Eddie Gomez, HIP hotline, or others)
- Novo Dia Group (Josh Wiles, Ricky Aviles, or others)
- Your company's technical support
- The company that processes your store's EBT and debit/credit transactions
- Other contractor hired/supervised by store manager or owner
- No outside help – store employee/owner did it
- Other *Please specify:* _____

Participating Independent Store (Store Manager/Owner), Baseline

Now, we want to know if your store had to pay anything to get checkout lanes ready for HIP. We would also like to know if any costs were reimbursed by the Commonwealth of Massachusetts, or someone acting for them. If you are not sure of the exact amount of the costs, give your best estimate.

20. Did you/the owner pay anything to get your store's checkout lane equipment and other systems ready for HIP? (*check one*)

- Yes
- No → (*Go to question 25*)

21. Did your store have to pay for any equipment to get checkout lanes ready for HIP?

- Yes
- No → (*Go to question 22*)

21a. How much did you spend? \$ _____

21b. How much was reimbursed? (*check one*)

- All
- Some
- None

22. Did your store have to pay for supplies to get checkout lanes ready for HIP? (*check one*)

- Yes
- No → (*Go to question 23*)

22a. How much did you spend? \$ _____

22b. How much was reimbursed? (*check one*)

- All
- Some
- None

23. Did your store make any payments to contractors to get checkout lanes ready for HIP?

- Yes
- No → (*Go to question 24*)

23a. How much did you spend? \$ _____

23b. How much was reimbursed? (*check one*)

- All
- Some
- None

24. Did your store pay for employee time to get checkout lanes ready for HIP? (*check one*)

- Yes
- No → (*Go to question 25*)

24a. How much did you spend? \$ _____

24b. How much was reimbursed? (*check one*)

- All
- Some
- None

25. Is your store ready for when customers start making HIP purchases this Fall? (*check one*)

- Yes
- No

Participating Independent Store (Store Manager/Owner), Baseline

26. Please use the space below to write anything else you'd like to share with us about your experiences with getting ready for HIP.

**You have completed Section C of the survey!
Please continue to Section D on the next page**

Participating Independent Store (Store Manager/Owner), Baseline

Participating Independent Store (Store Manager/Owner), Baseline

SECTION D. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager/Owner: You may consult your store's produce or stocking manager to complete this section. If someone else completes this section, please have the person fill in the box below.

Please write in the requested information in the box below. We will try to reach you at the phone number provided below if we have any follow-up questions.

Store: (STORE NAME/ ID)	
Your Name: _____	Job Title: _____
Daytime Phone: _____	Email: _____
Date Survey Completed: ____/____/____	

Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.

In this final section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

27. First, does your store have **fresh** fruits and vegetables available for customers to buy right now?
- Yes
 - No → (Go to question 28)

Participating Independent Store (Store Manager/Owner), Baseline

27a. Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

- For each food item in Column (1), mark “yes” if you have the item right now in your store or “no” if not.
- If “no”, move to the next item.
- For each item where you marked “yes”, print the most popular type of that food in Column (3) and the price per unit in Column (4). Some common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE - DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.</i>			
(1) Item	(2) Have now?	(3) Most Popular Type Sold <i>(please specify)</i>	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>	Iceberg	\$ 0.79 / head
Oranges	<input type="checkbox"/> Yes \longrightarrow <input checked="" type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold <i>(please specify)</i>	(4) Price per Unit
Apples	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Bananas	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Oranges	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Grapes	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Carrots	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Tomatoes	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Broccoli	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No <i>(Go to next row)</i>		\$ ____ / ____
Lettuce	<input type="checkbox"/> Yes \longrightarrow <input type="checkbox"/> No		\$ ____ / ____

Participating Independent Store (Store Manager/Owner), Baseline

28. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

- Yes
 No → (Go to question 29 on the next page)

28a. Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE - DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.</i>			
(1) Item	(2) Have now?	For the most popular container... (3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> Yes _____ → <input checked="" type="checkbox"/> No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container... (3) Size?	(4) Price?
Canned tomatoes (paste, puree, whole, crushed)	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No	____ oz	\$ ____.

Participating Independent Store (Store Manager/Owner), Baseline

29. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

- Yes
 No → (Go to END)

29a. Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE - DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.</i>			
(1) Item	(2) Have now?	For the most popular package... (3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes _____ → <input checked="" type="checkbox"/> No (Go to next row)	_____ oz	\$ _____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package... (3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	_____ oz	\$ _____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	_____ oz	\$ _____.
Frozen green beans	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	_____ oz	\$ _____.
Frozen kernel corn	<input type="checkbox"/> Yes _____ → <input type="checkbox"/> No	_____ oz	\$ _____.

Participating Independent Store (Store Manager/Owner), Baseline

Next Steps:

- YOU HAVE COMPLETED PART 1: STORE MANAGER/OWNER SURVEY!
- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID BUSINESS REPLY ENVELOPE PROVIDED.
- IF EMPLOYEES IN YOUR STORE HAVE BEEN TRAINED FOR HIP, PLEASE GIVE PART 2: TRAINING QUESTIONNAIRE TO THE PERSON WHO KNOWS THE MOST ABOUT CHECKOUT PROCEDURES. THIS COULD BE YOU (STORE MANAGER/OWNER), A CHECKOUT SUPERVISOR OR A FRONTLINE MANAGER.
- CALL TOLL-FREE 1-800-XXX-XXXX IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!

Participating Independent Store (Store Manager/Owner), Baseline

<p>PART 2:</p> <p>TRAINING QUESTIONNAIRE</p> <p>HEALTHY INCENTIVE PILOT (HIP) EVALUATION</p>	<p>OMB Control No: 0584-xxxx Expiration Date: xx/xx/20xx</p>
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Instructions to Store Manager/Owner: The person who knows the most about checkout procedures should complete this part of the survey. This person may be you, a checkout supervisor or a frontline manager. If this person is not you, please have this person fill in the box below.

Please follow these instructions when filling out this survey.

- Wait until training has been completed in the local store before filling out the survey
- Please fill out the survey (Part 2) and mail back to us using the pre-paid business reply envelope
- Call toll-free number 1-800-xxx-xxxx if you need help filling out the survey

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the survey. We will try to reach you at the phone number provided below if we have any follow-up questions.

Store: (STORE NAME/ ID)	Address: _____
Respondent Name: _____	Job Title: _____
Email: _____	Daytime Phone: _____
Date Survey Completed: ____ / ____ / _____	

All information in this survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 10 minutes for Part 2 per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

SECTION B. TRAINING QUESTIONNAIRE

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

1. How many store employees (including yourself) work in checkout at your store? Include anyone who has worked full-time or part-time in the past month:

2. How did you receive training for HIP? (*check all that apply*)

- In person in the store
- In person at another location
- On a compact disc (CD) or digital video disc (DVD)
- On a website
- A handout was given to employees
- Other *Please specify:* _____

3. How many employees other than yourself received training? _____

- 3a. Did you train any of these employees?

- Yes
- No

- 3b. If so, how many? _____

4. How did the other employees receive training? (*check all that apply*)

- In person with the store manager/owner (if you are not the store manager/owner)
- In person with another supervisor
- In person at another location
- Training provided on a compact disc (CD) or digital video disc (DVD)
- Training provided on a website
- Other *Please specify:* _____

Now we are interested to learn about the training that employees received.

5. What was covered in the HIP training for employees in the store?

<i>Check one box per row:</i>	Covered in training	Not covered in training
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP-eligible food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i> -----		

6. What language(s) were used in the HIP training and training materials? (*check all that apply*)

- English
- Spanish
- Other *Please specify:* _____

7. Would you have preferred another language? (*check one*)

- Yes *Please specify:*
- No

Finally, we would like to know if you and others working in your store are ready for HIP.

8. Overall, how prepared are you and other store employees for HIP? (*check one*)

- Definitely prepared
- Mostly prepared
- Definitely not prepared

9. How much did the HIP training help prepare you and other store employees for HIP?

- Not at all
- A little
- A lot

10. Please use the space below to tell us anything else you'd like to share with us about the training for HIP.

Next Steps:

- YOU HAVE COMPLETED PART 2: TRAINING QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID BUSINESS REPLY ENVELOPE PROVIDED.
- CALL TOLL-FREE 1-800-XXX-XXXX IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!