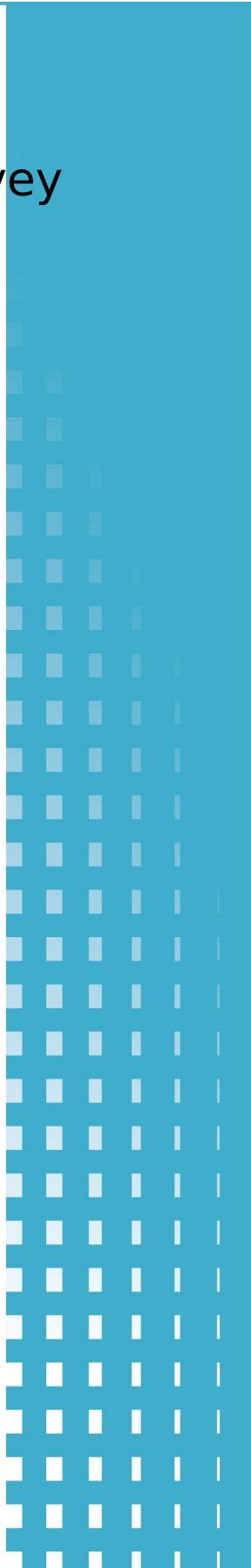


Appendix E3

Round 1 Participating Chain Store Survey



Participating Chain, Baseline



Abt Associates Inc.

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

[CORPORATE CONTACT 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 3 parts to this survey:

- **Part 1: Corporate Contact Survey** (estimated to take about 10 minutes) should be completed by the corporate representative who knows the most about HIP. The corporate contact may consult representatives in the Marketing, Training or IT departments to answer some of the survey questions. This part of the survey is yellow.
- **Part 2: Training** (estimated to take 10-15 minutes) should be completed by the corporate representative who has the most training for HIP. This part of the survey is blue.
- **Part 3: Local Store Survey** (estimated to take 20 minutes) should be completed by the manager of the selected local store in Hampden County. Please ask the manager of the local store to complete and return Part 3 directly to us using the pre-paid business reply envelope provided. The address of this store is provided on the next page. This part of the survey is green. In addition, please share this letter with the store manager or owner.

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 the survey, please return it to us using the pre-paid business reply envelopes provided.

Thank you,

Susan Bartlett
Abt Associates Inc.

Participating Chain, Baseline

Public reporting burden for this collection of information is estimated to average 10 minutes for Part 1, 10-15 minutes for Part 2, and 20 minutes for Part 3 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 Chain (Corporate), Baseline

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

PART 1: CORPORATE CONTACT SURVEY HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- The corporate contact who knows the most about HIP should answer this part of the survey
- The corporate contact may consult representatives in the Marketing, Training or IT departments to answer some of the survey questions
- 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. 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.

Company Name: _____
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 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

Participating Chain (Corporate), Baseline

1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

1. Why did your company join HIP? (*check all that apply*)
 - Our customers would benefit from it
 - We wanted to be part of something new
 - The State DTA or another organization asked us to join
 - We know other retailers who joined
 - HIP could increase our store's sales of fruits and vegetables
 - HIP could increase our store's sales of other items
 - Other reason *Please specify:*

2. Did your company have all the information needed to decide whether or not to join HIP? (*check one*)
 - Yes
 - No

3. Overall, how satisfied are you with how your company was asked to join HIP? (*check one*)
 - Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Very dissatisfied

Participating Chain (Corporate), Baseline

Now we would like to learn about what your company thinks about the purpose of HIP and how it will affect your company's local store identified on the coversheet.

4. How much does your company agree or disagree with each of the statements below?

Check one box per row:	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
We understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We 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 rushed	<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 burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases will be hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My company's local 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 company's local 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"/>

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

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

6. Has your company developed any signs for HIP customers in the local store?

- Yes
- No

Participating Chain (Corporate), Baseline

Next Steps:

- YOU HAVE COMPLETED PART 1: CORPORATE CONTACT SURVEY!
- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID BUSINESS REPLY ENVELOPE PROVIDED.
- PLEASE ASK THE PERSON IN THE TRAINING DEPARTMENT WITH THE MOST TRAINING FOR HIP TO COMPLETE PART 2: TRAINING.
- PLEASE ASK THE MANAGER OF THE SELECTED LOCAL STORE IN HAMPDEN COUNTY TO COMPLETE PART 3: LOCAL STORE SURVEY.
- CALL TOLL-FREE 1-800-XXX-XXXX IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!

Participating Chain (Corporate), Baseline

Participating Chain (Corporate), Baseline

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

PART 2: TRAINING HEALTHY INCENTIVES PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- The corporate contact who knows the most about training for HIP should answer this part of the survey
- Wait until training has been completed in the selected local store before completing this part of 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. 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.

Company Name: _____
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 to 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: 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 Chain (Corporate), Baseline

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall. We are ONLY interested in the training provided to the local store listed on the coversheet.

1. Who trained store employees for HIP? *(check one)*
 - Corporate training department
 - An outside company
 - A consultant
 - Other, *Please specify:* _____

2. How was HIP training for store employees provided? *(check all that apply)*
 - In person at the local 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. Who in the local store was trained for HIP? *(check all that apply)*
 - The store manager
 - Other managers
 - Supervisors
 - All employees who work in checkout
 - Other *Please specify:* _____

4. What language(s) were used in the HIP training and training materials for the local store? *(check all that apply)*
 - English
 - Spanish
 - Other *Please specify:* _____

Participating Chain (Corporate), Baseline

5. Did your company develop its own training materials for HIP?

- Yes
- No → (Go to question 6)

5a. What materials did your company develop to train store employees for HIP?

- Digital video disc (DVD)
- Compact disc (CD)
- Website
- Handout
- Other *Please specify:* _____

5b. Did your company receive all the information and support needed to develop these materials?

- Yes → (Go to question 6)
- No

5c. If no, please describe below the information and support you would have liked to receive.

→6. Is your company's local store ready for when customers start making HIP purchases this Fall? (*check one*)

- Yes → (Go to question 7)
- No

6a. If no, what is needed for your company's local store to be ready for HIP?

→7. Please use the space below to write anything else you'd like to share with us about your experiences with training for HIP.

Participating Chain (Corporate), Baseline

Next Steps:

- YOU HAVE COMPLETED PART 2: TRAINING!
- 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!

Participating Chain (Corporate), Baseline

**PART 3:
LOCAL STORE SURVEY
HEALTHY INCENTIVE PILOT (HIP) EVALUATION**

Please follow these instructions when filling out this survey.

- The store manager of the selected local store in Hampden County should complete this part of the survey
- The store manager may consult other employees in the store such as the checkout supervisor, the frontline manager, the produce manager or the stocking manager in answering any of the survey questions. If another employee completes a section, have this person provide their contact information in the box provided in the section.
- Please fill out the survey (Part 3) 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. 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.

Company Name: _____
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 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: 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 Chain (Corporate), Baseline

SECTION A. ABOUT THE STORE

Please answer the following questions about the store you manage.

1. When is the store open?

For each day of the week, mark if the 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 the store? _____

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

Participating Chain (Corporate), Baseline

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

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The 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 Chain (Corporate), Baseline

SECTION B. TRAINING FOR THE HEALTHY INCENTIVES PILOT (HIP)

Instructions to Store Manager: You may ask a Checkout Supervisor or Frontline Manager in your store to complete this section. If someone else completes this section, please have the person fill in the box below.

Store: (STORE NAME/ ID)	
Respondent 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.

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

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

5. What was covered in the HIP training for checkout supervisors and clerks in the store?

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

Participating Chain (Corporate), Baseline

6. Do you and other employees in the store feel more prepared for HIP because of the training received? (*check one*)

- No
- A little
- Mostly
- Completely

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

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

SECTION C. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager: You may ask a Produce or Stocking Manager in your store 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)
Respondent 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.

8. First, does your store have **fresh** fruits and vegetables available for customers to buy right now?
- Yes
 - No → (Go to question 9)

8a. 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 _____ <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79 / head
Oranges	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____

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 _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Bananas	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Oranges	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Grapes	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Carrots	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Tomatoes	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Broccoli	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ . ____ / ____
Lettuce	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No		\$ ____ . ____ / ____

9. 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 10 on the next page)

9a. 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 (diced, crushed, whole)	<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	\$ _____.____

10. 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)

10a. 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	\$ ____.

Next Steps:

- YOU HAVE COMPLETED PART 3: LOCAL STORE SURVEY!
- 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!