### **Appendix B4**

#### **TELEPHONE INTERVIEWER SCRIPT**

ID Number: XXX-XXXX-XXXXX

OMB Number: 0584-NEW

Expiration Date: XX/XX/XXXX

## Special Nutrition Program Operations Study (SNPOS)

#### **Respondent Information Sheet Script**

Sponsored by:

U.S. Department of Agriculture Food and Nutrition Service

This survey is being conducted for the Food and Nutrition Service, U.S. Department of Agriculture as part of a study of the National School Lunch Program (NSLP) and School Breakfast Program (SBP) as well as other USDA food programs throughout the country. All responses will be treated in strict confidence; no names will be used in our reports, and only aggregated results will be reported. Participation is completely voluntary. Choosing not to participate will not affect your employment or your state's participation in school meal programs.

Public reporting burden for this collection of information is estimated to average 1.75 hours per respondent, 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, Room 1014, Alexandria, VA 22302. Attn: Mr. John Endahl.

## We thank you for your cooperation and participation in this very important study.

# RESPONDENT INFORMATION SHEET Script U.S. DEPARTMENT OF AGRICULTURE SPECIAL NUTRITION PROGRAM OPERATIONS STUDY (SNPOS)

|  | Case ID Number:   |  |
|--|---|--|
| I. INITIAL (   | CONTACT   |  |
| Department of<br>(RESPONDENT'<br>(IF SPEAKING T<br>(IF YES, I  | e is [YOUR NAME]. I'm calling from Westat on behalf of the U.S. Agriculture to follow up on a packet that we recently sent to S NAME). O A SECRETARY, SAY:) Is there a direct line to reach him/her? RECORD NUMBER IN SPACE BELOW. ENTER THIS NUMBR IN THE SMS AT O OF THE CALL.) |  |
| RESPON   | DENT'S DIRECT PHONE NUMBER:   |  |
| Is he/she availa   | ble?  |  |
| Y  | ES (GO TO B ON PAGE 2)  |  |
| N  | O (GO TO A BELOW)   |  |
| A. RESPON  | DENT NOT AVAILABLE  |  |
| The packet we mailed to (RESPONDENT) contained a green-colored questionnaire from the U.S. Department of Agriculture. The survey was designed to be completed by the person in your district who is most knowledgeable about your school lunch programs. Do you know whether (RESPONDENT) might have given it to someone else to complete? |   |  |
| May TH   | knows name of new person I have the name, title, and contact information for that person? (ENTER HE CONTACT INFORMATION IN THE SMS.) does not know name or whether given to someone else (CONTINUE ELOW)  |  |
| Would you please leave a message for (RESPONDENT) mentioning that I called about the survey? When is a good time to call back?   |   |  |
| Callback   | Date/Time:  |  |

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Thank you for your time. I will call back.

(END CALL. ENTER THE CALL INFORMATION IN THE SMS)

#### B. RESPONDENT CONTACT

Hello, my name is (YOUR NAME) and I am calling from Westat on behalf of the U.S. Department of Agriculture regarding a packet that we recently mailed to your attention. The packet contained a green-colored questionnaire on lunch programs in public and charter schools. The attached cover letter from the U.S. Department of Agriculture explained the purpose of the study, and requested that the questionnaire be completed by the person in your district who is most knowledgeable about that subject.

| Did | you receive the | e questionnaire? (CHECK ONE BOX BELOW)   |
|-----|-----------------|--|
|     | No, que         | estionnaire received (CONTINUE WITH C BELOW) estionnaire not received (GO TO E ON PAGE 4) ools in state/district/SFA had a lunch program in 2010-11 (END. ENTER IS AS 'PROBLEM')   |
| C.  | QUESTIONN       | NAIRE RECEIVED   |
|     | Will you cor    | mplete the survey or will someone else be responsible for that?  |
|     |                 | respondent is responsible (GO TO 1 BELOW) ne else is responsible (GO TO 2 ON NEXT PAGE)  |
|     | 1. Have         | you had a chance to complete the questionnaire? (CHECK ONE)  |
|     |                 | Questionnaire completed and returned to Westat  DATE RETURNED:  MODE (Mail/web/fax):  Thank you very much for participating in the survey. We will look for your questionnaire. If we do not receive it soon, we will call back to let you know.  Still working on questionnaire  We would like to have all questionnaires completed and returned as soon as possible. Can you give us an idea of when we can expect your questionnaire?  EXPECTED DATE OF COMPLETION: |
|     |                 | Please remember that (IF SFA SURVEY: you have the option of completing the survey online at <a href="www.SFANutritionSurvey.org">www.SFANutritionSurvey.org</a> , or) you can complete the paper copy and return it by mail. Please keep a copy for your records. We will look for your questionnaire; if we do not receive it, we will call back to let you know. What is the best time to reach you?  BEST TIME:   |
|     |                 | Thank you for your time.   |

INTERVIEWER: IF THE RESPONDENT PREFERS TO COMPLETE THE SURVEY ONLINE, PLEASE PROVIDE THE USER ID AND PASSWORD AND WEB ADDRESS. IF HE/SHE HAS THE QUESTIONNAIRE IN FRONT OF HIM/HER, REFER THE RESPONDENT TO THIS INFORMATION ON THE SMALL LABEL AFFIXED TO THE COVER PAGE.

|       | 2.      | May I please have the name of the respondent, his/her title, telephone number, and the best times to reach that person?   |
|-------|---------|---|
|       |         | Yes (ENTER THE CONTACT INFORMATION IN THE SMS. THEN GO TO SECTION III)  |
|       |         | No (CONTINUE WITH D BELOW)  |
| D.    | REFUS   | SED DIRECT CONTACT WITH RESPONDENT  |
| Do yo | ou knov | v the status of the questionnaire? (CHECK ONE)  |
|       |         | Questionnaire completed and returned to Westat DATE RETURNED:   |
|       |         | MODE (Mail/web/fax):  |
|       |         | Thank you very much for participating in the study. We will look for your questionnaire. If we do not receive it soon, we will call back to let you know. Thank you for your time.  |
|       |         | Respondent still working on the questionnaire We are trying to have all questionnaires completed as quickly as possible. Can you give us an idea of when we can expect your questionnaire?  EXPECTED DATE OF COMPLETION:  |
|       |         | Please remind the respondent that (IF SFA SURVEY: he/she has the option of completing the survey online at <a href="www.SFANutritionSurvey.org">www.SFANutritionSurvey.org</a> , or) he/she can complete the paper copy and return it by mail. Please remind the respondent to keep a copy of the completed questionnaire for his/her records. We will look for your questionnaire; if we do not receive it, we will call back to let you know. What is the best time to reach you?  BEST TIME: |
|       |         | Thank you for your time.  |
|       |         | Status unknown Will you please check on the status of the questionnaire? I will call you back to check on the status. When would be a convenient time for me to call back?  |
|       |         | CALLBACK TIME:  |
|       |         | Thank you for your time.  |

#### E. QUESTIONNAIRE NOT RECEIVED

The survey on school lunch programs is being conducted for the U.S. Department of Agriculture to collect nationally representative data about the characteristics of those programs. The survey will also provide information about changes in those programs over time. It is designed to be completed by the person in your district who is most knowledgeable about lunch programs in your schools.

| another copy of<br>survey directly    | ave the option of completing the questionnaire online or) we can send of the questionnaire to your district. Would it be possible to send the to the person who is most knowledgeable about school lunch programs in CHECK ONE BOX BELOW AND FOLLOW INSTRUCTIONS.) |
|---------------------------------------|--|
| ((                                    | Send to current respondent<br>CONTINUE BELOW; VERIFY/RECORD NAME, TITLE, AND ADDRESS IN SMS.<br>EQUEST FAX NUMBER OR EMAIL ADDRESS IF NEEDED.)   |
| (I                                    | Send to new designated respondent RECORD NEW NAME, TITLE, ADDRESS, PHONE, AND FAX NUMBERS, AND EMAIL ADDRESS IN SMS.)  |
| questionnaires                        | email the questionnaire out today. We are trying to obtain all completed as soon as possible because the data are urgently needed.  OW. BASED ON PREFERENCE, ADJUST THE SENTENCE.)   |
|                                       | onfirm your mailing address/get your fax number/get your email address?  DATE ADDRESS IN SMS AND OBTAIN FAX NUMBER AND/OR EMAIL ADDRESS.)  |
| <u>www.SFANutri</u><br>eturn it by ma | (: The survey can also be completed online at <a href="mailto:tionSurvey.org">tionSurvey.org</a> . If you prefer, or) you may complete the paper copy and nil. expect your completed questionnaire?  |
| E                                     | XPECTED COMPLETION DATE:   |
| •                                     | your time. We will look for your questionnaire. Please remember to keep completed survey for your records.   |

INTERVIEWER: IF THE SFA RESPONDENT PREFERS TO COMPLETE THE SURVEY ONLINE, PLEASE PROVIDE THE DISTRICT'S USER ID, PASSWORD, AND WEB ADDRESS:

www.SFANutritionSurvey.org

#### II. NEW DESIGNATED RESPONDENT CONTACT INFORMATION

# PROCEED TO PAGE 6, SECTION III, RESPONDENT CONTACT.

#### III. RESPONDENT CONTACT

Hello, my name is (YOUR NAME). I'm calling from Westat on behalf of the U.S. Department of Agriculture. (NAME) referred me to you regarding the green-colored questionnaire from the U.S. Department of Agriculture survey on lunch programs.

| Did | you receive th | nat questionnaire?  |
|-----|----------------|---|
|     | NO NO          | (CONTINUE WITH A BELOW) (GO TO B ON PAGE 7) schools in state/district/SFA had a lunch program in 2010-11 (END, ER IN SMS AS 'PROBLEM')  |
| A.  | RESPONDE       | ENT RECEIVED SURVEY   |
|     | Have you h     | ad a chance to complete the questionnaire?  |
|     |                | Questionnaire completed and returned to Westat  DATE RETURNED:  MODE (Mail/web/fax):  Thank you very much for participating in the survey. We will look for your questionnaire. If we do not receive it soon, we will call back to let you know.  Thank you for your time.  Still working on questionnaire  |
|     |                | We would like to have all questionnaires completed and returned as soon as possible. Can you give us an idea of when we can expect your questionnaire?  EXPECTED DATE OF COMPLETION:  Please remember that (IF SFA SURVEY: you have the option of completing the survey online at <a href="www.SFANutritionSurvey.org">www.SFANutritionSurvey.org</a> , or) you can complete the paper copy and return it by mail. Please keep a copy for your records. We will look for your questionnaire; if we do not receive it, we will call back to let you know.  What is the best time to reach you?  BEST TIME:  Thank you for your time. |

INTERVIEWER: IF THE RESPONDENT PREFERS TO COMPLETE THE SURVEY ONLINE, PLEASE PROVIDE THE USER ID AND PASSWORD AND WEB ADDRESS. IF HE/SHE HAS THE QUESTIONNAIRE IN FRONT OF HIM/HER, REFER THE RESPONDENT TO THIS INFORMATION ON THE SMALL LABEL AFFIXED TO THE COVER PAGE.

#### B. QUESTIONNAIRE NOT RECEIVED

The syrvey on school lunch programs is being conducted for the U.S. Department of Agriculture to collect nationally representative data about the characteristics of those programs. The survey will also provide information about changes in those programs over time.

(IF SFA SURVEY: The survey can also be completed online at <a href="https://www.SFANutritionSurvey.org">www.SFANutritionSurvey.org</a>. If you prefer, or) you may complete the paper copy and return it by mail.

May I please confirm your mailing address/get your fax number/get your email address? (VERIFY OR UPDATE ADDRESS AND OBTAIN FAX NUMBER AND/OR EMAIL ADDRESS.)

I will mail/fax/email the questionnaire out today. We are trying to obtain all completed questionnaires as soon as possible because the data are urgently needed.

When can we expect your completed questionnaire?

| <b>EXPECTED COMPLETION DATE:</b> |  |
|----------------------------------|--|
|                                  |  |

Thank you for your time. We will look for your questionnaire. **Please remember to keep a copy of the completed survey for your records**.

INTERVIEWER: IF THE SFA RESPONDENT PREFERS TO COMPLETE THE SURVEY ONLINE,
PLEASE PROVIDE THE DISTRICT'S USER ID, PASSWORD, AND WEB ADDRESS: <a href="https://www.sfanutritionSurvey.org">www.sfanutritionSurvey.org</a>.