Appendix H.

Cover Letters, Recruitment Letters, and

Other Study Materials for

Impact Evaluation

**Survey Materials for the Iowa Nutrition Network Impact Evaluation**

**English Version**

**I. Initial Letter, Information Sheet, Contact Card, and Brochure for Pre-survey**

*[Letterhead will include the What Does Your Child Eat logo and the INN logo.]*

September 2011

Dear Parent or Caregiver,

I am writing to ask you to take part in a research study about what children eat. This study is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service. The study is being conducted by RTI International, a non-profit research organization, and the Iowa Department of Public Health.

If you decide to take part in this study, both you and your third-grade child will be asked to fill out two surveys about what your child eats. The first survey is enclosed. Please fill out this survey and mail to RTI in the large envelope. No postage is necessary. We will mail the second survey to you next May. Each survey will take about 15 minutes to fill out. We will mail you **$10 cash for filling out the first survey and $15 cash for filling out the second survey**.

Your child will be asked to fill out two surveys at school in October and May. Researchers at RTI and the Iowa Nutrition Network will combine the answers from your surveys with your child’s surveys to more fully understand your child’s eating habits.

If you want to take part in the *What Does Your Child Eat?* study, please check the “Yes” box and add your contact information. Then return the Contact Card to your child’s teacher in the small envelope provided. **The Contact Card and surveys should be completed by the adult in your household who knows the most about your child’s eating habits.**

If you do not want to take part in the study, please check the “No” box and still return the Contact Card to your child’s teacher in the small envelope provided. Every child who returns the envelope will receive a surprise gift and your child’s school will receive a cash donation for helping us with the study.

We hope you will agree to take part in this important research study. Your survey answers will help improve nutrition education programs for children in your community. The enclosed brochure has more information on the study. If you have any questions, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Sincerely,

****

Matthew F. Bensen

RTI International

**Information Sheet**

Introduction

You are being asked to take part in a research study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service. The study is being conducted by RTI International and the Iowa Department of Public Health. Before you decide whether to take part in this study, you need to read this sheet to understand what the study is about and what you will be asked to do. This sheet tells you who can be in the study, the risks and benefits, how your information will be protected, and who to call with questions.

Purpose

The purpose of this study is to learn what children eat, as part of a study to improve child nutrition education programs. You are one of about 900 families who will be asked to take part in this study.

Procedures

If you decide to take part in this study, you and your child will be asked to fill out two surveys that ask about your child’s eating habits. Researchers at RTI and the Iowa Department of Public Health will combine your answers with your child’s answers to more fully understand your child’s eating habits.

Study Duration

The first survey is enclosed. We will mail the second survey to you next May. Each survey will take about 15 minutes to fill out. Your child will complete surveys at school in October and May. Each of these surveys will take about 30 minutes to fill out.

Possible Risks or Discomforts

There are minimal psychological, social, or legal risks to taking part in this study. There is minimal risk of loss of privacy. The survey answers will be kept private except as required by law, and every effort will be made to protect your contact information. We will not share your contact information or survey answers with anyone outside the study team.

Benefits

There are no direct benefits to you or your child from taking part in this study. The survey answers will help us improve child nutrition education programs in your community and across the country.

Payment for Participation

We will mail you $10 cash for filling out the first survey and $15 cash for filling out the second survey.

Privacy

Many precautions have been taken to protect your contact information. Your name will be replaced with an identification number. Other personal information like your address will be stored separately from your survey answers. If the results of this study are presented at scientific meetings or published in scientific journals, no information will be included that could identify you or your child or your survey answers personally. The Institutional Review Boards (IRB) at RTI International and Iowa State University have reviewed this research. An IRB is a group of people who are responsible for making sure the rights of participants in research are protected. The IRB may review the records of your participation in this research to assure that proper procedures were followed.

Future Contacts

If you decide to take part in this study, you and your child will be asked to fill out surveys now and again in May. We may also call you and ask you to take part in a group discussion for an additional $50 cash incentive.

Your Rights

Your decision to take part in this research study is completely up to you. You or your child can choose not to answer any survey questions, and stop participating at any time. If you decide to take part and later change your mind, you will not be contacted again or asked for further information.

Your Questions

If you have any questions about the study, please call Matthew Bensen at 1-866-800-9176. If you have any questions about your rights as a study participant, please call RTI’s Office of Research Protection at 1-866-214-2043 or Kerry Ann Agnitsch with Iowa State University’s Office for Responsible Research at 515-294-4271.

 **CONTACT CARD** Case ID: [FILL]

**This card should be filled out by the adult in your household who knows the most about your child’s eating habits.**

**I have read and understand the risks and benefits of taking part in the “What Does Your Child Eat?” study and agree that my child and I will take part in this study.** [ ]  YES [ ]  NO

If “**YES**,” please clearly PRINT your contact information below.

[ ]  Mr. [ ]  Mrs. [ ]  Ms. Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Gender: [ ]  Male [ ]  Female School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. Number: \_\_\_\_\_\_

City: State: Zip Code:

Primary Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

Alternate Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

Would you like to receive the second survey in English or Spanish? [ ]  English [ ]  Spanish

**Please return this card even if you checked that you do not want to take part in this study. Seal it in the envelope provided and have your child return it to the teacher to receive a small gift. Thank you.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

 **CONTACT CARD** Case ID: [FILL]

**This card should be filled out by the adult in your household who knows the most about your child’s eating habits.**

**I have read and understand the risks and benefits of taking part in the “What Does Your Child Eat?” study and agree that my child and I will take part in this study.** [ ]  YES [ ]  NO

If “**YES**,” please clearly PRINT your contact information below.

[ ]  Mr. [ ]  Mrs. [ ]  Ms. Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Gender: [ ]  Male [ ]  Female School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. Number: \_\_\_\_\_\_

City: State: Zip Code:

Primary Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

Alternate Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

Would you like to receive the second survey in English or Spanish? [ ]  English [ ]  Spanish

**Please return this card even if you checked that you do not want to take part in this study. Seal it in the envelope provided and have your child return it to the teacher to receive a small gift. Thank you.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.





RTI International is a trade name of
Research Triangle Institute



What is the purpose of this study?

This study is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service. The study is being conducted by RTI International, a non-profit research organization, and the Iowa Department of Public Health.

This study will help researchers and policymakers understand more about what children eat and help improve nutrition education programs for children in your community.

What is involved and how long will it take?

To take part, the adult in your household who knows the most about your child’s eating habits should complete and return the Contact Card to your child’s teacher in the small envelope provided.

You will be asked to complete two surveys. The first survey is enclosed. Please complete the survey and mail to RTI in the large envelope. Next May we will contact you one more time by mail to ask you to fill out a second survey. Each survey will take about 15 minutes to fill out.

Your child will be asked to complete surveys at school in October and May. Researchers at RTI and the Iowa Department of Public Health will combine your answers with your child’s answers to more fully understand your child’s eating habits.

Will I be paid?

Yes. We will send you $10 cash for filling out the first survey, and $15 cash for filling out the second survey. Please make sure your mailing address is correct on the Contact Card.

What about my privacy?

The information you and your child provide will be kept private except as required by law. We will create an

identification (ID) number and use it instead of your names to identify your information. This will prevent anyone from finding out your answers. Only the project staff will see the information collected from study participants. We will combine your information with information from all of the other participants to create summary reports.

Do I have to participate?

No. You do not have to take part in this study or answer any questions you do not want to answer. Your decision about whether to participate will not affect any social service(s) your family may be getting.

Why was I selected?

Specific elementary schools in Iowa were selected to take part in the study. Parents and caregivers of children in selected classrooms are being asked to participate.

How can I get more information?

For more information, call
1-866-800-9176 (toll-free) and leave a message or send an e-mail to USDA@sna.rti.org. Someone from the project staff will contact you.

RTI International is an independent, non-profit research organization in North Carolina, dedicated to conducting research that improves the human condition.

The Iowa Department of Public Health is dedicated to promoting healthy lifestyles among all Iowans.

Information about the Food & Nutrition Service of the U.S. Department of Agriculture is available at www.fns.usda.gov/fns.

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| **Letterhead_ChildEat_final** |



**Questions & Answers
about the
*What Does Your Child Eat* Study**

Conducted by RTI International and the Iowa Department of Public Health and sponsored by the

Food & Nutrition Service of the

U.S. Department of Agriculture



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**II. Reminder Postcard for Pre-survey**

*[Postcard will include the What Does Your Child Eat logo.]*

Dear Study Participant,

Thank you for taking part in the *What Does Your Child Eat?* study. If you have already filled out and returned the survey, thank you for your time and opinions.

If you have not yet filled out the survey, we hope you will find the time to fill out and return the survey within the next week. Please mail the completed survey to RTI in the large envelope. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $10 cash for filling out and returning the survey.

If you have any questions or need another copy of the survey, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Sincerely,

****

Matthew F. Bensen

RTI International

# III. Script for Pre-survey Administered by Telephone

AA. Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization. I’d like to speak with [RESPONDENT]. Is [she/he] available?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES **[GO TO AB]**

2. NO **[GO TO AC]**

AB. (Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization.)

 A few weeks ago you returned a contact card your child brought home from school about the *What Does Your Child Eat?* study indicating that you would be willing to participate. The study information mentioned that you would receive $10 cash for completing the survey included in the packet of materials and $15 cash for completing a second survey to be mailed directly to you in May of next year. Do you remember receiving that information and agreeing to participate?

1. YES **[GO TO AD]**

2. NO **[GO TO AE]**

3. REFUSAL **[GO TO AH]**

AC. [IF RESPONDENT UNAVAILABLE] When is a good time to catch [RESPONDENT]?

 ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Good. We received the contact card your child returned to the teacher. However, our records show that we have not yet received your completed survey about what **[INSERT Child Name]** eats. We only have a few more days to finish collecting answers to this survey. Your responses are very important in helping us learn how to improve nutrition education programs for children. May I complete the survey with you now over the phone? It will only take about 15 minutes, and we will mail you $10 as a thank you for completing the survey.

1. YES **[GO TO AF]**

2. NO **[GO TO AG]**

3. REFUSAL **[GO TO AH]**

AE. Let me tell you quickly what the study is about again, and perhaps we can complete the survey over the phone. RTI International is conducting the *What Does Your Child Eat?* study for the Food & Nutrition Service of the U.S. Department of Agriculture to learn more about what children eat. The results of the study will be used to improve nutrition education programs for children in your community and throughout the U.S. The survey takes only about 15 minutes to complete, and we will send you $10 cash as a thank you for your help. In May of next year, we will send one more survey to you in the mail that will also take about 15 minutes to complete, and we will send you $15 for completing this last survey. May I complete the survey with you now over the phone?

1. YES **[GO TO AF]**

2. NO **[GO TO AG]**

3. REFUSAL **[GO TO AH]**

AF. Great. Please answer the survey questions for **[INSERT Child Name]** who is attending **[INSERT School Name]**. Please be assured that all of your answers to the survey will be kept private, and we will not share your answers with anyone outside the study team. You may skip any questions you do not want to answer. Do you have any questions before we start? **[GO TO SURVEY]**

AG. May I schedule a better time to call you back to complete the survey? As I said, it will only take about 15 minutes, and we will mail you $10 cash as a thank you for completing the survey.

1. YES **[SCHEDULE FIRM CALLBACK]**

2. NO **[GO TO AH]**

3. REFUSAL **[GO TO AI]**

AH. Do you have any questions or concerns about the study that I can answer for you? Your responses are very important in helping us improve nutrition education programs for children.

1. YES, will complete survey **[GO TO AF]**

2. NO, will not complete survey **[GO TO AI]**

AI. Thank you for your time. Have a nice day.

**IV. Pre-survey Incentive Letter**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for completing the survey about your child’s eating habits. Your answers to the survey will help improve nutrition education programs for children. Enclosed is $10 as a thank you for filling out and returning the survey.

Next May, we will mail you a second survey. As a thank you, we will mail you $15 cash for filling out and returning the second survey.

Thank you for taking part in the *What Does Your Child Eat?* study.

Sincerely,

****

Matthew F. Bensen

RTI International

**V. Prenotification Letter for Post-survey**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for taking part in the *What* *Does Your Child Eat?* study. The study is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

In about a week, you will receive the last survey that asks about your child’s eating habits. You may notice that the survey asks some of the same questions as the first survey. Your answers to these questions are still important to us. Your survey answers will help improve nutrition education programs for children.

The survey will take about 15 minutes to fill out. As a thank you, we will mail you $15 cash for filling out and returning the survey.

When you fill out the survey, please answer the questions for [CHILD FIRST NAME] who is attending [SCHOOL NAME]. If your child is no longer attending this school, please e-mail me at USDA@sna.rti.org or call me toll-free at
1-866-800-9176.

Thank you for your continued participation in the *What* *Does Your Child Eat?* study. We really need your answers for the study to be a success. If you have any questions, please contact me at the above e-mail address or toll-free number.

Sincerely,

****

Matthew F. Bensen

RTI International

**VI. Post-survey Cover Letter (First Mailing)**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear **[**TITLE] [LAST NAME],

Thank you for taking part in the *What* *Does Your Child Eat?* study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

Please fill out the survey and return it in the enclosed postage-paid envelope within the next week. When you fill out the survey, please answer the questions for [CHILD NAME] who is attending [SCHOOL]. It should only take you about 15 minutes to fill out the survey. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $15 cash for filling out and returning the survey.

Thank you for your participation. We really need your answers for the study to be a success. Please e-mail me at USDA@sna.rti.org or call me toll-free at
1-866-800-9176 if you have any questions.

Sincerely,



Matthew F. Bensen
RTI International

**VII. Reminder Postcard for Post-survey**

*[Postcard will include the What Does Your Child Eat logo.]*

Dear Study Participant,

Thank you for taking part in the *What Does Your Child Eat?* study. You recently got a survey about your child’s eating habits. If you have already filled out and returned the survey, thank you for your time and opinions.

If you have not yet filled out the survey, we hope you will find the time to fill out and return the survey within the next week. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $15 cash for filling out and returning the survey.

If you have any questions or need another copy of the survey, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Sincerely,

****

Matthew F. Bensen

RTI International

**VIII. Post-survey Cover Letter (Second Mailing)**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear **[**TITLE] [LAST NAME],

Thank you for taking part in the *What Does Your Child Eat?* study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

We recently mailed you the last survey about **[CHILD NAME]**’s eating habits. If you have already filled out and returned the survey, thank you for your time and opinions. If you have not yet filled out the survey, we hope you will find the time to fill out and return the survey in the enclosed postage-paid envelope within the next week.

When you fill out the survey, please answer the questions for **[CHILD NAME]** who is attending **[SCHOOL NAME]**. It should only take you about 15 minutes to fill out the survey. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $15 cash for filling out and returning the survey.

Thank you for your participation. We really need your answers for the study to be a success. Please e-mail me at USDA@sna.rti.org or call me toll-free at
1-866-800-9176 if you have any questions.

Sincerely,



Matthew F. Bensen
RTI International

# IX. Script for Post-survey Administered by Telephone

AA. Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization. I’d like to speak with [RESPONDENT]. Is [she/he] available?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES [**GO TO AB**]
2. NO [**GO TO AC**]

AB. (Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization.)

 We recently sent you a survey on what **[INSERT Child Name]** eats. However, our records show that we have not yet received your completed survey. We only have a few more days to finish collecting answers to this survey. Your responses are very important in helping us learn how to improve nutrition education programs for children. May I complete the survey with you now over the phone? It will only take about 15 minutes, and we will mail you $15 cash as a thank you for completing the survey.

1. YES **[GO TO AD]**
2. NO **[GO TO AE]**
3. REFUSAL **[GO TO AF]**

AC. [IF RESPONDENT UNAVAILABLE] When is a good time to catch [RESPONDENT]?

 ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Great. Please answer the survey questions for **[INSERT Child Name]** who is attending **[INSERT School Name]**. Please be assured that all of your answers to the survey will be kept private, and we will not share your answers with anyone outside the study team. You may skip any questions you do not want to answer. You may recall that we asked some of the same questions in the first survey. Do you have any questions before we start? **[GO TO SURVEY]**

AE. May I schedule a better time to call you back to complete the survey? As I said, it will only take about 15 minutes, and we will mail you $15 cash for completing the survey.

1. YES **[SCHEDULE FIRM CALLBACK]**
2. NO **[GO TO AF]**
3. REFUSAL **[GO TO AG]**

AF. Do you have any questions or concerns about the study that I can answer for you? Your responses are very important in helping us improve nutrition education programs for children.

1. YES, will complete survey **[GO TO AD]**
2. NO, will not complete survey **[GO TO AG]**

AG. Thank you for your time. Have a nice day.

**X. Post-survey Incentive Letter**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear **[**TITLE] [LAST NAME],

Thank you for completing the survey about your child’s eating habits. Your answers to the survey will help improve nutrition education programs for children. Enclosed is $15 as a thank you for filling out and returning the survey.

Sincerely,



Matthew F. Bensen

RTI International

**Survey Materials for the Iowa Nutrition Network Impact Evaluation—**

**Spanish Version**

**I. Initial Letter, Information Sheet, Contact Card, and Brochure for Pre-survey**

*[Letterhead will include the What Does Your Child Eat logo and the INN logo.]*

Septiembre de 2011

Estimado(a) padre/madre de familia o encargado(a) del cuidado del/de la niño(a),

Le escribo para pedirle que tome parte en un estudio acerca de lo que comen los niños. Este estudio es patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos. El estudio lo realiza RTI International, una organización sin fines de lucro que se dedica a estudios sobre la salud, y también lo realiza el Departamento de Salud Pública de Iowa.

Si usted decide tomar parte en este estudio, se les pedirá tanto a usted como a su niño(a) del tercer grado que completen dos encuestas sobre lo que come su niño(a). Adjuntamos a la presente la primera encuesta. Por favor, complete esta encuesta y envíela por correo a RTI en el sobre grande. No necesita timbre o estampilla. Nosotros le enviaremos la segunda encuesta por correo el próximo mes de mayo. Cada encuesta tomará unos 15 minutos en completarse. Le enviaremos por correo **$10 dólares en efectivo por completar la primera encuesta y $15 dólares por completar la segunda encuesta**.

Se le pedirá a su niño(a) que complete dos encuestas en la escuela en octubre y en mayo. Las personas encargadas de realizar estudios en RTI y de la Red de Nutrición de Iowa combinarán las respuestas de sus encuestas con las de su niño(a) para entender mejor los hábitos alimenticios de su niño(a).

Si usted desea tomar parte en el estudio *¿Qué come su niño?,* por favor marque el casillero correspondiente a la respuesta “Sí” y agregue sus datos personales. Luego devuelva la Tarjeta de datos personales al/a la maestro(a) de su niño(a) en el sobre pequeño que le proporcionamos. **La Tarjeta de datos personales y las encuestas deben completarse por un adulto en su hogar que sepa más sobre los hábitos alimenticios de su niño(a)**.

Si usted no desea tomar parte en el estudio, por favor marque el casillero correspondiente a la respuesta “No” y también devuelva la Tarjeta de datos personales al/a la maestro(a) de su niño(a) en el sobre pequeño que le proporcionamos. Cada niño(a) que devuelva el sobre recibirá un regalo sorpresa y la escuela de su niño(a) recibirá una donación en efectivo por ayudarnos con el estudio.

Esperamos que esté de acuerdo en tomar parte en este importante estudio. Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para los niños en su comunidad. El folleto que adjuntamos a la presente tiene más información sobre el estudio. Si tiene alguna pregunta, por favor, envíeme un mensaje por correo electrónico a USDA@sna.rti.org o puede llamarme al número de teléfono gratuito 1-866-800-9176.

Atentamente,

****

Matthew F. Bensen

RTI International

**Hoja informativa**

Introducción

Se le está pidiendo que tome parte en un estudio, el cual es patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos. El estudio lo realiza RTI International y el Departamento de Salud Pública de Iowa. Antes de que usted decida si va a tomar parte en este estudio, necesita leer esta hoja informativa para entender de lo que trata el estudio y lo que se le pedirá que haga. Esta hoja le dice quién puede participar en el estudio, los riesgos y beneficios, cómo se protegerá su información y a quién puede llamar si tiene preguntas.

Propósito

El propósito de este estudio es saber lo que los niños comen, como parte de un estudio para mejorar los programas educacionales de nutrición para niños. Usted es parte de casi 900 familias a quienes se les pedirá que tomen parte en este estudio.

Procedimientos

Si usted decide tomar parte en este estudio, se le pedirá a usted y a su niño que completen dos encuestas que hacen preguntas sobre los hábitos alimenticios de su niño(a). Las personas encargadas de realizar estudios en RTI y en el Departamento de Salud Pública de Iowa combinarán sus respuestas con las respuestas de su niño(a) para entender mejor los hábitos alimenticios de su niño(a).

Duración del estudio

Adjuntamos la primera encuesta a la presente. Le enviaremos por correo la segunda encuesta el próximo mes de mayo. Cada encuesta le tomará unos 15 minutos en completarla. Su niño(a) completará las encuestas en la escuela en octubre y en mayo. Cada una de estas encuestas tomará unos 30 minutos en completarla.

Posibles riesgos y molestias

Existen mínimos riesgos psicológicos, sociales o legales al tomar parte en este estudio. Existe un riesgo mínimo de pérdida de privacidad. Las respuestas a la encuesta se mantendrán privadas, excepto cuando lo requiere la ley, y se hará todo el esfuerzo posible para proteger sus datos personales. Nosotros no compartiremos sus datos personales o sus respuestas a la encuesta con nadie fuera del personal del estudio.

Beneficios

No hay beneficios directos para usted o su niño(a) al tomar parte en este estudio. Las respuestas a la encuesta nos ayudarán a mejorar los programas educacionales de nutrición en su comunidad y en todo el país.

Pagos por participación

Nosotros le enviaremos por correo $10 dólares en efectivo por completar la primera encuesta y $15 dólares en efectivo por completar la segunda encuesta.

Privacidad

Se han tomado muchas precauciones para proteger sus datos personales. En lugar de su nombre se usará un número de identificación. Otra información personal tal como su dirección, se mantendrá separada de sus respuestas a la encuesta. Si los resultados de este estudio se presentan en reuniones científicas o se publican en artículos científicos, no se incluirá ninguna información que pueda identificarlo(a) a usted o a su niño(a) o a sus respuestas en forma personal. Las Juntas de Revisiones de Estudios (IRB, por sus siglas en inglés) de RTI International y de la Universidad del Estado de Iowa han revisado este estudio. Una Junta de Revisión de Estudios es un grupo de personas que son responsables de asegurar que los derechos de los participantes en estudios estén protegidos. La Junta de Revisión de Estudios puede revisar los registros de su participación en este estudio para asegurarse que se han seguido los procedimientos adecuados.

Futuras comunicaciones

Si usted decide tomar parte en este estudio, se le pedirá a usted y a su niño(a) que completen encuestas ahora y nuevamente en mayo. También puede que lo(a) llamemos para pedirle que participe en un grupo de diálogo, por el cual recibirá un pago adicional de $50 dólares en efectivo.

Sus derechos

Su decisión de tomar parte en este estudio depende sólo de ustedes. Usted o su niño(a) pueden decidir no contestar cualquier pregunta de la encuesta y pueden dejar de participar en cualquier momento. Si usted decide tomar parte y después cambia de parecer, no nos comunicaremos con usted de nuevo ni le pediremos información adicional.

Sus preguntas

Si usted tiene alguna pregunta sobre el estudio, por favor llame a Matthew Bensen al número de teléfono gratuito 1-866-800-9176. Si tiene alguna pregunta sobre sus derechos como participante en un estudio, por favor llame a la Oficina de Protección de Participantes en Estudios de RTI al número gratuito 1-866-214-2043 o a Kerry Ann Agnitsch, de la Oficina para Estudios Responsables de la Universidad del Estado de Iowa al número 515-294-4271.

 **TARJETA DE DATOS PERSONALES**  Identificación del caso: [FILL]

**Esta tarjeta debe completarla un adulto en su hogar que sepa más sobre los hábitos alimenticios de su niño(a).**

**He leído y entiendo los riesgos y beneficios al tomar parte en el estudio “¿Qué come su niño?” y estoy de acuerdo en que mi niño(a) y yo tomemos parte en este estudio.** [ ]  SÍ [ ]  NO

Si la respuesta es “SÍ”, por favor, escriba claramente sus datos personales a continuación en letra tipo IMPRENTA.

[ ]  Sr. [ ]  Sra. [ ]  Srta. Su nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Su apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del/de la niño(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apellido del/de la niño(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexo del/de la niño(a): [ ]  Hombre [ ]  Mujer

Nombre de la escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre del/de la maestro(a): \_\_\_\_\_\_\_\_\_\_\_

Dirección de correo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartamento número: \_\_\_\_\_\_

Ciudad: Estado: Código postal:

Número de teléfono primario: (\_\_\_\_\_\_) [ ]  Casa [ ]  Celular [ ]  Trabajo

Otro número de teléfono: (\_\_\_\_\_\_) [ ]  Casa [ ]  Celular [ ]  Trabajo

¿Le gustaría recibir la segunda encuesta en inglés o en español? [ ]  Inglés [ ]  Español

**Por favor, devuelva esta tarjeta en el sobre que le proporcionamos aunque haya marcado que no desea participar en este estudio. Cierre el sobre y dígale a su niño(a) que lo entregue a su maestro(a) para que pueda recibir un pequeño regalo. Gracias.**

Según la Ley de Reducción de Trámites de 1995, ninguna agencia está autorizada a realizar o patrocinar ninguna recopilación de información sin presentar un número válido de control de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés), ni está obligada ninguna persona a participar en una recopilación de datos si no se muestra dicho número. El número válido de control OMB para esta recopilación de información es el 0584-0554 y la fecha de vencimiento es xx/xx/xxxx. Se calcula que el tiempo necesario para completar esta recopilación de información es de 5 minutos, como promedio; incluyendo el tiempo para revisar las instrucciones, buscar las fuentes de información existentes, juntar y mantener los datos necesarios, así como completar y revisar la recopilación de datos.

 **TARJETA DE DATOS PERSONALES**  Identificación del caso: [FILL]

**Esta tarjeta debe completarla un adulto en su hogar que sepa más sobre los hábitos alimenticios de su niño(a).**

**He leído y entiendo los riesgos y beneficios al tomar parte en el estudio “¿Qué come su niño?” y estoy de acuerdo en que mi niño(a) y yo tomemos parte en este estudio.** [ ]  SÍ [ ]  NO

Si la respuesta es “SÍ”, por favor, escriba claramente sus datos personales a continuación en letra tipo IMPRENTA.

[ ]  Sr. [ ]  Sra. [ ]  Srta. Su nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Su apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del/de la niño(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apellido del/de la niño(a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexo del/de la niño(a): [ ]  Hombre [ ]  Mujer

Nombre de la escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre de la maestra: \_\_\_\_\_\_\_\_\_\_\_

Dirección de correo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartamento número: \_\_\_\_\_\_

Ciudad: Estado: Código postal:

Número de teléfono primario: (\_\_\_\_\_\_) [ ]  Casa [ ]  Celular [ ]  Trabajo

Otro número de teléfono: (\_\_\_\_\_\_) [ ]  Casa [ ]  Celular [ ]  Trabajo

¿Le gustaría recibir la segunda encuesta en inglés o en español? [ ]  Inglés [ ]  Español

**Por favor, devuelva esta tarjeta en el sobre que le proporcionamos aunque haya marcado que no desea participar en este estudio. Cierre el sobre y dígale a su niño(a) que lo entregue a su maestro(a) para que pueda recibir un pequeño regalo. Gracias.**

Según la Ley de Reducción de Trámites de 1995, ninguna agencia está autorizada a realizar o patrocinar ninguna recopilación de información sin presentar un número válido de control de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés), ni está obligada ninguna persona a participar en una recopilación de datos si no se muestra dicho número. El número válido de control OMB para esta recopilación de información es el 0584-0554 y la fecha de vencimiento es xx/xx/xxxx. Se calcula que el tiempo necesario para completar esta recopilación de información es de 5 minutos, como promedio; incluyendo el tiempo para revisar las instrucciones, buscar las fuentes de información existentes, juntar y mantener los datos necesarios, así como completar y revisar la recopilación de datos.





RTI International es el nombre comercial registrado de Research Triangle Institute



¿Cuál es el propósito de este estudio?

Este estudio es patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos y lo realiza RTI International, una organización sin fines de lucro que se dedica a estudios sobre la salud, y también lo realiza el Departamento de Salud Pública de Iowa.

Este estudio ayudará a las personas encargadas de realizar estudios y a los legisladores a entender mejor lo que comen los niños y ayudar a mejorar los programas educacionales de nutrición para los niños en su comunidad.

¿Qué hay que hacer para tomar parte en el estudio y cuánto tiempo durará?

Para tomar parte, el adulto que sepa más sobre los hábitos alimenticios de su niño(a) debe completar y devolver la Tarjeta de datos personales al/al la maestro(a) de su niño(a) en el sobre pequeño que le proporcionamos.

Se le pedirá que complete dos encuestas. Adjuntamos a la presente la primera encuesta. Por favor, complete la encuesta y envíela por correo a RTI en el sobre grande. El próximo mes de mayo nos comunicaremos con usted otra vez por correo para pedirle que complete una segunda encuesta. Cada encuesta tomará unos 15 minutos en completarse.

A su niño(a) se le pedirá que complete encuestas en la escuela en octubre y en mayo. Las personas encargadas de realizar estudios en RTI y en el Departamento de Salud Pública de Iowa combinarán sus respuestas con las respuestas de su niño(a) para entender mejor los hábitos alimenticios de su niño(a).

¿Recibiré algún pago?

Sí. Le enviaremos $10 dólares en efectivo por completar la primera encuesta y $15 dólares en efectivo por completar la segunda encuesta. Por favor, asegúrese que su dirección esté correcta en la Tarjeta de datos.

¿Y qué pasa con mi privacidad?

La información que usted y su niño(a) proporcionen se mantendrá en forma privada, excepto cuando lo requiera la ley. Nosotros crearemos un número de identificación (ID) que se usará en lugar de sus nombres para identificar su información. Esto prevendrá que alguien pueda averiguar sus respuestas. Sólo el personal del proyecto verá la información recopilada de los participantes del estudio. Nosotros combinaremos su información con la información de todos los otros participantes para crear reportes con los resúmenes del estudio.

¿Tengo que participar?

No. Usted no tiene que tomar parte en este estudio o contestar cualquier pregunta que no quiera contestar. Su decisión de participar o no, no afectará ningún servicio social que su familia pueda estar recibiendo.

¿Por qué fui seleccionado(a)?

Se seleccionaron escuelas elementales específicas en Iowa para tomar parte en el estudio. Se les está pidiendo que participen a los padres y a las personas encargadas del cuidado de niños de los salones clase que han sido seleccionados.

¿Cómo puedo obtener más información?

Para mayor información, llame al número gratuito 1-866-800-9176 y deje un mensaje o envíe un mensaje por correo electrónico a USDA@sna.rti.org. Un miembro del personal del proyecto se comunicará con usted.

RTI International es una organización independiente sin fines de lucro en Carolina del Norte, que se dedica a realizar estudios que mejoran la condición humana.

El Departamento de Salud Pública de Iowa está dedicada a promover estilos de vida saludables entre los habitantes de Iowa.

Información sobre el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos está disponible en el sitio de Internet ww.fns.usda.gov/fns.

|  |
| --- |
| **Letterhead_ChildEat_final** |



**Questions / Answers About the**

***What Does Your Child Eat Study***

**Preguntas y respuestas sobre el Estudio *¿Qué como su niño?***

Realizado por RTI International y el Departamento de Salud Pública de Iowa y patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos.



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**II. Reminder Postcard for Pre-survey**

*[Postcard will include the What Does Your Child Eat logo.]*

Estimado(a) participante del estudio,

Gracias por tomar parte en el estudio ¿*Qué come su niño?* Si usted ya completó y devolvió la encuesta, le agradecemos por su tiempo y sus opiniones.

Si todavía no ha completado la encuesta, esperamos que pueda concedernos parte de su tiempo para completarla y devolverla a más tardar la próxima semana. Por favor, envíe la encuesta por correo a RTI en el sobre grande. Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños. Como muestra de nuestro agradecimiento, le enviaremos por correo $10 dólares en efectivo por completar y devolver la encuesta.

Si tiene alguna pregunta o necesita otra copia de la encuesta, por favor envíeme un mensaje por correo electrónico a USDA@sna.rti.org o puede llamarme al número gratuito 1-866-800-9176.

Atentamente,

****

Matthew F. Bensen

RTI International

# III. Script for Pre-survey Administered by Telephone

AA. Buenos días/Buenas tardes/Buenas noches. Mi nombre es \_\_\_\_\_\_\_\_\_\_\_\_\_ y estoy llamando en nombre del estudio *“¿Qué come su niño?”* de RTI International; una organización sin fines de lucro que realiza estudios sobre la salud. Me gustaría hablar con [RESPONDENT]. ¿Se encuentra [ella/él] disponible?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES **[GO TO AB]**

2. NO **[GO TO AC]**

AB. (Buenos días/Buenas tardes/Buenas noches. Mi nombre es \_\_\_\_\_\_\_\_\_\_\_\_\_ y estoy llamando en nombre del estudio *“¿Qué come su niño?”* de RTI International; una organización sin fines de lucro que realiza estudios sobre la salud.)

 Hace unas cuantas semanas, usted devolvió una tarjeta de datos personales que su niño(a) trajo a casa de la escuela sobre el estudio *¿Qué come su niño?,* indicando que usted estaría dispuesto(a) a participar. La información del estudio mencionó que usted recibiría $10 dólares en efectivo por completar la encuesta que se incluía en el paquete con los materiales, y $15 dólares en efectivo por completar una segunda encuesta que se le enviará por correo directamente a usted en mayo del próximo año. ¿Recuerda haber recibido esta información y estar de acuerdo en participar?

1. YES **[GO TO AD]**

2. NO **[GO TO AE]**

3. REFUSAL **[GO TO AH]**

AC. [IF RESPONDENT UNAVAILABLE] ¿Cuándo sería más conveniente hablar con [RESPONDENT]?

 ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Bien. Recibimos la tarjeta de datos personales que su niño(a) devolvió al/a la maestro(a). Sin embargo, nuestros registros indican que aún no hemos recibido la encuesta con sus respuestas sobre lo que come **[INSERT Child Name]**. Sólo nos quedan unos cuantos días más para terminar de recopilar las respuestas para esta encuesta. Sus respuestas son muy importantes para ayudarnos a aprender cómo mejorar los programas educacionales de nutrición para niños. ¿Me permite completar la encuesta por teléfono con usted en este momento? Sólo tomará unos 15 minutos y le enviaremos por correo $10 dólares en efectivo como muestra de nuestro agradecimiento por completar la encuesta.

1. YES **[GO TO AF]**

2. NO **[GO TO AG]**

3. REFUSAL **[GO TO AH]**

AE. Permítame decirle rápidamente de lo que se trata el estudio nuevamente y tal vez podamos completar la encuesta por teléfono. RTI International está realizando el estudio ¿*Qué come su niño?* para el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos, para saber más sobre lo que comen los niños. Los resultados del estudio se utilizarán para mejorar los programas educacionales de nutrición para los niños en su comunidad y a través de los Estados Unidos. La encuesta sólo toma unos 15 minutos en completarse y le enviaremos $10 dólares en efectivo como agradecimiento por su ayuda. En mayo del próximo año le enviaremos por correo una encuesta adicional que también tomará unos 15 minutos en completarse y le enviaremos $15 dólares por completar esta última encuesta. ¿Me permite completar la encuesta con usted por teléfono en este momento?

1. YES **[GO TO AF]**

2. NO **[GO TO AG]**

3. REFUSAL **[GO TO AH]**

AF. Muy bien. Por favor, conteste las preguntas de la encuesta con relación a **[INSERT Child Name],** quien asiste a **[INSERT School Name]**. Le aseguramos que todas sus respuestas se mantendrán privadas y no compartiremos sus respuestas con nadie fuera del personal del estudio. Usted puede dejar de contestar cualquier pregunta que no quiera contestar. ¿Tiene alguna pregunta antes de comenzar? **[GO TO SURVEY]**

AG. ¿Podría coordinar un día y hora más convenientes para llamarlo(a) de nuevo para completar la encuesta? Como le dije, esto solamente tomará 15 minutos y le enviaremos por correo $10 dólares en efectivo como agradecimiento por completar la encuesta.

1. YES **[SCHEDULE FIRM CALLBACK]**

2. NO **[GO TO AH]**

3. REFUSAL **[GO TO AI]**

AH. ¿Tiene alguna pregunta o preocupación sobre el estudio que yo pueda contestar o aclarar? Sus respuestas son muy importantes para ayudarnos a mejorar los programas educacionales de nutrición para niños.

1. YES, WILL COMPLETE SURVEY **[GO TO AF]**

2. NO, WILL NOT COMPLETE SURVEY **[GO TO AI]**

AI. Gracias por su tiempo. Espero que pase un buen día.

**IV. Pre-survey Incentive Letter**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Estimado(a) [TITLE] [LAST NAME],

Gracias por completar la encuesta sobre los hábitos alimenticios de su niño(a). Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños. Adjuntamos $10 dólares en agradecimiento por completar y devolver la encuesta.

El próximo mes de mayo, le enviaremos una segunda encuesta por correo. Como agradecimiento, le enviaremos $15 dólares en efectivo por completar y devolver la segunda encuesta.

Gracias por participar en el estudio *¿Qué come su niño?*

Atentamente,

****

Matthew F. Bensen

RTI International

**V. Prenotification Letter for Post-survey**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Estimado(a) [TITLE] [LAST NAME],

Gracias por tomar parte en el estudio *¿Qué come su niño?* El estudio es patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos y lo realiza RTI International, una organización sin fines de lucro que se dedica a estudios sobre la salud.

Como en una semana usted recibirá la última encuesta que le hace preguntas sobre los hábitos alimenticios de su niño(a). Puede que usted note que la encuesta le hace algunas de las mismas preguntas que la primera encuesta. Sus respuestas a estas preguntas siguen siendo importantes para nosotros. Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños.

La encuesta tomará unos 15 minutos en completarse. Como muestra de nuestro agradecimiento, le enviaremos por correo $15 dólares en efectivo por completar y devolver la encuesta.

Cuando complete la encuesta, por favor conteste las preguntas con relación a [CHILD FIRST NAME] quien asiste a [SCHOOL NAME]. Si su niño(a) ha dejado de asistir a esta escuela, por favor envíeme un mensaje por correo electrónico a USDA@sna.rti.org o llámeme al número gratuito 1-866-800-9176.

Gracias por su continua participación en el estudio *¿Qué come su niño?* Realmente necesitamos sus respuestas para que el estudio sea un éxito. Si tiene alguna pregunta, por favor comuníquese conmigo a la dirección de correo electrónico o número gratuito arriba mencionados.

Atentamente,

****

Matthew F. Bensen

RTI International

**VI. Post-survey Cover Letter (First Mailing)**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Estimado(a) **[**TITLE] [LAST NAME],

Gracias por tomar parte en el estudio ¿*Qué come su niño?*, el cual es patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos y lo realiza RTI International, una organización sin fines de lucro que se dedica a estudios sobre la salud.

Por favor, complete la encuesta y devuélvala a más tardar la próxima semana en el sobre con franqueo pagado que adjuntamos. Cuando complete la encuesta, por favor conteste las preguntas con relación a **[**CHILD NAME**],** quien asiste a [SCHOOL]. Sólo debe tomarle unos 15 minutos el completar la encuesta. Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños. Como muestra de nuestro agradecimiento, le enviaremos por correo $15 dólares en efectivo por completar y devolver la encuesta.

Gracias por su participación. Realmente necesitamos sus respuestas para que el estudio sea un éxito. Si tiene alguna pregunta, por favor envíeme un mensaje por correo electrónico a USDA@sna.rti.org o puede llamarme al número gratuito 1-866-800-9176.

Atentamente,



Matthew F. Bensen
RTI International

**VII. Reminder Postcard for Post-survey**

*[Postcard will include the What Does Your Child Eat logo.]*

Estimado(a) participante del estudio,

Gracias por tomar parte en el estudio ¿*Qué come su niño?* Hace poco usted recibió una encuesta sobre los hábitos alimenticios de su niño(a). Si usted ya completó y devolvió la encuesta, le agradecemos por su tiempo y sus opiniones.

Si todavía no ha completado la encuesta, esperamos que pueda concedernos parte de su tiempo para completarla y devolverla a más tardar la próxima semana. Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños. Como muestra de nuestro agradecimiento, le enviaremos por correo $15 dólares en efectivo por completar y devolver la encuesta.

Si tiene alguna pregunta o necesita otra copia de la encuesta, por favor envíeme un mensaje por correo electrónico a USDA@sna.rti.org o puede llamarme al número gratuito 1-866-800-9176.

Atentamente,

****

Matthew F. Bensen

RTI International

**VIII. Post-survey Cover Letter (Second Mailing)**

 *[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Estimado(a) **[**TITLE] [LAST NAME],

Gracias por tomar parte en el estudio ¿*Qué come su niño?*, el cual es patrocinado por el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos y lo realiza RTI International, una organización sin fines de lucro que se dedica a estudios sobre la salud.

Hace poco le enviamos por correo la última encuesta sobre los hábitos alimenticios de **[CHILD NAME]**. Si usted ya completó y devolvió la encuesta, le agradecemos por su tiempo y sus opiniones. Si todavía no ha completado la encuesta, esperamos que pueda concedernos parte de su tiempo para completarla y devolverla a más tardar la próxima semana en el sobre adjunto con franquicia pre pagada.

Cuando complete la encuesta, por favor, conteste las preguntas con relación a **[CHILD NAME]** quien asiste a **[SCHOOL NAME]**. Sólo debe tomarle 15 minutos el completar la encuesta. Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños. Como muestra de nuestro agradecimiento, le enviaremos por correo $15 dólares en efectivo por completar y devolver la encuesta.

Gracias por su participación. Realmente necesitamos sus respuestas para que el estudio sea un éxito. Si tiene alguna pregunta, por favor comuníquese conmigo por correo electrónico a USDA@sna.rti.org o llámeme al número gratuito
1-866-800-9176.

Atentamente,



Matthew F. Bensen
RTI International

# IX. Script for Post-survey Administered by Telephone

AA. Buenos días/Buenas tardes/Buenas noches. Mi nombre es \_\_\_\_\_\_\_\_\_\_\_\_\_ y estoy llamando en nombre del estudio *¿Qué come su niño?* de RTI International, una organización sin fines de lucro que realiza estudios sobre la salud. Me gustaría hablar con [RESPONDENT]. ¿Se encuentra [ella/él] disponible?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES [**GO TO AB**]
2. NO [**GO TO AC**]

AB. (Buenos días/Buenas tardes/Buenas noches. Mi nombre es \_\_\_\_\_\_\_\_\_\_\_\_\_ y estoy llamando en nombre del estudio *¿Qué come su niño?* de RTI International, una organización sin fines de lucro que realiza estudios sobre la salud).

 Hace poco le enviamos una encuesta sobre lo que come **[INSERT Child Name]**. Sin embargo, nuestros registros indican que aún no hemos recibido la encuesta con sus respuestas. Sólo nos quedan unos cuantos días para terminar de recopilar las respuestas para esta encuesta. Sus respuestas son muy importantes para ayudarnos a aprender cómo mejorar los programas educacionales de nutrición para niños. ¿Me permite completar la encuesta por teléfono con usted en este momento? Sólo tomará unos 15 minutos y le enviaremos por correo $15 dólares en efectivo como muestra de nuestro agradecimiento por completar la encuesta.

1. YES **[GO TO AD]**
2. NO **[GO TO AE]**
3. REFUSAL **[GO TO AF]**

AC. [IF RESPONDENT UNAVAILABLE] ¿Cuándo sería más conveniente hablar con [RESPONDENT]?

 ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Muy bien. Por favor, responda las preguntas de la encuesta con respecto a **[INSERT Child Name],** quien asiste a **[INSERT School Name]**. Le aseguramos que todas sus respuestas a la encuesta se mantendrán privadas y no compartiremos sus respuestas con nadie fuera del personal del estudio. Usted puede dejar de contestar cualquier pregunta que no desee contestar. Puede que usted recuerde que la encuesta le hace algunas de las mismas preguntas que la primera encuesta. ¿Tiene alguna pregunta antes de comenzar? **[GO TO SURVEY]**

AE. ¿Podemos coordinar un día y hora más convenientes para llamarlo(a) de nuevo para completar la encuesta? Como le dije, esto solamente tomará unos 15 minutos y le enviaremos por correo $15 dólares en efectivo por completar la encuesta.

1. YES **[SCHEDULE FIRM CALLBACK]**
2. NO **[GO TO AF]**
3. REFUSAL **[GO TO AG]**

AF. ¿Tiene alguna pregunta o preocupación sobre el estudio que yo pueda contestar o aclarar? Sus respuestas son muy importantes para ayudarnos a mejorar los programas educacionales de nutrición para niños.

1. YES, WILL COMPLETE SURVEY **[GO TO AD]**
2. NO, WILL NOT COMPLETE SURVEY **[GO TO AG]**

AG. Gracias por su tiempo. Espero que pase un buen día.

**X. Post-survey Incentive Letter**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Estimado(a) **[**TITLE] [LAST NAME],

Gracias por completar la encuesta sobre los hábitos alimenticios de su niño(a). Sus respuestas a la encuesta ayudarán a mejorar los programas educacionales de nutrición para niños. Adjuntamos $15 dólares en agradecimiento por completar y devolver la encuesta.

Atentamente,



Matthew F. Bensen

RTI International

**Survey Materials for the University of Kentucky Cooperative Extension Service Impact Evaluation**

**I. Initial Letter, Information Sheet, Contact Card, and Brochure for Pre-survey**

[*Letterhead will include the What Does Your Child Eat logo and the UKCES logo.*]

September 2011

Dear Parent or Caregiver,

We are writing to ask you to take part in a study about what children eat. This study is sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and will be done by RTI International, a non-profit research organization.

If you decide to take part in this study, you will be asked to fill out two surveys about your child’s eating habits.

1. We will mail the first survey to you after you return the enclosed Contact Card with the requested information.

We will mail the second survey to you about 5 months later.

Each survey will take about 15 minutes to complete. **As a thank you, you will receive in the mail $10 cash for completing the first survey and $15 cash for completing the second survey**.

We hope you will agree to take part in this important study. Your survey answers will help improve nutrition education programs for children in your community.

If you want to take part in the *What Does Your Child Eat?* study, please complete and return the Contact Card to your child’s teacher in the envelope provided. We can then mail the surveys to you. **The adult in the household who knows the most about what your child eats should complete the Contact Card.**

If you do not want to take part in the study, please check the “No” box and return the Contact Card in the enclosed envelope to your child’s teacher. Every child who returns the envelope will receive a surprise gift.

The enclosed brochure has more information on the study. If you have any questions about the study, please call Matthew Bensen at RTI toll-free at 1-866-800-9176 or e-mail to USDA@sna.rti.org.

Sincerely,

****

Matthew F. Bensen Laura Stephenson, Ph.D.

RTI International Family & Consumer Sciences Extension

University of Kentucky

**Information Sheet**

Introduction

You are being asked to take part in a research study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service (USDA, FNS) and carried out by RTI International, a non-profit research organization. Before you decide whether to take part in this study, you need to read this sheet to understand what the study is about and what you will be asked to do. This sheet also tells you who can be in the study, the risks and benefits of the study, how we will protect your information, and who you can call if you have questions.

Purpose

The purpose of this survey is to learn what children eat, as part of a study to improve child nutrition education programs. You are one of about 800 parents and caregivers who will be asked to take part in this study.

Procedures

If you decide to take part in this study, you will be asked to fill out two surveys that ask about your child’s eating habits. In order for us to send the surveys, we need the contact information for the adult in the household who knows the most about your child’s eating habits.

Study Duration

We will mail the first survey to you after you return the completed Contact Card. We will mail the second survey to you about 5 months later. Each survey will take you about 15 minutes to fill out.

Possible Risks or Discomforts

There are minimal psychological, social, or legal risks to taking part in this study. There is also a minimal risk of loss of privacy. Please be assured that all of your answers to the survey will be kept private except as required by law, and every effort will be made to protect your contact information. We will not share your contact information or your survey answers with anyone outside the study team.

Benefits

There are no direct benefits to you from taking part in this study. Your survey answers will help us improve child nutrition education programs in your community and across the country.

Payment for Participation

As a thank you, we will mail you $10 cash for filling out the first survey and $15 cash for filling out the second survey, for a total of $25.

Privacy

Many precautions have been taken to protect your contact information. Your name will be replaced with an identification number. Other personal information like your address will be stored separately from your survey answers. If the results of this study are presented at scientific meetings or published in scientific journals, no information will be included that could identify you or your answers personally.

The Institutional Review Board (IRB) at RTI International has reviewed this research. An IRB is a group of people who are responsible for making sure the rights of participants in research are protected. The IRB may review the records of your participation in this research to assure that proper procedures were followed.

Future Contacts

If you decide to take part in this study, we will mail the first survey to you once we receive the Contact Card. We will mail the second survey to you about 5 months later. We may also call you and ask you to take part in a group discussion for an additional $50 cash.

Your Rights

Your decision to take part in this research study is completely up to you. You can choose not to answer any survey questions, and you can stop participating at any time. If you decide to take part and later change your mind, you will not be contacted again or asked for further information.

Your Questions

If you have any questions about the study, you may call Matthew Bensen at 1-866-800-9176. If you have any questions about your rights as a study participant, you may call RTI’s Office of Research Protection at 1-866-214-2043.

 **CONTACT CARD** Case ID: [FILL]

**This card should be filled out by the adult in your household who knows the most about your child’s eating habits.**

**I have read and understand the risks and benefits of taking part in the “What Does Your Child Eat?” study and agree to** **take part in this study.** [ ]  YES [ ]  NO

If “**YES**,” please clearly PRINT your contact information below.

[ ]  Mr. [ ]  Mrs. [ ]  Ms. Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Gender: [ ]  Male [ ]  Female School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Grade: [ ]  1st [ ]  2nd [ ]  3rd Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. Number: \_\_\_\_\_\_

City: State: Zip Code:

Primary Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

Alternate Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

**Please return this card even if you checked that you do not want to take part in this study. Seal it in the envelope provided and have your child return it to the teacher to receive a small gift. Thank you.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

 **CONTACT CARD** Case ID: [FILL]

**This card should be filled out by the adult in your household who knows the most about your child’s eating habits.**

**I have read and understand the risks and benefits of taking part in the “What Does Your Child Eat?” study and agree to** **take part in this study.** [ ]  YES [ ]  NO

If “**YES**,” please clearly PRINT your contact information below.

[ ]  Mr. [ ]  Mrs. [ ]  Ms. Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Gender: [ ]  Male [ ]  Female School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Grade: [ ]  1st [ ]  2nd [ ]  3rd Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. Number: \_\_\_\_\_\_

City: State: Zip Code:

Primary Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

Alternate Phone Number: (\_\_\_\_\_\_) [ ]  Home [ ]  Cell [ ]  Work

**Please return this card even if you checked that you do not want to take part in this study. Seal it in the envelope provided and have your child return it to the teacher to receive a small gift. Thank you.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.





RTI International is a trade name of
Research Triangle Institute **What is the purpose of this study?**

RTI International is conducting a study for the Food & Nutrition Service of the U.S. Department of Agriculture. This study will help researchers and policymakers understand more about what children eat and help improve nutrition education programs for children in your community.

**What is involved and how long will it take?**

To participate, the adult in your household who knows the most about your child’s eating habits should complete and return the Contact Card to your child’s teacher in the envelope provided. You will receive the first survey in the mail in 7 to 10 days. The survey takes about 15 minutes to fill out. In about 5 months, we will contact you one more time by mail to ask you to complete a second survey. This will also take about 15 minutes. You may refuse to answer any question on the surveys, and you may stop participating in the study at any time.

**Will I be paid?**

Yes. You will be mailed $10 cash after filling out the first survey. You will receive an additional $15 cash for filling out the second survey sent to you about 5 months later.

**What about my privacy?**

The information you provide will be kept private except as required by law. We will create an identification (ID) number and use it instead of your name to identify your information, which will prevent anyone from finding out your answers. Only the project staff will see the information we have collected from study participants. We will combine your information with information from all of the other participants to create summary reports.

**Do I have to participate?**

No. You do not have to take part in this study or answer any questions you do not want to answer. Your decision on whether to participate will not affect any social service(s) you may be getting.

**Why was I selected?**

Specific elementary schools were selected to take part in the study. Parents and caregivers of children in the selected classrooms are being asked to participate.

**How can I get more information?**

For more information, call
1-866-800-9176 (toll-free) and leave a message or send an e-mail to USDA@sna.rti.org. Someone from the project staff will contact you.

RTI International is an independent, non-profit research organization in North Carolina, dedicated to conducting research that improves the human condition. For more information, see [www.rti.org](http://www.rti.org).

Additional information about the Food & Nutrition Service of the U.S. Department of Agriculture is available at [www.fns.usda.gov/fns](http://www.fns.usda.gov/fns).

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|  |
| --- |
| **Letterhead_ChildEat_final** |

**Questions & Answers
about the
*What Does Your Child Eat* Study**

Conducted by RTI International
and sponsored by the

Food & Nutrition Service of the

U.S. Department of Agriculture



**II. Cover Letter for Pre-survey**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for taking part in the *What Does Your Child Eat?* study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

Please fill out the survey and return it in the enclosed postage-paid envelope within the next week. When you fill out the survey, please answer the questions for **[INSERT CHILD NAME]** who is attending **[INSERT SCHOOL NAME]**. It should only take you about 15 minutes to fill out the survey. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $10 cash for filling out and returning the survey.

In about 5 months, we will mail you a second survey. As a thank you, we will mail you $15 cash for filling out and returning the second survey.

If you have any questions, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Thank you for your participation. We appreciate your time and opinions.

Sincerely,

****

Matthew F. Bensen
RTI International

**III. Reminder Postcard for Pre-survey**

*[Postcard will include the What Does Your Child Eat logo.]*

Dear Study Participant,

Thank you for taking part in the *What Does Your Child Eat?* study.

We recently mailed you a survey about your child’s eating habits. If you have already filled out and returned the survey, thank you for your time and opinions.

If you have not yet filled out the survey, we hope you will find the time to fill out and return the survey within the next week. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $10 cash for filling out and returning the survey.

If you have any questions or need another copy of the survey, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Sincerely,

****

Matthew F. Bensen

RTI International

# IV. Script for Pre-survey Administered by Telephone

AA. Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization. I’d like to speak with [RESPONDENT]. Is [she/he] available?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES **[GO TO AB]**

2. NO **[GO TO AC]**

AB. (Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization.)

 A few weeks ago you returned a contact card your child brought home from school about the *What Does Your Child Eat?* study indicating that you would be willing to participate. The study information mentioned that you would receive $10 cash for completing a mail survey and $15 cash for completing a second mail survey about 5 months later. Do you remember receiving that information and agreeing to participate?

1. YES **[GO TO AD]**

2. NO **[GO TO AE]**

3. REFUSAL **[GO TO AH]**

AC. [IF RESPONDENT UNAVAILABLE] When is a good time to catch [RESPONDENT]?

 ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Good. We recently sent you the first survey to fill out on what **[INSERT Child Name]** eats. However, our records show that we have not yet received your completed survey. We only have a few more days to finish collecting answers to this survey. Your responses are very important in helping us learn how to improve nutrition education programs for children. May I complete the survey with you now over the phone? It will only take about 15 minutes, and we will mail you $10 as a thank you for completing the survey.

1. YES **[GO TO AF]**

2. NO **[GO TO AG]**

3. REFUSAL **[GO TO AH]**

AE. Let me tell you quickly what the study is about again, and perhaps we can complete the survey over the phone. RTI International is conducting the *What Does Your Child Eat?* study for the Food & Nutrition Service of the U.S. Department of Agriculture to learn more about what children eat. The results of the study will be used to improve nutrition education programs for children in your community and throughout the U.S. The survey takes only about 15 minutes to complete, and we will send you $10 cash as a thank you for your help. In about 5 months, we will send one more survey that will also take about 15 minutes to complete, and we will send you $15 for completing this last survey. May I complete the survey with you now over the phone?

1. YES **[GO TO AF]**

2. NO **[GO TO AG]**

3. REFUSAL **[GO TO AH]**

AF. Great. Please answer the survey questions for **[INSERT Child Name]** who is attending **[INSERT School Name]**. Please be assured that all of your answers to the survey will be kept private, and we will not share your answers with anyone outside the study team. You may skip any questions you do not want to answer. Do you have any questions before we start? **[GO TO SURVEY]**

AG. May I schedule a better time to call you back to complete the survey? As I said, it will only take about 15 minutes, and we will mail you $10 cash as a thank you for completing the survey.

1. YES **[SCHEDULE FIRM CALLBACK]**

2. NO **[GO TO AH]**

3. REFUSAL **[GO TO AI]**

AH. Do you have any questions or concerns about the study that I can answer for you? Your responses are very important in helping us improve nutrition education programs for children.

1. YES, will complete survey **[GO TO AF]**

2. NO, will not complete survey **[GO TO AI]**

AI. Thank you for your time. Have a nice day.

**V. Incentive Payment Letter for Pre-survey**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for completing the survey about your child’s eating habits. Your answers to the survey will help improve nutrition education programs for children. Enclosed is $10 as a thank you for filling out and returning the survey.

In about 5 months, we will mail you a second survey. As a thank you, we will mail you $15 cash for filling out and returning the second survey.

Thank you for taking part in the *What Does Your Child Eat?* study.

Sincerely,

****

Matthew F. Bensen

RTI International

**VI. Prenotification Letter for Post-survey**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for taking part in the *What* *Does Your Child Eat?* study. The study is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

In about a week, you will receive the last survey that asks about your child’s eating habits. You may notice that the survey asks some of the same questions as the first survey. Your answers to these questions are still important to us. Your survey answers will help improve nutrition education programs for children.

The survey will take about 15 minutes to fill out. As a thank you, we will mail you $15 cash for filling out and returning the survey.

When you fill out the survey, please answer the questions for **[INSERT CHILD FIRST NAME]** who is attending **[INSERT SCHOOL NAME]**. If your child is no longer attending this school, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Thank you for your continued participation. We really need your answers for the study to be a success. If you have any questions, please contact me at the above e-mail address or toll-free number.

Sincerely,

****

Matthew F. Bensen

RTI International

**VII. Cover Letter for Post-survey**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear **[**TITLE] [LAST NAME],

Thank you for taking part in the *What* *Does Your Child Eat?* study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

Please fill out the survey and return it in the enclosed postage-paid envelope within the next week. When you fill out the survey, please answer the questions for **[INSERT CHILD NAME]** who is attending **[INSERT SCHOOL NAME]**. It should only take you about 15 minutes to fill out the survey. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $15 cash for filling out and returning the survey.

Thank you for your participation. We really need your answers for the study to be a success. Please e-mail me at USDA@sna.rti.org or call me toll-free at
1-866-800-9176 if you have any questions.

Sincerely,



Matthew F. Bensen
RTI International

**VIII. Reminder Postcard for Post-survey**

*[Postcard will include the What Does Your Child Eat logo.]*

Dear Study Participant,

Thank you for taking part in the *What Does Your Child Eat?* study.

We recently mailed you the last survey about your child’s eating habits. If you have already filled out and returned the survey, thank you for your time and opinions.

If you have not yet filled out the survey, we hope you will find the time to fill out and return the survey within the next week. Your survey answers will help improve nutrition education programs for children. As a thank you, we will mail you $15 cash for filling out and returning the survey.

If you have any questions or need another copy of the survey, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Sincerely,

****

Matthew F. Bensen

RTI International

# IX. Script for Post-survey Administered by Telephone

AA. Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization. I’d like to speak with [RESPONDENT]. Is [she/he] available?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES [**GO TO AB**]
2. NO [**GO TO AC**]

AB. (Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling on behalf of the “*What Does Your Child Eat*” study from RTI International, a non-profit research organization.)

 We recently sent you a survey on what **[INSERT Child Name]** eats. However, our records show that we have not yet received your completed survey. We only have a few more days to finish collecting answers to this survey. Your responses are very important in helping us learn how to improve nutrition education programs for children. May I complete the survey with you now over the phone? It will only take about 15 minutes, and we will mail you $15 cash as a thank you for completing the survey.

1. YES **[GO TO AD]**
2. NO **[GO TO AE]**
3. REFUSAL **[GO TO AF]**

AC. [IF RESPONDENT UNAVAILABLE] When is a good time to catch [RESPONDENT]?

 ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Great. Please answer the survey questions for **[INSERT Child Name]** who is attending **[INSERT School Name]**. Please be assured that all of your answers to the survey will be kept private, and we will not share your answers with anyone outside the study team. You may skip any questions you do not want to answer. You may recall that we asked some of the same questions in the first survey. Do you have any questions before we start? **[GO TO SURVEY]**

AE. May I schedule a better time to call you back to complete the survey? As I said, it will only take about 15 minutes, and we will mail you $15 cash for completing the survey.

1. YES **[SCHEDULE FIRM CALLBACK]**
2. NO **[GO TO AF]**
3. REFUSAL **[GO TO AG]**

AF. Do you have any questions or concerns about the study that I can answer for you? Your responses are very important in helping us improve nutrition education programs for children.

1. YES, will complete survey **[GO TO AD]**
2. NO, will not complete survey **[GO TO AG]**

AG. Thank you for your time. Have a nice day.

**X. Post-survey Incentive Letter**

*[Letterhead will include the What Does Your Child Eat logo.]*

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear **[**TITLE] [LAST NAME],

Thank you for completing the survey about your child’s eating habits. Your answers to the survey will help improve nutrition education programs for children. Enclosed is $15 as a thank you for filling out and returning the survey.

Sincerely,



Matthew F. Bensen

RTI International

**Survey Materials for the Michigan State University Extension Impact Evaluation**

**I. Information Sheet, Contact Card, and Brochure for Pre-survey**

**Information Sheet**

Introduction

You are being asked to take part in a research study, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service (USDA, FNS) and carried out by RTI International, a non-profit research organization. Before you decide whether to take part in this study, you need to read this sheet to understand what the study is about and what you will be asked to do. This sheet also tells you who can be in the study, the risks and benefits of the study, how we will protect your information, and who you can call if you have questions.

Purpose

The purpose of this survey is to learn about your eating habits. It is part of a study to improve nutrition education programs for older adults in your community and across the country. You are one of about 720 people who will be asked to take part in this study.

Procedures

If you decide to take part in this study, you will be asked to complete two surveys, one today and one in about a month. In order for us to mail you the second survey, you need to provide us with your contact information.

Study Duration

Each survey will take you about 15 minutes to complete. Using the information you provide on the completed Contact Card, we will mail the second survey to you in about a month.

Possible Risks or Discomforts

There are minimal psychological, social, or legal risks to taking part in this study. There is minimal risk of loss of confidentiality. Please be assured that all of your answers to the survey will be kept confidential except as required by law, and every effort will be made to protect your contact information. We will not share your contact information or your survey answers with anyone outside the study team.

Benefits

There are no direct benefits to you from participating in this study. Your survey answers will help us improve nutrition education programs for older adults in your community and across the country.

Payment for Participation

As a thank you, you will receive $10 cash for completing today’s survey, and we will mail you $15 cash for filling out the second survey, for a total of $25.

Confidentiality

Many precautions have been taken to protect your contact information. Your name will be replaced with an identification number. Other personal information like your address will be stored separately from your survey answers. If the results of this study are presented at scientific meetings or published in scientific journals, no information will be included that could identify you or your answers personally.

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who are responsible for making sure the rights of participants in research are protected. The IRB may review the records of your participation in this research to assure that proper procedures were followed.

Future Contacts

If you decide to take part in this study, we will mail the second survey to you in about a month. We may also contact you about taking part in a group discussion for an additional $50 cash.

Your Rights

Your decision to take part in this research study is completely up to you. You can choose not to answer any survey questions, and you can stop participating at any time. If you decide to participate and later change your mind, you will not be contacted again or asked for further information.

Your Questions

If you have any questions about the study, you may call Matthew Bensen of RTI at
1-866-800-9176. If you have any questions about your rights as a study participant, you may call RTI’s Office of Research Protection at 1-866-214-2043.

 **CONTACT CARD** Case ID: [FILL]

**I have read and understand the risks and benefits of taking part in this study and agree to** **take part in this study.** [ ]  YES [ ]  NO

If “**YES**,” please clearly PRINT your contact information below.

Title: [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Miss

Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Home [ ]  Cell [ ]  Work

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Home [ ]  Cell [ ]  Work

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

 **CONTACT CARD** Case ID: [FILL]

**I have read and understand the risks and benefits of taking part in this study and agree to** **take part in this study.** [ ]  YES [ ]  NO

If “**YES**,” please clearly PRINT your contact information below.

Title: [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Miss

Your First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Home [ ]  Cell [ ]  Work

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Home [ ]  Cell [ ]  Work

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



What is the purpose of this study?

RTI International is conducting a study for the Food & Nutrition Service of the U.S. Department of Agriculture. This study will help researchers and policymakers improve nutrition education programs for older adults in your community and across the country.

What is involved and how long will it take?

To participate in the study, please read the Information Sheet and complete the Contact Card. You will be asked to complete two surveys, one today and one in about a month. We will mail you the second survey to fill out at home. Each survey asks about what you eat and takes about 15 minutes to fill out.

You may refuse to answer any question on the surveys, and you may stop participating in the study at any time.

Will I be paid?

Yes. You will receive $10 cash after filling out the first survey. You will receive $15 cash by mail for filling out the second survey.

What about my privacy?

The information you provide will be kept private except as required by law. We will create an identification (ID) number and use it instead of your name to identify your information, which will prevent anyone from finding out your answers. Only the project staff will see the information we have collected from study participants. We will combine your information with information from all of the other participants to create summary reports.

Do I have to participate?

No. You do not have to take part in this study or answer any questions you do not want to answer. Your decision about whether to participate will not affect any social service(s) you may be getting.

How can I get more information?

For more information, call
1-866-800-9176 (toll-free) and leave a message or send an e-mail to USDA@sna.rti.org. Someone from the project staff will contact you.

RTI International is an independent, non-profit research organization in North Carolina, dedicated to conducting research that improves the human condition. For more information, see [www.rti.org](http://www.rti.org).

Additional information about the Food & Nutrition Service of the U.S. Department of Agriculture is available at [www.fns.usda.gov/fns](http://www.fns.usda.gov/fns).



RTI International is a trade name of Research Triangle Institute.

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**Questions & Answers
about the
*Survey on What You Eat***

Conducted by RTI International
and sponsored by the

Food & Nutrition Service of the

U.S. Department of Agriculture



**II. Prenotification Letter for Post-survey**

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [ST] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for taking part in our study about what you eat. The study is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

In about a week, you will receive the last survey that asks about your eating habits. You may notice that the survey asks some of the same questions as the first survey. Your answers to these questions are still important to us. Your survey answers will help improve nutrition education programs for older adults in your community.

The survey will take about 15 minutes to fill out. As a thank you, we will mail you $15 cash for filling out and returning the survey.

Thank you for your continued participation. We really need your answers for the study to be a success. If you have any questions, please contact me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Sincerely,

****

Matthew F. Bensen

RTI International

**III. Cover Letter for Post-survey**

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear [TITLE] [LAST NAME],

Thank you for taking part in our study about what you eat, which is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and carried out by RTI International, a non-profit research organization.

Please fill out the survey and return it in the postage-paid envelope within the next week. The survey takes about 15 minutes to complete. As a thank you, we will mail you $15 cash for filling out and returning the survey.

If you have any questions, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Thank you for your participation. We appreciate your time and opinions.

Sincerely,



Matthew F. Bensen

RTI International

**IV. Reminder Postcard for Post-survey**

Dear Study Participant,

We recently mailed you a survey about your eating habits. If you have already filled out and returned the survey, thank you for your time and opinions.

If you have not yet filled out the survey, we hope you will find the time to fill out and return the survey within the next week. Your survey answers will help improve nutrition education programs for older adults in your community. As a thank you, we will mail you $15 cash for filling out and returning the survey.

If you have any questions, please e-mail me at USDA@sna.rti.org or call me toll-free at 1-866-800-9176.

Thank you for your participation. We appreciate your time and opinions.

Sincerely,

****

Matthew F. Bensen

RTI International

**V. Script for Post-survey Administered by Telephone**

AA. Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ calling regarding a study about some of the activities at the [SITE NAME]. RTI International, a non-profit research organization, is conducting the study on behalf of the Food and Nutrition Service of the U.S. Department of Agriculture. I’d like to speak with [RESPONDENT]. Is she/he available?

IF GATEKEEPER WANTS MORE INFORMATION, PROVIDE LIMITED DETAILS AS NEEDED.

1. YES [**GO TO AB**]

2. NO [**GO TO AC**]

AB. (Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_ from RTI International, a non-profit research organization.)

 I’m calling about the study that you participated in at [SITE NAME]. You completed the first survey about 6 weeks ago. We recently sent you the second and final survey to fill out on your eating habits. Our records show that we did not receive a completed survey from you. We only have a few more days to finish collecting answers to this survey. Your responses are very important to us. May I complete the survey with you now over the phone? It will only take about 15 minutes, and we will mail you $15 cash as a thank you for completing the survey.

1. YES **[GO TO AD]**

2. NO **[GO TO AE]**

3. REFUSAL **[GO TO AF]**

AC. [IF RESPONDENT UNAVAILABLE] When is a good time to catch [RESPONDENT]?

ATTEMPT TO DETERMINE THE BEST WAY TO REACH RESPONDENT. THANK PERSON AND TERMINATE. SCHEDULE A CALLBACK

AD. Great. Please be assured that all of your answers to the survey will be kept private, and we will not share your answers with anyone outside the study team. You may skip any questions you do not want to answer. You may recall that we asked some of the same questions in the first survey. Do you have any questions before we start? My first question is… **[GO TO SURVEY]**

AE. May I schedule a better time to call you back to complete the survey? As I said, it will only take 15 minutes, and we will mail you $15 cash for completing the survey.

1. YES **[SCHEDULE FIRM CALLBACK]**

2. NO **[GO TO AF]**

3. REFUSAL **[GO TO AG]**

AF. Do you have any questions or concerns about the study that I can answer for you? Your responses are very important to us, and will help to improve educational programs offered to older adults in your community and across the country.

1. YES, will complete survey **[GO TO AD]**

2. NO, will not complete survey **[GO TO AG]**

AG. Thank you for your time. Have a nice day.

**VI. Post-survey Incentive Letter**

[DATE]

[PARTICIPANT ID]

[FIRST NAME] [LAST NAME]

[ADDRESS 1] [APT]

[CITY], [STATE] [ZIP CODE]

Dear **[**TITLE] [LAST NAME],

Thank you for completing the survey about your eating habits. We have enclosed $15 as a thank you for your time and opinions.

We appreciate you taking part in our research study.

Sincerely,



Matthew F. Bensen

RTI International