

Appendix E2

Round 2 Participating Independent Store Survey



Participating Independent Stores, Follow-up



Abt Associates Inc.

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

[STORE MANAGER/OWNER NAME AND ADDRESS]

[DATE]

Dear _____,

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

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

There are 2 parts to this survey:

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

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

Thank you,

Susan Bartlett
Abt Associates Inc.

Participating Independent Stores, Follow-up

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

Participating Independent Store (Store Manager/Owner), Follow-up

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

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

Please follow these instructions when filling out this survey.

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

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

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

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

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

Participating Independent Store (Store Manager/Owner), Follow-up

Participating Independent Store (Store Manager/Owner), Follow-up

SECTION A. ABOUT YOUR STORE

Please answer these questions about the store you manage.

1. When is your store open?

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

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

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

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

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

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

Participating Independent Store (Store Manager/Owner), Follow-up

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

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

5. Has your store developed any signs for HIP customers?

- Yes
 No

Participating Independent Store (Store Manager/Owner), Follow-up

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

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

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

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

Participating Independent Store (Store Manager/Owner), Follow-up

Participating Independent Store (Store Manager/Owner), Follow-up

SECTION B. HOW HIP HAS AFFECTED THE STORE

Now we would like to learn about how HIP has affected your store. We will first ask you about any operational problems with HIP in the past 3 months.

7. Have you had any problems knowing what food items are eligible for HIP? (check one)

- Yes
- No → (Go to question 8)

7a. How often have you had problems?

- Once
- A few times
- Frequently

7b. Have the problems been resolved?

- Yes
- No

→ 8. Have you had any problems having a current list of HIP eligible items in cash registers? (check one)

- Yes
- No → (Go to question 9)

8a. How often have you had problems?

- Once
- A few times
- Frequently

8b. Have the problems been resolved?

- Yes
- No

→ 9. Have you had any problems separating HIP-eligible food items from non-HIP food items? (check one)

- Yes
- No → (Go to question 10 on the next page)

9a. How often have you had problems?

- Once
- A few times
- Frequently

9b. Have the problems been resolved?

- Yes
- No

(Go to question 10 on the next page)

Participating Independent Store (Store Manager/Owner), Follow-up

10. Have you had any problems identifying HIP customers? (check one)

- Yes
- No → (Go to question 11)

10a. How often have you had problems? (check one)

- Once
- A few times
- Frequently

10b. Have the problems been resolved? (check one)

- Yes
- No

→11. Have you had any problems computing the purchase amount for HIP items? (check one)

- Yes
- No → (Go to question 12)

11a. How often have you had problems? (check one)

- Once
- A few times
- Frequently

11b. Have the problems been resolved? (check one)

- Yes
- No

→12. Have you had any problems processing sales of HIP items? (check one)

- Yes
- No → (Go to question 13 on the next page)

12a. How often have you had problems? (check one)

- Once
- A few times
- Frequently

12b. Have the problems been resolved? (check one)

- Yes
- No

↙(Go to question 13 on the next page)

Participating Independent Store (Store Manager/Owner), Follow-up

13. Have you had any problems processing returns with HIP items? (*check one*)

- Yes
- No → (*Go to question 14*)

13a. How often have you had problems? (*check one*)

- Once
- A few times
- Frequently

13b. Have the problems been resolved? (*check one*)

- Yes
- No

→ 14. Have you had any problems processing manual vouchers with HIP items? (*check one*)

- Yes
 - No
 - Not applicable
- (
- Go to question 15 on the next page*
-)

14a. How often have you had problems? (*check one*)

- Once
- A few times
- Frequently

14b. Have the problems been resolved? (*check one*)

- Yes
- No

▼
(*Go to question 15 on the next page*)

Participating Independent Store (Store Manager/Owner), Follow-up

15. Have you had any problems getting information about SNAP/EBT sales and settlement? (check one)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- Yes
 No
 Don't know
- (Go to question 16)

- 15a. How often have you had problems? (check one)

- Once
 A few times
 Frequently

- 15b. Have the problems been resolved? (check one)

- Yes
 No

- 16. Have you had any problems responding to customer questions about HIP? (check one)

- Yes
 No → (Go to question 17)

- 16a. How often have you had problems? (check one)

- Once
 A few times
 Frequently

- 16b. Have the problems been resolved? (check one)

- Yes
 No

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

- My store has not had any major problems with HIP → (Go to question 19)

Participating Independent Store (Store Manager/Owner), Follow-up

18. From the list below, who helped you fix any **major problem** in the **past 3 months**? How helpful were they?

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

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

19. Have you ever had to contact someone outside your store for help if a HIP customer had a problem making a purchase or return with their EBT card?

- Yes
 No → (Go to question 20 on the next page)

19a. How many times in the **past month** have you had to ask someone outside your store for help if a HIP customer had a problem making a purchase or return with their EBT card?

_____ times in the past month Don't know

(Go to question 20 on the next page)

Participating Independent Store (Store Manager/Owner), Follow-up

- 20. Overall, how satisfied are you with how HIP is working in your store? *(check one)*
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied or dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied

21. Do you have any suggestions for how HIP operations could be improved?

Participating Independent Store (Store Manager/Owner), Follow-up

Now we want to learn if HIP affected the amount of time and effort your store's employees spend on checkout transactions.

22. Did HIP affect average checkout time in your store? (*check one*)

- Yes
- No → (*Go to question 23*)

22a. How much was it affected? (*check one*)

- Large increase
- Small increase
- Small decrease
- Large decrease

→ 23. Did HIP affect the time and effort employees spent on settlement in your store? (*check one*)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- Yes
- No → (*Go to question 24*)

23a. How much was it affected? (*check one*)

- Large increase
- Small increase
- Small decrease
- Large decrease

→ 24. Did HIP affect the time and effort employees spent on reconciliation? (*check one*)

Reconciliation is when you compare the EBT purchases recorded in your cash register to what is reported by the EBT terminal and what is deposited in your bank account.

- Yes
- No → (*Go to question 25*)

24a. How much was it affected? (*check one*)

- Large increase
- Small increase
- Small decrease
- Large decrease

→ 25. Did HIP affect the time and effort employees spent on store returns? (*check one*)

- Yes
- No → (*Go to question 26 on the next page*)

25a. How much was it affected? (*check one*)

- Large increase
- Small increase
- Small decrease
- Large decrease

↓
(Go to question 26 on the next page)

Participating Independent Store (Store Manager/Owner), Follow-up

Next, we would like to learn about how HIP has affected your store's sales and profits since October 2011.

26. How has HIP affected your sales of fruits and vegetables since October 2011? (*check one*)
- Large increase in sales of fruits and vegetables
 - Small increase in sales of fruits and vegetables
 - No change in sales of fruits and vegetables
 - Small decrease in sales of fruits and vegetables
 - Large decrease in sales of fruits and vegetables
27. Thinking of how HIP has affected your store's costs and sales, how has HIP affected your store's profits? (sales minus costs) since October 2011? (*check one*)
- HIP increased profits
 - HIP decreased profits
 - No difference
 - Don't know
28. If you had it to do again, would you still join HIP? (*check one*)
- Yes
 - No

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

Participating Independent Store (Store Manager/Owner), Follow-up

SECTION C. FRUIT AND VEGETABLE INVENTORY

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

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

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

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

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

29. First, does your store have any **fresh** fruits and vegetables available for customers to buy right now?
- Yes
 - No → (Go to question 30)

Participating Independent Store (Store Manager/Owner), Follow-up

29a. Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

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

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

Please fill in this grid:

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

Participating Independent Store (Store Manager/Owner), Follow-up

<input type="checkbox"/> No	_____
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30. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

Yes

No → (Go to question 31 on the next page)

30a. Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

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

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

Please fill in this grid:

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

Participating Independent Store (Store Manager/Owner), Follow-up

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

- Yes
 No → (Go to question 32 on the next page)

31a. Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

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

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

Please fill in this grid:

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

Participating Independent Store (Store Manager/Owner), Follow-up

Think back a year ago to when HIP began. We would like to learn how stocks and sales of fruits and vegetables have changed since October 2011. You may consult your store's produce manager or stocking manager to complete this question.

32. Since **October 2011**, has your store changed how much food it stocks in each of the categories below? Does your store stock more, the same amount or less?

(1) Category <i>Check one box per row:</i>	(2) Has Stock Changed since October 2011?		
	Stock more	Stock is the same	Stock less
Fruits:			
Fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables:			
Fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you DO NOT “stock more” for any of the food categories listed above, go to Question 33 on the next page.

- 32a. For the food categories where your store stocks more items, why did this happen? *(check all that apply)*
- My store has different customers
 - My store has more customers
 - My customers want more fruits and vegetables
 - I/We want to promote fruits and vegetables
 - Other reason *Please specify:* _____

Participating Independent Store (Store Manager/Owner), Follow-up

33. Have you done any of the following since October 2011 so that you can sell more fruits and vegetables?

<i>Check one box per row:</i>	Yes	No	Don't know
Started working with a new supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received more shipments from a supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased frequency of restocking display floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed new refrigeration or freezer units for storage or display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased shelf space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed where food items are located in store or on shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next Steps:

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

THANK YOU FOR FILLING OUT THIS SURVEY!

Participating Independent Store (Checkout Supervisor), Follow-up

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

PART 2: CHECKOUT SUPERVISOR SURVEY HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Instructions to Store Manager/Owner: *The person who knows the most about checkout procedures should complete this part of the survey. This person may be you, a checkout supervisor or a frontline manager. If this person is not you, please have this person fill in the box below.*

Please follow these instructions when filling out this survey.

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

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

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

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

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

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SECTION A. ABOUT YOUR STORE

First, think back to when HIP first started.

1. How satisfied are you with how you were trained for HIP? *(check one)*
 - Very satisfied
 - Somewhat satisfied
 - Somewhat dissatisfied
 - Very dissatisfied

Now please provide the following information about HIP training in your store.

2. Is training for HIP included as part of the training for new employees? *(check one)*
 - Yes
 - No
 - The store does not have new employees
3. How often has your store offered HIP training refreshers for employees? *(check one)*
 - Never since the training in Fall 2011
 - Once or twice since HIP began in Fall 2011
 - Three times or more since HIP began in Fall 2011
4. Have you yourself had a HIP training refresher since Fall 2011? *(check one)*
 - Yes
 - No

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

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SECTION B. QUESTIONS ABOUT HIP

5. How often have **you** asked for information from another employee in your store or someone outside your store in the **past 3 months** about each of the following?

<i>Check one box per row:</i>	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6. How often have other employees in the store asked you questions in the **past 3 months** about each of the following?

<i>Check one box per row:</i>	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In the **past 3 months**, how often did your HIP customers ask you or other store staff questions about HIP? (*check one*)

- Never → (*Go to question 8 on the next page*)
- Once in a while
- Frequently (once a week)
- Very frequently (more than once a week)

7a. What are the most common questions about HIP? (*check all that apply*)

- Knowing what food items are eligible for the HIP incentive
- Credit to EBT account
- Reading receipt/understanding balance
- Other questions *Please specify:*

(Go to question 8 on the next page)

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8. In the past 3 months, how often did SNAP customers who are **not HIP customers** ask about HIP? (*check one*)

- Never → (*Go to question 9*)
- Once in a while
- Frequently (once a week)
- Very frequently (more than once a week)

8a. What questions did SNAP customers who are not HIP customers ask about HIP?

9. Have there been any questions from HIP or regular SNAP customers about HIP that you did not know how to respond to? (*check one*)

- Yes
- No → (*Go to END*)

9a. Please describe the questions they asked in the space provided below.

9b. Who did you refer them to? Did not refer them to anyone

- Local DTA office
- ACS hotline
- DTA hotline
- Other *Please specify:* _____

Next Steps:

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

THANK YOU FOR FILLING OUT THIS SURVEY!