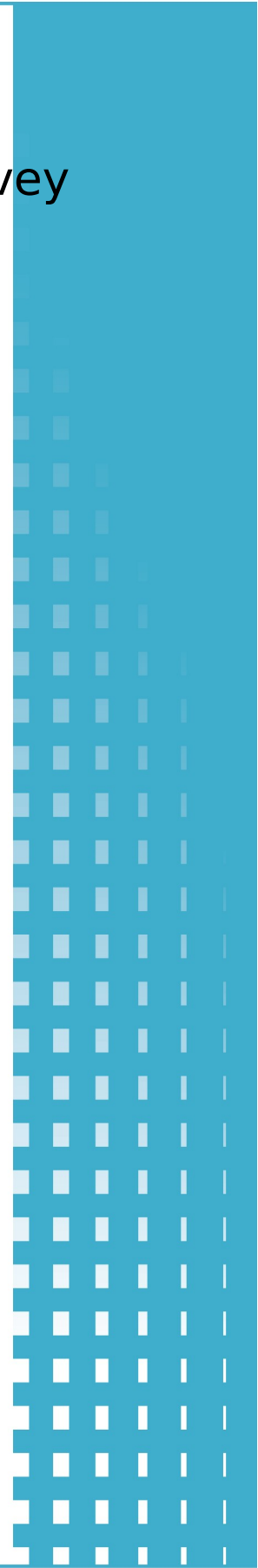


# Appendix E4

## Round 2 Participating Chain Store Survey



## Participating Chain, Follow-up



Abt Associates Inc.

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

[CORPORATE CONTACT NAME AND ADDRESS]

[DATE]

Dear \_\_\_\_\_,

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

As an incentive, HIP 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: Corporate Contact Survey** (estimated to take 20 to 25 minutes) should be completed by you. You may consult representatives in the Marketing, Training or IT department to answer some of the survey questions. This part of the survey is yellow.
- **Part 2: Local Store Survey** (estimated to take 20 minutes) should be completed by the manager of the selected local store in Hampden County. The address of this store is provided on the next page. This part of the survey is green. In addition, please share this letter with the store manager or owner.

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

Thank you,

Susan Bartlett  
Abt Associates Inc.

## Participating Chain, Follow-up

Public reporting burden for this collection of information is estimated to average 20-25 minutes for Part 1, and 20 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.

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

Please follow these instructions when filling out this survey.

- The corporate contact who knows the most about HIP should answer this part of the survey
- The corporate contact may consult representatives in the Marketing, Training or IT departments to answer some of the survey questions.
- Please fill out the survey (Part 1) and mail back to us using the pre-paid business reply envelope
- Call toll-free number 1-800-xxx-xxxx if you need help filling out the survey

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

Company Name: \_\_\_\_\_

Store: (STORE NAME/ ID) \_\_\_\_\_ Address: \_\_\_\_\_

Respondent Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date Survey Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Public reporting burden for this collection of information is estimated to average 20-25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

## Participating Chain (Local Store), Follow-up

### SECTION A. INTRODUCTION

We would like to learn about what your company thinks about the purpose of HIP and how it has affected your company's local store identified on the coversheet.

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

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

## Participating Chain (Local Store), Follow-up

2. On average, what share of the local store's **total food sales** is made with SNAP/Food Stamps? *(check the answer that best fits the local store)*
- Less than 10%
  - 10% to less than 25%
  - 25% to less than 50%
  - 50% to less than 75%
  - 75% or more
3. Has your company developed any signs for HIP customers in the local store?
- Yes
  - No
4. Overall, how are you with how HIP is working in the local store? (check one)
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied or dissatisfied
  - Somewhat dissatisfied
  - Very dissatisfied
- 4a. *(Optional)* Please tell us why you are satisfied or dissatisfied with how HIP is working in the local store.

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

## Participating Chain (Local Store), Follow-up

### SECTION B. HOW HIP HAS AFFECTED THE LOCAL STORE

We would like to learn about HIP training in the local store.

5. Is training about HIP included as part of the training for new employees in the local store? *(check one)*
- Yes
  - No
  - The store does not have new employees
6. How often does your company offer HIP training refreshers for employees in the local store? *(check one)*
- Never since the first HIP training in Fall 2011
  - Once or twice since HIP began in Fall 2011
  - Three times or more since HIP began in Fall 2011

**Think back a year ago to when HIP began. We would like to learn how stocks and sales of fruits and vegetables have changed in the local store since October 2011.**

7. Since **October 2011**, has your company changed how it stocks food items **in the local store** for each of the categories below? Does the 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
<b>Fruits:</b>			
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"/>
<b>Vegetables:</b>			
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"/>

## Participating Chain (Local Store), Follow-up

If the local store DOES NOT “stock more” for any of the food categories listed above, go to Question 8 on the next page.

7a. For the food categories where more items are stocked in the local store, why did this happen? (*check all that apply*)

- The local store has different customers
- The local store has more customers
- Customers in the local store want more fruits and vegetables
- The company wants to promote fruit and vegetables
- Other reason *Please specify:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Has your company done any of the following since October 2011 in order to sell more fruits and vegetables in the local store?

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

9. How has HIP affected your local store's 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



**Participating Chain (Local Store), Follow-up**

10. Thinking of how HIP has affected your local store’s costs and sales, how has HIP affected your local store’s profits (sales minus costs) since October 2011? (*check one*)

- HIP increased profits
- HIP decreased profits
- No difference
- Don’t know

11. If given the choice again, would your company still join HIP? (*check one*)

- Yes
- No

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

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**Next Steps:**

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

**THANK YOU FOR FILLING OUT THIS SURVEY!**

## Participating Chain (Local Store), Follow-up

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

### PART 2: LOCAL STORE SURVEY HEALTHY INCENTIVES PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- The store manager of the selected local store in Hampden County should complete this part of the survey.
- The store manager may consult other employees in the store such as the checkout supervisor, the frontline manager, the produce manager or the stocking manager in answering any of the survey questions
- Please fill out the survey (Part 2) and mail back to us using the pre-paid business reply envelope
- Call toll-free number 1-800-xxx-xxxx if you need help filling out the survey

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

Company Name: \_\_\_\_\_

Store: (STORE NAME/ ID) \_\_\_\_\_ Address: \_\_\_\_\_

Respondent Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date Survey Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S.

## **Participating Chain (Local Store), Follow-up**

Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

## SECTION A. ABOUT THE STORE

Please answer these questions about the store you manage.

1. When is the store open?

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

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

2. How many working cash registers are there in the store? \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

## SECTION B. HOW HIP HAS AFFECTED THE STORE

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

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

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

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

**Now please provide the following information about training for HIP.**

4. How satisfied are you with how you were trained for HIP? *(check one)*
- Very satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Very dissatisfied
5. Have you yourself had a HIP training refresher since November 2011? *(check one)*
- Yes
  - No
6. Have you ever had to contact your store's corporate office for help if a HIP customer had a problem making a purchase or return with their EBT card?
- Yes
  - No → *(Go to question 7 on the next page)*
- 6a. How many times in the **past month** have you had to contact the corporate office 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 7 on the next page)*

7. How often have **you** asked for information from an employee in your store or the corporate office in the **past 3 months** about each of the following?

<i>Check one box per row:</i>	<b>Never in the past 3 months</b>	<b>1-2 times in the past 3 months</b>	<b>3-10 times in the past 3 months</b>	<b>More than 10 times in the past 3 months</b>	<b>Don't know</b>
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"/>

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

<i>Check one box per row:</i>	<b>Never in the past 3 months</b>	<b>1-2 times in the past 3 months</b>	<b>3-10 times in the past 3 months</b>	<b>More than 10 times in the past 3 months</b>	<b>Don't know</b>
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"/>

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

- Never → (*Go to question 10 on the next page*)
- Once in a while
- Frequently (once a week)
- Very frequently (more than once a week)

9a. 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 question *Please specify:* \_\_\_\_\_

(Go to question 10 on the next page)



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

- Never → (Go to question 11)
- Once in a while
- Frequently (once a week)
- Very frequently (more than once a week)

10a. What questions do SNAP customers who are not HIP customers ask about HIP?

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→ 11. 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 Section C on the next page)

11a. Please describe the questions they asked in the space provided below.

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11b. Who did you refer them to?

- Did not refer them to anyone
  - Local DTA office
  - The corporate office
  - ACS hotline
  - DTA hotline
  - Other Please specify: \_\_\_\_\_
- 

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

## SECTION C. FRUIT AND VEGETABLE INVENTORY

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

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

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

*Please refer to the survey coversheet 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.

13. First, does your store have any **fresh** fruits and vegetables available for customers to buy right now?
- Yes
  - No → (Go to question 14)

13a. 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			
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.			
(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	<b>Red Delicious</b>	\$ <b>1.29</b> / <b>lb</b>
Lettuce	<input checked="" type="checkbox"/> Yes _____ → <input type="checkbox"/> No (Go to next row)	<b>Iceberg</b>	\$ <b>0.79</b> / <b>head</b>
Oranges	<input type="checkbox"/> Yes _____ → <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

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

14. 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 15 on the next page)

14a. 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)	<b>8.75</b> oz	<b>\$ 0.49</b>
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	\$ _____.

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

- Yes
- No → (Go to END)

15a. 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)	<b>14</b> oz	<b>\$ 2.49</b>
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (Go to next row)	___ oz	\$ ____.

Please fill in this grid:

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

**Next Steps:**

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

**THANK YOU FOR FILLING OUT THIS SURVEY!**