OMB Control No: 0584-XXXX

Expiration date: XX/XX/XXXX

**EVALUATION OF THE FFVP-CFD PILOT PROJECT**

**PRINCIPAL SURVEY**

Contact Information:

Principal Name:

School Name:

District Name:

Telephone number:

Your responses, along with those from other principals and schools in the pilot project, will be used to address study objectives, including satisfaction with the pilot and the Fresh Fruit and Vegetable Program. Your answers will be kept strictly confidential to the extent of the law and your name will not be identified with any answers you give. The data files that result from this study will not contain any personal identifiers or any characteristics that would make it possible for specific schools to be identified.

This survey is a part of the **Evaluation of the Canned, Frozen, or Dried Fruit and Vegetables in the Fresh Fruit and Vegetable Program** (FFVP-CFD) being conducted for the USDA Food and Nutrition Service. Your school has been selected as part of the evaluation. We are interested in learning more about your school’s participation in the FFVP during the 2014-2015 school year. **Please consult with other personnel in your school if needed to complete this questionnaire.**

*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-XXXX. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

**A: OPINIONS ON FRUIT AND VEGETABLE SNACKS**

The first section asks your opinion about different aspects of offering fruit and vegetable snacks in your school’s Fresh Fruit and Vegetable Program (FFVP). For each statement, decide if you agree or disagree and then whether you strongly or somewhat agree or disagree. There are no right or wrong answers. *Check the box that best fits your opinion.*

A1. For each of the following statements, please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

|  |  |
| --- | --- |
|  | **MARK ONE BOX IN EACH ROW** |
|  | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree**  | **Strongly Disagree** | **Don’t Know or NotApplicable** |
| a) I wish **more students** took the **fruit snacks**. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| b) I wish **more students** took the vegetable snacks. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| c) *If not offered daily*, the FFVP should be offered **more days during the week.** | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| d) The FFVP should be offered **more times each day**. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| e) I think the FFVP is **NOT worth the effort it takes**. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| f) At least once a month I **verbally encourage** the students to eat the FFVP snacks. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| g) I am satisfied with the **way we distribute** FFVP snacks to students at my school. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| h) I think **students benefit** from the FFVP. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| i) I would like the FFVP to **continue** in my school. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |
| j) **My overall opinion** of the FFVP is favorable. | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

A2. Which of the following factors is a barrier  **(or challenge)** to providing fruit and vegetable snacks in the FFVP? For each factor listed, would you say it is a major challenge, a minor challenge, or not a challenge?

|  |  |
| --- | --- |
|  | **MARK ONE BOX IN EACH ROW** |
|  | **Major Barrier or Challenge** | **Minor Barrier or Challenge** | **Not aBarrier or Challenge** |
| a) **Student acceptance** of the FFVP fruits and vegetables | [ ] 1 | [ ] 2 | [ ] 3 |
| b) Program **requirements/regulations** | [ ] 1 | [ ] 2 | [ ] 3 |
| c) Too much **paperwork/documentation** | [ ] 1 | [ ] 2 | [ ] 3 |
| d) Inadequate **staff training** | [ ] 1 | [ ] 2 | [ ] 3 |
| e) Inadequate **staff time** | [ ] 1 | [ ] 2 | [ ] 3 |
| f) Inadequate **kitchen facilities** | [ ] 1 | [ ] 2 | [ ] 3 |
| g) Lack of **storage space/facilities** | [ ] 1 | [ ] 2 | [ ] 3 |
| h) Disruption to **class schedules** | [ ] 1 | [ ] 2 | [ ] 3 |
| i) Increased burden on **school maintenance staff** | [ ] 1 | [ ] 2 | [ ] 3 |

**A3. Cost of the FFVP**

A3.1. Do you think the $50-$75 per student allotment for the FFVP is too low, too high, or just about right?

 1 □ Too low

 2 □ Too high

 3 □ About right

[FALL ONLY]

A3.2 How big of a consideration were each of the following factors in the school’s decision to participate in the pilot to provide canned, frozen, or dried fruits and vegetables?

|  |  |
| --- | --- |
|  | **MARK ONE BOX IN EACH ROW** |
|  | **Major Consideration** | **Minor Consideration** | **Not aConsideration** |
| a) Cost of fruit and vegetables as well as the cost of staff time. | [ ] 1 | [ ] 2 | [ ] 3 |
| b) Limited availability of fresh fruits and vegetables | [ ] 1 | [ ] 2 | [ ] 3 |
| e) Inadequate food service **staff time** | [ ] 1 | [ ] 2 | [ ] 3 |
| f) Inadequate **kitchen facilities** | [ ] 1 | [ ] 2 | [ ] 3 |
| g) Lack of **storage space/facilities** | [ ] 1 | [ ] 2 | [ ] 3 |

A3.3. How difficult is it to obtain fresh fruits and vegetables for the FFVP at a reasonable cost in your area?

 1 □ Very difficult

 2 □ Somewhat difficult

 3 □ Not difficult at all

[SPRING ONLY]

A3.4. Do you think offering canned, frozen, and dried fruits and vegetables in the FFVP helped …

|  |  |
| --- | --- |
|  | **MARK ONE BOX IN EACH ROW** |
|  | **Yes** | **No** | **Not Sure/ Don’t Know** |
| a) Reduce school costs? | [ ] 1 | [ ] 0 | [ ] 3 |
| b) Your school offer fruit and vegetable snacks more often? | [ ] 1 | [ ] 0 | [ ] 3 |
| c) Improve students’ acceptance of and satisfaction with the program? | [ ] 1 | [ ] 0 | [ ] 3 |
| d) Improve the overall FFVP program? | [ ] 1 | [ ] 0 | [ ] 3 |

[SPRING ONLY]

A3.5.Which one statement best reflects your opinion of what you would like to happen in the FFVP for the next school year?

 1 □ I think that the FFVP should offer **only fresh** fruit and vegetable snacks.

 2 □ I think that the FFVP should offer **only canned, frozen, or dried** fruits and vegetables as snacks.

 3 □ I think schools should have the option to **serve a mix** of fresh, frozen, and dried fruits and vegetables as snacks.

 4 □ I do not have an opinion on the types of fruits and vegetables offered, but want to see the program continue.

 5 □ I have no opinion on the FFVP.

**B. OUTSIDE COMMUNITY PARTNERS**

B1. Does your school, on its own,maintain **relationships with any outside partners** as part of the FFVP? **Do not include district-wide partnerships.** Include partners who donate **free** fruits or vegetables separately to the program.

 1 □ Yes

 0 □ No **GO TO C1**

B1a. Please check the names or categories of organizations that your school maintains relationships with as part of the FFVP.

CHECK ALL THAT APPLY

 1 □ Cooperative Extension Service

 2 □ State or Tribal government agency (e.g. health department, agriculture department)

 3 □ Universities, colleges, or other higher education institutions

 4 □ Food wholesalers or other food distributors

 5 □ Supermarkets, grocery stores, or other retail stores

 6 □ City, county or other local government agency (e.g. health department, agriculture department)

 7 □ Nutrition trade associations (e.g. Academy of Nutrition and Dietetics, American School Nutrition Association)

 8 □ Produce associations/commodity groups (e.g. United Fresh Produce Association)

 9 □ Healthcare providers, including hospitals and clinics; doctors, nurses, nutritionists, dietitians/dietetic interns, or other clinicians

10 □ Produce for Better Health

11 □ Farmers’ markets

12 □ Community action agency, food bank, or other community/faith-based organization

13 □ Vocational clubs, (e.g. Future Farmers of America, 4H)

14 □ Health associations (e.g. State or National affiliates of the American Cancer, Diabetes, or Heart Associations)

15 □ Other *(specify)*

**C. NUTRITION EDUCATION**

The final questions ask you to consider the kinds of nutrition education and promotion activities that took place in your school during the past four weeks ending in [REFERENCE WEEK].

**Nutrition education or promotion activities include activities** such as classroom instruction, demonstrations, hands-on learning, special speakers, or showing videos. **Do not include** nutrition education displays, such as posters or banners, or distributing media such as newsletters, etc.

C1. Did your school have **any** nutrition education or promotion activities about fruits and vegetables during the **past four weeks**?

 1 □ Yes

 0 □ No **GO TO C3**

C2. What types of **professionals or volunteers** conduct or lead nutrition education or promotion activities in your school?

CHECK ALL THAT APPLY

 1 □ Classroom teacher

 2 □ Principal or administrator

 3 □ School or district food service staff

 4 □ Nutritionist or dietician

 5 □ Doctor, nurse, or other health professional

 6 □ Trained non-professional

 7 □ Other *(specify)*

C3. During the past four weeks ending in [REFERENCE WEEK], did your school have any **displays**, such as posters or banners that conveyed nutrition education or promotion messages?

 1 □ Yes 🡺 **GO TO C4**

 0 □ No

C3a. What was your answer to C1?

 1 □ Yes

 0 □ No 🡺 **GO TO C5**

C4. What **message(s)** were conveyed by the nutrition education activities or promotion activities, posters, displays, or similar media during the four weeks ending in [REFERENCE WEEK]?

CHECK ALL THAT APPLY

 1 □ Role of fruits and vegetables in a healthy diet

 2 □ Where fresh fruits and vegetables come from, links to local farms

 3 □ Trying new fruit and vegetable snacks

 4 □ Cooking with fruits and vegetables

 5 □ Other messages *(specify)*

C5. Does your school maintain a vegetable and/or fruit garden?

1 □ Yes

0 □ No **GO TO C7**

C5a. Are students involved in maintaining the garden?

1 □ Yes

0 □ No

C6. Is the produce grown in the garden…

|  |  |
| --- | --- |
|  | **MARK ONE BOX IN EACH ROW** |
|  | **Yes** | **No** |
| a) Used in the school cafeteria? | [ ] 1 | [ ] 0 |
| b) Given to students’ families? | [ ] 1 | [ ] 0 |
| c) Used in classroom for FFVP snacks or for afterschool taste-testing activities | [ ] 1 | [ ] 0 |
| d) Donated to community organizations | [ ] 1 | [ ] 0 |
| e) Other *(specify)*  | [ ] 1 | [ ] 0 |

[SPRING ONLY]

C7. During the 2014-2015 school year, is the **average time per week** spent on fruit and vegetable nutrition education in your school **in the spring 2015** (since January 1, 2015) more than, less than, or about the same as **in the fall of 2014**?

 1 □ **More** than in fall 2014

 2 □ **Less** than in fall 2014

 3 □ **Same** as in fall 2014

 d □ Don’t know

**D. OTHER THOUGHTS**

D. Is there anything you would like to share about the FFVP program or the pilot?

**Thank you for completing this survey!**