

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 Not Applicable
a) I wish more students took the fruit snacks .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) I wish more students took the vegetable snacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) <i>If not offered daily</i> , the FFVP should be offered more days during the week .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) The FFVP should be offered more times each day .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) I think the FFVP is NOT worth the effort it takes .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) At least once a month I verbally encourage the students to eat the FFVP snacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g) I am satisfied with the way we distribute FFVP snacks to students at my school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h) I think students benefit from the FFVP.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i) I would like the FFVP to continue in my school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j) My overall opinion of the FFVP is favorable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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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 a Barrier or Challenge
a) Student acceptance of the FFVP fruits and vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Program requirements/regulations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) Too much paperwork/documentation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) Inadequate staff training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) Inadequate staff time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) Inadequate kitchen facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g) Lack of storage space/facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h) Disruption to class schedules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i) Increased burden on school maintenance staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> 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 a Consideration
a) Cost of fruit and vegetables as well as the cost of staff time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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b) Limited availability of fresh fruits and vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) Inadequate food service staff time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) Inadequate kitchen facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g) Lack of storage space/facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> 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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃
b) Your school offer fruit and vegetable snacks more often?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃
c) Improve students' acceptance of and satisfaction with the program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃
d) Improve the overall FFVP program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃

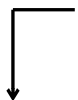
[SPRING ONLY]

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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b) Given to students' families?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c) Used in classroom for FFVP snacks or for afterschool taste-testing activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d) Donated to community organizations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e) Other (<i>specify</i>) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> 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

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- 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!