**SY14/15 High Protein (Greek-style) Yogurt Pilot Evaluation**

1. In which state is your school district located? (Choose one: AZ, CA, CT, ID, IL, IA, MS, NY, NC, TN, VT, WA)
2. Which grade levels do you serve? (Check all that apply)

* Elementary school
* Middle school
* High school

1. Prior to this pilot, did you serve any type of yogurt as part of your school foodservice program?

* Yes
* No

1. If yes, in which programs did you serve yogurt? (Check all that apply)

* School Breakfast Program
* School Lunch Program
* After School Snack Program
* Supper Program
* Summer Food Service Program
* A la carte
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Prior to this pilot, did you ever serve high protein (Greek-style) yogurt in your school foodservice program?

* Yes
* No

1. Did you receive and serve high protein (Greek-style) yogurt through USDA Foods?

* Yes
* No

1. The flavor of the product was:
   1. Excellent
   2. Good
   3. Fair
   4. Poor

Comments:

**Paperwork Reduction Act Statement**

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 0584-0524. 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.

1. The texture of the product was:
   1. Excellent
   2. Good
   3. Fair
   4. Poor

Comments:

1. The appearance of this product was:
   1. Excellent
   2. Good
   3. Fair
   4. Poor

Comments:

1. If high protein (Greek-style) yogurt was offered through USDA Foods in the future, would you be interested in receiving it?
   1. Yes
   2. No
   3. Not sure

Comments:

1. If yes, which package sizes would you be interested in receiving? (Choose all that apply)

* 4 oz (1 MMA)
* 6 oz (1.5 MMA)
* 8 oz (2 MMA)
* 32 oz
* More than 32 oz

1. If yes, which flavors would you be interested in receiving? (Choose all that apply)

* Strawberry
* Blueberry
* Vanilla
* Plain
* Raspberry
* Peach
* Cherry
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If high protein (Greek-style) yogurt is not offered by USDA Foods in the future, would you purchase this item from a commercial vendor?

* Yes
* No

1. If no, why wouldn’t you purchase from a commercial vendor? (Choose all that apply)

* Product not available through my vendor
* Short shelf life makes it difficult to use the product
* Not enough refrigerated storage space
* Poor product acceptance with elementary students
* Poor product acceptance with middle/high school students
* Price too high
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide comments or suggestions for how this product/pilot program could be improved (free response):