



OMB Control No: 0584-XXXX  
Expiration Date: XX/XX/20XX

## Appendix F9. Site Menu Follow-Up Report

### Instructions

Your list of foods and beverages served and their recipes provided most of the information we need. In the tables below, we list items for which we need additional details organized by the type of meal component the item provides.

There are five meal components: Grains, Fruits, Vegetables, Meats/Meat Alternates/Cheese, and Milk. If the menu item was a combined food (like a sandwich) or a mixed dish (like pizza), the table lists the ingredient followed by the menu item containing the ingredient. For example, if the menu item was a peanut butter and jelly sandwich, we may have questions about the bread in the sandwich. The table will list "Bread (peanut butter & jelly sandwich)" in the section on Grains, and "Peanut butter (peanut butter & jelly sandwich)" in the section on Meats/Meat Alternates/Cheese (see Figure 1.)

Public reporting burden for this collection of information is estimated to average 30 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

Figure 1. Followup report questions for components of PB&J sandwich

**SAMPLE 1 – For sites using CACFP or NSLP Meal Pattern**

Sponsor Name: Sponsor ABC Meal pattern: CACFP

Site: Site XYZ

Menu week: 2 Week start date: 6/26/2017

GRAINS			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
W	L	Bread (PB&J sandwich)	What kind was it? <i>White Sandwich</i> What was the brand name? <i>Nickel's</i> Was it: <input type="checkbox"/> Whole grain-rich <input checked="" type="checkbox"/> Enriched
MEAT/MEAT ALTERNATE/CHEESE			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
W	L	Peanut butter (PB&J sandwich)	Was it: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reduced fat

The details needed vary for the type of food, and include:

- Brand name and product name
- Grains: The details needed vary by the Meal Pattern you use:
  - o If using the SFSP meal pattern: Was the item whole grain, enriched, or (for cereals only) fortified?
  - o If using the CACFP or NSLP meal pattern: Was the item whole grain-rich, enriched, or (for cereals only) fortified?
- Fruits & Vegetables: Were they:
  - o Peeled?
  - o Whole, sliced, diced, shredded?
  - o Raw, canned, cooked or dried?
    - For **canned fruit**, was it packed in heavy syrup, light syrup, extra light syrup, juice, or water?
    - For **cooked** fruit or vegetable, was it made from
      - Fresh
      - Frozen
      - Canned
      - Dried
    - For **cooked** fruit or vegetable, how was it prepared?
      - Baked/roasted
      - Microwaved
      - Broiled/grilled
      - Pan-fried/sautéed
      - Deep fried
      - Boiled
      - Steamed
      - Other (specify)
- Meat, meat alternative, cheese: Was the item regular, lean, reduced-fat or fat-free?
- Milk: Was it
  - o Plain or flavored?
  - o Regular (whole), reduced-fat (2%), low-fat (1%), fat-free (skim)
- Fruit or vegetable juice: Was it 100% juice?

The table on the following pages shows an example of the form. The type of information that will be pre-filled is shown in black. The responses that a sponsor provided are shown in blue. The table with your menu items and the details needed begins on page \_\_\_\_.

If you have any questions about this form, please contact the study team at XXX-XXX-XXXX or xxx@westat.com.

# SAMPLE 1 - For sites using SFSP Meal Pattern

Sponsor Name: Sponsor ABC Meal pattern: SFSP  
 Site: Site XYZ

Menu week: 2 Week start date: 6/26/2018

GRAINS			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	B	Mini pancakes	What kind was it? <b>Blueberry whole wheat</b> What was the brand name? <b>Aunt Jemima</b> Was it: <input checked="" type="checkbox"/> Whole grain <input type="checkbox"/> Enriched
W	L	Bread (Chicken sandwich)	What kind was it? <b>White Sandwich</b> What was the brand name? <b>Nickel's</b> Was it: <input type="checkbox"/> Whole grain <input checked="" type="checkbox"/> Enriched
FRUITS/VEGETABLES			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	L	Vegetable	What kind was it? <b>Baby carrots</b> Was it peeled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What was the form? <input checked="" type="checkbox"/> Whole <input type="checkbox"/> Sliced <input type="checkbox"/> Diced <input type="checkbox"/> Shredded How was it prepared? <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Cooked If cooked, was it from <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Dried What was the brand name?
F	L	Fruit	What kind was it? <b>Applesauce</b> What was the form? <input type="checkbox"/> Whole <input type="checkbox"/> Sliced <input type="checkbox"/> Diced <input type="checkbox"/> Shredded How was it prepared? <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input checked="" type="checkbox"/> Canned <input type="checkbox"/> Dried If canned, was it <input checked="" type="checkbox"/> Packed in water or unsweetened <input type="checkbox"/> Packed in juice <input type="checkbox"/> Packed in syrup or sweetened Was the syrup: <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Extra light What was the brand name? <b>Motts</b>
MEAT/MEAT ALTERNATE/CHEESE			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	B	Cheese stix	What kind was it?

			<p><b>Mozzarella cheese stick</b></p> <p>What was the brand name?</p> <p><b>Poly-O</b></p> <p>Was it:</p> <p><input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reduced fat <input type="checkbox"/> Fat free</p>
	D	Peanut butter (PBJ Uncrustable)	<p>Was it:</p> <p><input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reduced fat</p>
<b>MILK</b>			
<b>DAY</b>	<b>MEAL</b>	<b>MENU ITEM</b>	<b>ADDITIONAL DETAILS</b>
M	B	None	<p>Was milk served?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Plain or flavored?</p> <p><input checked="" type="checkbox"/> Plain <input type="checkbox"/> Flavored</p> <p>Was it:</p> <p><input type="checkbox"/> Regular (Whole or vitamin D)</p> <p><input checked="" type="checkbox"/> Reduced-fat (2%)</p> <p><input type="checkbox"/> Low-fat (1%)</p> <p><input type="checkbox"/> Fat-free (skim)</p>
<b>ADDITIONAL INGREDIENTS:</b> Did the following foods include ingredients not mentioned in the name of the food?			
<b>DAY</b>	<b>MEAL</b>	<b>MENU ITEM</b>	<b>ADDITIONAL DETAILS</b>
M	L	Pizza	<p>What kind was it?</p> <p><b>Cheese pizza</b></p> <p>What was the brand name?</p> <p><b>No brand name</b></p> <p>Did it include meat?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what kind of meat was it?</p> <p>Was the meat:</p> <p><input type="checkbox"/> Regular <input type="checkbox"/> Lean</p> <p>Did it include any vegetables?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what kind of vegetable was it?</p> <p>Was the vegetable peeled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was the form of the vegetable?</p> <p><input type="checkbox"/> Whole <input type="checkbox"/> Sliced</p> <p><input type="checkbox"/> Diced <input type="checkbox"/> Shredded</p> <p>How was the vegetable prepared?</p> <p><input type="checkbox"/> Raw <input type="checkbox"/> Cooked</p> <p>If cooked, was it from</p> <p><input type="checkbox"/> Fresh <input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Canned <input type="checkbox"/> Dried</p>
T	B	Ham/Egg Scrambler	<p>Did it include any vegetables?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, what kind of vegetable was it?</p> <p>Was the vegetable peeled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was the form of the vegetable?</p> <p><input type="checkbox"/> Whole <input type="checkbox"/> Sliced</p> <p><input type="checkbox"/> Diced <input type="checkbox"/> Shredded</p>

			<p>How was the vegetable prepared?</p> <p><input type="checkbox"/> Raw <input type="checkbox"/> Cooked</p> <p>If cooked, was it from</p> <p><input type="checkbox"/> Fresh <input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Canned <input type="checkbox"/> Dried</p>
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# SAMPLE 2 - For sites using CACFP or NSLP Meal Pattern

Sponsor Name:     Sponsor ABC     Meal pattern:     CACFP    

Site:     Site XYZ    

Menu week:     2     Week start date:     6/26/2018    

GRAINS			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	B	Mini pancakes	What kind was it? <b>Blueberry whole wheat</b> What was the brand name? <b>Aunt Jemima</b> Was it: <input checked="" type="checkbox"/> Whole grain-rich <input type="checkbox"/> Enriched
W	L	Bread (Chicken sandwich)	What kind was it? <b>White Sandwich</b> What was the brand name? <b>Nickel's</b> Was it: <input type="checkbox"/> Whole grain-rich <input checked="" type="checkbox"/> Enriched
FRUITS/VEGETABLES			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	L	Vegetable	What kind was it? <b>Baby carrots</b> Was it peeled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What was the form? <input checked="" type="checkbox"/> Whole <input type="checkbox"/> Sliced <input type="checkbox"/> Diced <input type="checkbox"/> Shredded How was it prepared? <input checked="" type="checkbox"/> Raw <input type="checkbox"/> Cooked If cooked, was it from <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Dried What was the brand name?
F	L	Fruit	What kind was it? <b>Applesauce</b> What was the form? <input type="checkbox"/> Whole <input type="checkbox"/> Sliced <input type="checkbox"/> Diced <input type="checkbox"/> Shredded How was it prepared? <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input checked="" type="checkbox"/> Canned <input type="checkbox"/> Dried If canned, was it <input checked="" type="checkbox"/> Packed in water or unsweetened <input type="checkbox"/> Packed in juice <input type="checkbox"/> Packed in syrup or sweetened Was the syrup: <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Extra light What was the brand name? <b>Motts</b>
MEAT/MEAT ALTERNATE/CHEESE			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS

M	B	Cheese stix	What kind was it? <b>Mozzarella cheese stick</b> What was the brand name? <b>Poly-O</b> Was it: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Reduced fat <input type="checkbox"/> Fat free
	D	Peanut butter (PBJ Uncrustable)	Was it: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Reduced fat
<b>MILK</b>			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	B	None	Was milk served? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Plain or flavored? <input checked="" type="checkbox"/> Plain <input type="checkbox"/> Flavored Was it: <input type="checkbox"/> Regular (Whole or vitamin D) <input checked="" type="checkbox"/> Reduced fat (2%) <input type="checkbox"/> Lowfat (1%) <input type="checkbox"/> Fat free (skim)
<b>ADDITIONAL INGREDIENTS:</b> Did the following foods include ingredients not mentioned in the name of the food?			
DAY	MEAL	MENU ITEM	ADDITIONAL DETAILS
M	L	Pizza	What kind was it? <b>Cheese pizza</b> What was the brand name? <b>No brand name</b> Did it include meat? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what kind of meat was it?  Was the meat: <input type="checkbox"/> Regular <input type="checkbox"/> Lean Did it include any vegetables? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what kind of vegetable was it?  Was the vegetable peeled? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the form of the vegetable? <input type="checkbox"/> Whole <input type="checkbox"/> Sliced <input type="checkbox"/> Diced <input type="checkbox"/> Shredded How was the vegetable prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Cooked If cooked, was it from <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Dried
T	B	Ham/Egg Scrambler	Did it include any vegetables? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what kind of vegetable was it?  Was the vegetable peeled? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the form of the vegetable? <input type="checkbox"/> Whole <input type="checkbox"/> Sliced <input type="checkbox"/> Diced <input type="checkbox"/> Shredded



			<p>How was the vegetable prepared?</p> <p><input type="checkbox"/> Raw <input type="checkbox"/> Cooked</p> <p>If cooked, was it from</p> <p><input type="checkbox"/> Fresh <input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Canned <input type="checkbox"/> Dried</p>
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