

I10. DIETARY RECALL TEXT AND EMAILS - ENGLISH (GROUP 2)

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OMB Control Number:

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Expiration Date:

XX/XX/XXXX



School Nutrition &
Meal Cost Study - II

DIETARY RECALL TEXTS AND EMAILS: ENGLISH

AMPM Dietary Recall Appointment Reminder

PROGRAMMER: IF EMAIL, FILL:

Hello [PARENT/STUDENT NAME],

Thank you for participating in the School Nutrition and Meal Cost Study-II (SNMCS-II)! This is an automated reminder about your SNMCS-II appointment on [DATE] at [TIME]. [IF ES: We will call you at that time to talk to both you and [CHILD].]

(IF FIRST CHILD RECALL: We will ask about the foods your child ate in the afternoon and evening of [TARGET DAY]. Your child will receive a food diary, food model booklet, measuring cups and spoons, and ruler at school on [TARGET DAY]. Please have these available at your appointment.)

(IF SECOND RECALL: We will ask about the foods (you/your child) ate on [2nd RECALL TARGET DATE]. Please have your food diary, food model booklet, measuring cups and spoons, and ruler available.)

We will send you a (\$25/\$15) gift card after you complete the interview.

If you have any questions about the study, please call us at (800) XXX-ZZZZ (toll-free). You can also contact the study staff at XXX@mathematica-mpr.com.

Thank you in advance for your participation in this important study!

Sincerely,

Sarah Forrestal
SNMCS-II Survey Director

PROGRAMMER: IF TEXT, FILL:

This is an automated reminder about your SNMCS-II appointment on [DATE] at [TIME]. (ES: We will call you at that time to talk to both you and [CHILD].)

Please have your food diary, food model booklet, measuring cups and spoons, and ruler available. Questions about the study? Call us at XXX-XXX-XXXX.

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 1 minute 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. All information will be kept private under the Privacy Act to the extent allowed by law. 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 Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

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