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MATHEMATICA
Policy Research, Inc.

**School Nutrition Dietary
Assessment Study III:
OMB Clearance Package**

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PART A. JUSTIFICATION

A1. EXPLANATION OF CIRCUMSTANCES THAT MAKE THE COLLECTION OF INFORMATION NECESSARY

The Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA), is requesting OMB approval to conduct *The School Nutrition Dietary Assessment Study III (SNDA-III)*. The programs to be studied include the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). If approved, SNDA-III will collect a broad range of data from nationally representative samples of public School Food Authorities (SFAs), schools, and students at a critical time in the development of the school meal programs. SFAs administer the NSLP and SBP. They are generally school districts or groups of districts.

In 1995, USDA launched the School Meals Initiative for Healthy Children (SMI). SMI is designed to improve the nutritional quality of school meals by providing schools with educational and technical resources to assist food service personnel in preparing nutritious and appealing meals and to encourage children to eat more healthful meals. SMI also included new standards for school meals and added flexibility to the procedures used to plan and monitor school meals.

Along with SMI, stakeholders have called attention to changes in the school environment that may affect the achievement of school meal program objectives. One major source of concern is the growth of food offerings—in cafeterias and elsewhere—that compete with USDA school meals (“competitive foods”). Other concerns focus on whether school meal participation and consumption have been affected by changes in the timing of when meals are served and the length of time to consume meals.

Although several national studies of the school meal programs were conducted in the 1990s, these studies took place before SMI was fully implemented. For example, the two previous School Nutrition Dietary Assessment studies (SNDA-I and SNDA-II) collected information on participating schools and the nutritional characteristics of school meals in 1991–1992 and in 1997–1998, respectively (Burghardt and Devaney 1993; and Fox et al. 2001). While SNDA-II was conducted after SMI was launched, the data collected in that study reflect SMI’s startup period, rather than the full, national implementation of SMI. SNDA-I also collected students’ dietary intakes, plate waste, participation, and socioeconomic characteristics. USDA has recently conducted a series of surveys of school food service authorities (SFAs) on the implementation of SMI (Abraham et al. 2002). However, these surveys do not contain information on the nutritional quality of meals served or on students’ dietary intakes.

As the implementation of SMI nears completion, there is a need for updated information on program operations, meal characteristics, and students’ diets. SNDA-III will answer the following questions of interest to USDA, the states, SFAs, and other program stakeholders:

- What is the food and nutrient content of school meals?
 - As offered
 - As served or selected
- How are the content and quality of school meals affected by characteristics of school and SFA operations and other factors?
- How many and what types of students participate in the NSLP and SBP? What are the determinants of students’ participation decisions? In particular, what is the role of student and family characteristics, the content of meals offered, and other aspects of the school environment?
- What is the overall quality of students’ school meal experience, including their satisfaction with school meals and how do their experiences affect participation? What are parents’ views of school meals?
- What are students’ usual dietary intakes (in terms of both foods and nutrients) and weight status? How do they vary among subgroups? In particular, how are they related to:

- School meal program participation
- Other aspects of the school environment (including availability of competitive foods, nutrition education offered, and scheduling)
- Student characteristics (including age, gender, eating habits, physical activity, and health status)
- Parent characteristics (including education and work status)
- Household characteristics (including income, food security, and participation in other nutrition programs)
- What kinds and amounts of competitive foods do children consume at school, and how is this related to their overall daily intake?

A2. HOW THE INFORMATION WILL BE USED, BY WHOM, AND FOR WHAT PURPOSE

SNDA-III will provide federal, state, and local policymakers as well as program administrators at each of these levels with much needed information on how the school meal programs have changed since the implementation of the SMI. The study will provide data on four domains of great interest to policymakers, food service professionals, consumers, and researchers:

- Policies and practices of schools and SFAs affecting school meal programs
- Characteristics of meals as offered and as served
- Student participation and satisfaction
- Students' dietary intakes and other student/family outcomes that may be influenced by program participation

The study will also collect data on the demographic and institutional characteristics of participating SFAs and schools, and of both participating and nonparticipating students.

1. Overview of the Study Design

SNDA-III will collect nationally representative, cross-sectional data in a multi-stage sample. Table A2.1 summarizes the data domains included in the study design and the proposed sources

TABLE A2.1

DATA DOMAINS AND SOURCES FOR INTEGRATED STUDY OF SCHOOL MEALS

Domain	Sample Frame/ Preliminary Survey	SFA Director Surveys	Principal Surveys	Kitchen Manager Surveys	Direct Measurement or Records Review	Student Interviews	Parent Interviews
SFA/School Environment	T	T	T	T			
Food Service Characteristics	T	T	T	T	T		
Meals Offered/Served				T	T	T	
		T	T	T			
Participation	T	T		T	T	T	T
Satisfaction						T	T
Food and Nutrient Intakes						T	T
Weight and Height					T		
Level of Physical Activity						T	T
Food Assistance Program Participation							T
Student/Household Socioeconomic Characteristics					T		T

for each domain. The first three domains in the exhibit are the SFA and school data—the “supply side” of the school meal programs. The other seven domains in the exhibit are the student data—the “demand side.” The study will incorporate the SFA/school data in the analysis of student data and vice versa. Data collection instruments are provided in Appendices A to M.

SFA Data Collection. SFAs will be sampled and recruited to participate, both as direct respondents and by giving consent for contact with school staff and students. A multi-phase approach will be used to collect SFA-level data. The first phase, conducted under a separate contract, was a Preliminary Survey of 2,150 SFAs to collect information on key characteristics needed to draw an efficient sample for the second phase. The Preliminary Survey also collected data for analysis of regional differences in school meal costs, use of food service management companies, and operation of the After-school Snack Program.

A subsample of 135 SFAs from the Preliminary Survey sample will be selected and recruited for further data collection at the SFA, school and student levels. A self-administered mail survey will be sent to all SFA directors recruited for this subsample. Telephone follow-up interviews will be conducted with nonresponders.

Within this sample of 135 SFAs, 100 will be randomly selected for on-site data collection (referred to as the basic sample), and 35 will participate only in mail or telephone data collection (the supplemental sample).

School Data Collection. In the SFAs selected for SNDA-III, a sample of schools will be selected and recruited for surveys of food service and school personnel. The study will include one school per SFA at each of three grade levels: elementary, middle, and high school. The mode for school-level data collection will differ for schools in the basic sample and schools in the supplemental sample. For schools in the basic sample, the school food service manager survey and the principal surveys will be administered in-person by interviewers at the same time

as they visit the school to interview students and parents. For schools in the supplemental sample, these surveys will be self-administered, with assistance and follow-up (if needed) provided by telephone. However, the major school-level survey instrument (the Menu Survey) will be self-administered in all of the study schools; school food service managers will be asked to collect information on foods offered and served during a randomly selected “target” week for reimbursable meals (“meals offered and served”) including menus, recipes, ingredients, production, and reimbursable servings. Training and extensive technical assistance will be available by telephone, and, in those schools visited, trained interviewers will also provide guidance.

Student Data Collection. Subject to parental consent, the sampled students and their parents will be interviewed to collect 24-hour dietary recall data for students and other information from students and their parents. The interview procedures will depend on the age of the student. For older students (ages 12 to 18), the entire 24-hour recall will be obtained from the student. For younger students (ages 6 to 11), a combination of student recall and parent/guardian recall will be used to construct the 24-hour dietary intake.

The student interviews will include age-appropriate questions on school meal participation and satisfaction or reasons for nonparticipation. The interviews will include questions on physical activity levels. Data collectors will measure the height and weight of each sampled student. The parent interviews will include questions on satisfaction with the school meal programs, food assistance program participation, and socioeconomic characteristics of the student and the household.

Since a single day’s recall does not provide reliable data on the distribution of usual intakes, a subsample of students will be interviewed for a second day of 24-hour dietary intake data, and statistical techniques will be applied to these data to estimate the distribution of usual intakes.

A3. USE OF IMPROVED TECHNOLOGY TO REDUCE BURDEN

The information to be collected for this study will come from existing records and data, in-person interviews or telephone interviews, and from interviewer observations during school visits. The use of improved technology has been incorporated into the data collection wherever possible to reduce respondent burden. When information is available to the contractor from a centralized source, such information has not been included in the data collection instruments. For example, information on the name and location of SFAs, and the telephone number and address of SFA directors, was obtained from computerized files maintained by the state child nutrition agency. Electronic mail will be used, when possible, to send reminders and other communications to respondents. Basic demographic information on the SFA and school student population were obtained from the Department of Education's Common Core of Data and the Census Bureau's school district tabulations, which were combined to serve as the initial sample frame under the previous contract for the preliminary study.

In addition, both telephone and in-person interviews will use computer-assisted technologies that automate skip logic to improve the pace and flow of the interviews, thus reducing respondent burden.

A4. EFFORTS TO AVOID DUPLICATION

Every effort has been made to avoid duplication of data collection efforts. These efforts included a review of USDA reporting requirements, state administrative agency reporting requirements, and special studies by government and private agencies.

The Food and Nutrition Service (FNS) has the responsibility for administering the USDA school meal programs. FNS funds state agencies that, in turn, fund local SFAs. Within this organizational structure, SFAs are responsible for eligibility determination and food service delivery. SFAs report on their activities to the State Agency, which reports to FNS by way of

seven regional offices. Other than the sampling information identified above, the information required for this study is not currently reported to State Agencies on a regular basis in a standardized form.

A5. EFFORTS TO MINIMIZE BURDEN ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

Data will not be collected from small businesses.

A6. CONSEQUENCES OF LESS FREQUENT DATA COLLECTION

The proposed data collection activity involves a one-time data collection with no repetition of data collection planned. Although this study shares some features of the SNDA-I and SNDA-II studies, the instruments and data collection procedures are substantially different.

A7. SPECIAL CIRCUMSTANCES REQUIRING COLLECTION OF INFORMATION IN A MANNER INCONSISTENT WITH SECTION 1320.5(D)(2)

The proposed data collection is consistent with the guidelines set forth in Section 1320.5(d)(2). As discussed in Section B, the selection of SFAs to be included in the study is designed to provide a nationally representative sample of all public SFAs. Similarly, the selection of schools and students within these schools is designed to provide nationally representative samples.

A8. EFFORTS TO CONSULT WITH PERSONS OUTSIDE THE AGENCY

An announcement of the Food and Nutrition Service's intent to seek approval to collect this information provided an opportunity for public comment on this study. This announcement was published in the *Federal Register*, Volume 69, Number 147, pp. 46131-46132, and specified a 60-day period for comment ending October 1, 2004. No comments were received in response to this announcement.

The design of this study has proceeded through many stages, which involved consulting a wide range of individuals. First, expert input was received at a special workshop sponsored by the Economic Research Service (ERS) of USDA. The names and affiliations of participants are listed below:

Patricia Britten USDA Center for Nutrition Policy and Promotion Alexandria, VA	Cindy Long USDA Food and Nutrition Service Alexandria, VA
Denise Brown National Food Service Management Institute University of Southern Mississippi Hattiesburg, MS	L. Michele Maynard National Center for Chronic Disease Prevention Centers for Disease Control Atlanta, GA
Sid Clemens USDA Office of Budget and Program Analysis Washington, DC	Clare Miller USDA Food and Nutrition Service Alexandria, VA
Karen Cullen USDA Children's Nutrition Research Center Baylor University College of Medicine Houston, TX	Theresa Nicklas USDA Children's Nutrition Research Center Baylor University College of Medicine Houston, TX
Barbara Devaney Mathematica Policy Research, Inc. Princeton, NJ	Tom Slomba U.S. Government Accounting Office Washington, DC
John Endahl USDA Food and Nutrition Service Alexandria, VA	Sharon Sugerman Public Health Institute Sacramento, CA
Johanna T. Dwyer Tufts University School of Medicine Boston, MA	Howell Wechsler Centers for Disease Control Atlanta, GA
Lisa Harnack University of Minnesota School of Public Health Minneapolis, MN	

In a previous contract with ERS, staff from Abt Associates and MPR designed an Integrated Study of School Meal Costs and Outcomes, which was not funded due to resource constraints. The design for the SNDA-III study is essentially a subset of the elements of that design. The Integrated Study Design authors included Christopher Logan, Fred Glantz, Michael Battaglia, Nancy Burstein, and K.P. Srinath of Abt Associates; Anne Gordon and Laura Kalb of MPR; and

Mary Kay Fox, an independent consultant experienced in school meal program issues. In preparing the study design, they also consulted with Mary Kay Crepinsek, Patty Connor, and Diane Stoner of Abt Associates, and Jim Ohls, Michael Sinclair, Michael Ponza, Philip Gleason, and Ronette Briefel of MPR, as well as Dr. Alicia Carriquiry of Iowa State University.

The SNDA-III study plans and data collection instruments were reviewed and approved by the Food and Nutrition Subcommittee of the Educational Information Advisory Committee (EIAC), Council of Chief State School Officers. The contact for this organization is listed below:

Kathy Kuser
Chair, Food and Nutrition Subcommittee
Educational Information Advisory Committee
Director, Division of Food and Nutrition Services
NJ Department of Agriculture
Trenton, NJ

A9. PAYMENTS TO RESPONDENTS

As reimbursement for the time spent by school food service managers to complete the menu survey, a \$40 gift card and a clipboard (used to hold the forms) will be sent to each school food service manager. They can donate this to the school if school policy requires. In addition, school liaisons involved in obtaining parental consent for interviews (in those districts that require active consent) will also be sent a \$40 gift card. The need for payment was confirmed during the study pretest and the study review by the EIAC Food and Nutrition Subcommittee.

Payments will also be provided to children and their parents. The payment for children will be based on grade level. Young children in grades 1 to 6 will receive \$5, while youths in higher grades will be paid \$10. Payments to parents will be based on the level of effort their participation requires. Parents of young children who will need to be interviewed in person to help with their child's 24-hour recall will receive a \$20 payment and parents of youth who will

be participating in a shorter telephone interview will receive a \$10 payment. Incentives of equal value will be provided to participants selected for the second-day dietary recall. These payments are based on the experience of the School Breakfast Program Pilot Project Evaluation (McLaughlin et al. 2002) and other research using such incentives to achieve response rate objectives among this population.

A10. ASSURANCES OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

All individuals participating in this study will be assured that the information they provide will not be released in a form that identifies individual respondents, unless required by law. No information will be reported by the contractor in any way that permits linkage to individual respondents. In addition, all individuals hired by the contractor will be required to sign an oath of confidentiality as a condition of employment.

A11. JUSTIFICATION OF QUESTIONS OF A SENSITIVE NATURE

The questions asked in surveys and interviews with SFA and school personnel largely do not involve questions of a sensitive nature. Students, however, may be reluctant to discuss reasons for participation or non-participation and parents may be reluctant to provide data on food assistance receipt and household income. However, information on income and food assistance receipt are critical background characteristics both in that they define key subgroups of students, and in that they are important control variables in assessment of student outcomes. Furthermore, youth age 12 to 18 will be asked whether they smoke, which may be sensitive for some. However, this information is essential in assessing the adequacy of their intakes of vitamin C, because vitamin C requirements are higher for smokers. Cards will be used in face-to-face interviews to obtain answers to questions on household income and participation in various

public assistance programs. In addition, both child and adult respondents will be informed that they can decline to answer any question that they do not wish to answer.

A12. ESTIMATES OF RESPONDENT BURDEN

Table A12.1 shows sample sizes and estimated burden for each part of the data collection and overall.

A13. ESTIMATES OF THE COST BURDEN TO RESPONDENTS

There are no direct monetary costs to respondents other than their time to participate in the study.

A14. ESTIMATES OF COST TO THE FEDERAL GOVERNMENT

The 20 month contract cost to the federal government for the implementation, data coding and preparation of raw data files for this study is \$3,000,000. Of that total, approximately \$1,790,000 will be for actual data collection.

The period of performance for the project is July 7, 2004 through March 31, 2006. Data collection will occur between January and June 2005. A separate contract for data analysis and production of a final report will be awarded in FY 2005.

A15. REASONS FOR ANY PROGRAM CHANGES OR ADJUSTMENTS

This is a new project.

A16. PLANS FOR TABULATION, STATISTICAL ANALYSIS, AND PUBLICATION

1. Study Schedule

The planned schedule for SNDA-III, assuming receipt of OMB clearance by December 6, 2004, is as follows:

Project Activity	Dates
Select and Recruit Main Sample	September 2004 – December 2004
Conduct On-site, Telephone, and Mail Data Collection	January 2005 – June 2005
Prepare Data Files	April 2005 – November 2005
Analyze Data and Prepare Final Report	October 2005 – September 2006

TABLE A12.1

SAMPLE SIZES AND ESTIMATED RESPONDENT BURDEN FOR SNDA-III

Respondents/Instrument	Number of Respondents	Minutes per Instrument	Total Minutes/Hours	Percentage of Overall Total
SFA Directors				
Pre-Visit Survey	135	45	6,075	
Survey of SFA Directors	135	25	3,375	
Total Minutes			9,450	
Total Hours			158	2%
School Food Service Managers				
School Food Service Manager				
Survey	405	20	8,100	
Menu Survey	405	480	194,400	
Total Minutes			202,500	
Total Hours			3,375	41%
Principals				
Principal Survey	405	20	8,100	
Total Minutes			8,100	
Total Hours			135	2%
Young Children (Age 6-11)				
In School Interview/Recall	875	40	35,000	
Parent Assisted Recall	700	30	21,000	
Second Recall in School	219	25	5,475	
Second Recall Parent Assisted	175	30	5,250	
Total Minutes			66,725	
Total Hours			1,112	13%
Youth (Age 12-18)				
In School Interview/Recall	2,150	55	118,250	
Second Recall	538	35	18,830	
Total Minutes			137,080	
Total Hours			2,285	28%
Parents of Young Children				
Assisted Recall and Interview	700	50	35,000	
Second Assisted Recall	175	30	5,250	
Total Minutes			40,250	
Total Hours			671	8%
Parents of Youth				
Total Minutes	1,720	20	34,400	
Total Hours			573	7%
Overall Total Hours			8,309	100%

2. Analysis Plan

a. Overview

The National School Lunch Program and the School Breakfast Program went through major reforms in the mid-1990s. SNDA-III will provide up-to-date information on the implementation of these reforms and the success of the programs in meeting their nutritional objectives. The study will be primarily descriptive in nature. The analysis will describe the school environment, food service operations, meals offered and served to students, student characteristics, and student participation and other outcomes. Each data domain will be described using nationally representative data for all public schools or schoolchildren and for key subgroups.

In addition, the study will also make possible analyses of the relationships between school meal program characteristics, the school environment, and student outcomes. For example, the study can examine the effect of competitive foods policies on student dietary intakes. For each of the data domains, the analysis will follow these key steps:

- ***Prepare Analytic Files.*** Each datafile must be checked for missing or inconsistent data and outliers, cleaned, and recoded as needed for statistical analysis. This is relatively straightforward for interview data. Data from the Menu Survey and the dietary intake interviews will need to be coded to reflect the foods and nutrients they contain, which involves use of highly technical software and skilled coders.
- ***Prepare Sampling Weights.*** The data will be weighted to produce nationally representative tabulations at each appropriate level of analysis (SFA, school, student/parent). Raw sampling weights will be the inverse of the probability of selection for each observation. Weights will be adjusted for survey nonresponse and may be post-stratified to match key benchmarks.
- ***Specify Tabulations.*** For each study domain, researchers will specify tabulations of the data for schools or students nationally and for subgroups of policy or nutritional interest. As appropriate, analyses will be compared to results from past studies, recognizing that there are often methodological limitations to such comparisons. In addition, analyses of the nutritional content of school meals and of children's diets will be compared to appropriate standards for healthy diets.
- ***Estimate Descriptive Statistics, Including Cross-Tabulations, Using Appropriate Statistical Methods.*** Most of the analysis of participation and satisfaction will be

straightforward frequencies, means, and cross-tabulations. Analyses will be conducted using statistical software such as SUDAAN or STATA to compute standard errors that adjust for the complex sample design (see Section B.1). In addition, nutrient data will be analyzed using special statistical methods for estimation of the distribution of usual nutrient intakes, using two days of dietary intake data for a subsample of students. Statistical tests for differences between key subgroups will also be conducted where sample sizes permit.

- ***Estimate Multivariate Regression Models.*** The study will examine outcomes as a function of student and school characteristics and school food service characteristics, using single-equation multivariate models. These will be estimated as “reduced-form” models, in that the variables that mediate the outcomes—such as the characteristics of meals offered, when analyzing participation or student dietary intakes—are omitted from the model, in order to determine the effects of the broader policy variables, while controlling for other exogenous factors. The study will explore the possibility of using instrumental variables (IV) models to adjust for selection bias in modeling student outcomes.

In the rest of this section, for each study domain, we present the major research questions and illustrative table shells.

b. SFA and School Environment Characteristics

Analysis of SFA characteristics will be based on the Pre-Visit Survey, the Survey of SFA Directors, as well as the SFA Characteristics Survey conducted under a previous contract with a large sample that includes most of the SFAs in this study. At the school level, the Principal Survey and School Food Service Manager Survey data will be combined for analysis of the school environment and school-level measures of food service operations. The analysis will address the following research questions concerning the characteristics of SFA and school environments:

- What are the institutional characteristics of SFAs and schools that participate in the NSLP, including grade span, number of schools in the SFA, enrollment, presence of charter schools, and number of school districts within the SFA (i.e., single-district SFA versus supervisory union of districts as the SFA)?
- What are the institutional characteristics of SFAs and schools that participate in the SBP?

- What methods do SFAs and school staff use to certify students to receive free/reduced price meals? What proportion of schools offer free meals to all students under applicable USDA regulations (Provisions 2 and 3) or locally-funded programs?
- What is the timing of breakfast relative to the school opening, bus arrivals, and the start of the school day in SBP schools? When are school lunch periods scheduled, relative to the start of the school day? How long are school breakfast and lunch periods?
- What policies do SFAs and schools have regarding factors that might compete with consumption of school meals, e.g., open campus policies, block scheduling, and scheduling of recess and other non-class activities?
- What nutrition education and promotion activities (Team Nutrition, 5-A-Day, etc.) are conducted in schools participating in the USDA school meal programs?
- How do SFA and school policies and other environmental characteristics vary by the demographic characteristics of the community? How do SFA and school policies vary by the institutional characteristics of SFAs and schools?

Illustrative table shells addressing these research questions are presented in Tables A16.1 and A16.2.

c. Competitive Foods

One notable set of research questions concerns the role of competitive foods in the SFA and school environment:

- What are policies about access to foods and beverages sold in competition with USDA school meals? What types of foods and beverages, if any, are available in competition with USDA school meals? Where are those foods sold—cafeteria, vending machines, school stores and snack bars, or other sites—and under whose control? How are beverage sales affected by pouring rights contracts?

For the analysis of competitive foods offered to students, the study will use data from several sources. The surveys of SFA directors, principals, and kitchen managers will provide general information on policies concerning competitive foods and pouring rights, and on numbers and types of alternate food sources. The competitive foods checklists will provide

TABLE A16.1

AVAILABILITY OF SCHOOL BREAKFAST PROGRAM IN SCHOOLS
BY REGION, SFA, SIZE, AND POVERTY LEVEL

	Schools with SBP		Total Schools
	Number	Percent	
All Schools			
Mid-Atlantic			
Midwest			
Mountain-Plains			
Northeast			
Southeast			
Southwest			
West			
By SFA Enrollment			
Very large (over 40,000)			
Large (3,000 to 40,000)			
Medium (1,000 to 3,000)			
Small (under 1,000)			
By SFA Poverty Level			
Low (under 30 percent)			
High (30 percent or more)			
Unweighted n			

Source: Survey of SFA Directors.

TABLE A16.2

STARTING TIME OF FIRST LUNCH PERIOD BY TYPE OF SCHOOL

	All Schools		Elementary Schools		Middle Schools		High Schools	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Locations								
10:30 a.m. or earlier								
10:31–11:00 a.m.								
11:01–11:30 a.m.								
11:31 a.m.–12:00 p.m.								
12:01–12:30 p.m.								
12:31 p.m. or later								
Unweighted n								

Source: Pre-Visit Survey.

Note: School-weighted data.

specific information on the a la carte foods offered in school cafeterias, and the foods offered in vending machines, school stores, snack bars, or other venues.

Illustrative table shells for the analysis of competitive foods offered are presented in Tables A.16.3 and A16.4.

TABLE A16.3

AVAILABILITY OF VENDING MACHINES TO STUDENTS,
BY TYPE OF SCHOOL AND TYPE OF MACHINE

	All Schools		Elementary Schools		Middle Schools		High Schools	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Any Type								
Milk								
Water								
Other beverages								
Snack foods								
Refrigerated foods								
Combination/other								

Unweighted n

Source: Principal Survey and School Food Service Manager Survey.

Note: School-weighted data.

TABLE A16.4

FOODS OFFERED IN SCHOOL SNACK BARS AND STORES,
BY TYPE OF SCHOOL AND TYPE OF FOOD

	All Schools		Elementary Schools		Middle Schools		High Schools	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Any Type								
Beverages								
Baked desserts								
Other bread or grain products								
Candy								
Frozen desserts								
Fruit								
Meat and meat alternate entrées								
Mixed dishes								
Vegetables								
Snacks								
Yogurt								

Unweighted n

Source: Competitive Foods Checklists.

Note: School-weighted data.

d. Food Service Characteristics

The research questions in the domain of food service characteristics include:

- What percentage of schools use various methods of food/meal production, e.g., full on-site preparation; fully pre-plated meals delivered from another site or a vendor; satellite service, where meals are served individually but food is prepared and delivered from another site, etc.?
- What menu planning practices do schools follow? What policies and procedures are used to accommodate students with food allergies or other special dietary needs?
- Who is responsible for food purchases? What are typical practices with regard to branded foods, pre-prepared foods, fresh fruits and vegetables, and locally-produced foods?
- What role(s) does the school food service department play in the After-school Snack Program?
- What policies and procedures do SFAs and schools follow to ensure food safety?
- How long do children wait in line to get food? How long do students have to eat their meals?
- What percentage of schools use an offer vs. serve option for breakfast? For lunch?
- What prices are charged for school meals? Are premium prices used for certain menu items? Are discount prices offered/available?
- What systems are used to count reimbursable meals, identify free/reduced-price students, and collect student payments?
- What are the outreach and nutrition promotion practices of SFAs, and how do they involve groups such as nutrition advisory councils, PTAs or other groups?
- What are the qualifications of school food service managers, including education or training and work experience?
- How do food service characteristics vary by student population characteristics and institutional characteristics at the SFA and school levels?

Illustrative table shells addressing these research questions are presented in Tables A16.5 and A16.6.

TABLE A16.5

USE OF ON-SITE MEAL PRODUCTION BY TYPE OF SCHOOL AND URBANICITY

	All Schools		Elementary Schools		Middle Schools		High Schools	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Locations								
Central city								
Other metropolitan								
Non-metropolitan								
Unweighted n								

Source: School Food Service Manager Survey.

Note: School-weighted data.

TABLE A16.6

TYPES OF NUTRITION PROMOTION AND OUTREACH PRACTICES USED BY SFAs

	SFAs with Specified Practices	
	Number	Percent
Provide Information on Nutrient Content to Students or Parents		
Send menus home with students		
Post information in school		
Post information online		
Post information in newspapers		
Other media		
Outreach Activities		
Attend parent meeting		
Provide information other than menus and nutrient content (any media)		
Invite family members to consume a school meal		
Participate in nutrition education in classroom		
Nutrition education in cafeteria		
Request feedback (any mechanism)		
Unweighted n		

Source: Survey of Directors of School Food Authorities.

e. School Meal Program Participation

The study will analyze school-level and SFA level student participation rates to address the following question:

- What are the rates of student participation in the NSLP and SBP at the school and SFA levels? How do these rates vary by student, school and food service characteristics?

This analysis will use *aggregate* school-level and SFA-level participation data for the *school year* prior to the surveys (i.e., 2003–2004, under current plans), whereas other analysis of student participation will use *student-level microdata* on shorter-term measures of participation (for a target day and “usual” participation).

The descriptive analysis of *aggregate* school-level and SFA-level participation data will contribute to the overall description of the school meal programs as they operate. Also, it will explore relationships between participation rates and key characteristics of the school/SFA environment and food service operations. Key characteristics are:

- Poverty rate
- Percent of students certified for free or reduced-price meals
- Urbanicity
- Region
- Enrollment size
- Menu planning system
- Grade range (for example, elementary, middle, high)
- Availability of competitive foods or open campus

Illustrative table shells for the SFA and school-level participation analysis are shown in Tables A16.7 and A.16.8.

TABLE A16.7

STUDENT PARTICIPATION RATES IN THE NSLP AND SBP BY MENU PLANNING SYSTEM,
SFA SIZE, AND POVERTY LEVEL

	NSLP Participation Rate		SBP Participation Rate	
	Percent of Students	(Standard Error)	Percent of Students	(Standard Error)
All School Food Authorities (SFAs)				
Traditional food-based menus				
Enhanced food-based menus				
Nutrient standard menus				
By Enrollment				
Very large (over 40,000)				
Large (3,000 to 40,000)				
Medium (1,000 to 3,000)				
Small (under 1,000)				
By Poverty Level				
Low (under 30 percent)				
High (30 percent or more)				

Unweighted n

Source: Survey of Directors of School Food Authorities.

TABLE A16.8

STUDENT PARTICIPATION RATES IN THE NSLP AND SBP BY AVAILABILITY
OF COMPETITIVE FOODS: HIGH SCHOOL

	NSLP Participation Rate		SBP Participation Rate	
	Percent of Students	(Standard Error)	Percent of Students	(Standard Error)
All High Schools				
No a la carte or alternate sources				
A la carte, no alternate sources				
A la carte and vending machines				
No a la carte, vending machines or other alternate sources				
A la carte, no vending machines, other alternate sources				
A la carte, vending machines, and other alternate sources				

Unweighted n

Source: Principal and School Food Service Manager Surveys.

f. Benchmarks to Evaluate Nutritional Quality of School Meals

Past studies of the nutritional quality of school meals have used two sets of nutrition standards (Fox et al. 2001). These include (a) the SMI nutrition standards and (b) recommendations made by the National Research Council. The SNDA-III will use these nutrition standards, shown in Table A16.9, in evaluating nutritional quality of school meals offered and served to students. The SMI nutrition standards for food energy and nutrient content of school meals are based on the 1989 Recommended Daily Allowances (RDAs). Further discussion of nutritional standards is provided following the discussion of analysis of student dietary intakes.

TABLE A16.9
NUTRITION STANDARDS TO BE USED IN EVALUATING SCHOOL MEALS

Nutrient	Standard
SMI Nutrition Standards	
Calories and nutrients with established Recommended Dietary Allowances (RDAs)^a:	
Calories, protein, vitamin A, vitamin C, calcium and iron	Breakfast: One-fourth of the RDA Lunch: One-third of the RDA
Nutrients included in the <i>Dietary Guidelines for Americans</i>^b:	
Total fat	Breakfast and Lunch: ≤ 30% of total calories
Saturated fat	< 10% of total calories
National Research Council <i>Diet and Health</i> Recommendations^c	
Protein	Breakfast and Lunch: No more than 2x RDA
Carbohydrate	Breakfast and Lunch: > 55% of total calories
Cholesterol	Breakfast: ≤ 75 mg Lunch: ≤ 100 mg
Sodium	Breakfast: ≤ 600 mg Lunch: ≤ 800 mg

^aNational Research Council (1989a).

^bU.S. Department of Health and Human Services and Agriculture (1990).

^cNational Research Council (1989b). Standards used for cholesterol and sodium are adapted from recommendations for maximum daily intake.

g. Food and Nutrient Content of School Meals Served

The first set of research questions about school meals concern the characteristics of foods offered:

- What are the characteristics of the foods offered to students in reimbursable school meals? How many choices are students offered for various menu elements, e.g., milk, entrée, fruits, vegetables, desserts, etc.?
- How frequently do school meals offer fresh produce in reimbursable meals? Salad bars? Other self-serve foods?
- What percentage of schools that use food-based menu planning systems offer lunches that are consistent with NSLP menu planning requirements? What percentage of schools that use food-based menu planning systems offer breakfasts that are consistent with SBP menu planning requirements?

The next set of research questions in this domain concern the nutrient content of school meals:

- What is the average nutrient content of reimbursable lunches offered to/selected by students, and how does this compare to SMI nutrient standards? What is the average nutrient content of reimbursable breakfasts offered to/selected by students, and how does this compare to SMI nutrient standards?
- What percentage of schools offer/serve reimbursable lunches that are consistent with SMI nutrient standards? What percentage of schools offer/serve reimbursable breakfasts that are consistent with SMI nutrient standards?
- What percentage of schools offer students the opportunity to select a low-fat reimbursable breakfast/lunch, i.e., a meal that is consistent with the Dietary Guidelines recommendation, on which the SMI is based, of no more than 30 percent of total calories from fat?
- How does the nutrient content of reimbursable lunches as offered to/selected by students compare to DRIs for SMI nutrients (if different) as well as DRIs or other reference standards for non-SMI nutrients of interest for school-age children, including, for example, zinc, folate, cholesterol, sodium, and dietary fiber?
- What percentage of schools that use nutrient standard menu planning (NSMP) or assisted nutrient standard menu planning (ANSMP) serve meals in a typical week that meet SMI standards? What percent of schools that use NSMP or ANSMP serve breakfasts that meet SMI standards?

Illustrative table shells that address these questions are shown in Tables A16.10 and A16.11.

TABLE A16.10

FOODS OFFERED IN REIMBURSABLE LUNCHESES, BY GRADE LEVEL OF SCHOOL

	Percentage of Daily Menus in Which Item Was Offered			
	Elementary Schools	Middle Schools	High Schools	All Schools
Milk				
1% flavored				
1% unflavored				
Whole flavored				
:				
Fruits and Juices				
Canned fruit				
Fresh fruit				
Full strength citrus juice				
:				
Vegetables				
Cooked vegetables (other than potatoes and French fries)				
Green salads (other than entrée salads)				
Oven fried French fries/potato products				
Deep-fried French fries/potato products				
:				
Combination Entrées				
Sandwiches made with cheese and/or cold cuts				
Hamburgers and similar beef/port sandwiches				
Peanut butter sandwiches				
:				
Meats/Meat Alternates (Not Part of a Combination)				
Breaded chicken nuggets/patties/similar products				
Other breaded or fried meat/poultry/fish				
Plain (not breaded or fried) meat/poultry/fish				
:				
Grains/Breads (Not Part of Combination Entrée)				
Bread, rolls, bagels, other plain breads				
Crackers/hard pretzels				
Rice				
:				
Other Menu Items				
Baked desserts				
Other desserts (non-fruit gelatin, pudding, ice cream)				
Fruit drink/ades				

Source: Menu Survey.

TABLE A16.11

MEAN FOOD ENERGY AND NUTRIENT CONTENT OF THE AVERAGE SCHOOL LUNCH
SERVED TO STUDENTS

	Elementary Schools	Middle Schools	High Schools	All Schools
Mean Percentage of the RDA				
Food energy (calories)				
Protein				
Vitamin A				
Vitamin C				
Calcium				
Iron				
Mean Percentage of Energy From:				
Fat (percentage)				
Saturated fat (percentage)				
Carbohydrate (percentage)				
Protein (percentage)				
Mean Amount				
Cholesterol (mg) nutrition standards				
Sodium (mg)				
Number of Schools (Unweighted)				

Source: Menu Survey.

h. Factors That Influence the Nutritional Quality of Reimbursable School Meals

The study will examine how mean nutrient content of the meals offered/served to students and the percentage of schools meeting SMI nutrition standards vary by:

- **Characteristics of the meals** offered to students (e.g., meal price, number of choices offered, availability of salad bars or other self-serve bars, relative fat content, i.e., whether, on average, meals tend to be high or low in fat)?
- **Menu planning method** (NSMP, ANSMP, traditional food-based, enhanced food-based, other)?
- **General characteristics of the school food service program** (e.g., participation in the SBP, presence of offer versus serve (OVS), role in serving a la carte foods and after-school snacks, use of food service management company, use of branded entrees,¹ on-site or off-site production)?

¹The use of branded entrees from national restaurants and similar suppliers will be treated as a general food service practice, determined through the Survey of SFA Directors. It is

- **Characteristics of the school environment** (e.g., meal schedules, time available to eat, availability of and policies related to competitive foods, open campus policies and policies related to competing activities, activities to promote school food service and nutrition education)?
- **Demographic and institutional characteristics** of the school (e.g., total enrollment, grade span, poverty level, share of minority students, region, and urbanicity)?

Illustrative table shells examining factors related to the nutritional content of meals served are Tables A16.12 and A.16.13.

TABLE A16.12

PROPORTION OF SCHOOLS SERVING LUNCHES THAT SATISFIED SMI STANDARDS AND NRC RECOMMENDATIONS, BY MENU PLANNING SYSTEM

	Menu Planning System			
	Traditional Food-Based	Enhanced Food-Based	Nutrient Standard	All Systems
	Percentage of Schools			
SMI Standards				
Food energy (calories)				
Protein				
Vitamin A				
Vitamin C				
Calcium				
Iron				
Percentage of calories from total fat				
Percentage of calories from saturated fat				
NRC Recommendations				
Percentage of calories from protein				
Percentage of calories from carbohydrates				
Cholesterol				
Sodium				
Number of Schools (Unweighted)				

Source: Menu Survey.

(continued)

theoretically possible to identify such foods in the Menu Survey, but this would add significantly to the cost of coding.

TABLE A16.13

PERCENT OF SCHOOLS SERVING LUNCHESES THAT SATISFIED SMI STANDARDS
AND NRC RECOMMENDATIONS, BY AVAILABILITY OF COMPETITIVE FOODS

	Non-USDA Food Options Available During Lunch Hours			
	A la Carte Only	Vending Machines Only	Any Non- USDA Option	No Non- USDA Option
SMI Standards				
Food energy (calories)				
Protein				
Vitamin A				
Vitamin C				
Calcium				
Iron				
Percentage of energy from fat				
Percentage of energy from saturated fat				
NRC Recommendations				
Percentage of calories from protein				
Percentage of calories from carbohydrates				
Cholesterol				
Sodium				
Number of Schools (Unweighted)				

Source: Menu Survey and Alternate Food Source Checklists.

Note: Certain foods deemed not to be competitive (e.g., milk served a la carte or in vending machines) may be ignored in categorizing schools by non-USDA food options.

i. Participation and Student/Parent Satisfaction

Key research questions concerning participation in and satisfaction with the school meals programs include:

- What proportion of schoolchildren participates in the SBP and NSLP? How does participation in the SBP and NSLP vary by key subgroups, including children of different ages, income levels, or meal-price certification statuses?
- What reasons for participation or nonparticipation are reported by students and/or parents?
- Among both participants and nonparticipants, students and parents, what is the extent of perceived stigma of receiving free or reduced-price school meals?

- What are the factors (including student, parent, school, and SFA characteristics) that affect school meal participation decisions?
- Among participants, what is the level of student satisfaction with USDA school meals overall and with particular aspects of school meals? How is satisfaction related to student characteristics?
- What is the level of parent knowledge of and satisfaction with school meals? What are parents' views on the availability of competitive foods?
- How do specific characteristics of students and of the school environment and food service (including nutrition advisory councils, nutrition education and promotion activities, the use of branded entrees, use of fresh fruits and vegetables, and meal scheduling) affect customer satisfaction?

The student and parent interviews will provide ample data for addressing these questions, combined, as appropriate, with data from the various school-level instruments.

Illustrative table shells addressing these research questions are presented in Tables A16.14 to A16.16.

TABLE A16.14
CHARACTERISTICS OF STUDENTS BY NSLP PARTICIPATION STATUS

	Percent of Participants	Percent of Nonparticipants	Percent of Total
Grade Level			
Elementary students			
Middle school students			
High school students			
Gender			
Male students			
Female students			
Household Income			
Less than 100% poverty			
100-130% poverty			
>130-185% poverty			
>185-300% poverty			
>300% poverty			
Certification Status			
Certified for free meal			
Certified for reduced-price meal			
Not certified			
Sample Size			

Source: Child/youth and Parent Interviews and school records (for certification status).

Note: Statistical tests of participant-nonparticipant differences may be conducted.

TABLE A16.15

STUDENTS' VIEWS ON SCHOOL BREAKFASTS, BY SCHOOL LEVEL

	Elementary School	Middle School	High School	Total
General Opinion				
Like it				
Only okay				
Don't like it				
Reason Don't Like it, Among Those who Don't (first reason)				
(second reason)				
:				
Enough Time to Eat School Breakfast				
Yes				
No				
School Breakfast Is Served				
Too early				
Too late				
Okay time				

Source: Child/youth Interviews.

Note: Questions are only asked of children who ever ate a school breakfast. Similar tables will be prepared concerning school lunches.

TABLE A16.16

REASONS FOR NOT EATING SCHOOL BREAKFASTS, AMONG
THOSE WHOSE SCHOOLS OFFER BREAKFAST

Reason	Elementary School	Middle School	High School	Total
Don't Like to Eat Breakfast				
Eat Breakfast at Home				
Don't Have Time				
Parents Don't want Me to				
Don't Like the Food				
Only for Needy Kids				
Etc.				
Other				
Sample Size				

Source: Child/youth Interviews.

Note: Question is open-ended. Examples of possible answers are shown only for illustration. Question will be asked only of children who attend schools with the SBP but report they never eat a school breakfast. Similar tables will be prepared concerning school lunches.

j. Student Dietary Intakes

The following are key research questions concerning the quality of students' diets:

- What is the overall quality of USDA school meal participants' diets in terms of both nutrients and foods consumed, overall and for key subgroups (DRI age-gender groups, low-income)?
 - What are mean nutrient intakes relative to the RDAs?
 - What percentage of participants are at risk of inadequate intakes for specific nutrients, as measured using the DRI standards?
 - What are the mean numbers of Food Guide Pyramid servings consumed by participants for each major food group?
 - What are the mean scores on the Healthy Eating Index (HEI) for school meal participants?
- What contributions do school meals make to participants' overall dietary intakes and the types of foods that they eat?
 - What are participants' mean nutrient intakes relative to the RDAs at breakfast and at lunch? What proportion of daily mean nutrient intakes are from school meals?
 - What is the mean number of Food Guide Pyramid servings from each major food group consumed from school breakfasts and lunches? How do school meals contribute to total daily servings?
- How does the nutrient intake of participants compare with the nutrient intake of (1) nonparticipants who consume meals brought from home, (2) nonparticipants who purchase meals a la carte from the school cafeteria, and (3) nonparticipants who obtain foods from other sources? How do they differ in foods consumed and contributions of foods eaten at school to daily nutrient intakes?
- What is participants' weight status (percentage at risk of overweight or underweight), overall and for key subgroups?
- How is school meal participation associated with the quality of children's diets? How do these relationships vary for key subgroups of children, such as by age and income?
- How is school meal program participation related to participation in other food programs, such as emergency food programs and the Food Stamp Program?
- How does school meal participation on a specific day affect the mean nutrient intakes of school children at breakfast, at lunch, or over 24 hours?
- How is the quality of schoolchildren's diets affected by the consumption of "competitive foods"—foods and beverages purchased at school but not offered through the USDA school meal programs?

- What proportion of school children consume competitive foods of various types—a la carte entrees from the cafeteria, a la carte side dishes or snacks, foods purchased from vending machines, or foods purchased from school stores or snack bars?
- What types of foods are consumed from these sources? What nutrients do they contribute? What proportion of children’s daily foods from key food groups do they contribute?
- What types of children are most likely to consume competitive foods? How does consumption of competitive foods differ for school meal participants and nonparticipants?
- How are variations in school food service practices (such as menu planning approaches, meal scheduling, use of branded food products, use of fresh fruits and vegetables) associated with the dietary intakes of school meal program participants?
- How are outreach programs, such as nutrition advisory councils and nutrition education activities in schools, associated with the dietary intakes of children?

These questions will be addressed by conducting 24-hour dietary recall interviews with students (assisted by their parents, for the younger students), which include detailed descriptions of foods eaten, portions eaten, and the source of the food. A second day of dietary recalls will be collected for about 25 percent of the sample, to make possible estimation of the distributions of usual intakes of key nutrients. The data on each food will be coded so that information on the nutrients contained and the food group it belongs to can be analyzed.

Illustrative table shells addressing these research questions are presented in Tables A16.17 to A16.19.

TABLE A16.17

DISTRIBUTION OF STUDENTS' INTAKES OF FAT, CHOLESTEROL, AND SODIUM
RELATIVE TO DGA AND NRC STANDARDS, BY NSLP PARTICIPATION
(Percentages of Students)

	NSLP Participants	Nonparticipants
Usual Intake of Total Fat (Percent of Calories)		
≤30		
>30 to 35		
>35 to 40		
>40		
Usual Intake of Saturated Fat (Percent of Calories)		
≤10		
>10 to 12		
>12 to 15		
>15		
Usual Intake of Cholesterol		
≤300 mg		
>300 mg		
Usual Intake of Sodium		
≤2,400 mg		
>2,400 mg		
Sample Size		

Note: Table would show estimates based on one- or two-day intakes, statistically adjusted to estimate usual intakes.

TABLE A16.18

MEDIAN USUAL 24-HOUR DIETARY INTAKES OF STUDENTS
AGE 9-13, BY NSLP PARTICIPATION

	NSLP Participants	Nonparticipants	Total
Macronutrients			
Food Energy			
Protein			
Carbohydrate			
Total fat			
Saturated fat			
Polyunsaturated fat			
Monounsaturated fat			
Trans fatty acids			
Omega-3 fatty acids			
Omega-6 fatty acids			
Long-chain polyunsaturated fatty acids			
Total Fiber			
Percent of Food Energy from			
Total fat			
Saturated fat			
Carbohydrate			
Vitamins			
Vitamin A			
Vitamin C			
Thiamin			
Riboflavin			
Niacin			
Vitamin B ₆			
Folate			
Vitamin B ₁₂			
Minerals			
Calcium			
Iron			
Phosphorus			
Zinc			
Selenium			
Other Dietary Components			
Sodium			
Cholesterol			

Sample Size

Source: Child/youth and Parent Interviews.

Note: Usual nutrient intake distributions will be estimated using a second day of intake data for a subset of the sample. Similar tables will be prepared for children age 6 to 8 and children age 14 to 18. Other features of the distribution (percentiles) may also be presented.

TABLE A16.19

PYRAMID SERVINGS CONSUMED AND HEALTHY EATING INDEX SCORES,
BY NSLP PARTICIPATION STATUS

	NSLP Participants	Nonparticipants	All Students
Pyramid Servings (Mean)			
Grains			
Vegetables			
Fruit			
Dairy			
Meat, beans, etc.			
Healthy Eating Index Score			
Good (above 80)			
Needs improvement (51 to 80)			
Poor (below 51)			
Mean HEI Score			
Sample Size			

Source: Student Dietary Recalls.

k. Nutrient Standards

Students' dietary intakes should be described in reference to accepted standards for defining a healthy diet. Several types of standards are relevant: the Dietary Reference Intakes (DRIs), the 1989 Recommended Dietary Allowances (RDAs); the Dietary Guidelines for Americans (DGA); the Food Guide Pyramid; and the Healthy Eating Index (HEI). This section discusses the most appropriate ways to apply each of these standards, and how they will be used in analyzing data collected for SNDA-III.

Dietary Reference Intakes. The DRIs provide the most scientifically up-to-date knowledge of nutrient requirements and are the standards to use in assessing nutrient intakes. They are useful for examining the distributions of usual intakes of nutrients, including the proportions of a population at risk for inadequate or excessive intakes.

The DRIs for most micronutrients include the Estimated Average Requirement (EAR), which is an estimate of the median of the requirements distribution for healthy people in a specific age and gender group; an RDA, which is set at a level that meets the nutrient requirements of nearly all (97.5 percent of) people; and a Tolerable Upper Intake Level (UL).² The EAR is used in estimating the percentage of a group at risk for inadequate intakes; for many nutrients, the percentage of a group with usual intakes below the EAR is a good estimate of the percentage at risk of inadequacy (IOM 2001).³

For calcium and several other nutrients, the scientific evidence was judged to be inadequate for establishing an EAR or an RDA. The available standard for calcium is the Adequate Intake (AI). The AI is set at a relatively high level (above what the RDA would be, if known), and thus is not very useful in assessing levels of nutrient adequacy of groups. Specifically, the IOM does not recommend using the percentage of a group with intakes below the AI as a measure of the prevalence of inadequacy. Mean intakes for a group above the AI are an indicator of low levels of inadequacy, but mean intakes below the AI do not necessarily indicate inadequacy.

SNDA-III will use the DRIs for the main analysis of students' intakes of micronutrients, as they are the most up-to-date standards for healthy diets, and, in particular, assess the percentage of students in various groups with usual intakes less than the EAR for a wide range of nutrients. For calcium, the study will focus on mean intakes relative to the AI.

²The UL is the maximum level of daily nutrient intake that is unlikely to pose risks of adverse health effects to almost all of the individuals in the group for whom it is designed. The percentage with intakes above the UL is used to estimate the percentage of a population at risk for adverse effects due to excessive intakes.

³This approach to assessing inadequacy, also called "the EAR cutpoint method," is appropriate for nutrients with symmetric requirements distributions. Other assumptions behind the approach are discussed in the DRI Assessment report (IOM 2001). For nutrients with skewed distributions, which include iron, a more complex calculation known as "the probability method" is used to assess risk of inadequacy.

In September 2002, the Institute of Medicine released Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein, and Amino Acids (Macronutrients) (IOM 2002). The Estimated Energy Requirement (EER) was established and replaces the 1989 recommended energy allowance. Because energy intakes above the EER would be expected to result in weight gain, there is no RDA or UL for energy. For fat, carbohydrates, and protein, Acceptable Macronutrient Distribution Ranges (AMDRs) have been established.⁴ Intakes that fall within the AMDR range for a macronutrient are associated with reduced risk of chronic disease, while providing adequate intakes of essential nutrients. The AMDR for total fat is 25 to 35 percent of energy for children age 4 to 18 years and the AMDR for carbohydrate is 45 to 65 percent of total energy for the same age range. The AMDR for protein is 10 to 30 percent of total energy for children age 4 to 18 years. In addition, the Institute of Medicine recommends that no more than 25 percent of total energy should come from sugars. SNDA-III will use these new standards as well as the existing Dietary Guidelines for Americans (DGAs) in assessing usual intakes of energy and macronutrients.

Mean Nutrients Relative to the 1989 RDAs and Updated RDAs. Intakes below the RDA do not necessarily or even usually indicate inadequate intakes. The SNDA-I study assessed mean nutrient intakes relative to the 1989 RDAs, which were the most up-to-date standards available at that time. The SMI requirements are still based on the 1989 RDAs; specifically, school breakfasts are to provide one-fourth of the 1989 RDA for key nutrients and school lunches are to provide one-third of the 1989 RDA. The Dietary Reference Intakes include updated RDAs for many nutrients.

⁴There is also an EAR for carbohydrate and protein.

Although they are not indicators of inadequacy, the RDAs are conventionally used to standardize mean intakes, and SNDA-III will include this type of analysis.⁵ The study will use the updated RDAs for primary analysis, but could also use the 1989 RDAs to facilitate comparison to past studies. However, any presentation of such analysis should emphasize that the mean level of a nutrient consumed by a group does not provide any evidence concerning the proportion of the group at risk of inadequacy, because the variability of intakes may differ across groups. For example, one group may have a higher mean intake of a nutrient than another group, but also have a higher proportion at risk of inadequacy, because its intake distribution has a wider variance.

Mean intakes will also be the focus in assessing the contributions of specific meals, of school lunches and breakfasts, and of competitive foods to dietary intakes.

Dietary Guidelines for Americans and Food Guide Pyramid. The DGAs include quantitative standards for total fat (no more than 30 percent of calories) and saturated fat (less than 10 percent of calories) as well as qualitative recommendations to increase intake of fruits, vegetables, and complex carbohydrates, and reduce intakes of sodium and cholesterol. There are a number of ways in the literature to assess compliance with these qualitative recommendations. One approach is to use quantitative standards for consumption of dietary components such as carbohydrate, sodium, cholesterol, and fiber that have been suggested by prominent groups, such as the National Research Council and the American Health Foundation. Another approach is to assess compliance with the USDA Food Guide Pyramid's recommendations for the numbers of

⁵An alternative is to present mean intakes of various nutrients without standardizing them, and to include columns in the tables showing the RDA and/or EAR (or AI) for various nutrients. The DRI Assessment report (IOM 2001) recommends this approach because of concerns that mean intakes for a group exceeding the RDA are too often interpreted as showing adequate intakes for the group.

servings to be consumed from various food groups. SNDA-III will collect the data needed for both types of analysis.

The need to assess the role of added sugars in children's diets is another important issue for consideration in the design, particularly as recent research has suggested concerns about the increased consumption of soft drinks in children's diets (Gleason and Suitor 2001). This could be done by measuring the number of teaspoons per day of added sugar (part of the tip of the Food Guide Pyramid).⁶ It might also be of interest to examine soft drink consumption and the relative contribution of soft drinks and other foods and beverages to children's total added sugar intake.

Healthy Eating Index. The HEI is a dietary assessment tool that measures the overall quality of the diet and how well it complies with the recommendations of the DGAs and the Food Guide Pyramid. FNS goals for improving children's diets include improving mean HEI scores. The Index provides a picture of foods people are eating, the amount of variety in the diet and compliance with specific DGAs recommendations. A score (minimum 0; maximum 10) is established in each of ten components: components 1-5 measure the degree to which a diet conforms to the Food Guide Pyramid serving recommendations for grains, vegetables, fruits, milk, and meat; components 6 and 7 measure total fat and saturated fat consumption as a percentage of total energy intake; component 8 measures total cholesterol intake; component 9 measures total sodium intake; and component 10 measures variety in the diet. The component scores are then summed to produce a total score (minimum 0; maximum 100). The score is assessed as "good" if the HEI is greater than 80, "needs improvement" if the HEI is between

⁶This information is available in the USDA Food Guide Pyramid Database.

51 and 80, or “poor” if the score is less than 51. Overall, the higher the score, the better the diet conforms to the DGAs and the Food Guide Pyramid.

The HEI was first used to assess the quality of diets reported by respondents to the 1989–1990 USDA Continuing Survey of Food Intakes by Individuals (CSFII). HEI scores have also been calculated for the 1994–1996 CSFII and 1999–2000 NHANES. In general, means for different groups have been compared. The mean HEI will be used to assess the overall quality of students’ diets and to compare subgroups. The percentage in various ranges can also be examined. Data from SNDA-III can also be compared to averages for schoolchildren found from previous national studies.

A17. DISPLAY OF EXPIRATION DATE FOR OMB APPROVAL

The OMB approval number and expiration date will be printed at the top of the cover page of each instrument.

A18. EXCEPTION TO THE CERTIFICATION STATEMENT IDENTIFIED IN ITEM 19.0 OF FORM OMB 83-1

None.

PART B. COLLECTION OF INFORMATION USING STATISTICAL METHODS

B1. SAMPLING AND STATISTICAL PRECISION LEVELS

1. Overview

The SNDA-III study involves a multistage sample design, which begins by sampling SFAs, then samples schools served by the SFAs, and then samples children who attend the schools. Parents of the children will also be interviewed. Substantive data for the study will be obtained from the entities at each of these levels of sampling.

The sample has two overall components. One, designated the “basic sample,” will include each of the three levels of sampling summarized above. The planned sample sizes for this part of the sample are 100 SFAs and three schools from each SFA for a total of 300 schools. An average of slightly more than 8 children per school will be sampled, for a total of 2,420 students and their parents. When possible, the three schools selected from each SFA will be stratified to include one elementary school, one middle school, and one high school.⁷

The second component of the sample, designated the “supplemental sample,” is designed to increase the available sample sizes for analyses of the SFAs and schools, without incurring the extensive costs associated with the field work needed for the in-person student and parent interviews. In particular, this supplemental sample will consist of 35 additional SFAs and 105 additional schools served by them.

⁷In some cases, all three kinds of schools will not be available in an SFA, and, indeed, in some cases, fewer than three schools will be served by an SFA. Minor modifications in the sampling plans will be made to accommodate these special circumstances.

Below, we first discuss the planned sample sizes and the statistical precision levels associated with them. Next, we describe the methods that will be used in the sample selection work.

2. Precision Levels

The analytical objectives of the study are largely descriptive in nature—it is desired to examine the nature of the foods offered and consumed under the National School Lunch Program and to place this in the context of related variables at the SFA, school, and household levels. In light of this, our precision analysis focuses on the width of confidence intervals around key estimates. FNS has determined its planned sample sizes by examining the relationships between statistical precision, sample sizes, and study costs.

Table B1.1 provides key information about these tradeoffs by showing confidence interval widths in the analysis of child-level variables. Based on a 95 percent confidence level and two-tailed tests, we have computed confidence intervals for a (1, 0) binary variable, such as whether the child obtains an NSLP meal meeting certain nutritional standards. In order to be conservative, we have assumed that the true value of the variable is in the range of 50 percent, since this has the highest associated variance. (Details of the calculations are contained in the notes to the table.)

Two sets of confidence intervals are displayed, one for analysis based on the full sample and one for a hypothetical subgroup analysis based on one-third of the sample, such as children attending elementary schools. On the basis of an examination of this and similar tables, FNS has determined that a student sample of approximately 2,400 represents a reasonable compromise between the agency's information needs and cost considerations. For the full sample, this sample size yields very high levels of precision, with confidence intervals in the range of plus-or-

TABLE B1.1
ESTIMATED STATISTICAL PRECISION LEVELS
FOR ALTERNATIVE STUDENT SAMPLES

Overall Sample Size	Width of 95 Percent Confidence Interval (Percentage Points)
Analysis Based on Full Sample	
1,500	±4.5
1,800	±4.1
2,100	±3.8
2,400	±3.6
2,700	±3.4
Analysis Based on One-Third of Full Sample	
1,500	±7.8
1,800	±7.2
2,100	±6.6
2,400	±6.2
2,700	±5.8

Note: Confidence intervals are computed as $\pm 1.96 * [\sqrt{(p)(1-p)} / \{N/deff\}]$, where p is the proportion being estimated, N is the sample size, and $deff$ is the statistical design effect due to clustering and stratification in the sample design. $Deff$ was estimated to be approximately 3.2, based on tabulations of similar data including data from a previous school nutrition study (Logan et al. 2003).

minus 3.6 percentage points. Confidence interval widths are, of course, lower for the subgroup analysis shown, but still respectable at plus-or-minus 6.2 percentage points.

Similar approaches were used to determine appropriate numbers of SFAs and schools. The SFA sample is not clustered at all, so the design effect of clustering is approximately 1. However, unequal weights will result in a design effect of approximately 4.0. Thus, with 135 SFAs, we anticipate having confidence levels of approximately plus-or-minus 16 percentage points. While this is larger than would be ideal, the SFA level of analysis is the least important of the three levels, and this level of precision will be sufficient for placing the school- and student-level analyses in context.

Based on work with similar data as cited earlier, we anticipate having a design effect at the school level of about 1.5. With 405 schools, this implies confidence levels of plus-or-minus 5 percentage points.

3. Sampling Procedures

As described earlier, the Primary Sampling Unit for the sample will be the SFA. Because no complete sample frame of SFAs is available, we have begun the sampling work by drawing a sample of *school districts* using the Common Core of Data (CCD), a comprehensive database on school districts and schools maintained by the Department of Education. In more than 90 percent of instances, the school district and the SFA are the same. However, in a nontrivial number of instances they are not, either because the same SFA surveys several districts, because the district does not participate in the NSLP, or for other reasons. We initially drew a sample of approximately 2,500 districts with probabilities proportional to size (PPS) as approximated by the square root of enrollment, and screened those districts for their SFA status in order to compile a sample frame of SFAs. (Several larger city school districts enter both this stage and the next stage of sampling with certainty and were treated appropriately in the sampling.) The

screening work was done under a separate project and has been completed; the data collection was approved by OMB in December 2003.

The next step is to draw the required sample of SFAs for both the basic sample and the supplemental sample. In doing this, another PPS procedure was used which had the effect of making the sample of SFAs a PPS sample with the measure of size being the number of students enrolled in schools served by the SFA (rather than the square root).⁸ In selecting the SFAs, the sample was explicitly stratified by whether SFAs were large enough to be selected with certainty. The noncertainty stratum was implicitly stratified on region, size, and method of menu planning used—an important analysis variable. In addition, a back-up sample of SFAs was selected to allow for the possibility of some SFAs not cooperating.

The sample of SFAs includes four SFAs large enough to be certainty selections. Two of them, New York City and Los Angeles, are large enough to be assigned “double” numbers of schools and students. Because these two will receive double allocations they are counted as the equivalent of 2 SFAs each. Because of the “double hits,” the sample includes 133 unique SFAs, but 135 SFA-equivalents. After selecting the 133 sample SFAs, we then selected a subsample of 100 SFA equivalents (98 unique SFAs) for the in-person data collection; the rest constitute the “supplemental sample.”

⁸Technically, in the second sampling procedure, we essentially used, for a second time, the measure of size equal to the square root of enrollment. This, combined with the first application of the square root of enrollment measure, essentially made the resulting sample have the property of probabilities of selection proportional to total enrollment. The reason for switching back and forth on the issue of whether to use the square root of enrollment or actual enrollment as the measure of size is that we were attempting to optimize the tradeoff between variances in the *SFA* analysis, variance in the *school* analysis and variances in the *child* analysis. We originally thought that the square root measure of size might yield the best results, but tabulations based on the screening sample suggested that a measure based on total enrollment would better meet the study’s needs.

For each of the 135 SFA-equivalents selected, we will select three schools. These will be stratified into elementary, middle school, and high school strata, with one school selected from each. We anticipate that this sampling will be done as simple random samples within each stratum.⁹ Finally, students will be selected with equal probabilities of selection within a school, using rosters obtained from the schools.

4. Estimation Procedures

For population-based estimates, each responding SFA, school and student will be assigned a sampling weight. First, a base weight at each level will be determined. This is the inverse of the probability of selection. The final weight will be determined by adjusting the base weight for nonresponse, and by post-stratifying to match population totals (as appropriate). All population totals, means, ratios and proportions will be estimated using these final sampling weights.

B2. DATA COLLECTION STRATEGY

Table B2.1 presents a summary of the data collection strategy.

B3. METHODS TO MAXIMIZE RESPONSE RATES

To achieve high response rates, MPR will provide well-designed survey support material such as a brochure and a letter from USDA to convince potential respondents of the surveys' value and the importance of participation. In addition, a wide range of methods will be used to maximize participation and reduce nonresponse in each data collection effort.

⁹The precision of the child-level analysis would be maximized by taking schools with probabilities proportional to size, but analysis of school-level variables is also important, and variances in analysis of school-level variables can be minimized by taking schools with equal selection probabilities.

TABLE B.1
OVERVIEW OF DATA COLLECTION ACTIVITIES

Instrument	Respondents	Completed Sample Size	Mode
A Pre-Visit Questionnaire	SFA director	135	Telephone interview prior to visit or data collection
B Survey of SFA Directors	SFA director	135	Mail with telephone followup
C Menu Survey	School food service manager	405	Mail with intensive telephone training, technical assistance, and followup; in-person followup in 300 visited schools
1. Daily Meal Counts Form			
2. Reimbursable Foods Form: Breakfast			
3. Reimbursable Foods Form: Lunch			
4. Recipe Form			
5. Self-Serve/Made-to-Order Bar Form			
D Proportion A La Carte Form	School food service manager	405	Telephone interview following completion of menu survey
E School Food Service Manager Survey	School food service manager	405	Mail with telephone followup in 105 schools; in-person interview in 300 visited schools
F Principal Survey	Principal	405	Mail with telephone followup in 105 schools; in-person interview in 300 visited schools
G Alternative Food Source Checklist	----	300	Completed by interviewer during visit to 300 schools
H Vending Machine Checklist	----	300	Completed by interviewer during visit to 300 schools

TABLE B2.1 (continued)

Instrument	Respondents	Completed Sample Size	Mode
I Child/Youth Dietary Recall and Interview	Student Day 1 Recall/Interview (plus parent-assisted recall for younger students)	2,420	In-person interview ^a
	Day 2 Recall (plus parent-assisted recall for younger students)	605	
J Parent Interviews	Parent Day 1	2,420	In-person interview for parent of child/telephone interview for parent of youth
	Parent of Child	720	
	Parent of Youth	1,700	
	Day 2 Parent of Child	120	
K Weight and Standing Height Measurement	Student	2,420	In-person observation

^aChild interview is counted as complete only if parent completes an interview; more children will actually be interviewed as some parent nonresponse is expected. Specifically, assuming an 80 percent response rate for parents, we expect to interview 3,025 students in school to obtain 2,420 completed student/parent interviews.

1. Maximizing Participation

Effective Strategies for Recruiting SFAs and Schools. We will use qualified, trained personnel to recruit SFAs and schools, with more senior staff assigned to larger districts and to SFAs with in-person data collection. Expressions of support will be provided by USDA, and the approval of the EIAC Food and Nutrition Subcommittee will be referenced.

Using School-Designated School Liaisons to Assist with Recruitment and Obtaining Parent Consent in Schools That Require Active Consent. The contractor will provide the liaison with information on the study so that he or she can become familiar with the study and feel comfortable answering questions from students, parents, and staff. In addition, the school liaisons will receive a \$40 gift card as an honorarium (per school) for assisting the contractor.

Providing Incentives to the Students and Their Parents. Students will receive incentives for participating, \$5 for young children and \$10 for youth. Parents of young children will receive a gift of \$20 and parents of youth a gift of \$10.

Conducting the Interviews at Locations That Are Convenient for the Participant. Interviews with parents of young children will be conducted at home or at school, whichever is more convenient to the parent. Interviews with parents of youth will be conducted over the telephone at a convenient time. If they prefer, parents of youth will be given a toll-free number that they can call to complete the interview.

Reminding Participants of the Interview Dates. The school liaison will give students in the sample a reminder card to take home to their parents the day before the visit. The interviewer will inform students and parents of their selection for the second 24-hour dietary recall at the end of their initial 24-hour dietary recall interview and will try to schedule the second interview time and, for the parents of young children, the location for the interview.

Sending Information on the Study to the Parents. The parent consent packet will include a letter from the school principal on the study. The letter will be tailored to the school and printed on school letterhead. The packet will also contain a brochure designed especially for parents.

2. Reducing Nonresponse

In addition to maximizing participation, it is essential to minimize nonresponse among study participants. The key to minimizing nonresponse is the use of experienced and highly skilled interviewers. Interviewers hired for this study will be selected based on their experience conducting in-person interviews with similar populations. Student/parent interviewers will be selected based on experience interviewing a variety of people including children, working in school settings, and their ability to work independently. Preference will be given to field interviewers who have worked with other studies that involved collecting data on school meals or other nutrition data. Bilingual interviewers will be hired where there is likely to be a concentration of non-English speaking students or parents.

Interviewers will also be given extensive training. Student/parent interviewers will receive seven days of training on gathering dietary recalls, attitudinal interviews with children and parents, and weighing and measuring children. As part of the training, student/parent interviewers will be asked to complete practice exercises using the computerized dietary intake protocol prior to the start of actual interviewing. They will also be trained on the Menu Survey, principal and food service manager interviews, and competitive foods observation forms.

In addition, several other techniques will be used to minimize nonresponse. To ensure privacy, all interviews will be in semi-private space; and, as discussed in Section A10 and A11, all respondents will be assured of confidentiality, and cards will be used in face-to-face parent

interviews to ask questions regarding household income and participation in public assistance programs.

The student and parent interviews will be conducted using computer-assisted personal/telephone interviewing software. This will ensure that all questions are asked with the appropriate prompts and that the skip patterns are followed. The computer programs also make the interviews go faster and thus reduce burden. Interviewers will also follow up with parents of young children when the students were unable to provide sufficient information on food and food preparation.

B4. TEST OF PROCEDURES

Under the Integrated Study design contract, all instruments were pretested in April 2003 with up to nine respondents. The study contractor presented the pretest results to ERS and FNS on April 25, 2003. The pretest demonstrated the feasibility of the planned data collection and provided information to refine the wording and formatting of instruments and instructions. Table B4.1 summarizes the instruments, number of sites, and number of respondents in the pretest.

TABLE B4.1
DATA COLLECTION PRETEST ACTIVITIES

Instruments	Number of SFAs	Number of Respondents
SFA Director Survey	7	7 SFA directors
Kitchen Manager Survey		7 school food service managers
Principal Survey		7 principals
Menu Surveys	6	9 school food service managers
Young Child/Youth Interview	2	4 elementary students
Parent Interview		3 middle school students
		2 high school students

1. Mail Surveys

The SFA Director, School Food Service Manager, and Principal Surveys were each pretested as mail surveys with telephone followup in seven SFAs, each located in a different state. These SFAs were recruited with the assistance of the State Child Nutrition Directors. In each participating SFA, the SFA director completed the SFA Director Survey. One school was selected in each of the seven SFAs. In these schools, the principal completed the Principal Survey, and the school food service manager completed the School Food Service Manager Survey. All respondents were debriefed by telephone after they returned their completed surveys. Debriefing questions included: overall clarity and reasonableness of the survey questions; records or other information sources consulted; specific items needing clarification; and time to gather information and complete the questionnaire.

2. Menu Survey

At the time of the pretest, two versions of the menu survey were planned; a more detailed version for SFAs in which cost data were being collected (known as the Level 2 Menu Survey), and a less detailed version in other SFAs (known as the Level 1 Menu Survey). Since SNDA-III does not involve cost data collection, the planned Menu Survey instruments are based on those used in the Level 1 Menu Survey that was pretested.

The basic (Level 1) Menu Survey was pretested in four SFAs, with one school participating in each SFA for one week. These SFAs also participated in the mail survey pretest. Each school food service manager was provided the survey forms and instructions, and technical assistance was provided by telephone before and during the survey. In one site, technical assistance was also provided in person during a site visit to pretest the plate waste and cost interview instruments. All schools testing the basic menu survey were middle or high schools, in order to provide the maximum amount of information on the variety of foods and related reporting issues.

Each school food service manager was debriefed after returning the completed forms. The debriefings gathered information on respondent burden, data collection problems, and clarifications to forms and instructions.

The expanded (Level 2) Menu Survey was pretested in two SFAs, with a total of five participating schools participating for one week each. These SFAs were recruited with the assistance of the State Child Nutrition Director. Both SFAs were located in Massachusetts, at a convenient location for the Integrated Study design staff. In addition to the written instructions, the SFA directors and kitchen managers received in-person training prior to the study and in-person technical assistance during the study. The debriefings gathered information on respondent burden, data collection problems, and clarifications to forms and instructions.

3. Student and Parent Interviews

In the two SFAs in Massachusetts, student and parent interviews were conducted in a total of three schools, one at each grade level. The pretest included four elementary school students, three middle school students, and two high school students. School personnel distributed handouts to selected classrooms to obtain parent permission and consent; student assent was obtained at the time of the interviews. A total of eight parents completed interviews. Elementary school students and their parents were interviewed in person. All student interviews were conducted at the student's school. Three elementary school parent interviews were conducted at the school, and one was conducted at the home. All four secondary school parent interviews were conducted by telephone. Dietary intake interviews were conducted using a computer-assisted personal interview system (the Nutrition Data System for Research) which is quite similar to the AMPM system that will be used in SNDA-III; the rest of the interviews were conducted using paper questionnaires (although they will be computer-assisted personal

interviews (CAPI) for the full study). Parent interviews included a debriefing on questions that might be considered difficult or sensitive.

B5. INDIVIDUALS CONSULTED ON THE STATISTICAL ASPECTS OF THE DESIGN

The sampling procedures were developed by John Hall and Jim Ohls of MPR, building on previous work on the Integrated Study design by Michael Sinclair (then of MPR), and by Michael Battaglia and K.P. Srinath of Abt Associates. Analysis plans were developed under the Integrated Study design contract by Anne Gordon, Ronette Briefel, and Barbara Devaney of MPR; by Chris Logan, Fred Glantz, and Nancy Burstein of Abt Associates; and by Mary Kay Fox, an independent consultant.

REFERENCES

- Abraham, S., Chattopadhyay, M., Montgomery, M., Steiger, D.M., Daft, L., Wilbraham, B. *The School Meals Initiative Implementation Study – Third Year Report*, Nutrition Assistance Program Report Series, CN02-SMI3, Project Officer, Patricia McKinney, U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, Alexandria, VA, 2002.
- Burghardt, J. and Devaney, B. *The School Nutrition Dietary Assessment Study: Summary of Findings*, Princeton, NJ: Mathematica Policy Research, Inc., October, 1993.
- Fox, M.K., Crepinsek, M.K., Connor, P. and Battaglia, M. *School Nutrition Dietary Assessment Study II—Final Report*. Project Officer: Patricia McKinney. U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation, Alexandria, VA, 2001.
- Institute of Medicine. *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients)*, Food and Nutrition Board, Institute of Medicine, 2002.
- Institute of Medicine. *Dietary Reference Intakes: Applications in Dietary Assessment*. Report of the Subcommittees on Interpretation and Uses of Dietary Reference Intakes and Upper Reference Levels of Nutrients, and the Standing Committee on the Scientific Evaluation of Dietary Reference Intakes, Food and Nutrition Board, 2001.
- Logan, Christopher, Anne Gordon, Fred Glantz, et al. “Integrated Study of School Meal Costs and Outcomes.” Final report submitted to USDA, Economic Research Service. Cambridge, MA: October 2003.
- McLaughlin J.E., Bernstein, L.S., Crepinsek, M.K., Daft, L.M., Murphy, J.M. *Evaluation of the School Breakfast Program Pilot Project: Findings from the First Year of Implementation*, Nutrition Assistance Program Report Series, No. CN-02-SBP, Project Officer: Anita Singh. U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation, Alexandria, VA, 2002.
- National Research Council. *Recommended Dietary Allowances, 10th edition*. Washington, DC: National Academy Press, 1989a.
- National Research Council. *Diet and Health*. Washington, DC: National Academy Press, 1989b.
- U.S. Departments of Health and Human Services and Agriculture. *Nutrition and Your Health: Dietary Guidelines for Americans, 3rd edition*. Washington, DC: U.S. Government Printing Office, 1990.

APPENDIX A

PRE-VISIT QUESTIONNAIRE

School Nutrition Dietary Assessment Study



SFA Contact Form

SFA Contact

SFA: _____

SCHOOL 1: _____

SFA DIRECTOR: _____

SCHOOL 2: _____

PHONE: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|

SCHOOL 3: _____

SCHOOL 4: _____

Good (morning/afternoon), this is _____ from Mathematica Policy Research. I am calling about the School Nutrition Dietary Assessment (SNDA) Study for the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS). You should have been notified recently by (NAME), your State Child Nutrition Director that your School Food Authority (SFA) has been selected for participation in the study.

I HAVEN'T RECEIVED ANY NOTIFICATION?

I apologize about that. Why don't we complete this conversation and then I will send you some background materials about the study and follow up with your Child Nutrition Director to find out why (he/she) hadn't reached you.

HOW/WHY WAS MY SFA/SCHOOL DISTRICT SELECTED?

Each SFA was randomly selected using precise scientific sampling methods in order for the study sample to be representative of all public school districts nationally that participate in the National School Lunch Program.

(The information collected from your SFA will represent not only your own experiences, but those of similar SFAs around the country. That is why it is so important that all of the selected districts and schools participate.)

IS THIS MANDATORY?

Participation is not mandatory, but everyone from the USDA to your State Director has approved of the study and is strongly encouraging cooperation from all selected SFAs. We have made all reasonable efforts to minimize the time and effort required of all study participants.

(Because scientific sampling procedures were used to select the SFAs, any district that chooses not to participate will have a significant impact on the quality of the data and the value of the research).

At this time, I would like to briefly introduce you to the study and collect some preliminary information. The purpose of this study is to determine the foods included in current National School Lunch and School Breakfast Program meals and their nutrient content, as well as the selection of foods and nutrient consumption by public school children in the context of both their schools and households. Much of the information collected in this study will be available to nutritional experts and policymakers for the first time and will prove extremely useful in planning future technical assistance to schools and any program performance measurement.

As part of the study, we will be contacting 3 or 4 schools in your district. Does your district have any new schools, meaning the school began operating either last school year (2003-2004) or this current school year (2004-2005)?

IF YES: Can you give me the name(s) and zip code(s) of the new school(s)? (If necessary, you can fax me a list at 609-799-0005.) ENTER INFORMATION ON NEXT PAGE.

Does (SCHOOL) participate in the NSLP? **IF YES:** What grades does the school cover? What is the student enrollment?

0. a. SCHOOL	b. ZIP CODE	c. PARTICIPATE IN NSLP?	d. GRADES	e. ENROLLMENT (AS OF 10/1/04)
_____ _____	_ _ _ _ _	YES → NO → SKIP TO NEXT SCHOOL	_ _ to _ _	
_____ _____	_ _ _ _ _	YES → NO → SKIP TO NEXT SCHOOL	_ _ to _ _	
_____ _____	_ _ _ _ _	YES → NO → SKIP TO NEXT PAGE	_ _ to _ _	

We have preliminarily selected the schools we plan to contact in your district, (but they could change based on this new information you have just given me). The first school is (INSERT SCHOOL 1). Please tell me what grades are included in this school?

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____
	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____
1. What grades are included in school? CHECK ALL THAT APPLY	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12
1a. Is this a charter school?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know
2. As of October 1 of the current school year, what was the total enrollment at SCHOOL?				
2a. Does SCHOOL participate in the NSLP?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → SKIP TO NEXT SCHOOL	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → SKIP TO NEXT SCHOOL	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → SKIP TO PAGE 6	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → SKIP TO PAGE 6

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____
	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____	<input type="checkbox"/> SCHOOL CLOSED <input type="checkbox"/> OTHER SPECIAL CASE (explain): _____ _____
<p>3. Does SCHOOL operate under Provision 2 for the NSLP or SBP?</p> <p>NOTE: Provisions 2 schools serve meals at no charge to all children as determined by application once every three years.</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>
<p>4. Does SCHOOL operate under Provision 3 for the NSLP or SBP?</p> <p>NOTE: Provisions 3 schools serve meals at no charge to all children regardless of eligibility status.</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> NSLP → GO TO Q.7 2 <input type="checkbox"/> SBP → GO TO Q.7 0 <input type="checkbox"/> None of the above</p>
5. How many students in SCHOOL are approved for free meals?				
6. How many students in SCHOOL are approved for reduced-price meals?				

NAMES OF SCHOOLS	SCHOOL 1	SCHOOL 2	SCHOOL 3	SCHOOL 4
7. (CODE IF KNOWN) Does SCHOOL participate in the School Breakfast Program (SBP) for 2004-2005?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q9	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q9	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q9	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q9
8. Does SCHOOL offer universal-free breakfast?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No n.a. <input type="checkbox"/> NA (no breakfast program)
8a. Does SCHOOL offer any non-traditional breakfast program such as breakfast in the classroom or grab and go breakfast?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
9. Does SCHOOL operate any NSLP or SBP year-round meal programs? CHECK ALL THAT APPLY	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP 2 <input type="checkbox"/> SBP 0 <input type="checkbox"/> None of the above
10. Where are menus for SCHOOL planned? CHECK ALL THAT APPLY	1 <input type="checkbox"/> District level 2 <input type="checkbox"/> SFA level 3 <input type="checkbox"/> Off-site kitchen 4 <input type="checkbox"/> This school 5 <input type="checkbox"/> Shared district and school 6 <input type="checkbox"/> Food Service management company 7 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____	1 <input type="checkbox"/> District level 2 <input type="checkbox"/> SFA level 3 <input type="checkbox"/> Off-site kitchen 4 <input type="checkbox"/> This school 5 <input type="checkbox"/> Shared district and school 6 <input type="checkbox"/> Food Service management company 7 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____	1 <input type="checkbox"/> District level 2 <input type="checkbox"/> SFA level 3 <input type="checkbox"/> Off-site kitchen 4 <input type="checkbox"/> This school 5 <input type="checkbox"/> Shared district and school 6 <input type="checkbox"/> Food Service management company 7 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____	1 <input type="checkbox"/> District level 2 <input type="checkbox"/> SFA level 3 <input type="checkbox"/> Off-site kitchen 4 <input type="checkbox"/> This school 5 <input type="checkbox"/> Shared district and school 6 <input type="checkbox"/> Food Service management company 7 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____
10a. Who is the menu planner?	NAME _____ PHONE # _____	NAME _____ PHONE # _____	NAME _____ PHONE # _____	NAME _____ PHONE # _____
11. Which of the following menu planning options is currently used for SCHOOL?	1 <input type="checkbox"/> NuMenus 2 <input type="checkbox"/> Assisted NuMenus 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____	1 <input type="checkbox"/> NuMenus 2 <input type="checkbox"/> Assisted NuMenus 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____	1 <input type="checkbox"/> NuMenus 2 <input type="checkbox"/> Assisted NuMenus 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____	1 <input type="checkbox"/> NuMenus 2 <input type="checkbox"/> Assisted NuMenus 3 <input type="checkbox"/> Enhanced Food-Based 4 <input type="checkbox"/> Traditional Food-Based 5 <input type="checkbox"/> Other (<i>Specify</i>) _____ _____ _____
	0 <input type="checkbox"/> DON'T KNOW	0 <input type="checkbox"/> DON'T KNOW	0 <input type="checkbox"/> DON'T KNOW	0 <input type="checkbox"/> DON'T KNOW

	School 1	School 2	School 3	School 4
Names of Schools	_____	_____	_____	_____
12. Does SCHOOL use a cycle menu?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14
13. What is the length of the cycle in days?	_ _ DAYS	_ _ DAYS	_ _ DAYS	_ _ DAYS
14. Does SCHOOL offer foods from national or regional brand-name or chain restaurants, such as Domino's, McDonald's, Burger King, Taco Bell, Pizza Hut or Subway?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15
14a. Are these foods offered in reimbursable meals?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
15. Are meals for SCHOOL partly or fully prepared in an off-site kitchen?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
15a. What is the name of the person who completes production records at SCHOOL?	NAME _____ PHONE # _____	NAME _____ PHONE # _____	NAME _____ PHONE # _____	NAME _____ PHONE # _____
16. Now thinking about the 2003-2004 school year:				
16a. What was the average daily attendance?				
16b. How many full price lunches were claimed for 2003-2004?				
16c. How many reduced-price lunches were claimed for 2003-2004?				
16d. And, how many free lunches were claimed for 2003-2004?				
17. Now thinking about school breakfasts for 2003-2004:				
17a. How many full price SBP breakfasts were claimed for the year?	_____ # FULL PRICE BREAKFASTS 0. <input type="checkbox"/> No breakfast program in 2003-2004 GO TO NEXT SCHOOL ←	_____ # FULL PRICE BREAKFASTS 0. <input type="checkbox"/> No breakfast program in 2003-2004 GO TO NEXT SCHOOL ←	_____ # FULL PRICE BREAKFASTS 0. <input type="checkbox"/> No breakfast program in 2003-2004 GO TO NEXT PAGE ←	_____ # FULL PRICE BREAKFASTS 0. <input type="checkbox"/> No breakfast program in 2003-2004 GO TO NEXT PAGE ←
17b. How many reduced-price SBP breakfasts were claimed for the year?				
17c. And, how many free breakfasts were claimed for 2003-2004?				

IF ON-SITE DISTRICT WITH NEW SCHOOLS OR CLOSING OF ANY SAMPLED SCHOOLS:

The next step is for us to get student rosters for the schools included in the study to sample students for the student level data collection, but first I need to check if the new information you have provided me will affect the schools we include from your district. I would like to call you back within a day or two with that decision. In the meantime, please check on how you will be able to send us the rosters. END OF CALL.

IF ON-SITE DISTRICT WITH NO NEW SCHOOLS OR CLOSING OF SAMPLED SCHOOLS:

At this time we need to sample students for the student-level data collection. To prepare for this, I'd like you to send me student rosters for the schools we just discussed. These should include student name (or other identifier such as school ID#), grade, date of birth and school. (I can send you an example of the type of information we are looking for.)

When can we expect the rosters? And how will you be sending them? (If it is an option, we would prefer an electronic file.)

QUESTIONS/CONCERNS ABOUT CONSENT:

We are only using the rosters to select which students to include in the study. Once those students have been selected, we will contact the schools and work with them to meet any consent requirements before including any personal information in the data. All information collected now or at any time throughout the study will be confidential.

IF NO NAMES WITHOUT CONSENT:

Can you provide rosters using only ID numbers? Once we have selected students based on their ID numbers for the study, we would be happy to work with the schools to meet any consent requirements before having the selected students names released to us.

IF OTHER CONSENT PROCEDURES:

We would be happy to comply with whatever your district requires. Who is the best person to discuss this with? Can I have their phone number?

IF ROSTERS PROVIDED BY SOMEONE ELSE:

Can I please have the name and telephone number of whom I need to follow up with?

That is all the information we need at this time. Please let the individual schools know that they have been selected for the study and can expect to hear from us beginning in about January. I will send you some additional information about the study that you can pass along to them. We may also need to contact you for additional information later as we prepare to get in touch with the schools. In the meantime, it would be helpful if you could prepare a very brief letter to us acknowledging your awareness of the study and your support of the district's participation.

Please email me at: _____ or mail it to:

Mathematica Policy Research
PO Box 2393
Princeton, NJ 08543

Thank you for your time. (I look forward to speaking with you again soon.) If you have any questions (before we speak again), please call me directly at: _____

APPENDIX B

SCHOOL FOOD AUTHORITY SURVEY

ID#:

SFA:

City and State:

OMB Clearance Number: 0584-0527

Expiration Date: 1/31/2008



School Nutrition Dietary Assessment Study

School Food Authority Survey

PLEASE RETURN BY (DATE)

Elementary School:

Middle School:

High School:

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

Time Burden for this collection of information is estimated to average 25 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

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, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

INSTRUCTIONS

- This survey is divided into two sections, all of which should be completed by the SFA director.
- When completing the survey, please use a black or blue pen, and write only in the spaces provided.
- Please answer all of the questions, except for those that are not applicable, as indicated by the skip patterns.
- Unless questions specifically indicate that more than one answer may be given, please mark only one answer per question.
- If you have any questions regarding the study or completing the SFA survey, please do not hesitate to get in touch with Rhoda Cohen at 1-800-232-8024 or email: rcohen@mathematica-mpr.com

The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.

Participation is completely voluntary. Choosing not to participate will not affect your employment or your district's participation in school food programs in any way.

We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-800-232-8024

SECTION I: SFA CHARACTERISTICS AND OPERATIONS

MENU PLANNING AND COMPUTER SYSTEMS

1. Does your district use a computerized system for . . .

MARK ALL THAT APPLY

- 1 Nutrient analysis of menus ?
- 2 Point Of Sale payment/meal counts ?
- 3 Processing applications for free/reduced price (F/RP) meals
- 4 Food inventory
- 0 None of the above → **Go to Q.2**

1a. Which software system do you use? (read list)

MARK ONE RESPONSE FOR EACH FUNCTION

	Nutrient Analysis	POS	F/RP Applications	Food Inventory
	MARK ONLY ONE	MARK ONLY ONE	MARK ONLY ONE	MARK ONLY ONE
Bon Appetit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B.O.S.S. (Back Office Software Solutions).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
CAFS (Computer Assisted Food Service).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
CAFÉ Terminal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Keeping TRAC.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
KYRUS (formerly AccuSERIES).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
NutriKids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PCS Revenue Control Systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
NutriMenu 2000	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Visual B.O.S.S.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
WinSNAP/WebSMARTT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Custom-developed system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other (<i>Specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

No software for this function	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

1b. When you do a nutrient analysis, is it weighted, unweighted or both? (Weighted analysis takes into account how often the item is served).

- 1 Weighted
- 2 Unweighted
- 3 Both
- 4 Don't do nutrient analysis → **Go to Q.2**

1c. Do you complete separate analyses for breakfast and lunch or do you do a combined analysis ?

MARK ONLY ONE

- 1 Separate
- 2 Combined
- 3 Only analyze breakfast
- 4 Only analyze lunch
- 5 Don't offer breakfast

2. What qualifications does your district's menu planner have?

MARK ALL THAT APPLY

- 1 Associates degree in consumer science, hotel/restaurant management, baking/ culinary arts, etc.
- 2 Bachelor's degree in consumer science, hotel/restaurant management, culinary arts, etc.
- 3 Licensed nutritionist
- 4 Master's level nutritionist
- 5 On the job training
- 6 Registered dietician
- 7 School Food Service and Nutrition Specialist (ASFSA certified)
- 8 State food service certificate
- 0 None of the above

3. Are all menus planned at the district level?

- 1 Yes → **Go to Q.4**
- 0 No

3a. Which types of schools plan their own menus?

MARK ALL THAT APPLY

- 1 Elementary schools
 - 2 Middle schools
 - 3 High schools
 - 4 Is there another school? (*Specify*)
-

4. I'll read a list of USDA tools, please tell me which ones you use

MARK ALL THAT APPLY

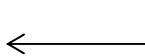
- 1 Assisted NuMenus Guidance: School Lunch and Breakfast Menus
 - 2 Changing the Scene: Improving the School Nutrition Environment
 - 3 Choice Plus: A Reference Guide for Foods and Ingredients
 - 4 Community Nutrition Action Kit
 - 5 Cooking a World of Tastes (videos)
 - 6 Fight Back Managers Self-Inspection Checklist
 - 7 First Choice (second edition)
 - 8 Food Buying Guide for CN Programs
 - 9 Fruits and Vegetables Galore
 - 10 Healthy School Meals Training Program
 - 11 Menu Planner for Healthy School Meals
 - 12 New School Lunch And Breakfast Recipes/ Tool Kit for Healthy School Meals
 - 13 Nutrient Analysis Protocols: How to Analyze Menus for USDA's School Meals Programs
 - 14 Quantity Recipes for School Food Service
 - 15 Serving It Safe: A Tool Kit (second edition)
 - 16 Serving It Safe: A Tool Kit for Managers
 - 17 Serving It Safe Training Video
 - 18 Team Nutrition Guide to Purchasing Food Service Equipment
 - 19 Other (*Specify*)
-
- 0 None of the above

6c. In the past two years, have you observed . . .

- a. An increase in the number of vending machines in schools?.....
- b. Vending machines installed in schools where they had not previously been?

Yes	No
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>

IF NO, Go to 6e



6d. Where were the new machines installed?

MARK ALL THAT APPLY

- 0 No new machines installed
- 1 Elementary schools
- 2 Middle schools
- 3 High schools
- 4 Other (Specify)

6e. In the past two years, has there been an increase in the number of other in-school sites selling beverages; such as snack bars, school stores, or concession stands?

- 1 Yes
- 0 No → Go to Q.7

6f. Where were these beverage selling sites added?

MARK ALL THAT APPLY

- 1 Elementary schools
- 2 Middle schools
- 3 High schools
- 4 Other (Specify)

7. Other than the USDA ban on selling soft drinks during meals, has your school district, or any school in your district, imposed a ban or restriction on the **types** of soda, soft drinks, or sweetened fruit beverages (less than 100% juice) that may be sold to students in schools or on school grounds (including vending machines)?

MARK ONE ANSWER

- 1 District ban/restriction
- 2 School-level ban/restriction
- 0 No district or school ban/restriction
- 3 Never offered soda, soft drinks or sweetened fruit beverages → Go to Q.7b

7a. Other than USDA restrictions, has your school district, or any school in your district, set restrictions on the **time** of day when students may purchase soda, soft drinks, or sweetened fruit beverages (less than 100% juice) in schools or on school grounds (including vending machines)?

MARK ONE ANSWER

- 1 District-wide/limit on time of day
- 2 School level/limit on time of day
- 0 No district or school/limit on time of day

7b. Other than USDA restrictions, has your school district, or any school in your district, restricted the **types** of food or snack items sold to students in schools or on school grounds (including school stores and vending machines).

MARK ONE ANSWER

- 1 District-wide/restriction
- 2 School level/restriction
- 0 No district or school/restriction

8. Does your district participate in a purchasing cooperative?

- 1 Yes
- 0 No → Go to Q.9

8a. Does the use of a purchasing cooperative limit, expand, or have no effect on your ability to purchase the food items you want?

MARK ONE ANSWER

- 1 Limit
- 2 Expand
- 3 No effect

8b. How has the use of a purchasing cooperative affected your district's total food costs?

MARK ONE ANSWER

- 1 Increased total food costs
- 2 Decreased total food costs
- 3 No impact on total food costs
- d Don't know

9. Does your district have guidelines on purchasing locally grown foods?

- 1 Yes, state guidelines
- 2 Yes, local guidelines
- 0 No → **Go to Q.10a**

9a. Are there written guidelines?

- 1 Yes
- 0 No → **Go to Q.10a**

9b. Please FAX a copy of the guidelines for purchase of locally grown foods (or briefly describe them).

- 1 Will fax guidelines

10a. Does your district have guidelines about purchasing fresh produce, other than locally grown foods?

- 1 Yes, state guidelines
- 2 Yes, local guidelines
- 0 No → **Go to Q.11**

10b. Are there written guidelines?

- 1 Yes
- 0 No → **Go to Q.11**

10c. Please FAX the guidelines related to fresh produce (or briefly describe them).

- 1 Will fax guidelines

11. Does your district purchase foods through the Department of Defense "DoD Fresh" program?

- 1 Yes
- 0 No

12. Does your district purchase foods through the "State Farm to School" program?

- 1 Yes
- 0 No

13. Does your district include nutrient requirements in purchasing specifications for any foods?

- 1 Yes
- 0 No → **Go to Q.14**

13a. Do the purchasing specifications for ANY foods, include requirements for/restrictions on . . .

TELL ME YES / NO AS I READ THEM:

	Yes	No
Calories	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Protein	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Vitamin A	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Vitamin C	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Calcium	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Iron	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Fat	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Saturated Fat.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Cholesterol	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Sodium	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Sugar	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Portion or serving size.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Other (<i>Specify</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

14. Does your district require child nutrition (CN) or other nutrient labels on some or all purchased foods?

- 1 Yes
 0 No → **Go to Q.16a**

15. Does your district require CN or other nutrient labels for . . .

MARK ALL THAT APPLY

- 1 Pre-prepared breakfast food?
 2 Pre-prepared lunch foods?
 3 Other foods (*Specify*)

16a. Does your district have any other guidelines that affect the types of food that you purchase?

- 1 Yes, local guidelines
 1 Yes, state guidelines
 0 No → **Go to Q.18**

16b. Are there written guidelines?

- 1 Yes
 0 No → **Go to Q.18**

17. Please fax me a copy of these guidelines (or briefly describe them).

- 1 Faxing Guidelines

FOOD SAFETY AND SANITATION

18. Are **new** employees required to receive training in food safety and sanitation?

- 1 Yes
 0 No → **Go to Q.19**

18a. Do **newly-hired** food service managers, cooks, or other food service staff get training in (READ LIST)?

MARK ALL THAT APPLY

	Kitchen Managers	Cooks	Other	None
Food safety/sanitation training as part of general training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Serving it Safe HACCP system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other separate course or class in food safety/sanitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Test or exam in food safety/sanitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Certification as food safety manager	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Specify other type(s) of staff:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

18b. How many hours of training in food safety and sanitation are required for **new** staff?

	Hours	Not Applicable/ Not Done
Food service managers	_ _ _	n.a. <input type="checkbox"/>
Cooks	_ _ _	n.a. <input type="checkbox"/>
Other staff.....	_ _ _	n.a. <input type="checkbox"/>

19. Are **current** employees required to receive periodic training in food safety and sanitation?

- 1 Yes
 0 No → **Go to Q.20**

19a. What types of training are required for **current** food service managers, cooks, or other food service staff? (read list)

MARK ALL THAT APPLY

	Kitchen Managers	Cooks	Other	None
Food safety/sanitation training as part of general training.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Serving it Safe HACCP system.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other separate course or class in food safety/sanitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Test or exam in food safety/sanitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Certification as food safety manager.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Specify other type(s) of staff: _____ _____				

19b. Each year, how many hours of training in food safety and sanitation are required for **current** staff?

	Hours	Not Applicable/ Not Done
Food service managers	_ _ _	n.a. <input type="checkbox"/>
Cooks	_ _ _	n.a. <input type="checkbox"/>
Other staff	_ _ _	n.a. <input type="checkbox"/>

20. On average, how often does someone from your district monitor each kitchen for safe food handling practices and sanitary conditions?

MARK ONE ANSWER

- 1 Once a month or more
 2 Less than once a month, but at least once every three months
 3 Less than once every three months, but at least once every six months
 4 About once a year
 5 Less than once a year
 0 Never

20a. Does your district have a health policy for restricting or excluding ill food service employees?

- 1 Yes
 0 No

21. How often does someone from your county, state, or local health department inspect each kitchen for safe food handling practices and sanitary conditions?

MARK ONE ANSWER

- 1 Once a month or more
 2 Less than once a month, but at least once every three months
 3 Less than once every three months, but at least once every six months
 4 About once a year
 5 Less than once a year
 0 Never

21a. Does your district have a HACCP plan (Hazard Analysis and Critical Control Points Plan) in place for the preparation of all school meals?

- 1 Yes
- 0 No

22. Considering all of your experience with food safety and sanitation in this school district, what are the most frequent problems or challenges?

MARK ALL THAT APPLY

- 1 Food storage problems
- 2 Temperature of food
- 3 Pests
- 4 Cleanliness of the cupboards, counters, floors
- 5 Food handling problems
- 6 Inconsistent, or lack of use of gloves and/or hair restraints
- 7 Personal cleanliness
- 8 Other (Specify)

- 0 No persistent problems or challenges

24. Does your department routinely make information on the nutrient content of USDA-reimbursable meals available to students and/or parents?

- 1 Yes
- 0 No → **Go to Q.24b**

24a. How do you make nutritional information available to students or parents?

MARK ALL THAT APPLY

- 1 Send menus/flyers home
- 2 Post information in school (e.g., on bulletin boards)
- 3 Post information online
- 4 Post information on TV
- 5 Post information in newspapers
- 6 Other (Specify)

24b. In the past 12 months, have you or anyone on your staff . . .

- a. Attended a PTA or other parent group meeting to discuss the school food service program ?.....
- b. Provided families with information about the school food service program, other than basic menu information?
- c. Invited family members to consume a school meal?
- d. Participated in a nutrition education activity in a classroom?
- e. Conducted a nutrition education activity in a food service area?

	Yes	No
a.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	1 <input type="checkbox"/>	0 <input type="checkbox"/>

NUTRITION PROMOTION/EDUCATION

23a. Does your district have a wellness policy that addresses student nutrition and physical activity?

- 1 Yes, local policy
- 2 Yes, state policy
- 0 No → **Go to Q.24**

23b. Please tell me the 3 most important elements of the policy.

25. Do you use any of the following ways to get feedback from students or parents about USDA reimbursable meals?

MARK ALL THAT APPLY

- 1 Surveys
- 2 Suggestion box
- 3 Bulletin board
- 4 Web page
- 5 Advisory council
- 6 Other (Specify)

- 0 None of the above

26b. What is the percentage markup used for setting prices for full-price reimbursable meals? (Enter percentage or check if not applicable)

	Percent	Not Applicable
Percentage markup for NSLP I	_ _ _ %	n.a. <input type="checkbox"/>
Percentage markup for SBP	_ _ _ %	n.a. <input type="checkbox"/>

27. Which of the following does your school district consider when setting prices for **a la carte** items sold in school food service areas?

MARK ALL THAT APPLY

- 1 No a la carte items sold in any school cafeteria → **Go to Q.28**
- 2 Food cost
- 3 Production labor cost (wages, benefits, etc.)
- 4 Other production costs (utilities, equipment, supplies, etc.)
- 5 Transportation cost
- 6 Administrative or indirect costs
- 7 Incentive for student consumption of specific items (milk, etc.)
- 8 Incentive for student participation in reimbursable meal program
- 9 Ease of collecting payments
- 10 Other (Specify)

MEAL PRICING

26. Which of the following does your school district consider when setting prices for USDA-full-price reimbursable meals?

MARK ALL THAT APPLY

- 1 Food cost
- 2 Production labor cost (wages, benefits, etc.)
- 3 Other production costs (utilities, equipment, supplies, etc.)
- 4 Transportation cost
- 5 Administrative or indirect costs
- 6 Incentive for student participation
- 7 Constraints set by school boards
- 8 Ease of collecting payments
- 9 Other (Specify)

26a. Does your district set prices for USDA-reimbursable meals using a percentage of markup on food or other costs?

- 1 Yes
- 0 No → **Go to Q.27**

27a. Does your district set prices for a la carte items using a percentage markup or a fixed dollar markup on food or other costs?

- 1 Yes
- 0 No → **Go to Q.28**

27b. What costs are included in the base for calculating a la carte prices? (The base is the amount to which the markup is added.)

MARK ALL THAT APPLY

- 1 Food cost
- 2 Production labor costs
- 3 Other production costs
- 4 Transportation cost
- 5 Administrative or overhead costs
- 6 Other (*Specify*)

27c. What is the dollar or percentage markup used for setting prices for foods sold a la carte? If you report as a percentage, please use your cost as the base (denominator) when figuring the percentage.

	Percent		Dollar	No Specified Markup
Milk.....	_ _ _ %	or	\$ _____	n.a. <input type="checkbox"/>
Other items on reimbursable menu	_ _ _ %	or	\$ _____	n.a. <input type="checkbox"/>
Other (a la carte-only) items.....	_ _ _ %	or	\$ _____	n.a. <input type="checkbox"/>

27d. When did your school district last change the prices for a la carte foods?

YEAR

MONTH

- d Don't know → **Go to Q.28**

If NO change, Go to Q.28

27e. How did the prices for a la carte foods change?

MARK ONE ANSWER FOR EACH FOOD TYPE

	Increased	Reduced	Not Changed	Don't know
Milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Other items on the reimbursable menu	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Other (a la carte-only) items	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

27f. What factors caused the change(s)?

MARK ALL THAT APPLY

- 1 Change in food cost
- 2 in labor cost (wages, benefits, etc.)
- 3 in other production cost
- 4 in transportation cost
- 5 in administrative/indirect cost
- 6 Increased charge to food service account for district administrative/indirect cost
- 7 Reduction in state/school district subsidy
- 8 Unspecified cost increase/losing money
- 9 Declining participation in reimbursable meals
- 10 Other (*Specify*)

- d Don't know

SECTION II: SFA DIRECTOR BACKGROUND AND EXPERIENCE

28. How long have you been a school food service director?

YEARS AND/OR MONTHS

29. What's the highest grade or year of schooling you completed?

MARK ALL THAT APPLY

- 1 Less than high school
- 2 High school
- 3 Some college, no degree
- 4 Associates degree
- 5 Bachelor's degree
- 6 Graduate degree

29a. Which of the following credentials do you hold?

MARK ALL THAT APPLY

- 1 Associates degree in consumer science, hotel/restaurant management, baking/culinary arts, etc.
- 2 Bachelor's degree in consumer science, hotel/restaurant management, culinary arts, etc.
- 3 Licensed nutritionist
- 4 Master's level nutritionist
- 5 On the job training
- 6 Registered Dietician
- 7 School Food Service and Nutrition Specialist (School Nutrition Association, formerly ASFSA, certified)
- 8 State food service certificate
- 0 None of the above

29b. How many hours do you spend each week as Director of the School Food Authority?

--	--

 HOURS/WEEK

29c. What are your other district or school level responsibilities?

MARK ALL THAT APPLY

- 1 Full-time school food service manager
- 2 Part-time school food service manager
- 3 Business manager (district)
- 4 Transportation coordinator (district)
- 5 Other (*Specify*)

- 6 Other (*Specify*)

- 0 No other responsibilities

30a. As we are doing the nutrient coding of the Menu Survey information, we find it useful to have the Production Records for each of the schools (NAME SCHOOLS) we visited in your district during the week of (WEEK OF VISIT). Could you please fax them or email them to me?

30b. What recommendations do you have on how to improve the school lunch and breakfast programs? (Would you like to e-mail me the recommendations?)

**Thank you very much for taking the time to complete this survey.
Your assistance is greatly appreciated.**

APPENDIX C
MENU SURVEY

**Instructions
for
Menu Survey**



INTRODUCTION TO MENU SURVEY

Thank you for participating in the School Nutrition Dietary Assessment Study. Without your help, and the help of food service professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods offered and served in your school foodservice program during a specified time period, referred to as the “target week.” *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to measure the nutrient content of school lunches and breakfasts.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing survey forms. The manual also includes many examples of completed forms. **Be sure to look over the sample completed forms.** They provide many examples that may be useful when you are completing your own survey forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

Daily Meal Counts Form

This one-page form (on blue paper) is located in the clear envelope of the Menu Survey Folder. This is a very simple form. All you need to do is write in the number of reimbursable lunches and breakfasts you serve each day of the target week. At the bottom of the form, you need to write in your total a la carte sales each day for the week.

Reimbursable Foods Forms

You will fill out these forms each day of the target week. They are located in the colored envelopes in the Menu Survey Folder labeled by day of the week (Monday forms in blue envelope, Tuesday forms in grey envelope, etc.). There are separate forms for breakfast (yellow) and lunch (white). You will use these forms to provide information about all the items offered in reimbursable meals, including portion sizes, the number of reimbursable portions served (or total amount prepared, amount left over, and whether any sold a la carte), and the food descriptions needed for an accurate nutrient analysis. You will also need to check if any food item was a USDA commodity or a recipe.

Self-Serve/Made-to-Order Bar Forms

A clear envelope in the Menu Survey Folder includes a booklet of forms (lavender) for recording information about self-serve bars, such as salad bars and condiment/finishing bars as well as made-to-order bars such as deli bars. You will use the Daily Counts for Self-Serve/Made-to-Order Bars form to record the total number of servings taken from each bar for each day of the target week, and whether any were a la carte. You will use a separate Self-Serve/Made-to-Order Bar Form to describe the foods offered on each bar.

Recipe Forms

There is one other type of form you will use when completing the Menu Survey—Recipe Forms. These are located in a pink, stapled booklet in the red envelope of the Menu Survey Folder. The Recipe Forms are used to provide information for certain reimbursable meal items served during the target week. This manual explains when these forms are needed.

Daily Reminder List

In each of the Monday through Friday envelopes we have also included the Daily Reminder List. This double-sided card provides tips for getting organized before the target week and a summary of day-to-day activities for the target week. [We suggest that you also store or post this list in a convenient location so you can refer to it during the target week.](#)

The Rest of this Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, one or more completed samples are provided. These sample completed forms are located right behind the instructions for each form. [Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.](#)

If You Need Assistance

We will be calling you a day or two before the start of the target week and again early during the target week, to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call our technical assistance line at [1-800-385-8713](tel:1-800-385-8713). [Thank you for your assistance with this important project!](#)

General Guidelines for Completing the Menu Survey

Getting Started

Please read this manual carefully. **Be sure to review the sample completed forms provided at the end of each section.** Also pay special attention to the *Daily Reminder List*. Keep this guide handy during the target week and refer to it as you complete survey forms.

Off-Site Kitchens

If your school obtains prepared meals from a base or central kitchen or an outside vendor during the target week, we ask that you obtain recipes for these foods, as needed. You may wish to discuss strategies for this task with your SFA director.

Filling Out Forms

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school at the top of each form.
- ✓ Double-check your work at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Place the eight colored envelopes with completed forms in the Menu Survey Folder. **Please return the Menu Survey Folder with completed forms to MPR in the pre-addressed Federal Express envelope provided.**

Instructions for Completing the Reimbursable Foods Forms

Purpose: To describe foods and drinks that are offered as part of USDA reimbursable lunches or breakfasts during the target week, and to provide information on the number of portions of each item served in reimbursable meals.

Location: The Reimbursable Foods Forms are located in the five Monday-Friday envelopes (blue, grey, red, green and clear) in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow booklet) and lunch (white booklet).**

Notes: **A sample completed Reimbursable Foods Form is included at the end of this section.** Looking at this sample as you read the instructions will make it easier for you to understand what you need to do when filling out the form.

How to Complete the *Reimbursable Foods Form*

Column A: Food Name

You will use this column to identify foods and beverages offered in reimbursable meals each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and drinks offered in **reimbursable meals**.
- All condiments, salad dressings, optional toppings, snack and dessert items.
- Foods and drinks that are offered in reimbursable meals but may not count toward USDA meal pattern requirements or be included in menus analyzed for nutrient content.

DO NOT INCLUDE:

- Foods and drinks that are offered only a la carte or only to teachers and other adults.
- Foods and drinks that are included in the planned menu for a given day, but not actually offered in your school.

When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections, if possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the relevant food group section (not enough blank lines) as well as items that belong in a food group that is not listed on the form (for example, snack chips).
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted. **For each self-serve bar, complete a separate Self-Serve/Made-to-Order Bar Form to identify the ingredients/foods offered on the bar.**
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods included in the meal.
- Use separate lines for foods that students may select with or without an additional ingredient or component.

Example: For a baked potato offered with optional toppings of bacon, cheese sauce, and/or broccoli, use separate lines for....

Baked potato
Cheese sauce, canned, low-fat
Broccoli, frozen, chopped

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount** and the **unit of measure**. For example,

Food Name	Amount	Unit
Peas, green	$\frac{3}{4}$	cup
Chicken patty	2.5	oz.
Tossed salad	$\frac{1}{2}$	cup

- For foods that are offered self-serve, write “self-serve.” Likewise, for foods that are offered made-to-order such as deli bars, write “made to order.”
- If your school offers different portion sizes of the same food, you will need to list the food twice (on two separate lines) and write in the different portion sizes. For example: 8 fl. oz. of milk and 16 fl. oz. of milk.
- If different portions are specifically offered to students of different ages, you will need to list the food twice, write in the different portion sizes, and identify the grades that receive each portion. [See the sample completed form at the end of this section for an example of how to do this.](#)

Column C: Total Reimbursable Portions Served

Record the total number of portions served in reimbursable meals in Column C for each food item listed on the form. If possible, exclude portions sold a la carte, to adults, or as second helpings. If you are unable to provide the number of reimbursable portions served, then leave Column C blank and complete Column D, as described below.

Column D: Amount Prepared or Available/ Amount Left Over/ Any Sold A La Carte

This section of the form includes three columns. The first two are for recording the total amount prepared and the amount left over for each item offered in reimbursable meals for which Column C was left blank.

- Include both the amount and the unit of measure for each. For example,

Food Name	Amount	Unit
Peas, green	5	lbs.
Chicken patty	14	lbs
Tossed salad	20	cups

- Use the third column with check boxes to indicate if any of the item was sold a la carte.

[See the sample completed form at the end of this section for an example of a form that is filled out to provide the information the study needs.](#)

Note: You only need to provide information for Column C or Column D, not both.

Column E: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer and brand name of the certain foods or beverage listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer or brand name.

For all other processed foods you serve, including entrees, desserts, drinks, snacks and french fries, please record the **manufacturer and/or brand** information. It is very common that a manufacturer name for a food may be available, but not brand. **Please do your best to record whatever manufacturer and/or brand information (or at least how the food is described on the package label) for all required foods listed. Also include a product code, if available.**

Below are examples of manufacturer and brand names, and products codes, for some foods.

(Item Col A)	Manufacturer	Brand Name	Product Code
(Waffles)	Kellogg's	Eggo, mini	46F23
(Hot dog)	Farmland	Bronze medal franks	79885
(Chicken fillet)	McCarty	Chicken Slimmers	1265L

Column F: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will only need to check or write in a response. For some foods, you will be asked to check regular, low fat or fat-free. For some foods you will be asked to specify fat content.

For items that you add to the form, use this column to provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (whole wheat flour, rye bread, unbreaded chicken nuggets, low-sodium ham)
- ✓ form (fresh, frozen or canned)
- ✓ flavor (chocolate milk, oatmeal cookie, vanilla yogurt)
- ✓ fat content

Column G: USDA Commodity?

For ingredients in Column A that are donated USDA commodities, place a check mark in the box in Column G. To avoid confusion, we have shaded this column for items that are never donated commodities, for example, milks.

We have also shaded this column for pre-listed foods that may require a recipe because recipes may include some commodity and some non-commodity items. When you complete a Recipe Form for these foods, you will make note of which ingredients are USDA commodities. You may ignore Column G for recipe items that you add to the form.

Column H: Recipe?

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column H. Use these checkmarks to remind yourself of the need for completion of a Recipe Form.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product, a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the Self-Serve/Made-to-Order Bar Form

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars, as well as made-to-order bars such as deli bars.

Location: The Self-Serve/Made-to-Order Bar Forms (lavender booklet) are located in one of the clear envelopes in the Menu Survey Folder. The booklet also contains the Daily Counts for Self-Serve/Made-to-Order Bars form.

Note: A separate Self-Serve/Made-to-Order Bar Form must be completed for each type of self-serve bar or made-to-order bar offered. Use the Daily Counts for Self-Serve/Made-to-Order Bars form to record the number of servings from each bar for each day of the target week. Instructions are provided on the form.

Samples of both Self-Serve/Made-to-Order Bar forms are included at the end of this section. Looking at these forms as you read the instructions will make it easier for you to understand what you need to do when filling out the form.

How to Complete the *Self-Serve/Made-to-Order Bar Form*

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Form and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by foodservice servers, such as pasta on a pasta bar, or cold cuts on a deli bar.

Be sure to include information on both the **amount** and the **unit of measure**. See the sample completed Self-Serve Bar/Made-to-Order Form at the end of this section for examples.

Column C: Frequently Selected by Students?

Check the box in this column if the food item listed is frequently selected by students from the self-serve or made-to-order bar.

Column D: Food Description/ Manufacturer/Brand Name and Product Code

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (whole wheat flour, rye bread, unbreaded chicken nuggets, low-sodium ham)
- ✓ form (fresh, frozen or canned)
- ✓ pre-preparation (whole, chopped, sliced, shredded)
- ✓ cooking status (cooked, uncooked, dry, raw)
- ✓ flavor (chocolate milk, oatmeal cookie, vanilla yogurt)
- ✓ fat content

For processed foods, please record the manufacturer and/or brand name and a product code in Column C. This is not necessary for fresh produce that is not individually packaged.

See the sample completed form at the end of this section for examples of ingredient descriptions.

Column E: USDA Commodity?

For foods in Column A that are donated USDA commodities, place a check mark in the box in Column E. You may ignore this column for recipe items, which may include some commodity and some non-commodity items. When you complete a Recipe Form for these foods, you will make note of which ingredients are USDA commodities.

Column F: Recipe?

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind yourself of the need for completion of a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

Location: A separate booklet of Recipe Forms (pink) is located in the red envelope of the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form (two-sided). File the completed extra forms in the red envelope with the Recipe Booklet.

Notes: **A Recipe Form is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches (if type and amount of sandwich components are not recorded on the Reimbursable Foods Form) and foods prepared with added butter, margarine, dressings, or other condiments.

Some foods may need more than one Recipe Form. For example, for a tuna salad sandwich, you will need to use two Recipe Forms -- one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed forms at the end of this section for an example of a situation where two Recipe Forms are needed.

You may not have to fill out the entire Recipe Form if a printed copy of the recipe is available. See the special instructions later in this section.

If the same recipe was prepared more than once during the target week, you only need to fill out a Recipe Form for the first day the recipe is used, *unless the recipe is prepared differently on other days of the week.* If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.

Samples of completed Recipe Forms are included at the end of this section. Looking at these forms as you read the instructions will make it easier for you to understand what you need to do when filling out the form.

How to Complete the Recipe Form

Recipe/Food Name

Write the complete name of the recipe or food on the line provided. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *“Tuna salad for tuna sandwich.”*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check “all” if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich, #12 scoop*).

Number of Servings Prepared /Total Amount Prepared

Please record the **total number of individual servings prepared** (i.e., the recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the contents of a single serving (*Examples: 1 sandwich, 1 Chef’s salad*).

If it is not possible to provide the number of servings prepared for a particular recipe, then record the total amount prepared, including unit of measure (*Examples: 5 gallons, 4 sheet pans*).

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all seasonings, salt, oils, and other items used in food preparation.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*)

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a processed food, list the manufacturer and/or brand name in addition to the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (whole wheat flour, rye bread, unbreaded chicken nuggets, low-sodium ham)
- ✓ form (fresh, frozen or canned)
- ✓ pre-preparation (whole, chopped, sliced, shredded)
- ✓ cooking status (cooked, uncooked, dry, raw)
- ✓ flavor (chocolate milk, oatmeal cookie, vanilla yogurt)
- ✓ fat content

See the sample completed forms at the end of this section for examples of ingredient descriptions.

Column E: USDA Commodity?

For ingredients in Column A that are donated USDA commodities, place a check mark in the box in Column E.

Column F: Recipe?

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind yourself of the need for completion of an additional Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients

Side 2

Please answer all the questions on Side 2 of the form.

If You Can Provide a Printed Copy of the Recipe...

Be sure to:

- Attach the printed recipe to the Recipe Form and indicate on the Recipe Form the meal and days the recipe was used.
- Edit the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information, that is, the number of servings the recipe makes and the size of the serving.
- A complete description of all ingredients, including manufacturer, brand and product code for processed ingredients.
- An indication of any ingredients that are USDA commodity

MPR DOCUMENTATION PURPOSES ONLY:

DOCUMENT NAME: P:\Que\SNDA-111\Forms\C1-Menu Survey Instructions-31.rrc.doc

(REV—1/10/05) 9/12/2006 8:57 AM

Received in email 1/10/05 from Rhoda Cohen
Lynne revised the word “in” to “is”
SNDA-111 6096-200

DAILY MEAL COUNTS FORM

School Name: _____

Date: _____

Instructions:

1. In the boxes for **Reimbursable Lunches** and **Reimbursable Breakfasts**, please record the **number of USDA free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis.
2. Check if the number of reimbursable meals was much higher or lower than usual. If so, describe the reasons for this difference in the space provided.
3. At the bottom of the page, please record the total value of your a la carte sales for each day of the target week.

Number of Reimbursable Lunches Served					
Day of Week	USDA Free	USDA Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Number of Reimbursable Breakfasts Served					
Day of Week	USDA Free	USDA Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Total Daily A La Carte Sales	
Monday	\$ _____
Tuesday	\$ _____
Wednesday	\$ _____
Thursday	\$ _____
Friday	\$ _____



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Reimbursable Foods Form: Breakfast

NOTE: For instructions on completing this form, please refer to Instructions for Menu Survey.

School Name: _____

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold A la Carte?				
MILK (Note: If more than one size is available, list separately in "Other Menu Items" section.)									
White, whole	fl oz.		cont.	cont.	<input type="checkbox"/>			<input type="checkbox"/>	
White, 2%	fl oz.		cont.	cont.	<input type="checkbox"/>			<input type="checkbox"/>	
White, 1%	fl oz.		cont.	cont.	<input type="checkbox"/>			<input type="checkbox"/>	
White, fat-free/skim	fl oz.		cont.	cont.	<input type="checkbox"/>			<input type="checkbox"/>	
Chocolate	fl oz.		cont.	cont.	<input type="checkbox"/>		Specify fat content:	<input type="checkbox"/>	
Other Flavor (Specify) _____	fl oz.		cont.	cont.	<input type="checkbox"/>		Specify fat content:	<input type="checkbox"/>	
Other Flavor (Specify) _____	fl oz.		cont.	cont.	<input type="checkbox"/>		Specify fat content:	<input type="checkbox"/>	
	fl oz.		cont.	cont.	<input type="checkbox"/>		Specify fat content:	<input type="checkbox"/>	
FRUIT (Note: Prelisted entries should be used only for fruit that is served as packaged. If anything is added before serving, list as separate item and complete RECIPE FORM.)									
Banana, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Grapefruit, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Grapes, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Orange, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Peaches, canned	Cup				<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold A la Carte?				
JUICES (Note: Priced entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)									
Orange juice	fl oz.		cont.	cont.	<input type="checkbox"/>		Calcium added? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Apple juice	fl oz.		cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	fl oz.		cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	fl oz.		cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COLD CEREALS									
Apple Jacks	oz.				<input type="checkbox"/>				
Cheerios, plain	oz.				<input type="checkbox"/>				
Cheerios, Honey Nut	oz.				<input type="checkbox"/>				
Cinn Toast Crunch	oz.				<input type="checkbox"/>				
Cocoa Krispies	oz.				<input type="checkbox"/>				
Cocoa Puffs	oz.				<input type="checkbox"/>				
Froot Loops	oz.				<input type="checkbox"/>				
Frosted Flakes	oz.				<input type="checkbox"/>				
Golden Grahams	oz.				<input type="checkbox"/>				
Lucky Charms	oz.				<input type="checkbox"/>				
Rice Krispies	oz.				<input type="checkbox"/>				
Special K	oz.				<input type="checkbox"/>				
Trix	oz.				<input type="checkbox"/>				
Wheaties	oz.				<input type="checkbox"/>				
	oz.				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	oz.				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
HOT CEREALS									
Cream of Wheat	cup				<input type="checkbox"/>		<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>
Grits	cup				<input type="checkbox"/>		<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>
Oatmeal	cup				<input type="checkbox"/>		<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg		<input type="checkbox"/>

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold A la Carte?				
OTHER BREADS AND GRAINS OFFERED SEPARATELY									
Bagel	oz.				<input type="checkbox"/>				
Biscuit	oz.				<input type="checkbox"/>				<input type="checkbox"/>
English muffin, plain	oz.				<input type="checkbox"/>		Specify type:		
English muffin, buttered	oz.				<input type="checkbox"/>		Specify type: <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		
Muffin, blueberry	oz.				<input type="checkbox"/>				<input type="checkbox"/>
Pancake	oz.				<input type="checkbox"/>				<input type="checkbox"/>
Roll, cinnamon	oz.				<input type="checkbox"/>		<input type="checkbox"/> Icing <input type="checkbox"/> No icing		<input type="checkbox"/>
Toast, plain	oz.		sl	sl	<input type="checkbox"/>		Specify type:		
Toast, buttered	oz.		sl	sl	<input type="checkbox"/>		Specify type: <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		
Toaster pastry	oz.				<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
MEATS AND MEAT ALTERNATES OFFERED SEPARATELY									
Bacon	sl				<input type="checkbox"/>		<input type="checkbox"/> Pork <input type="checkbox"/> Turkey		
Eggs					<input type="checkbox"/>		<input type="checkbox"/> Boiled <input type="checkbox"/> Fried <input type="checkbox"/> Scrambled	<input type="checkbox"/>	<input type="checkbox"/>
Ham	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Sausage	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Pork <input type="checkbox"/> Turkey <input type="checkbox"/> Beef	<input type="checkbox"/>	
Yogurt	oz.				<input type="checkbox"/>		Specify flavor: <input type="checkbox"/> Low-cal sweetener <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Reimbursable Foods Form: Lunch

NOTE: For instructions on completing this form, please refer to Instructions for Menu Survey.

School Name: _____

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold a La Carte?				
MILK (Note: If more than one size is available, list separately in "Other Menu Items" section.)									
White, whole	fl oz.		cont.	cont.	<input type="checkbox"/>				
White, 2%	fl oz.		cont.	cont.	<input type="checkbox"/>				
White, 1%	fl oz.		cont.	cont.	<input type="checkbox"/>				
White, fat-free/skim	fl oz.		cont.	cont.	<input type="checkbox"/>				
Chocolate	fl oz.		cont.	cont.	<input type="checkbox"/>		Specify fat content:		
Other Flavor (Specify) _____	fl oz.		cont.	cont.	<input type="checkbox"/>		Specify fat content:		
FRUIT (Note: Prelisted entries should be used only for fruit that is served as packaged. If anything is added before serving, list as separate item and complete RECIPE FORM.)									
Apple, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Applesauce, canned	Cup				<input type="checkbox"/>		<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Banana, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Fruit cocktail, canned	Cup				<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Grapes, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Orange, fresh					<input type="checkbox"/>			<input type="checkbox"/>	
Peaches, canned	Cup				<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, canned	Cup				<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	Cup				<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold a La Carte?				
JUCES (Note: Priced entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)									
Orange juice	fl oz.		cont.	cont.	<input type="checkbox"/>		Calcium added? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Apple juice	fl oz.		cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Frozen juice cup/bar	fl oz.		cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
	fl oz.				<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
VEGETABLES									
Beans, green	Cup				<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
Broccoli	Cup				<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
Carrot sticks					<input type="checkbox"/>		If offered, list dip as separate item(s) or complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Corn, kernels	Cup				<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
French fries	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Peas, green	Cup				<input type="checkbox"/>		<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	
Potatoes, whipped	Cup				<input type="checkbox"/>		<input type="checkbox"/> From fresh Fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type:	<input type="checkbox"/>	<input type="checkbox"/>
Salad bar (non-entrée or small portion)	Self-serve						Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Salad, tossed	Cup				<input type="checkbox"/>		List dressing as separate item(s) or complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Tater tots or shapes	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold a La Carte?				
ENTREES OTHER THAN SANDWICHES AND SELF-SERVE BARS									
Burrito					<input type="checkbox"/>		Specify fillings:		<input type="checkbox"/>
Chef's salad	1 salad				<input type="checkbox"/>				<input type="checkbox"/>
Chicken, piece(s) (Specify) _____ (Specify) _____					<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
Chicken nuggets	ea.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: oz.	<input type="checkbox"/>	
Chicken patty (not sandwich)	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Corndog	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> All beef <input type="checkbox"/> Beef & Pork <input type="checkbox"/> Turkey or Chicken		
Ham, slice	oz.		lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>	
Pizza, cheese			svgs.	svgs.	<input type="checkbox"/>		<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust		<input type="checkbox"/>
Pizza, pepperoni			svgs.	svgs.	<input type="checkbox"/>		<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust		<input type="checkbox"/>
Pizza, sausage			svgs.	svgs.	<input type="checkbox"/>		<input type="checkbox"/> Thin crust <input type="checkbox"/> Thick crust		<input type="checkbox"/>
Spaghetti with meat sauce	Cup				<input type="checkbox"/>				<input type="checkbox"/>
Taco			svgs.	svgs.	<input type="checkbox"/>		<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla Specify filling:		<input type="checkbox"/>
Turkey, slice	oz.		lbs.	lbs.	<input type="checkbox"/>				
Yogurt (as meat alternate)	oz.		cont.	cont.	<input type="checkbox"/>		Specify flavors: <input type="checkbox"/> Low-cal sweetener <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold a La Carte?				
SELF-SERVE ENTRÉE BARS									
Entrée salad bar (or large portion)	Self-serve				<input type="checkbox"/>	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Potato bar	Self-serve				<input type="checkbox"/>	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Nacho/taco bar	Self-serve				<input type="checkbox"/>	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
	Self-serve				<input type="checkbox"/>	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
	Self-serve				<input type="checkbox"/>	Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
BREADS AND GRAINS OFFERED SEPARATELY									
Biscuit	oz.				<input type="checkbox"/>				<input type="checkbox"/>
Bread, plain	oz.		sl.	sl.	<input type="checkbox"/>		Specify type:		
Bread, buttered	oz.		sl.	sl.	<input type="checkbox"/>		Specify type: <input type="checkbox"/> Margarine <input type="checkbox"/> Butter		
Breadstick	oz.				<input type="checkbox"/>				<input type="checkbox"/>
Cornbread	oz.				<input type="checkbox"/>				<input type="checkbox"/>
Crackers, saltine	ea.				<input type="checkbox"/>				
Rice, white	cup				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Roll, wheat	oz.				<input type="checkbox"/>				<input type="checkbox"/>
Roll, white	oz.				<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C. Total Reim- bursable Portions Served	D.			E. Manufacturer/Brand Name and Product Code (If Applicable)	F. Food Description	G. USDA Commodity?	H. Recipe?
			Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)	Any sold a La Carte?				
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL									
Brownie					<input type="checkbox"/>				<input type="checkbox"/>
Cake					<input type="checkbox"/>		Specify type:		<input type="checkbox"/>
Cookie	ea.				<input type="checkbox"/>		Specify type:		<input type="checkbox"/>
Fruit drink	fl oz.				<input type="checkbox"/>		Specify type: Specify % juice content:		
Gelatin, plain	cup				<input type="checkbox"/>				
Gelatin, with fruit	cup				<input type="checkbox"/>				<input type="checkbox"/>
Potato chips	oz.				<input type="checkbox"/>				
Yogurt	oz.		cont.	cont.	<input type="checkbox"/>		Specify flavors: <input type="checkbox"/> Low-cal sweetener <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
					<input type="checkbox"/>				<input type="checkbox"/>
SALAD DRESSINGS									
French dressing					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Italian dressing					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Ranch dressing					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
					<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>

Recipe Form *(Side 2)*

Preparation Information

Please check (☐) the boxes below to describe the procedures used in preparing this recipe.

1. If recipe was cooked, what cooking method did you use?

CHECK ALL THAT APPLY

- 1 ☐ Bake/roast
- 2 ☐ Oven heat
- 3 ☐ Microwave/warmer
- 4 ☐ Broil/grill
- 5 ☐ Pan fry/sauté 10 ☐ Floured 11 ☐ Battered
- 6 ☐ Deep fry 10 ☐ Floured 11 ☐ Battered
- 7 ☐ Boil
- 8 ☐ Steam
- 9 ☐ Other (*Specify*):

- n ☐ Does not apply to recipe

2. If recipe contains meat or poultry, was amount measured raw or cooked?

- n ☐ Does not apply to recipe → **SKIP TO Q.4**
- 1 ☐ Raw
- 2 ☐ Cooked

3. If recipe contains meat or poultry, did you . . .

CHECK ALL THAT APPLY

- Trim the visible fat?.....
- Drain fat after cooking?.....
- Rinse with hot water, drain fat, and then rinse again?.....
- Remove skin before cooking?

Yes	No	Does not apply to recipe
1 ☐	0 ☐	n ☐
1 ☐	0 ☐	n ☐
1 ☐	0 ☐	n ☐
1 ☐	0 ☐	n ☐

4. If recipe contains noodles, rice, or vegetables, did you add salt to the cooking water?

- Noodles/pasta or rice.....
- Vegetables.....

Yes	No	Does not apply to recipe
1 ☐	0 ☐	n ☐
1 ☐	0 ☐	n ☐

5. If recipe contains canned vegetables or canned fruit, did you drain off all of the liquid?

- 1 ☐ Yes 0 ☐ No n ☐ Does not apply to recipe

Comments



DAILY COUNTS FOR SELF-SERVE/MADE-TO-ORDER BARS

School Name: _____

Instructions:

1. Please record the names of all self-serve/made-to-order bars in the first column. If the specified bar is available at both breakfast and lunch, please list it twice.
2. In the second column, indicate one meal for each specified bar.
3. In the next column, please record the number of servings from each bar for each day of the week and whether any of the servings were sold a la carte.

Name of Self-Serve/ Made-to-Order Bar	Mark one meal for each bar		Number of Servings Per Day and Whether Any Were A La Carte									
			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			# Servings	A La Carte	# Servings	A La Carte	# Servings	A La Carte	# Servings	A La Carte	# Servings	A La Carte
	Bkfst	Lunch										
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>



POINT OF SALE FORM

School Name: _____

AMPM Source Screen Codes	Name of POS	Location of POS	Mark the times at which POS is available			Mark the proportion of foods sold at POS that is reimbursable for ...													
			Breakfast?	Lunch?	Other Times?	Breakfast					Lunch								
						All	Most	About Half	Small Amount	None	All	Most	About Half	Small Amount	None				
31	Vending Machine(s)	<input type="checkbox"/> In cafeteria (Check if present)																	
32	Vending Machine(s)	<input type="checkbox"/> Near but not in cafeteria (within 20 feet) (Check if present)																	
33	Vending Machine(s)	<input type="checkbox"/> In other school location (Check if present)																	
34			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 (Other)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX D

PROPORTION A LA CARTE FORM



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Proportion A La Carte Form: Breakfast

School Name: _____ **School MPR ID:** _____ **Day:** 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

Interviewer ID #: _____ **Date:** _____

INTRODUCTION: Now, I'd like to review your completed Reimbursable Meals Forms. Let's (start with/continue with) DAY'S breakfast. Please look at Column D and tell me which milk items were sold a la carte. Which (fruit/juices/vegetables/entrees other than sandwiches and self-serve bars/sandwiches/breads and grains/desserts, drinks and snacks offered with a reimbursable meal/salad dressings and dips/other condiments/other menu items) were sold a la carte?

INTERVIEWER: AFTER MARKING ALL ITEMS IN COLUMN B SOLD A LA CARTE ON "DAY", CONTINUE WITH QUESTIONS IN COLUMNS C, D, AND E.

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
MILK															
White, whole	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
White, 2%	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
White, 1%	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
White, fat-free/skim	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Chocolate	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Other Flavor (Specify) _____	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Other Flavor (Specify) _____	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
FRUIT															
Banana, fresh	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Grapefruit, fresh	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Grapes, fresh	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Orange, fresh	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Peaches, canned	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	____ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
JUICES															
Orange juice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Apple juice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
COLD CEREALS															
Apple Jacks	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cheerios, plain	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cheerios, Honey Nut	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cinn Toast Crunch	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cocoa Krispies	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cocoa Puffs	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Froot Loops	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Frosted Flakes	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Golden Grahams	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Lucky Charms	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Rice Krispies	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Special K	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Trix	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Wheaties	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
HOT CEREALS															
Cream of Wheat	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Grits	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Oatmeal	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
OTHER BREADS AND GRAINS OFFERED SEPARATELY															
Bagel	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Biscuit	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
English muffin, plain	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
English muffin, buttered	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Muffin, blueberry	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pancake	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Roll, cinnamon	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Toast, plain	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Toast, buttered	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Toaster pastry	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
MEATS AND MEAT ALTERNATES OFFERED SEPARATELY															
Bacon	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Eggs	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ham	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Sausage	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Yogurt	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
COMBINATION BREAD/MEAT ITEMS															
Breakfast burrito	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cheese sandwich, toasted	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Egg sandwich	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Egg sandwich	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
French toast	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
French toast sticks	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pancake on a stick	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
CONDIMENTS															
Self-serve condiments or fixins' bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Butter	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cream cheese	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Gravy	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Jelly	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ketchup	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Margarine	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Salsa	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Syrup	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?								E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW
OTHER MENU ITEMS														
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Proportion A La Carte Form: Lunch

School Name: _____ **School MPR ID:** _____ **Day:** 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

Interviewer ID #: _____ **Date:** _____

INTRODUCTION: Now, I'd like to review your completed Reimbursable Meals Forms. Let's (start with/continue with) DAY'S lunch. Please look at Column D and tell me which milk items were sold a la carte. Which (fruit/juices/vegetables/entrees other than sandwiches and self-serve bars/sandwiches/breads and grains/desserts, drinks and snacks offered with a reimbursable meal/salad dressings and dips/other condiments/other menu items) were sold a la carte?

INTERVIEWER: AFTER MARKING ALL ITEMS IN COLUMN B SOLD A LA CARTE ON "DAY", CONTINUE WITH QUESTIONS IN COLUMNS C, D, AND E.

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were _____ % of total sales?								E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW
MILK														
White, whole	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
White, 2%	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
White, 1%	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
White, fat-free/skim	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chocolate	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Other Flavor (<i>Specify</i>) _____	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
FRUIT															
Apple, fresh	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Applesauce, canned	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Banana, fresh	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Fruit cocktail, canned	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Grapes, fresh	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Orange, fresh	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Peaches, canned	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pears, canned	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pineapple, canned	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
JUICES (Note: Prestlisted entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)															
Orange juice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Apple juice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Frozen juice cup/bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were _____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
VEGETABLES															
Beans, green	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Broccoli	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Carrot sticks	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Corn, kernels	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
French fries	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Peas, green	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Potatoes, whipped	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Salad bar (non-entrée or small portion)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Salad, tossed	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Tater tots or shapes	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
ENTREES OTHER THAN SANDWICHES AND SELF-SERVE BARS															
Burrito	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chef's salad	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken, piece(s) (Specify) _____ (Specify) _____	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken nuggets	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken patty (not sandwich)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Corndog	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ham, slice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, cheese	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, pepperoni	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, sausage	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Spaghetti with meat sauce	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Taco	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Turkey, slice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Yogurt (as meat alternate)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	

SANDWICHES: Describe contents of each sandwich in space at right.

Sandwich/deli bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cheese, grilled	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cheeseburger	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken filet or breast	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken patty	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ham and cheese	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Hamburger	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Hot dog	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Italian sub	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Peanut butter & jelly	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Rib, barbeque	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Turkey	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Tuna salad	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
SELF-SERVE ENTRÉE BARS															
Entrée salad bar (or large portion)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Potato bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Nacho/taco bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
BREADS AND GRAINS OFFERED SEPARATELY															
Biscuit	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Bread, plain	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Bread, buttered	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Breadstick	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cornbread	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Crackers, saltine	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Rice, white	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Roll, wheat	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Roll, white	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL															
Brownie	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cake	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Cookie	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Fruit drink	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Gelatin, plain	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Gelatin, with fruit	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Potato chips	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Yogurt	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
SALAD DRESSINGS AND DIPS															
French dressing	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Italian dressing	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
Ranch dressing	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	

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			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
OTHER CONDIMENTS															
Self-serve condiments or fixins' bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Barbeque sauce	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Butter	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cream cheese	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Gravy	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Honey	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ketchup	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Margarine	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Mayonnaise	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Mustard	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Tartar sauce	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Peppers, jalapeno	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pickles, relish	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pickles, slices	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ranch dip	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Salsa	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Sour cream	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

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			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
OTHER MENU ITEMS															
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	
	<input type="checkbox"/>	___% DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	

APPENDIX E

FOOD SERVICE MANAGER SURVEY

ID#: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Name of School: _____

SFA: _____

City and State: _____

Return Date: |_|_|_| / |_|_|_| / |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Month Day Year

OMB Clearance Number: 0584-0527

Expiration Date: 1/31/2008

School Nutrition Dietary Assessment Study

Food Service Manager Survey

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

Time Burden for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

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, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS

- This survey should be completed by the Food Service Manager.
- When completing the survey please use a black or blue pen, and write only in the spaces provided.
- Please answer all of the questions, except for those that are non-applicable, as indicated by the skip patterns.
- Unless questions specifically indicate that more than one answer may be given, please mark only one answer per question.
- If you have any questions regarding the study or completing the Food Service Manager survey, please do not hesitate to get in touch with Rhoda Cohen at 1-800-232-8024 or e-mail: rcohen@mathematica-mpr.com

The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.

Participation is completely voluntary. Choosing not to participate will not affect your employment or your district's participation in school food programs in any way.

We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-800-232-8024

KITCHEN CHARACTERISTICS

1. Which of the following best describes your kitchen?

- 1 An on-site kitchen where meals are prepared for serving only at the facility in which the kitchen is located
- 2 A base kitchen where meals are prepared for serving on-site and for shipment to receiving kitchens
- 3 A receiving or satellite kitchen which obtains partially prepared meals from either base or central kitchens

2a. Do you receive fully plated meals that are prepared off site?

- 1 Yes → **Go to Q.4**
- 0 No

2b. Do you receive chilled or frozen foods that need to be heated?

- 1 Yes
- 0 No

2c. Do you assemble or complete assembly of foods, such as sandwiches or desserts?

- 1 Yes
- 0 No

3. What other preparation is done in your kitchen for foods that are prepared off-site?

4. Are any vending machines located **in your food service area** (that is, the indoor area where reimbursable meals are served/eaten)?

- 1 Yes
- 0 No → **Go to Q.6**

4a. Who receives revenue or profit from these machines?

MARK ALL THAT APPLY

- 1 School food service department
- 2 School
- 3 Athletic department
- 4 Other school district department or fund
- 5 Other (*Specify*)

- d Don't know

5a. Not counting machines that sell only milk, 100% juice, or water, when can students use **beverage** machines in the food service area?

MARK ALL THAT APPLY

- 1 No soft drink machines in food service area
- 2 Before school
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of last regular class
- 6 After last regular class
- 7 Other (*Specify*)

5b. When can students use **snack machines** or other machines containing **snack foods** in the food service area?

MARK ALL THAT APPLY

- 1 No machines with snack foods in food service area
- 2 Before school
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of last regular class
- 6 After last regular class
- 7 Other (*Specify*)

6. Approximately how much net income does the **school food service department** receive from vending machines anywhere in this school or on the school grounds (per year, month, or week)? Do not include any income that goes to the school or district.

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 No vending machines in school
- 5 Other (*Specify*) _____
- 0 No income to school food service from vending machines
- d Don't Know

9. Do students ever receive a bonus item when they take a reimbursable lunch? This may be a food or beverage item that is not part of the reimbursable meal or a non-food item.

- 1 Never → **Go to Q.11**
- 2 Sometimes
- 3 Usually

10. What type(s) of bonus items do students receive when they take a reimbursable lunch?

MARK ALL THAT APPLY

- 1 Drink
- 2 Food
- 3 Non-food item

MEAL PRICES

7. What is the price of a USDA-reimbursable breakfast for students who are classified as **reduced price**?

\$

7a. What is the price of a USDA-reimbursable breakfast for students who pay the **full price**? Record more than one answer if your school offers breakfast at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$ Standard full price

\$ Other full price (*Specify*) _____

\$ Other full price (*Specify*) _____

8. What is the price of a USDA-reimbursable lunch for students who pay the **reduced price**?

\$

8a. What is the price of a USDA-reimbursable lunch for students who pay the **full price**? Record more than one answer if your school offers lunch at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$ Standard full price

\$ Other full price (*Specify*) _____

\$ Other full price (*Specify*) _____

MEAL COUNTING

11. Are you responding for a high school?

- 1 Yes → **Go to Q.15**
- 0 No

12. Do you use the offer-versus-serve option at breakfast?

- 1 Yes, for all students → **Go to Q.13**
- 2 Yes, for some students
- 0 No _____ → **Go to Q.13**
- 3 Do not offer breakfast _____

12a. What grades are allowed to use offer-versus-serve at breakfast?

MARK ALL THAT APPLY

- 1 K
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7
- 9 8

13. Do you use the offer-versus-serve option at lunch?

- 1 Yes, for all students → **Go to Q.14**
- 2 Yes, for some students
- 0 No → **Go to Q.14**

13a. What grades are allowed to use offer-versus-serve at lunch?

MARK ALL THAT APPLY

- | | |
|------------------------------|------------------------------|
| 1 <input type="checkbox"/> K | 6 <input type="checkbox"/> 5 |
| 2 <input type="checkbox"/> 1 | 7 <input type="checkbox"/> 6 |
| 3 <input type="checkbox"/> 2 | 8 <input type="checkbox"/> 7 |
| 4 <input type="checkbox"/> 3 | 9 <input type="checkbox"/> 8 |
| 5 <input type="checkbox"/> 4 | |

14. Are different portion sizes available to different grade levels?

- 1 Yes
- 0 No

15. How are students who are eligible for free or reduced-price meals counted at the cashier?

MARK ALL THAT APPLY

- 1 Coded tickets or tokens
 - 2 Cashier lists
 - 3 Personal ID numbers (PINs)
 - 4 Bar code/magnetic strip
 - 5 Coded identification cards
 - 6 Verbal identifications
 - 7 Other (Specify)
-

MEAL PERIODS

16. How many minutes, on average, would you estimate a student spends in line to get breakfast?

MINUTES

n.a. Don't offer breakfast

17. How many minutes, on average, would you estimate a student spends in line to get lunch? Do not count waiting for made- or cooked-to-order items.

MINUTES

18. Does your school have enough space to seat all students during each lunch period?

- 1 Yes
- 0 No

19. Does your school have enough serving lines or stations to serve lunch to students in the first half of each lunch period?

- 1 Yes
- 0 No

20. What improvements, if any, would you like to see in the meal serving area or the space that is available for students to eat meals?

MARK ALL THAT APPLY

- 0 No improvements need to be made
 - 1 More serving lines
 - 2 More space for seating
 - 3 Smaller tables
 - 4 More space between tables
 - 5 Renovate space-upgrade seating/lighting
 - 6 Improve color or décor
 - 7 More natural light
 - 8 Other (Specify)
-

SPECIAL DIETARY NEEDS

21. About how many students that you currently serve have allergies or a special food need?

STUDENTS

Don't Know → **Go to Q.24**

22. What types of allergies or special needs do these students have?

MARK ALL THAT APPLY

- 1 Allergy to peanuts
 - 2 Allergy to other nuts
 - 3 Lactose intolerance
 - 4 Allergy to eggs
 - 5 Allergy to soy
 - 6 Allergy to wheat
 - 7 Allergy to fish or shrimp
 - 8 Diabetes
 - 9 Vegetarian/vegan
 - 10 Low Carbohydrate
 - 11 Reduced Calories
 - 12 Low Fat
 - 13 Restrictions because of religious practices
 - 14 Other (Specify)
-

23. What accommodations do you make for students with food allergies or other documented dietary needs?

MARK ALL THAT APPLY

- 1 Substitute component of meal
- 2 Substitute whole meal
- 3 Post notices about ingredients
- 4 Provide separate eating area (for example, a "peanut-free" zone)
- 5 Other (*Specify*)

26. Do you use any of the following ways to get feedback from students or parents about USDA reimbursable meals?

MARK ALL THAT APPLY

- 1 Surveys
- 2 Suggestion box
- 3 Bulletin board
- 4 Web page
- 5 Advisory council
- 7 Other (*Specify*)

0 None of the above

NUTRITION PROMOTION/EDUCATION

24. Does your school routinely make information on the nutrient content of USDA-reimbursable meals available to students or parents?

- 1 Yes
- 0 No → **Go to Q.25**

27. How long have you been a school kitchen manager?

YEARS AND MONTHS

24a. How do you make nutritional information available to students or parents?

MARK ALL THAT APPLY

- 1 Send menus/flyers home
- 2 Post information in school (e.g., on bulletin boards)
- 3 Post information online
- 4 Post information on TV
- 5 Post information in newspapers
- 6 Other (*Specify*)

28. What's the highest grade or year of schooling you have completed?

- 1 Less than high school
- 2 High school
- 3 Some college, no degree
- 4 Associates degree
- 5 Bachelor's degree
- 6 Graduate degree

25. In the past 12 months, have you or anyone on your staff engaged in the following activities?

- a. Attended a PTA or other parent group meeting to discuss the school food service program
- b. Provided families with information about the school food service program.....
- c. Invited family members to consume a school meal
- d. Participated in a nutrition education activity in the classroom.....
- e. Conducted a nutrition education activity in the food service area

	Yes	No
a.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	1 <input type="checkbox"/>	0 <input type="checkbox"/>

29. Which of the following credentials do you hold?

MARK ALL THAT APPLY

- 1 Associates degree in consumer science, hotel/restaurant management, baking/culinary arts, etc.
- 2 Bachelor's degree in consumer science, hotel/restaurant management, culinary arts, etc.
- 3 Licensed nutritionist
- 4 Master's level nutritionist
- 5 On the job training
- 6 Registered Dietitian
- 7 School Food Service and Nutrition Specialist (ASFSA certified)
- 8 State food service certificate
- 0 None of the above

30. What recommendations do you have on how to improve the school lunch and breakfast programs? *(Please write in space below)*

Thank you for taking the time to complete this survey. Your cooperation is very much appreciated.

Thank you for completing this form. Please keep a copy of the completed form for your records. Please return the completed form in the business reply envelope provided. If you no longer have the envelope, please mail this completed form to:

Mathematica Policy Research, Inc.
Attn: Receipt Control – SNDA III Project 6096
P.O. Box 2393
Princeton, NJ 08543-2393

APPENDIX F
PRINCIPAL SURVEY

INSTRUCTIONS

- This survey should be completed by the Principal.
- When completing the survey please use a black or blue pen, and write only in the spaces provided.
- Please answer all of the questions, except for those that are not applicable, as indicated by the skip patterns.
- Unless questions specifically indicate that more than one answer may be given, please mark only one answer per question.
- If you have any questions regarding the study or completing the Principal survey, please do not hesitate to get in touch with Rhoda Cohen at 1-800-232-8024 or email: rcohen@mathematica-mpr.com

The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.

Participation is completely voluntary. Choosing not to participate will not affect your employment or your district's participation in school food programs in any way.

We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-800-232-8024

MEAL-TIME POLICIES

1. Are all students scheduled to have a lunch period every day?

1 Yes → **Go to Q.2**

0 No

1a. Why do some students not have a lunch period?

MARK ALL THAT APPLY

1 Take extra credit class instead

2 Take remedial class instead

3 Take class only available during scheduled lunch

4 Schedule does not include lunch period

5 Other (*Specify*)

2. Are students allowed to visit other tables during meal times?

1 Yes

0 No

2 Some are, some aren't

3. Where may students go during their lunch period?

MARK ALL THAT APPLY

1 Food service area/ cafeteria or other area where meals are served

2 Classroom but only with teacher permission

3 Classrooms open to students during lunch period

4 Library

5 Gym

6 Outside, on campus

7 Anywhere on campus

8 Off-campus/Home

9 Other (SPECIFY)

3a. What grades are allowed to go off-campus during their lunch period?

0 None → **Go to Q.4**

MARK ALL THAT APPLY

1 2 3 4 5 6 7 8 9 10 11 12

3b. Which of the following off-campus food sources are close enough for students to walk or drive to during lunch?

- 1 Fast food restaurants
 - 2 Other restaurants, cafeterias, or diners
 - 3 Supermarkets, convenience stores, or other stores
 - 4 Off-campus lunch wagons or push carts
 - 5 Other food sources (*Specify*)
-

4. Are students who do not bring or buy lunch allowed to be in the area where students eat lunch?

- 1 Yes
- 0 No
- 2 Some are, some aren't

5. Does your school have rules or written policies about when students may buy a la carte foods, that is, foods other than a reimbursable meal or milk?

- 1 Yes
- 2 Rules for some students
- 0 No → **Go to Q.6**

5a. What are those rules?

MARK ALL THAT APPLY

- 1 When student takes a reimbursable meal
 - 2 When a student brings lunch from home
 - 3 When student has eaten meal
 - 4 When all students have had the opportunity to take a reimbursable meal
 - 5 Other restriction (*Specify*)
-

6. Are students who go to the area where students eat lunch allowed to leave after a certain point during their lunch period, for example, after the first 15 minutes?

- 1 Yes, all students may leave → **Go to Q.7**
- 2 Yes, some students may leave
- 0 No, all students must stay in the area → **Go to Q.7**

6a. Which grades are allowed to leave after a set period of time?

MARK ALL THAT APPLY

- 1 2 3 4 5 6 7 8 9 10 11 12

7. Are any students who go to the area where students eat lunch allowed to leave *at any time* during their lunch period?

- 1 Yes, all students may leave → **Go to Q.8**
- 2 Yes, some students may leave (either with or without special permission)
- 0 No, all students must stay in the area → **Go to Q.8**

7a. Which grades are allowed to leave **at any time**?

MARK ALL THAT APPLY

- 1 2 3 4 5 6 7 8 9 10 11 12

8. Are other school activities, such as pep rallies, club meetings, bake sales, or tutoring sessions ever scheduled during meal times?

- 1 Yes
- 0 No → **Go to Q.9**

8a. On average, how often are the following types of activities scheduled during the **breakfast** period?

	Every day	3-4 x Per Week	1-2 x Per Week	Less Than 1 x Per Week or Never
Pep rallies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Club meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Tutoring sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Bake sales	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other (<i>Specify</i>)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

8b. On average, how often are the following types of activities scheduled during the **lunch** period?

	Every day	3-4 x Per Week	1-2 x Per Week	Less Than 1 x Per Week or Never
Pep rallies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Club meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Tutoring sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Bake sales	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other (<i>Specify</i>)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

(If responding for a high school, Go to Q.11)

9. Does your school have recess?

- 1 Yes
- 0 No → **Go to Q.11**

9a. Do any students have recess immediately before lunch?

- 1 Yes
- 0 No → **Go to Q.10**

9b. What percentage of students have recess immediately before lunch?

--	--

 PERCENT

- 1 All - 100%

10. Do any students have recess immediately after lunch?

- 1 Yes
- 0 No → **Go to Q.10b**

10a. What percentage of students have recess immediately after lunch?

--	--

 PERCENT

- 1 All - 100%

10b. Are students allowed to go out to recess before the official end of their lunch period?

- 1 Yes
- 0 No → **Go to Q.11**

10c. Are there any rules about when students can go out to recess?

- 1 Yes
- 0 No → **Go to Q.11**

10d. Please describe these rules.

EATING LOCATIONS AND ENVIRONMENT

11. Where do students eat school breakfast?

MARK ALL THAT APPLY

- 1 No breakfast program → **Go to Q.14**
- 2 Food service area
- 3 School buses
- 4 Classrooms
- 5 Outdoors
- 6 Other (*Specify*)

12. How many adults usually supervise the students during breakfast in the food service area?

--	--

13. Who are these breakfast monitors?

MARK ALL THAT APPLY

- 1 Administrators or counselors
- 2 Teachers
- 3 Aides (food service area monitors with no other duties)
- 4 Aides (regular school staff who rotate in the assignment)
- 5 Other school personnel
- 6 Parents
- 7 Community volunteers
- 8 Other (*Specify*)

14. Where do students eat school lunches?

MARK ALL THAT APPLY

- 1 All students eat in classrooms → **Go to Q.21**
- 2 Food service area
- 3 Classrooms
- 4 Outdoors
- 5 Other (*Specify*)

15. In how many different rooms and outdoor locations are reimbursable lunches **served**?

--	--

 ROOMS AND OUTDOOR LOCATIONS

16. How many different **eating locations** for school lunches does the school have?

--	--

 LUNCH TIME EATING LOCATIONS

17. How often is the noise level at lunch a problem?

MARK ONE ANSWER

- 1 Never → **Go to Q.18**
- 2 Seldom
- 3 Sometimes
- 4 Most of the time
- 5 Always

17a. What measures do you take to keep noise under control?

MARK ALL THAT APPLY

- 1 Speak to noise-makers
- 2 Punish noise-makers
- 3 Remove noise-makers from meal area
- 4 Ask all children to be quiet
- 5 Other (*Specify*)

0 None of the above

18. How many adults usually supervise the students during lunch in the food service area?

--	--

 ADULTS

19. Who are these lunch monitors?

MARK ALL THAT APPLY

- 1 Administrators or counselors
- 2 Teachers
- 3 Aides (food service area monitors with no other duties)
- 4 Aides (regular school staff who rotate in the assignment)
- 4 Other school personnel (such as coaches)
- 5 Parents
- 6 Community volunteers
- 7 Other (*Specify*)

20. Does your school have enough space to seat all students during each lunch period?

- 1 Yes
- 0 No

21. Does your school have enough serving lines or stations to serve all students during the first half of each lunch period?

- 1 Yes
- 0 No

22. What improvements, if any, would you like to see in the meal serving area or the space that is available for students to eat meals?

MARK ALL THAT APPLY

- 0 No improvements need to be made
- 1 More serving lines
- 2 More time to eat
- 3 More space for seating
- 4 Smaller tables
- 5 More space between tables
- 6 Renovate space—upgrade seating/lighting
- 7 Improve color or décor
- 8 More natural light
- 9 Other (*Specify*)

VENDING MACHINES

23. Where are vending machines available to students in your school or on the school grounds?

MARK ALL THAT APPLY

- 0 No vending machines for students → **Go to Q.25**
- 1 Food service area (indoor area where meals are served/eaten)
- 2 Other indoor area(s)
- 3 Outside school buildings, on school grounds

23a. Who decided to place the vending machines that are available to students outside of the food service area?

MARK ALL THAT APPLY

- 0 No vending machines outside of the food service area
- 1 School food service director
- 2 Kitchen manager
- 3 Principal
- 4 Athletic director
- 5 School district official
- 6 Other (Specify)

- d Don't know

23b. Not counting machines that sell only milk, 100% juice, or water, when can students use the **beverage** machines outside of the food service area?

MARK ALL THAT APPLY

- 1 No beverage machines outside of food service area
- 2 Before school
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of last regular class
- 6 After last regular class
- 7 Other (Specify)

23c. Are beverage sales in your school covered by a "pouring rights" contract (that is, a long-term contract with a beverage company that establishes the company as a sole source vendor for beverages in the school)? Count both foodservice and other machines.

- 1 Yes
- 0 No
- d Don't know

23d. When can students use the **snack** machines or other machines containing snacks outside of the food service area?

MARK ALL THAT APPLY

- 1 No machines with snack foods outside of the food service area
- 2 Before school
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of last regular class
- 6 After last regular class
- 7 Other (Specify)

23e. Who receives income from these machines?

MARK ALL THAT APPLY

- 1 School food service
- 2 School
- 3 Athletic department
- 4 Other school district department or fund
- 5 Other (Specify)

- d Don't know

24. What is the net income to the school or district from vending machines anywhere in the school or on the school grounds (per year, month, or week)? Do not include any income that goes to food service.

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 Other (Specify)

- 0 No income to school district from vending machines
- d Don't know

SCHOOL STORE

25. Do you have a school store that sells foods or beverages (including snack foods)?

- 1 Yes
0 No → **Go to Q.26**

25a. What days of the week is the school store usually open?

MARK ALL THAT APPLY

- 1 Monday
2 Tuesday
3 Wednesday
4 Thursday
5 Friday
6 Various or no set schedule

25b. When is the store usually open to students?

MARK ALL THAT APPLY

- 1 Before school
2 During school hours
3 During lunch period
4 After school

25c. Who receives income from the school store?

MARK ALL THAT APPLY

- 1 School food service **only** → **Go to Q.26**
2 School food service with others
3 School
4 School and SFA jointly
5 Athletic department
6 Other (*Specify*)

- d Don't know

25d. Who is responsible for the school store?

MARK ALL THAT APPLY

- 1 School food service
2 Principal
3 Athletic department
4 Other school department (*Specify*)

- 5 Other (*Specify*)

- d Don't know

25e. Approximately how much net income does the school receive from the school store in total (per year, month, or week)?

\$ PER

- 1 Year
2 Month
3 Week
4 Other (*Specify*)

- 0 No income received from school store
d Don't know

26. Outside of the food service area, do you have a school snack bar (that is, a place that prepares and serves foods but does not offer reimbursable meals)?

- 1 Yes
0 No → **Go to Q.27**

26a. What days of the week is the snack bar open?

MARK ALL THAT APPLY

- 1 Monday
2 Tuesday
3 Wednesday
4 Thursday
5 Friday
6 Various or no set schedule

26b. When is the snack bar usually open to students?

MARK ALL THAT APPLY

- 1 Before school
2 During school hours
3 During lunch period
4 After school

26c. Who receives the income from the snack bar?

MARK ALL THAT APPLY

- 1 School food service **only** → **Go to Q.27**
- 2 School food service with others
- 3 School
- 4 School and SFA jointly
- 5 Athletic department
- 6 Other (*Specify*)

- d Don't know

26d. Approximately how much net income does the school receive from the snack bar in total (per year, month, or week)?

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 Other (*Specify*)

- 0 No income received from snack bar
- d Don't know

27. Not counting any sales in the food service area during lunch, how often do school organizations sell sweet or salty snacks as fundraisers?

- 1 Every day
- 2 Three to four times a week
- 3 One to two times a week
- 4 Less than once per week
- 0 Never
- d Don't know

27a. How often do school organizations sell pizza or other main entrée items during lunch?

- 1 Every day
- 2 Three to four times a week
- 3 One to two times a week
- 4 Less than once per week
- 0 Never
- 6 School district forbids organizations from selling food during lunch periods
- d Don't know

AFTER-SCHOOL PROGRAM

Definition:

28. Does your school have an after-school program (a program that is operated at your school)?

- 1 Yes
- 0 No → **Go to Q.31**

29. Who operates the after-school program at your school?

MARK ALL THAT APPLY

- 1 School district
- 2 School
- 3 YMCA/YWCA
- 4 Community action agency
- 5 Parent/teacher organizations
- 6 Church affiliated organizations
- 7 Child care agency
- 8 Community park/recreation department
- 9 Other (*Specify*)

30. Does the after-school program serve snacks?

- 1 Yes → **Go to Q.31**
- 0 No

30a. Why doesn't the after-school program serve snacks?

MARK ALL THAT APPLY

- 1 Parents weren't interested
- 2 Students weren't interested
- 3 Not allowed to serve food in the space used for the program
- 4 Too difficult to store/transport/serve food
- 5 No staff to manage snack program
- 6 Too expensive/reimbursement too low
- 7 Other (*Specify*)

NUTRITION EDUCATION AND PROMOTION

31. Does your school participate in any of the following nutrition education programs?

MARK ALL THAT APPLY

- 1 USDA Team Nutrition
- 2 5-A-Day
- 3 Nutrition Curriculum
- 4 Food Play
- 5 American Heart Association
- 6 American Cancer Society
- 7 Cooperative Extension Service
- 8 Other (Specify)

- 0 None of the above
- d Don't know

32. At what grade levels do your students study nutrition?

- 1 Every grade
- 2 Some grades
- 0 Not at all
- d Don't know

32a. Is there a specific focus for nutrition education during this academic year?

- 1 Yes
- 0 No → **Go to Q.33**

32b. What is the focus this year?

33. Does your school have a wellness policy that addresses student nutrition and physical activity?

- 1 Yes, school policy
- 2 Yes, district policy
- 3 Yes, state policy
- 0 No → **Go to Q.33b**

33a. Please list the 3 most important elements of the policy.

33b. Does your school have a nutrition or health advisory council that addresses issues and concerns related to nutritional or physical activity?

- 1 Yes
- 0 No → **Go to Q.34**

33c. Who are the members of this council?

MARK ALL THAT APPLY

- 1 Students
- 2 Parents
- 3 Teachers
- 4 Administrators
- 5 Food service staff
- 6 School health staff
- Community organization representatives
- 8 Other (Specify)

34. Whether or not your school offers breakfast, do you agree or disagree with the following statements?

MARK ONE ANSWER FOR EACH

- Offering school breakfast leads to more students having an adequate breakfast.....
- Offering school breakfast interferes with start of the school day.....
- Offering school breakfast leads to better student attention levels.....
- Offering school breakfast helps students to perform better academically.....
- Offering school breakfast reduces discipline problems.....
- The school breakfast program serves all students who need it in this school.....

	Yes	No
1	<input type="checkbox"/>	0 <input type="checkbox"/>
1	<input type="checkbox"/>	0 <input type="checkbox"/>
1	<input type="checkbox"/>	0 <input type="checkbox"/>
1	<input type="checkbox"/>	0 <input type="checkbox"/>
1	<input type="checkbox"/>	0 <input type="checkbox"/>
1	<input type="checkbox"/>	0 <input type="checkbox"/>

35. Please use the back of this page to record any recommendations you might have for improving the school lunch and breakfast programs.

COMMENTS:

**Thank you for taking the time to complete this survey.
We greatly appreciate your assistance.**

Thank you for completing this form. Please keep a copy of the completed form for your records. Please return the completed form in the business reply envelope provided. If you no longer have the envelope, please mail this completed form to:

Mathematica Policy Research, Inc.
Attn: Receipt Control – SNDA III Project 6096
P.O. Box 2393
Princeton, NJ 08543-2393

APPENDIX G

ALTERNATIVE FOOD SOURCE CHECKLIST



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Other On-Campus Food Sources Checklist

School Name: _____ School MPR ID: _____

Interviewer ID #: _____

Date: _____

Instructions: 1. Please check the location of on-campus food sources available to students. Do not include vending machines.

Food Source	Number in school or on school grounds	Location of Alternative Food Source			
		In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
a. School Store (NOTE: Sells items but does not prepare food.)	0 <input type="checkbox"/> None	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Snack Bar Outside Food Service Area (NOTE: Include only snack bars that prepare some food to order.)	0 <input type="checkbox"/> None		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Food Cart Outside Food Service Area	0 <input type="checkbox"/> None		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other (Specify) _____	0 <input type="checkbox"/> None	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Instructions: 2. Please check the hours of operation for each food source available to students. Do not include vending machines.

Food Source	Not Available to Students	Hours of Operation (CHECK ALL THAT APPLY)						
		Before Bkfst	During Bkfst	After Bkfst and Before Classes Start	After Classes Start and Before Lunch	During Lunch	After Lunch and Before Classes End	After Last Class
a. School Store (NOTE: Sells items but does not prepare food.)	n.a. <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. Snack Bar Outside Food Service Area (NOTE: Include only snack bars that prepare some food to order.)	n.a. <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Food Cart Outside Food Service Area	n.a. <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Other (Specify) _____	n.a. <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Instructions: 3. Place a check mark in the box corresponding to each food and/or beverage item sold at each source.

Food Items	Availability of Food Item in Other Food Sources (PLEASE CHECK ITEMS AVAILABLE FROM EACH SOURCE)			
	School Store	Snack Bar	Food Cart	Other (Specify)
A. Beverages				
Carbonated Sweetened Soft Drink	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Carbonated Diet Soft Drink	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Juice (100% Juice)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Juice Drinks (Cranberry Drink, Fruit Blends, Hi-C, Lemonade, Punch)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Water (Spring Water, Flavored Water, Sparkling Water, Mineral Water, Seltzer Water)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Water (Water with Juice)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Coffee	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Tea	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Hot Chocolate	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Yogurt Drinks	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Energy and Sports Drinks (Gatorade, Powerade, Red Bull)	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other Beverage (Specify)	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
B. Dairy				
Whole Milk	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Reduced Fat (2%) White Milk	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
Low Fat (1%) White Milk	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Fat-Free Milk	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Flavored Milk	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
Yogurt	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
Cheese	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
C. Baked Goods – Dessert				
Cake-Type (Brownies, Cupcakes, Twinkies)	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Cake-Type (Low-Fat/Reduced-Fat Brownies, Cupcakes, Twinkies)	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
Cookies	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
Cookies (Low-Fat/Reduced-Fat)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
Pastries (Pies, Turnovers)	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Other (Specify)	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
D. Bread Or Grain Products				
Regular Bread (Bread, Rolls, Bagels)	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
Other Bread (Biscuits, Croissants, Hot Pretzels)	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>
Muffins	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>
Muffins (Low-Fat/Reduced-Fat)	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>
Granola Bars	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>
Granola Bars (Low-Fat/Reduced-Fat)	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>
Pretzels	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>
Crackers/Cracker Sandwiches: Peanut Butter	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>
Crackers/Cracker Sandwiches: Cheese	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>
Cereal/Cereal Bars	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>
Other (Specify)	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>

Availability of Food Item in Other Food Sources
(PLEASE CHECK ITEMS AVAILABLE FROM EACH SOURCE)

Food Items	School Store	Snack Bar	Food Cart	Other <i>(Specify)</i>
E. Frozen Desserts				
Frozen Non-Dairy (Fruit Bars, Jello Pops, Popsicles)	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>
Ice Cream (Bars, Cups, Fudgesicles, Sundaes)	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>
Low-Fat Frozen Desserts (Frozen Yogurt, Ice Milk, Sherbet)	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>
Milkshakes/Smoothies	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>
F. Fruit And Vegetables				
Canned, Cooked Fruit	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>
Fresh Fruit	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>
Fruit Salad (<input type="checkbox"/> Fresh/ <input type="checkbox"/> Canned)	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>
Dried Fruit	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>
Vegetables, Side Salad	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>
Other Fresh Vegetables	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>
G. Snacks				
Chips (Corn, Potato, Puffed Cheese, Tortilla)	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>
Chips (Lower-Fat/Reduced-Fat Corn, Potato, Puffed Cheese, Tortilla)	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>
Nuts And Seeds (Almonds, Peanuts, Sunflower Seeds, Trail Mix)	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>
Fruit Roll-Up	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>
Popcorn	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>
Meat Snacks (Jerky, Pork Rinds)	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>
Candy With Chocolate	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>
Candy Without Chocolate	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>
Energy Bars (Balance Bars, Luna Bars, Power Bars)	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>
Other <i>(Specify)</i>	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>
H. Prepared / Pre-Prepared Entrees And Food				
Hot Dogs	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>
Hamburgers or Cheeseburgers	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>
Veggie Burgers	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>
Grilled Sandwiches	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>
Cold Sandwiches	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>
Burritos	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>
Taco	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>
Meal-Size Salad	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>
Pizza	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>
Pasta	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>
French Fries	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>
Onion Rings	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>
Mozzarella Sticks	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>
Other <i>(Specify)</i>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>

Availability of Food Item in Other Food Sources
 (PLEASE CHECK ITEMS AVAILABLE FROM EACH SOURCE)

Food Items

I. Other (Specify)

School Store	Snack Bar	Food Cart	Other (Specify)
71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>
72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>
73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>
74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>
75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>
76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>
77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>
78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>

APPENDIX H

VENDING MACHINE CHECKLIST



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Vending Machine Checklist

School Name: _____ **School MPR ID:** _____

Interviewer ID #: _____

Date: _____

Instructions: 1. Please record the number of each type of vending machine available to students by location of machines.

Type of Vending Machine	Location of Vending Machines			
	(PLEASE RECORD NUMBER OF MACHINES)			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
a. Milk only	_ _	_ _	_ _	_ _
b. Water only	_ _	_ _	_ _	_ _
c. Milk with juice/water (no soft drinks)	_ _	_ _	_ _	_ _
d. Water with juice (no soft drinks)	_ _	_ _	_ _	_ _
e. Non-carbonated soft drinks with or without water/milk	_ _	_ _	_ _	_ _
f. Carbonated soft drinks with or without water	_ _	_ _	_ _	_ _
g. Snacks/candy/cookies	_ _	_ _	_ _	_ _
h. Entrees, non-refrigerated	_ _	_ _	_ _	_ _
i. Frozen foods	_ _	_ _	_ _	_ _
j. Combination (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _
k. Combination (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _
l. Combination (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _
m. Combination (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _
n. Other (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _
o. Other (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _
p. Other (<i>Specify</i>)	_ _	_ _	_ _	_ _
_____	_ _	_ _	_ _	_ _

Instructions: 2. Place a check mark in the box corresponding to each food and/or beverage item sold in vending machines by location of machines.

Availability of Food Item in Vending Machines				
(PLEASE CHECK ALL THAT APPLY)				
Food Items	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
A. Beverages				
Carbonated Sweetened Soft Drink	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Carbonated Diet Soft Drink	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Juice (100% Juice)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Juice Drinks (Cranberry Drink, Fruit Blends, Hi-C, Lemonade, Punch)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Water (Spring Water, Flavored Water, Sparkling Water, Mineral Water, Seltzer Water)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Water (Water with Juice)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Coffee	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Tea	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Hot Chocolate	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Yogurt Drinks	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Energy and Sports Drinks (Gatorade, Powerade, Red Bull)	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other Beverage (<i>Specify</i>)	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
<hr/>				
B. Dairy				
Whole Milk	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Reduced Fat (2%) White Milk	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
Low Fat (1%) White Milk	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Fat-Free Milk	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Flavored Milk	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
Yogurt	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
Cheese	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
<hr/>				
C. Baked Goods – Dessert				
Cake-Type (Brownies, Cupcakes, Twinkies)	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Cake-Type (Low-Fat/Reduced-Fat Brownies, Cupcakes, Twinkies)	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
Cookies	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
Cookies (Low-Fat/Reduced-Fat)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
Pastries (Pies, Turnovers)	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Other (<i>Specify</i>)	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
<hr/>				
D. Bread Or Grain Products				
Regular Bread (Bread, Rolls, Bagels)	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
Other Bread (Biscuits, Croissants, Hot Pretzels)	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>
Muffins	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>
Muffins (Low-Fat/Reduced-Fat)	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>
Granola Bars	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>
Granola Bars (Low-Fat/Reduced-Fat)	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>
Pretzels	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>
Crackers/Cracker Sandwiches: <input type="checkbox"/> Peanut Butter	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>
<input type="checkbox"/> Cheese	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>
Cereal/Cereal Bars	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>
Other (<i>Specify</i>)	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>

Availability of Food Item in Vending Machines

(PLEASE CHECK ALL THAT APPLY)

Food Items	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
E. Frozen Desserts				
Frozen Non-Dairy (Fruit Bars, Jello Pops, Popsicles)	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>
Ice Cream (Bars, Cups, Fudgesicles, Sundaes)	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>
Low-Fat Frozen Desserts (Frozen Yogurt, Ice Milk, Sherbet)	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>
Milkshakes/Smoothies	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>
F. Fruit And Vegetables				
Canned, Cooked Fruit	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>
Fresh Fruit	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>
Fruit Salad (<input type="checkbox"/> Fresh/ <input type="checkbox"/> Canned)	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>
Dried Fruit	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>
Vegetables, Side Salad	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>
Other Fresh Vegetables	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>
G. Snacks				
Chips (Corn, Potato, Puffed Cheese, Tortilla)	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>
Chips (Lower-Fat/Reduced-Fat Corn, Potato, Puffed Cheese, Tortilla)	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>
Nuts And Seeds (Almonds, Peanuts, Sunflower Seeds, Trail Mix)	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>
Fruit Roll-Up	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>
Popcorn	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>
Meat Snacks (Jerky, Pork Rinds)	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>
Candy With Chocolate	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>
Candy Without Chocolate	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>
Energy Bars (Balance Bars, Luna Bars, Power Bars)	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>
Other (<i>Specify</i>)	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>
H. Other (<i>Specify</i>)				
_____	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>
_____	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>
_____	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>
_____	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>
_____	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>
_____	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>
_____	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>
_____	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>

APPENDIX I
A LA CARTE CHECKLIST

OMB Clearance Number: 0584-0527

Expiration Date: 1/31/2008

A la Carte Foods Checklist



SCHOOL NAME: _____

SCHOOL ID #: |_|_|_|_|_|_|_|_| MEALS: BREAKFAST LUNCH

INTERVIEWER MPR ID #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

DATE COMPLETED: |_|_|_| / |_|_|_| / 2005
Month Day

INSTRUCTIONS

1. Complete this form for breakfast and lunch on the day of your initial visit to each school.
2. Place a check in the box next to each food your cafeteria sold on an a la carte basis or given to students at no cost (free)—at breakfast and/or at lunch. If the school sometimes sells a food a la carte, but did not sell it on that day, *do not* check the box. **DO NOT INCLUDE VENDING MACHINES.**
3. If the cafeteria offered a la carte food or beverages that are not included in the list; please write in the names of these foods and beverages on the last page of the checklist.

A LA CARTE FOODS CHECKLIST

		CHECK (☑) BOX IF FOOD WAS OFFERED A LA CARTE				CHECK (☑) BOX IF FOOD WAS OFFERED A LA CARTE	
		Bkfst	Lunch			Bkfst	Lunch
A.	Beverages						
	1. Milk	1 <input type="checkbox"/>	1 <input type="checkbox"/>				
	2a. Carbonated sweetened soft drinks	2 <input type="checkbox"/>	2 <input type="checkbox"/>				
	2b. Carbonated diet soft drinks	3 <input type="checkbox"/>	3 <input type="checkbox"/>				
	3. Coffee	4 <input type="checkbox"/>	4 <input type="checkbox"/>				
	4. Hot chocolate	5 <input type="checkbox"/>	5 <input type="checkbox"/>				
	5a. Juice (100% juice)	6 <input type="checkbox"/>	6 <input type="checkbox"/>				
	5b. Juice (50% juice)	7 <input type="checkbox"/>	7 <input type="checkbox"/>				
	5c. Juice drinks (less than 50% juice) (Cranberry drink, fruit blends, Hi-C, lemonade, punch)	8 <input type="checkbox"/>	8 <input type="checkbox"/>				
	6a. Water (Spring water, flavored water, mineral water, seltzer water)	9 <input type="checkbox"/>	9 <input type="checkbox"/>				
	6b. Water (water with juices, sparkling water with juice)	10 <input type="checkbox"/>	10 <input type="checkbox"/>				
	7. Tea	11 <input type="checkbox"/>	11 <input type="checkbox"/>				
	8. Yogurt drinks	12 <input type="checkbox"/>	12 <input type="checkbox"/>				
	9. Energy and sports drinks (Gatorade, Powerade, Red Bull)	13 <input type="checkbox"/>	13 <input type="checkbox"/>				
B.	Baked Goods—Desserts						
	1a. Cake-type (Cupcakes, brownies, Twinkies)	14 <input type="checkbox"/>	14 <input type="checkbox"/>				
	1b. Cake-type—lower fat/reduced fat	15 <input type="checkbox"/>	15 <input type="checkbox"/>				
	2a. Cookies	16 <input type="checkbox"/>	16 <input type="checkbox"/>				
	2b. Cookies—lower fat/reduced fat	17 <input type="checkbox"/>	17 <input type="checkbox"/>				
	3. Pastries (Pies, turnovers)	18 <input type="checkbox"/>	18 <input type="checkbox"/>				
	4a. Other baked goods—desserts	19 <input type="checkbox"/>	19 <input type="checkbox"/>				
	4b. Other bakes good—desserts—lower fat/reduced fat	20 <input type="checkbox"/>	20 <input type="checkbox"/>				
C.	Bread or Grain Products						
	1. Regular bread (Bread, roll, bagel)	21 <input type="checkbox"/>	21 <input type="checkbox"/>				
	2. Other bread (Biscuits, croissants, hot pretzels)	22 <input type="checkbox"/>	22 <input type="checkbox"/>				
	3. Muffins	23 <input type="checkbox"/>	23 <input type="checkbox"/>				
	4. Tortilla	24 <input type="checkbox"/>	24 <input type="checkbox"/>				
	5. Other grain products (Crackers, granola bar, pretzels)	25 <input type="checkbox"/>	25 <input type="checkbox"/>				
D.	Candy						
	1. With chocolate	26 <input type="checkbox"/>	26 <input type="checkbox"/>				
	2. Without chocolate	27 <input type="checkbox"/>	27 <input type="checkbox"/>				
E.	Frozen Desserts						
	1. Frozen non-dairy (Frozen fruit bar, Jello Pop, Popsicle)	28 <input type="checkbox"/>	28 <input type="checkbox"/>				
	2. Ice cream (Bars, Fudgesicles, Scoop, sundaes)	29 <input type="checkbox"/>	29 <input type="checkbox"/>				
	3. Low-fat frozen desserts (Frozen yogurt, ice milk, sherbet)	30 <input type="checkbox"/>	30 <input type="checkbox"/>				
	4. Milkshakes/smoothies	31 <input type="checkbox"/>	31 <input type="checkbox"/>				
F.	Fruit						
	1. Canned, cooked fruit	32 <input type="checkbox"/>	32 <input type="checkbox"/>				
	2. Fresh fruit	33 <input type="checkbox"/>	33 <input type="checkbox"/>				
	3. Fruit salad	34 <input type="checkbox"/>	34 <input type="checkbox"/>				
	4. Dried fruit	35 <input type="checkbox"/>	35 <input type="checkbox"/>				
G.	Meet and Meat Alternate/ Entrees						
	Beef						
	1. Hamburger or cheeseburger	36 <input type="checkbox"/>	36 <input type="checkbox"/>				
	2. Chili or burrito	37 <input type="checkbox"/>	37 <input type="checkbox"/>				
	3. Other beef	38 <input type="checkbox"/>	38 <input type="checkbox"/>				
	Poultry						
	4. Chicken patty (breaded)	39 <input type="checkbox"/>	39 <input type="checkbox"/>				
	5. Chicken (other)	40 <input type="checkbox"/>	40 <input type="checkbox"/>				
	6. Turkey	41 <input type="checkbox"/>	41 <input type="checkbox"/>				
	Other Meat						
	7. Hot dog (Corn dog, franks and beans)	42 <input type="checkbox"/>	42 <input type="checkbox"/>				
	8. Cold cuts (Bologna, salami, and similar cuts)	43 <input type="checkbox"/>	43 <input type="checkbox"/>				
	9. Sausage or pork	44 <input type="checkbox"/>	44 <input type="checkbox"/>				
	Meat Alternate						
	10. Cheese sandwich	45 <input type="checkbox"/>	45 <input type="checkbox"/>				
	11. Other cheese	46 <input type="checkbox"/>	46 <input type="checkbox"/>				
	12. Beans or peas (Chick peas, garbanzo beans, kidney beans, refried beans)	47 <input type="checkbox"/>	47 <input type="checkbox"/>				
	13. Eggs (Hard cooked, egg salad, scrambled, fried)	48 <input type="checkbox"/>	48 <input type="checkbox"/>				
	14. Fish	49 <input type="checkbox"/>	49 <input type="checkbox"/>				
	15. Nuts and seeds (Peanuts, peanut butter, sunflower seeds, other nuts)	50 <input type="checkbox"/>	50 <input type="checkbox"/>				
	16. "Lower fat" entrées (<i>Specify</i>)	51 <input type="checkbox"/>	51 <input type="checkbox"/>				
	_____	52 <input type="checkbox"/>	52 <input type="checkbox"/>				
	_____	53 <input type="checkbox"/>	53 <input type="checkbox"/>				

A LA CARTE FOODS CHECKLIST (CONTINUED)

CHECK (☑) BOX
IF FOOD WAS
OFFERED
A LA CARTE

Please list any food or beverage that is not listed in sections A-J of this checklist and that the cafeteria offered a la carte on the specified day.

CHECK (☑) BOX
IF FOOD WAS
OFFERED
A LA CARTE

Mixed Dishes

- | | Bkfst | Lunch |
|---|-----------------------------|-----------------------------|
| 17. Chef salad | 54 <input type="checkbox"/> | 54 <input type="checkbox"/> |
| 18. Lasagna | 55 <input type="checkbox"/> | 55 <input type="checkbox"/> |
| 19. Macaroni and cheese | 56 <input type="checkbox"/> | 56 <input type="checkbox"/> |
| 20a. Pizza (No meat) | 57 <input type="checkbox"/> | 57 <input type="checkbox"/> |
| 20b. Pizza (With meat) | 58 <input type="checkbox"/> | 58 <input type="checkbox"/> |
| 21. Spaghetti | 59 <input type="checkbox"/> | 59 <input type="checkbox"/> |
| 22. Soup with meat or beans
(Bean, chicken, clam
chowder, minestrone) | 60 <input type="checkbox"/> | 60 <input type="checkbox"/> |
| 23. Mexican food (Other) | 61 <input type="checkbox"/> | 61 <input type="checkbox"/> |
| 24. Chinese food | 62 <input type="checkbox"/> | 62 <input type="checkbox"/> |
| 25. Other (Specify) | 63 <input type="checkbox"/> | 63 <input type="checkbox"/> |
| _____ | 64 <input type="checkbox"/> | 64 <input type="checkbox"/> |
| _____ | 65 <input type="checkbox"/> | 65 <input type="checkbox"/> |

H. Vegetables

- | | | |
|--|-----------------------------|-----------------------------|
| 1. Fried potatoes
(Including pre-fried, oven
baked, french fries, Tater
Tots) | 66 <input type="checkbox"/> | 66 <input type="checkbox"/> |
| 2. Salad
(Tossed salad, potato salad,
three bean salad, raw
vegetables) | 67 <input type="checkbox"/> | 67 <input type="checkbox"/> |
| 3a. Vegetable (Other cooked) | 68 <input type="checkbox"/> | 68 <input type="checkbox"/> |
| 3b. Vegetable (soup) | 69 <input type="checkbox"/> | 69 <input type="checkbox"/> |

I. Snacks

- | | | |
|---|-----------------------------|-----------------------------|
| 1. Chips
(Corn, potato, puffed cheese,
tortilla) | 70 <input type="checkbox"/> | 70 <input type="checkbox"/> |
| 2. Nuts and seeds
(Almonds, peanuts,
pistachios, sunflower seeds,
trail mix) | 71 <input type="checkbox"/> | 71 <input type="checkbox"/> |
| 3. Popcorn | 72 <input type="checkbox"/> | 72 <input type="checkbox"/> |
| 4. Fruit snacks (roll-ups,
shapes) | 73 <input type="checkbox"/> | 73 <input type="checkbox"/> |
| 5. Meat snacks (jerkey, pork
rinds) | 74 <input type="checkbox"/> | 74 <input type="checkbox"/> |
| 6. Energy bars (Power bar,
Balance bar, Luna bar) | 75 <input type="checkbox"/> | 75 <input type="checkbox"/> |
| 7. Other snacks | 76 <input type="checkbox"/> | 76 <input type="checkbox"/> |

J. Yogurt

- | | | |
|-----------|-----------------------------|-----------------------------|
| 1. Yogurt | 77 <input type="checkbox"/> | 77 <input type="checkbox"/> |
|-----------|-----------------------------|-----------------------------|

K. Other A la Carte Items (Specify)

- | | Bkfst | Lunch |
|-------|------------------------------|------------------------------|
| _____ | 78 <input type="checkbox"/> | 78 <input type="checkbox"/> |
| _____ | 79 <input type="checkbox"/> | 79 <input type="checkbox"/> |
| _____ | 80 <input type="checkbox"/> | 80 <input type="checkbox"/> |
| _____ | 81 <input type="checkbox"/> | 81 <input type="checkbox"/> |
| _____ | 82 <input type="checkbox"/> | 82 <input type="checkbox"/> |
| _____ | 83 <input type="checkbox"/> | 83 <input type="checkbox"/> |
| _____ | 84 <input type="checkbox"/> | 84 <input type="checkbox"/> |
| _____ | 85 <input type="checkbox"/> | 85 <input type="checkbox"/> |
| _____ | 86 <input type="checkbox"/> | 86 <input type="checkbox"/> |
| _____ | 87 <input type="checkbox"/> | 87 <input type="checkbox"/> |
| _____ | 88 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| _____ | 89 <input type="checkbox"/> | 89 <input type="checkbox"/> |
| _____ | 90 <input type="checkbox"/> | 90 <input type="checkbox"/> |
| _____ | 91 <input type="checkbox"/> | 91 <input type="checkbox"/> |
| _____ | 92 <input type="checkbox"/> | 92 <input type="checkbox"/> |
| _____ | 93 <input type="checkbox"/> | 93 <input type="checkbox"/> |
| _____ | 94 <input type="checkbox"/> | 94 <input type="checkbox"/> |
| _____ | 95 <input type="checkbox"/> | 95 <input type="checkbox"/> |
| _____ | 96 <input type="checkbox"/> | 96 <input type="checkbox"/> |
| _____ | 97 <input type="checkbox"/> | 97 <input type="checkbox"/> |
| _____ | 98 <input type="checkbox"/> | 98 <input type="checkbox"/> |
| _____ | 99 <input type="checkbox"/> | 99 <input type="checkbox"/> |
| _____ | 100 <input type="checkbox"/> | 100 <input type="checkbox"/> |
| _____ | 101 <input type="checkbox"/> | 101 <input type="checkbox"/> |
| _____ | 102 <input type="checkbox"/> | 102 <input type="checkbox"/> |
| _____ | 103 <input type="checkbox"/> | 103 <input type="checkbox"/> |
| _____ | 104 <input type="checkbox"/> | 104 <input type="checkbox"/> |
| _____ | 105 <input type="checkbox"/> | 105 <input type="checkbox"/> |
| _____ | 106 <input type="checkbox"/> | 106 <input type="checkbox"/> |
| _____ | 107 <input type="checkbox"/> | 107 <input type="checkbox"/> |
| _____ | 108 <input type="checkbox"/> | 108 <input type="checkbox"/> |
| _____ | 109 <input type="checkbox"/> | 109 <input type="checkbox"/> |

APPENDIX J

CHILD/YOUTH INTERVIEW

ID#: |_|_|_|_|_|_|_|_|_|_|

SFA: _____

City and State: _____

OMB Clearance Number: 0584-0527

Expiration Date: 1/31/2008



School Nutrition Dietary Assessment Study

Child/Youth Interview

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

Time Burden for this collection of information is estimated to average 40-50 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

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, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

SCHOOL ID: _____

DATE OF INTERVIEW:

|_|_|/|_|_|/|_|_|
Month Day Year

CHILD'S NAME: _____

DAY OF WEEK:

Mon. Tues. Wed. Thurs. Fri. Sat.

* CHILD ID #: |_|_|_|_|_|_|_|_|_|_|

DATE OF BIRTH:

|_|_|/|_|_|/|_|_|_|_|_|
Month Day Year

GRADE: _____

GENDER:

MALE 1
FEMALE 2

* NOTE: CHILD ID# INDICATES IF
RESPONDENT IS A CHILD (6-11) OR A YOUTH
(12-18).

SCHOOL BREAKFAST SERVED?

YES 1
NO 0

COMPLETE AM/PM FIRST.

Now I'm going to ask you some questions about what you eat and about what you like and dislike about the meals served at school.

1. Let me start by asking what grade you are in?

|_|_| RECORD GRADE

DON'T KNOW d
REFUSED r

2. In general, do you usually eat breakfast? That is breakfast anywhere, at home or at school or somewhere else.

YES 1
NO 2
SOMETIMES 0
DON'T KNOW d
REFUSED r

GO TO Q.13 IF SCHOOL DOES NOT SERVE BREAKFAST

3. Do you ever eat a school breakfast? By school breakfast we mean a complete breakfast provided by your school, not something from home.

- YES 1 → **GO TO Q.6**
- NO 0
- DON'T KNOW d
- REFUSED r

4. Can children get a school breakfast at your school?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.13**

5. Why don't you eat a school breakfast? **RECORD VERBATIM RESPONSE.**

PROBE FOR ADDITIONAL REASONS. RECORD REASONS IN ORDER.

- 1. _____
- 2. _____
- 3. _____

- DON'T KNOW d
- REFUSED r

GO TO Q.13

6. What is the number one reason you eat school breakfasts?

- PRICES ARE GOOD..... 1
- FOOD IS GOOD..... 2 → **GO TO Q.9**
- EASY/CONVENIENT TO GET 3
- TEACHERS ENCOURAGE ME 4
- CAFETERIA WORKERS ENCOURAGE ME 5
- PARENTS MAKE ME 6
- FRIENDS EAT THERE 7
- POPULAR KIDS EAT THERE..... 8
- NO OTHER CHOICE 9
- I AM HUNGRY 10
- DON'T KNOW d
- REFUSED r

7. What do you think about school breakfast? Do you . . . **(SHOW HAND CARDS WITH SMILEY FACES FOR CHILDREN IN GRADE 1-3 WHILE READING ANSWER CATEGORIES.)**



- like it, 1
- think it is only okay, or 2 } → **GO TO Q.9**
- don't like it? 3 → **GO TO Q.8**
- DON'T KNOW d
- REFUSED r } → **GO TO Q.9**

8. Why don't you like school breakfasts? **RECORD VERBATIM**

DON'T KNOW d
REFUSED r

9. Is there enough time to eat the school breakfast before classes begin?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

10. Do you think school breakfast is served too early in the day, too late, or is the time it is served okay?

- TOO EARLY 1
- TOO LATE 2
- OKAY 3
- DON'T KNOW d
- REFUSED r

ASK Qs.11a AND 11b IF IN GRADES 1-3; 4TH GRADERS AND OLDER GO TO Q.11c

11a. Do you usually eat a school breakfast three or more times a week?

- YES 1 → **GO TO Q.12**
 - NO 0
 - NEVER EAT SCHOOL BREAKFAST 2
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.12**

11b. Do you usually eat a school breakfast at least once a week?

- YES 1 → **GO TO Q.12**
 - NO 0
 - NEVER EAT SCHOOL BREAKFAST—VOL..... 2
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.12a**

11c. How many days a week do you usually eat a school breakfast?

- NONE, DON'T USUALLY EAT SCHOOL BREAKFAST 0 → **GO TO Q.12a**
- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE 5
- DON'T KNOW d
- REFUSED r

12. Where do you usually eat school breakfast?

- CAFETERIA 1
- CLASSROOM 2 → **GO TO Q.13**
- GYMNASIUM 3
- OUTDOORS 4
- OTHER (SPECIFY) 5

- DON'T KNOW d
- REFUSED r

ASK Q.12a IF Q.11c = 1, 2, OR 3 OR RESPONDENT = CHILD, OTHERWISE GO TO Q.13.

12a. Would you eat breakfast at school (more often) if it was served in your classroom?

- YES 1
- NO 0
- ALREADY EAT BREAKFAST EVERY DAY 2
- DON'T KNOW d
- REFUSED r

ASK ALL:

13. Now I'd like to ask you about lunch.

What time is your lunch period? **IF RESPONDENT SAYS IT VARIES BY DAY, ASK FOR TODAY/YESTERDAY.**

|_|_| : |_|_| AM 1
|_|_| : |_|_| PM 2
DON'T KNOW d
REFUSED r

14. **NO QUESTION THIS VERSION**

15. Did you eat the regular school lunch (today/yesterday)? By regular school lunch, I mean a complete meal—such as salad, soup, a sandwich, or a hot meal—not just milk, snacks, cookies, or ice cream, and not a lunch you brought from home.

YES 1 → **GO TO Q.19**
NO 0
DON'T KNOW d
REFUSED r

16. Where did you get the lunch you ate (today/yesterday)—did you bring it from home, did you get it in school, or did you get it from somewhere else?

- BROUGHT LUNCH FROM HOME..... 1 → **GO TO Q.18**
 - BOUGHT LUNCH IN SCHOOL..... 2 → **GO TO Q.20**
 - LUNCH FROM SOMEWHERE ELSE 3
 - DIDN'T EAT LUNCH 4
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.21**

17. Did you go home for lunch, go off the school grounds for lunch, or did you do something else?

- WENT HOME 1
 - OFF SCHOOL GROUNDS..... 2
 - OTHER (SPECIFY) 3
-
- DON'T KNOW d
 - REFUSED r

18. Was any of the food you ate at lunch bought in school?

- YES 1 → **GO TO Q.20**
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.21**

19. Did you buy any other foods in school to go along with your regular school lunch, such as a drink, ice cream or cookies?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.23**

20. Where did you buy that food—from a vending machine, a school store, or did you buy it in the cafeteria, but not as part of the regular school lunch?

CODE ALL THAT APPLY

- FROM A VENDING MACHINE 1
- FROM A SCHOOL STORE 2
- FROM CAFETERIA (A LA CARTE FOOD) 3
- OTHER (SPECIFY) 4

- DON'T KNOW d
- REFUSED r

ASK Q.21 OF THOSE THAT DID NOT EAT SCHOOL LUNCH (Q.15 NO, DON'T KNOW, REFUSED). IF GOT SCHOOL LUNCH (Q.15 YES), GO TO Q.23.

21. Why didn't you eat the school lunch (today/yesterday)? **RECORD IN ORDER GIVEN**

PROBE: Are there any other reasons?

- 1. _____
- 2. _____
- 3. _____

- DON'T KNOW d
- REFUSED r

22. Do you ever eat the regular school lunch?

- YES 1 → **GO TO Q.24a**
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.25**

23. What is the number one reason you decided to eat the school lunch (today/yesterday)?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CODE ONLY ONE

- HUNGRY 1
 - IT'S FREE/PRICES ARE GOOD..... 2
 - PARENTS WANT ME TO 3
 - LIKE THE FOOD (GENERAL) 4
 - LIKE TODAY'S/YESTERDAY'S MEAL 5
 - EASY/CONVENIENT TO GET 6
 - NO ONE AT HOME TO MAKE LUNCH 7
 - NO TIME TO MAKE LUNCH..... 8
 - NO OTHER CHOICE 9
 - FRIENDS EAT SCHOOL LUNCH 10
 - POPULAR KIDS EAT SCHOOL LUNCH 11
 - OTHER (SPECIFY) 12
-
- DON'T KNOW d
 - REFUSED r

ASK Q.24a IF IN GRADES 1-3; 4TH GRADERS AND OLDER GO TO Q.24c

24a. Do you usually eat a regular school lunch three or more times a week?

- YES 1 → **GO TO Q.25**
 - NO 0
 - NEVER EAT SCHOOL LUNCH. 2
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.26**

24b. Do you usually eat a regular school lunch at least once a week?

- YES 1
- NO 0
- NEVER EAT SCHOOL LUNCH – VOL. 2
- DON'T KNOW d
- REFUSED r

GO TO Q.25

24c. How many days a week do you usually eat a regular school lunch?

- NONE-DON'T USUALLY EAT SCHOOL LUNCH..... 0
- ONE..... 1
- TWO..... 2
- THREE..... 3
- FOUR..... 4
- FIVE..... 5
- DON'T KNOW..... d
- REFUSED..... r

25. What do you think about school lunch? Do you . . . **(SHOW HAND CARDS WITH SMILEY FACES FOR CHILDREN IN GRADE 1-3 WHILE READING ANSWER CATEGORIES.)**



- like it, 1
 - think it is only okay, or 2
 - don't like it? 3
 - DON'T KNOW d
 - REFUSED r
- GO TO Q.27
- GO TO Q.27

26. Why don't you (like/eat) school lunches? **RECORD VERBATIM**

27. And what about the other kids in your school. Do you think most of them like the school lunches, think they're only okay, or don't like the school lunches? **(SHOW HAND CARDS WITH SMILEY FACES FOR CHILDREN IN GRADES 1-3.)**



- LIKE IT, 1
- THINK IT IS ONLY OKAY 2
- DON'T LIKE IT 3
- DON'T KNOW d
- REFUSED r

28. Are you required to take certain foods or put certain foods on your tray such as milk, when you get the regular school lunch or can you turn down foods you don't want?

- REQUIRED TO TAKE CERTAIN FOODS 1
- CAN TURN DOWN FOODS..... 2
- DON'T KNOW d
- REFUSED r

29. Do you think your lunch period is too early in the day, too late, or is your lunch period time about right?

- TOO EARLY..... 1
- TOO LATE..... 2
- ABOUT RIGHT 3
- DON'T KNOW d
- REFUSED r

I want to ask you some questions about the place where you eat your lunch, like the cafeteria, (gym, classroom) or wherever you eat your lunch.

30. Would you say the place you eat your lunch is usually . . .

- too noisy, 1
- too quiet, or 2
- about right? 3
- DON'T KNOW d
- REFUSED r

31. Would you say the tables are . . .

always clean..... 1

usually clean..... 2

sometimes clean, or 3

never clean? 2

DON'T KNOW d

REFUSED r

31a. Would you say the floor is . . .

always clean..... 1

usually clean..... 2

sometimes clean, or 3

never clean? 2

DON'T KNOW d

REFUSED r

32. Would you say . . .

there are usually plenty of seats and
tables, or..... 1

not enough seats and tables? 2

DON'T KNOW d

REFUSED r

33. Would you say most of the time there are . . .

long lines, 1

short lines, or 2

no lines? 3

DEPENDS ON WHAT IS SERVED..... 4

DON'T KNOW d

REFUSED r

ASK Q. 33a ONLY IF EVER ATE SCHOOL LUNCH (Q.15 = YES OR Q.22 = YES), ALL OTHERS GO TO Q.34.

33a. Do you have enough time to eat your lunch after you have your food and you are seated?

- YES 1
- NO 0
- SOMETIMES 2
- DON'T KNOW d
- REFUSED r

34. Do the food servers and cashiers always, often, sometimes, or never listen to you and other students?

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

34a. Do the food servers and cashiers always, often, sometimes, or never smile and say hello to you when you're getting school breakfast or lunch?

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

35. Do you get to pick where you sit and who you can eat with during your lunch period?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

36. Now I'd like to ask you about the food served at lunch by the school.

	ALWAYS	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. Do you always, often, sometimes, or never like the taste of the food? ...	1	2	3	4	d	r
b. Do you always, often, sometimes, or never like the smell of the food? ...	1	2	3	4	d	r
c. Do you always, often, sometimes, or never like the way the food looks?	1	2	3	4	d	r
d. Do the vegetables on the serving line always, often, sometimes, or never look good?	1	2	3	4	d	r

37. Do you think the amount of food they give you is . . .

- too much,..... 1
- too little, or..... 2
- about right? 3
- DON'T KNOW d
- REFUSED r

38. Do you think that the milk served, is . . .

- too warm,..... 1
- too cold, or..... 2
- about the right temperature? 3
- DON'T KNOW d
- REFUSED r

39. Does the school menu always, often, sometimes, or never include foods you like?

- ALWAYS, 1
- OFTEN 2
- SOMETIMES..... 3
- NEVER..... 4
- DON'T KNOW d
- REFUSED r

40. Does the school lunch always, often, sometimes, or never have enough choices of food?

- ALWAYS, 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

41. Do you always, often, sometimes, or never like the brands of food offered at school lunch?

- ALWAYS, 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

42. What is your favorite school lunch?

IF NEEDED, PROBE: The main course.

-
- NO FAVORITE FOOD 0
 - DON'T KNOW d
 - REFUSED r

43. What is your least favorite school lunch?

IF NEEDED, PROBE: The main course.

-
- LIKE ALL THE FOODS, NO LEAST FAVORITE FOOD 0
 - DON'T KNOW d
 - REFUSED r

44. Do all kids that get the regular school lunch pay the same amount for the lunch, or do some kids pay less or get it for free?

- ALL PAY THE SAME AMOUNT 1
 - EVERYONE GETS IT FOR FREE 2
 - SOME PAY LESS/ SOME GET IT FREE 3
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.47**

45. Can you tell who is getting the regular school lunches for free or less than the full price?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.47**

46. How do you know?

-
- DON'T KNOW d
 - REFUSED r

47. Now I'd like to ask you just a few more questions about activities you might do. First . . .

	YES	NO	DON'T KNOW	REFUSED
a. Are you taking physical education in school?	1	0	d	r
b. Are you on a school sports team?.....	1	0	d	r
c. Do you participate in other physical activities or sports in the community, for example through a community center or Y?	1	0	d	r
d. Do you walk or ride a bike to school?	1	0	d	r
ASK IF < AGE 12:				
e. Do you play outside after school?	1	0	d	r
ASK IF AGE 12 OR OLDER:				
f. Outside of school, are you physically active, such as walking, running, biking, or working out with exercise equipment?	1	0	d	r

**END OF INTERVIEW FOR YOUNGER CHILDREN—GO TO Q.53
YOUTH CONTINUE**

48. How many nights a week do you and your family typically sit down together to have dinner as a family?

- EVERY NIGHT 1
- 5 OR 6 NIGHTS A WEEK 2
- 3 OR 4 NIGHTS A WEEK 3
- 1 OR 2 NIGHTS A WEEK 4
- NEVER 5
- DON'T KNOW d
- REFUSED r

49. During the past 30 days, did you eat less food, fewer calories, or foods low in fat or carbohydrates to lose weight or to keep from gaining weight?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

49a. How often do you take any vitamins in pill or liquid form such as multi-vitamins or Vitamin C? Would you say . . .

- every day or almost every day, 1
- every so often, or 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

49b. (Other than multi-vitamins with minerals) How often do you take (additional) minerals such as calcium or zinc? Would you say . . .

- every day or almost every day, 1
- every so often, or 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

49c. How often do you take any herbal products or sports supplements like Echinacea or alfalfa extract? Would you say . . .

- every day or almost every day, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

50. On an average school day, about how many hours do you spend watching TV or DVDs? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- |_|_| . |_| HOURS
- DON'T KNOW d
- REFUSED r

51. And on an average school day, about how many hours do you use a computer, go online, or play video or computer games? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- |_|_| . |_| HOURS
- DON'T KNOW d
- REFUSED r

52. During the past month, on how many days did you smoke cigarettes?

PROBE: Your best estimate is fine.

- |_|_| DAYS
- NEVER 0
- DON'T KNOW d
- REFUSED r

53. And finally, we would like to follow-up with your parent or guardian in order to better understand their feelings about the meals served at this school. In order to do this, I will need you to give me some contact information.

First, which adult tends to prepare most of the meals in your home? **{INTERVIEWER NOTE: ACCEPT ONLY ONE ANSWER, READ LIST ONLY IF NECESSARY}**

- MOTHER/FATHER/PARENT 01
- PARENT'S SPOUSE OR PARTNER 02
- GRANDPARENT 03
- OTHER RELATIVE 04
- LEGAL GUARDIAN 05
- OTHER (SPECIFY) 06

-
- DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.58**

53a. And, what is (HIS/HER)'s first name?

- ENTER FIRST NAME _____
- DON'T KNOW d
- REFUSED r

53b. And, what is (HIS/HER)'s last name?

- ENTER LAST NAME _____
- DON'T KNOW d
- REFUSED r

54a. What is [HIS/HER]'s home phone number?

- |_|_|_|-|_|_|_|-|_|_|_|_| ENTER PHONE NUMBER
- DOESN'T HAVE HOME PHONE NUMBER..... n
- DON'T KNOW d
- REFUSED r

54b. And, what is your [HIS/HER]'s cellular phone number?

|_|_|_|-|_|_|_|-|_|_|_|_| ENTER PHONE NUMBER
DOESN'T HAVE CELLULAR PHONE
NUMBER..... n
DON'T KNOW d
REFUSED r

54c. And, what is [HIS/HER]'s work phone number?

|_|_|_|-|_|_|_|-|_|_|_|_| ENTER PHONE NUMBER
DOESN'T HAVE WORK PHONE NUMBER n
DON'T KNOW d
REFUSED r

55. What is the best time to reach [HIM/HER]?

TIME: |_|_|:|_|_| AM.....1
PM.....2
DAY: _____
DON'T KNOW d
REFUSED r

56. If we are unable to reach [HIM/HER] then, what is the next best time to reach [HIM/HER]?

TIME: |_|_|:|_|_| AM.....1
PM.....2
DAY: _____
DON'T KNOW d
REFUSED r

[IF NO NUMBERS PROVIDED GO TO 58]

57. Finally, which of the phone numbers that you gave me should I use to reach your [HIM/HER] when I call?

DON'T KNOWd }
REFUSEDr } → **GO TO Q.58**

58. **CLOSING**

Those are all the questions I have today. You've done great. Thanks for all your help.

THANK CHILD AND GIVE GIFT. ASK IF THEY NEED A PASS TO GET BACK INTO CLASS.

APPENDIX K
PARENT INTERVIEW

OMB Clearance Number: 0584-0527

Expiration Date: 1/31/2008

ID#:

SFA:

City and State:



School Nutrition Dietary Assessment Study

Parent Interview

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

Time Burden for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

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, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CHILD'S NAME: _____	SCHOOL ID: _____
CHILD ID #: _ _ _ _ _ _ _ _ _	GRADE: _____
CHILD'S GENDER:	RESPONDENT'S GENDER:
MALE1	MALE 1
FEMALE.....2	FEMALE..... 2
TYPE OF CHILD:	LOCATION:
CHILD1	SCHOOL..... 1
YOUTH2	HOME 2
	PHONE 3
LANGUAGE:	
ENGLISH1	
SPANISH2	
OTHER3	

INTRODUCTION FOR PARENT OF CHILD:

Okay, now that we completed the dietary recall I'd like to ask you some questions about your household and the meals provided by your child's school.

INTERVIEWER: IF PARENT MENTIONED DURING DIETARY RECALL THAT CHILD HAD SCHOOL BREAKFAST, CODE "1" IN QUESTION 1 WITHOUT ASKING.

INTRO FOR PARENT OF YOUTHS:

Hello, my name is _____ and I'm part of the study team that interviewed your child (yesterday/DAY) at school about the school meals program. I'm calling now to see if we can do the parent interview. As you may recall from the letter and consent form sent home earlier, this study is being conducted by the U.S. Department of Agriculture to better understand how children and parents feel about the meals provided by schools, why they choose to participate or not participate in school meals, and how these decisions are related to children's overall diets. The interview will take about 20 minutes, and your cooperation is completely voluntary. All answers you give will be confidential and no individual results will be presented. As a thank you for your time, we will be sending you \$10.

INTERVIEWER: AFTER DETERMINING IF THE PARENT OR ADULT WHO KNOWS THE MOST ABOUT WHAT CHILD EATS IS ON THE PHONE, CONTINUE.

ASK ALL:

First, I am going to ask you about (CHILD)'s eating habits and the food served at (his/her) school.

1. Some schools offer meals each day to children for free or at a set, fixed price. Does (CHILD)'s school have a school breakfast program?

YES 1
NO 0
DON'T KNOW d
REFUSED r

2. Do you agree or disagree with the following statement: "School breakfasts should be available for all school children." Do you . . .

strongly agree, 1
somewhat agree, 2
somewhat disagree, or 3
strongly disagree with that statement? 4
DON'T KNOW d
REFUSED r

3. Does (CHILD) usually eat breakfast, that is any breakfast, not just a school breakfast?

YES 1
NO 0
DON'T KNOW d
REFUSED r

4. How important do you think eating a healthy breakfast is for children to do well in school?

- Very important, 1
- Somewhat important, or 2
- Not important 3
- DON'T KNOW d
- REFUSED r

IF NO SCHOOL BREAKFAST (Q.1 = 0), GO TO Q.13

5. Does (CHILD) ever eat a school breakfast, that is a complete breakfast provided by the school?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.7**

6. How many days a week does (CHILD) usually eat a school breakfast?

- NONE 0
- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE 5
- DON'T KNOW d
- REFUSED r

ASK Q.7 IF Q.6 = 0, 1, OR 2. OTHERS GO TO Q.8.

7. Which of the following reasons describe why (CHILD) does not eat school breakfast (more frequently) at school? **(READ LIST)**

PROBE: Is that a reason?

CODE ONE ON EACH LINE				
	YES	NO	DON'T KNOW	REFUSED
a. Your child does not like to eat breakfast?	1	0	d	r
b. Your child does not like the food served at school?	1	0	d	r
c. Your child prefers to eat at home?	1	0	d	r
d. You thought your child couldn't participate in the School Breakfast Program?	1	0	d	r
e. There isn't enough time to eat breakfast at school, for example due to the bus arrival time?.....	1	0	d	r
f. You don't want others to think you can't provide breakfast for your child?	1	0	d	r
g. Your child doesn't eat school breakfast because (his/her) friends don't?	1	0	d	r
h. Your child thinks only needy kids eat school breakfast and (he/she) doesn't want to be thought of that way?	1	0	d	r
i. Is there any other reason? (SPECIFY)..... _____	1	0	d	r

8. Now I'd like to ask you your opinions about the school breakfast served at (CHILD)'s school. After I read each statement, please tell me if you strongly agree, agree somewhat, disagree somewhat, or strongly disagree. **SKIP ITEMS 'a' AND 'c' IF CHILD NEVER EATS SCHOOL BREAKFAST (Q.5 = 0)**

	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. Children like the school breakfasts	1	2	3	4	d	r
b. I receive enough information about the School Breakfast Program	1	2	3	4	d	r
c. School breakfasts are served at a convenient time and place	1	2	3	4	d	r
d. School breakfast gives all children an opportunity to eat breakfast	1	2	3	4	d	r
e. Only children from needy families participate in the school breakfast program.....	1	2	3	4	d	r

ASK QS. 9-12 IF CHILD EVER EATS SCHOOL BREAKFAST (Q.5 = 1).

ALL OTHERS GO TO Q.13

9. How often do the breakfasts served at your child's school include fresh fruit? Would you say . . .

- always, 1
- sometimes, or 2
- never? 3
- DON'T KNOW d
- REFUSED r

10. And how often do school breakfasts include a hot entrée, such as pancakes, breakfast burritos, or egg sandwiches? Would you say . . .

- always, 1
- sometimes, or 2
- never? 3
- DON'T KNOW d
- REFUSED r

11. Would you say the breakfasts served at school are . . .

- very healthy, 1
- somewhat healthy, or 2
- not healthy? 3
- IT DEPENDS (VOLUNTEERED) 4
- DON'T KNOW d
- REFUSED r

12. Overall, how satisfied are you with the school breakfast provided at your child's school. Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- VERY SATISFIED 1
- SOMEWHAT SATISFIED 2
- SOMEWHAT DISSATISFIED 3
- VERY DISSATISFIED 4
- DON'T KNOW/CAN'T RATE d
- REFUSED r

13. How many days a week does (CHILD) usually eat a school lunch? By school lunch I mean a complete meal such as a fruit or vegetable, sandwich and milk, or a hot meal and milk for free or at a set, fixed price.

- NONE 0
 - ONE 1
 - TWO 2
 - THREE 3
 - FOUR 4
 - FIVE 5
 - DON'T KNOW d
 - REFUSED r
- **GO TO Q.15**
- **GO TO Q.16**

14. Which of the following reasons describe why (CHILD) does not eat school lunch (more frequently) at school? **(READ LIST)**

PROBE: Is that a reason (CHILD) doesn't eat (more) school lunches?

CODE ONE ON EACH LINE

	YES	NO	DON'T KNOW	REFUSED
a. Your child does not like the food served at school?	1	0	d	r
b. Your child prefers to eat a lunch brought from home? ..	1	0	d	r
c. Your child doesn't have enough time to get and eat lunch in school?	1	0	d	r
d. Your child doesn't like waiting in lines for lunch?	1	0	d	r
e. Your child thinks only needy kids eat school lunches and (he/she) doesn't want to be thought of that way? ..	1	0	d	r
f. You prefer your child to eat foods sent from home?	1	0	d	r
g. Your child doesn't eat school lunches because (his/her) friends don't?	1	0	d	r
h. You thought your child couldn't participate in the school lunch program?	1	0	d	r
i. Is there any other reason? (SPECIFY)	1	0	d	r

ALL THOSE ANSWERING Q.14, GO TO Q.16

15. What is the main reason (CHILD) gets school lunches?

- CHILD LIKES THE FOOD..... 1
 - LIKES TO EAT WITH FRIENDS/
FRIENDS GET IT2
 - EASY FOR PARENT.....3
 - INEXPENSIVE/FREE/GOOD VALUE4
 - GOOD/HEALTHY MEALS.....5
 - HUNGER/WOULDN'T EAT LUNCH
OTHERWISE.....6
 - OTHER (SPECIFY)7
-
- DON'T KNOW d
 - REFUSED r

16. Some schools have vending machines where children can purchase snacks, such as chips and cookies, fruit juices and sodas. In many cases, the school receives money from the companies for allowing the machines to be placed in schools. In general, do you think it is a good idea or a bad idea to have vending machines available to students in schools such as the one your child attends?

- GOOD IDEA..... 1
- BAD IDEA.....2
- IT DEPENDS.....3
- DON'T KNOW/NO OPINION..... d
- REFUSED r

17. Are there any vending machines available to children in (CHILD)'s school?

- YES 1
 - NO0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.19**

18. And, what kinds of foods are in the vending machines?

CODE ALL THAT APPLY

- MILK..... 1
 - JUICE 2
 - SODA 3
 - OTHER DRINKS 4
 - SNACK FOODS (CHIPS, POPCORN, ETC) 5
 - DESSERT/BAKED GOODS (COOKIES,
CUPCAKES, GRANOLA BARS, ETC)..... 6
 - CANDY/GUM 7
 - SANDWICHES 8
 - FROZEN FOODS/ICE CREAM..... 9
 - OTHER (SPECIFY) 10
-
- DON'T KNOW d
 - REFUSED r

19. Does your child's school cafeteria sell foods that children can buy for lunch other than the regular school lunch meal? These might be foods like, hamburgers, French fries, pizza, or ice cream, for example.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

20. And does (his/her) school have a school store or snack bar, outside of the cafeteria, where children can buy foods or drinks?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

21. Some schools have contracts with national companies such as McDonald's, Pizza Hut, and Taco Bell, to provide foods for student meals. Do you think it is a good idea or a bad idea to have brand name foods available to students in schools such as the one your child attends?

- GOOD IDEA 1
- BAD IDEA..... 2
- IT DEPENDS 3
- DON'T KNOW/NO OPINION..... d
- REFUSED r

22. Now I would like to ask you your opinions about the school lunches served at (CHILD)'s school. After I read each statement, please tell me if you strongly agree, agree somewhat, disagree somewhat, or strongly disagree.

SKIP ITEMS "a" AND "c" IF CHILD NEVER EATS SCHOOL LUNCH (Q.13 = 0).

	CODE ONE ON EACH LINE					
	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. Children like the school lunches.....	1	2	3	4	d	r
b. I receive enough information about the School Lunch Program	1	2	3	4	d	r
c. School lunches are served at a convenient time and place	1	2	3	4	d	r
d. School lunch gives all children an opportunity to eat lunch.....	1	2	3	4	d	r
e. Only children from needy families participate in the School Lunch Program	1	2	3	4	d	r

23. Would you say the lunches served at (CHILD)'s school are . . .

- very healthy, 1
- somewhat healthy, or 2
- not healthy? 3
- IT DEPENDS 4
- DON'T KNOW/NO OPINION..... d
- REFUSED r

24. Thinking about the cost of school lunches and the quality of the meals provided, do you think the school lunches are a . . .

- very good value 1
- a pretty good value, or..... 2
- not a good value? 3
- GET LUNCH FREE 4
- DON'T KNOW/NO OPINION..... d
- REFUSED r

25. Overall, how satisfied are you with the school lunches provided at your child's school. Would you say you are . . .

- very satisfied, 1
 - somewhat satisfied, 2
 - somewhat dissatisfied, or 3
 - very dissatisfied? 4
 - DON'T KNOW/CAN'T RATE d
 - REFUSED r
- } → **GO TO Q.27**
- } → **GO TO Q.27**

26. Why are you dissatisfied with the school lunches provided by the school?

CODE ALL THAT APPLY

- NOT HEALTHY 1
 - NOT GOOD VALUE/COST 2
 - POOR QUALITY/TASTE 3
 - CHILD WON'T EAT IT 4
 - POOR PRESENTATION (TEMPERATURE) 5
 - NOT ENOUGH CHOICE 6
 - STIGMA/CHILD GETS TEASED..... 7
 - OTHER (SPECIFY) 8
-
- DON'T KNOW d
 - REFUSED r

27. Did you apply for free or reduced price school meals during the current school year?

- YES 1
 - NO 0 → **GO TO Q.28**
 - NOT ELIGIBLE – VOLUNTEERED 3 → **GO TO Q.30**
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.30**

27a. During the past 30 days, did (CHILD) receive free or reduced price lunches at school?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK Q.27b ONLY IF SCHOOL HAS A BREAKFAST PROGRAM (Q.1 = 1).

27b. During the past 30 days, did (CHILD) receive free or reduced price breakfasts at school?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

28. Why did you **not** apply for free or reduced price school meals for your children?
RECORD IN FIRST COLUMN BELOW.

29. **IF MORE THAN ONE REASON GIVEN PROBE:** Of these reasons, which was the most important?

	Q.28 CODE ALL THAT APPLY	Q.29 MOST IMPORTANT	DON'T KNOW	REFUSED
a. DID NOT THINK WE WERE ELIGIBLE	1	1	d	r
b. CHILD PREFERS MEALS PREPARED AT HOME	2	2	d	r
c. CHILD DOESN'T LIKE SCHOOL FOOD	3	3	d	r
d. PREFER MY CHILD TO EAT FOOD FROM HOME.....	4	4	d	r
e. NEVER RECEIVED APPLICATION.....	5	5	d	r
f. NOT AWARE OF FREE OR REDUCED PRICE MEAL PROGRAM.....	6	6	d	r
g. DID NOT WANT TO GIVE INCOME INFORMATION TO THE SCHOOL.....	7	7	d	r
h. PREFERRED TO PAY FULL PRICE	8	8	d	r
i. APPLICATION FORM WAS DIFFICULT TO UNDERSTAND	9	9	d	r
j. CHILD AUTOMATICALLY ELIGIBLE (FOOD STAMPS, TANF) DIRECT CERTIFICATION.....	10	10	d	r
k. OTHER (SPECIFY)	11	11	d	r

Now I'd like to ask you some questions about (CHILD).

30. In general, would you say (CHILD)'s health is . . .

- excellent, 1
- very good,..... 2
- good, 3
- fair, or 4
- poor? 5
- DON'T KNOW d
- REFUSED r

31. Do you consider (him/her) to be . . .

- a very picky eater, 1
- a somewhat picky eater, or 2
- not a picky eater? 3
- DON'T KNOW d
- REFUSED r

32. Compared to other (boys/girls) the same age, would you say (CHILD) usually eats a larger amount of food, about the same amount of food, or a smaller amount of food?

- LARGER AMOUNT 1
- SAME AMOUNT 2
- SMALLER AMOUNT 3
- DON'T KNOW d
- REFUSED r

33a. How often does (CHILD) take any vitamins, in pill or liquid form, such as multivitamins or vitamin C? Would you say . . .

- every day or almost every day, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

33b. Other than multivitamins with minerals, how often does (CHILD) take (additional) minerals such as calcium or zinc? Would you say . . .

- every day or almost every day, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

33c. How often does (CHILD) take any sports supplements or herbal products like echinacea or alfalfa extract? Would you say . . .

- every day or almost every day, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

34. Does (CHILD) have any food allergies or special dietary needs that affect what (he/she) eats?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.36**

35. What are the food allergies or special dietary needs?

CODE ALL THAT APPLY

ALLERGY TO PEANUTS.....	1
ALLERGY TO OTHER NUTS	2
LACTOSE INTOLERANCE	3
ALLERGY TO EGGS	4
ALLERGY TO SOY	5
ALLERGY TO WHEAT	6
ALLERGY TO FISH OR SHRIMP	7
DIABETES.....	8
VEGETARIAN/VEGAN.....	9
LOW CARBOHYDRATE	10
REDUCED CALORIES	11
LOW FAT	12
RESTRICTIONS BECAUSE OF RELIGIOUS PRACTICES	13
OTHER (SPECIFY)	14

36. Does someone such as an older child, yourself or another adult usually fix or supervise breakfast for (CHILD) at home?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

37. Thinking now about the foods you serve your family, how often would you say you serve (CHILD) skim milk or 1% low-fat milk?

- Always or almost always, 1
- Sometimes, 2
- Rarely, or 3
- Never? 4
- CHILD DOESN'T DRINK MILK—
VOLUNTEERED 5
- DON'T KNOW d
- REFUSED r

38. When (CHILD) eats chicken, how often is it fried?

- Always or almost always, 1
- Sometimes, 2
- Rarely, or 3
- Never? 4
- CHILD DOESN'T EAT CHICKEN—
VOLUNTEERED 5
- DON'T KNOW d
- REFUSED r

39. And when (CHILD) eats baked or mashed potatoes, how often do you or your child add butter, margarine, or sour cream? Would you say . . .

- Always or almost always, 1
- Sometimes, 2
- Rarely, or 3
- Never? 4
- CHILD DOESN'T EAT THIS—
VOLUNTEERED 5
- DON'T KNOW d
- REFUSED r

40. How would you describe the amount of butter, cream cheese, or margarine usually spread on (his/her) breads and muffins . . .

- none, 1
- light, 2
- moderate, or 3
- generous? 4
- DOESN'T EAT THIS-VOLUNTEERED n
- DON'T KNOW d
- REFUSED r

Thinking now about how your child spends (his/her) free time . . .

41. On an average school day, about how many hours does (CHILD) spend watching TV or DVDs? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- ____|____| . ____| HOURS
- DON'T KNOW d
 - REFUSED r

42. On an average school day, out side of school, about how many hours does (CHILD) use a computer, go online, or play video or computer games? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- ____|____| . ____| HOURS
- DON'T KNOW d
 - REFUSED r

43. Now I'd like to ask a question about exercise or other physical activities. Compared to other (boys/girls) the same age, would you say (CHILD) is . . .

- less active, 1
- about as active, 2
- more active, or 3
- much more active? 4
- DON'T KNOW d
- REFUSED r

44. How old was (CHILD) on (his/her) last birthday?

|_|_| AGE IN YEARS

DON'T KNOW d

REFUSED r

45. Do you consider (CHILD) to be of Hispanic or Latino origin, such as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

YES/HISPANIC OR LATINO 1

NO/NOT HISPANIC OR LATINO 0

DON'T KNOW d

REFUSED r

46. What race do you consider (CHILD) to be?

PROBE IF RESPONDS "HISPANIC" OR "LATINO": Would that be White Hispanic/Latino, African-American Hispanic/Latino, or something else?

CODE ALL THAT APPLY

ASIAN 1

AMERICAN INDIAN OR ALASKA NATIVE 2

BLACK OR AFRICAN AMERICAN 3

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4

WHITE 5

OTHER (*SPECIFY*) 6

_____ DON'T KNOW d

REFUSED r

47. What is the primary language spoken at home with (CHILD)?

- ENGLISH..... 1
- SPANISH..... 2
- OTHER (SPECIFY) 3

- DON'T KNOW d
- REFUSED r

Now I'd like to ask you some questions about you and your household.

48. Including you, how many people live in your household?

- |_| PEOPLE IN HOUSEHOLD
- DON'T KNOW d
- REFUSED r

49. Of these, how many are under the age of 18?

- |_| CHILDREN
- DON'T KNOW d
- REFUSED r

50. What is your relationship to (CHILD)? **(READ LIST ONLY IF NECESSARY)**

- MOTHER/FATHER/PARENT 1
- PARENT'S SPOUSE OR PARTNER 2
- GRANDPARENT 3
- OTHER RELATIVE 4
- LEGAL GUARDIAN 5
- OTHER (SPECIFY) 6

- DON'T KNOW d
- REFUSED r

51. Are you currently living with a partner or spouse?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

52. About how many hours a week do you usually spend outside of your home at a paid job, school or job training program?

- |_|_| HOURS PER WEEK
- NONE 0
 - DON'T KNOW d
 - REFUSED r

53. What is the last grade or highest level of education you completed? Is it . . .

- 8th grade or less, 1
- Some high school, 2
- High school graduate or GED, 3
- Some college or technical school, 4
- Associates or 2 year degree, 5
- College graduate or 4 year degree, or 6
- Graduate school? 7
- DON'T KNOW d
- REFUSED r

IF Q.51 = 1, ASK QS. 54-55, OTHERS GO TO Q.56:

54. About how many hours a week does your partner or spouse usually spend outside of the home at a paid job, school or job training program?

- |_|_| HOURS PER WEEK
- NONE 0
 - DON'T KNOW d
 - REFUSED r

55. What is the last grade or highest level of education your partner or spouse completed?
Is it . . .

- 8th grade or less,..... 01
- Some high school,..... 02
- High school graduate or GED, 03
- Some college or technical school,..... 04
- Associates or 2 year degree,..... 05
- College graduate or 4 year degree, or 06
- Graduate school? 07
- DON'T KNOW d
- REFUSED r

56. We would like your best estimate of your total annual household income before taxes in the year 2004. Please include all forms of income, including wages, salaries, interest, dividends, and other forms of income such as Social Security, SSI or TANF for all household members.

\$ |_|_|,|_|_|_| RECORD AMOUNT → **GO TO Q.59**

- DON'T KNOW d
- REFUSED r

57. Is your total household income less than \$50,000?

- YES 1 → **GO TO Q.58a**
- NO 0 → **GO TO Q.58b**
- DON'T KNOW d } → **GO TO Q.59**
- REFUSED r }

IF LESS THAN \$50,000, SHOW CARD #1: (Different version for phone)

58a. Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income. **PHONE VERSION:** I'm going to read you some income categories. Please tell me when I read the range that represents your household's income.

SHOW
CARD
#1

- A. LESS THAN \$5,000 1
- B. \$5,000 TO LESS THAN \$10,000 2
- C. \$10,000 TO LESS THAN \$15,000 3
- D. \$15,000 TO LESS THAN \$20,000 4
- E. \$20,000 TO LESS THAN \$25,000 5
- F. \$25,000 TO LESS THAN \$30,000 6
- G. \$30,000 TO LESS THAN \$40,000 7
- H. \$40,000 TO LESS THAN \$50,000 8
- DON'T KNOW d
- REFUSED r

GO TO Q.59

IF GREATER THAN \$50,000, SHOW CARD #2: (Different version for phone)

58b. Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income. **PHONE VERSION:** I'm going to read you some income categories. Please tell me when I read the range that represents your household's income.

SHOW
CARD
#2

- A. \$50,000 TO LESS THAN \$60,000 1
- B. \$60,000 TO LESS THAN \$70,000 2
- C. \$70,000 TO LESS THAN \$80,000 3
- D. \$80,000 TO LESS THAN \$90,000 4
- E. \$90,000 TO LESS THAN \$100,000 5
- F. \$100,000 OR MORE 6
- DON'T KNOW d
- REFUSED r

PROGRAM MUST CALCULATE IF HOUSEHOLD INCOME IS GREATER THAN 200% OF POVERTY, GO TO Q. 63.

Please look at this card and tell me if anyone living in your household currently receives income or benefits from any of these sources. **PHONE VERSION:** Next I'd like to know if anyone living in your household currently receives income or benefits from a number of different sources.

59. Does your household receive food stamp benefits (type A on the card) or participate in the Food Distribution Program on Indian Reservations?



- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

60. Does your household receive assistance from TANF, Public Assistance, TAFDC, EAEDC, or Welfare (type B on the card)?



- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

61. Does your household participate in Medicaid, STATE HEALTH, or SCHIP (type C on the card)?



- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

62. Does anyone in your household receive benefits under the WIC Program—Women, Infants and Children Program (type D on the card)?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

63. Which of these statements best describes the food eaten in your household in the last 30 days: we have enough of the kinds of food we want to eat; enough, but not always the **kinds** of food we want; sometimes **not enough** to eat; or **often** not enough to eat?

- ENOUGH OF THE KINDS OF FOOD WE WANT 1
- ENOUGH BUT NOT ALWAYS THE **KINDS** OF FOOD WE WANT 2
- SOMETIMES **NOT ENOUGH** TO EAT 3
- OFTEN** NOT ENOUGH 4
- DON'T KNOW d
- REFUSED r

IF Q.63 = 1 AND HOUSEHOLD INCOME IS ABOVE TWICE THE POVERTY THRESHOLD (SEE GRID BELOW), SKIP TO Q.83.

IF Q.63 = 1 AND HOUSEHOLD INCOME IS BELOW TWICE THE POVERTY THRESHOLD (SEE GRID BELOW), OR INCOME IS DON'T KNOW OR REFUSED (Q.57 OR Q.58a OR Q.58b), ASK Q.64.

Poverty Threshold Measure: ASK Q.64 IF ...		
If household size is ...	And answer to Q.58a is ...	Or answer to Q.58b is ...
1	A-D	-
2	A-E	-
3	A-F	-
4	A-G	-
5	A-G	-
6	A-H	-
7	-	A
8	-	A
9	-	A or B
10	-	A or B

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [NAME OF CURRENT MONTH].

64. The first statement is, (I/we) worried whether (my/our) food would run out before (I/we) got money to buy more. Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

65. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

66. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q.67 AND Q.68; OTHERWISE SKIP TO FIRST LEVEL SCREEN.

67. “(I/we) relied on only a few kinds of low-cost food to feed (my/our) (child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

68. “(I/we) couldn’t feed (my/our) (child/the children) a balanced meal because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

FIRST LEVEL SCREEN (Screener for Stage 2): IF AFFIRMATIVE RESPONSE TO ANY ONE OF QUESTIONS 64-68, (ie., “often true” or “sometimes true”), OR RESPONSE “3” OR “4” TO QUESTION 63 (if administered), THEN CONTINUE TO STAGE 2; OTHERWISE SKIP TO Q.80.

STAGE 2 QUESTIONS 69-73: ASK HOUSEHOLDS PASSING THE FIRST LEVEL SCREEN (estimated 40 percent of households < Poverty; 5.5 percent of households > Poverty; 19 percent of all households).

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q.69; OTHERWISE SKIP TO Q.70.

69. “(My/our child was/the children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

70. In the last 12 months, since last [NAME OF CURRENT MONTH], did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.71**

70a. **IF YES ABOVE, ASK:** How often did this happen-almost every month, some months but not every month, or in only one or two months?

- ALMOST EVERY MONTH 1
- SOME MONTHS, BUT NOT EVERY MONTH .. 2
- ONLY ONE OR TWO MONTHS 3
- DON'T KNOW d
- REFUSED r

71. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

72. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

73. In the last 12 months, did you lose weight because you didn't have enough money for food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

SECOND LEVEL SCREEN (Screener for Stage 3): IF AFFIRMATIVE RESPONSE TO ANY ONE OF QUESTIONS 69 THROUGH 73, THEN CONTINUE TO STAGE 3; OTHERWISE SKIP TO Q.80.

STAGE 3 QUESTIONS 74 THROUGH 79: ASK HOUSEHOLDS PASSING THE SECOND LEVEL SCREEN (estimated 7-8 percent of households < 185 percent poverty; 1-1.5 percent of households > 185 percent poverty; 3-4 percent of all households).

74. In the last 12 months, did (you/other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.76**

75. **IF YES ABOVE, ASK:** How often did this happen-almost every month, some months but not every month, or in only one or two months?

- ALMOST EVERY MONTH 1
- SOME MONTHS, BUT NOT EVERY MONTH .. 2
- ONLY ONE OR TWO MONTHS 3
- DON'T KNOW d
- REFUSED r

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK 76 THROUGH 79; OTHERWISE SKIP TO Q.80.

76. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since [CURRENT MONTH] of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

77. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

77a. **IF YES ABOVE, ASK:** How often did this happen-almost every month, some months but not every month, or in only one or two months?

- ALMOST EVERY MONTH 1
- SOME MONTHS, BUT NOT EVERY MONTH .. 2
- ONLY ONE OR TWO MONTHS 3
- DON'T KNOW d
- REFUSED r

78. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

79. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

80. Did you or another member of your household receive groceries from a food pantry in the last 30 days? Include groceries delivered to your household by the food pantry.

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

81. Did you or another member of your household receive one or more meals from a soup kitchen, mobile van, or food wagon in the last 30 days?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

82. Did you or another member of your household spend one or more nights in the past 30 days in a shelter?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

ASK ALL:

83. I just have one last question, thinking back again to the school meals program in (CHILD)'s school, is there any thing you would like to see changed regarding the school meals? **IF YES:** What would that be. **RECORD RESPONSE VERBATIM. PROBE FOR ANYTHING ELSE.**

-
- NO CHANGES NEEDED 0
 - DON'T KNOW d
 - REFUSED r

84. **IF RESPONDENT MENTIONS ANYTHING IN Q.83, ASK:** Have you talked with anyone at the school or school district about this issue?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

CLOSING

Those are all of the questions I have for you. Thank you for your time.

GIVE CHECK TO PARENT OF YOUNG CHILDREN.

FOR YOUTHS' PARENTS: GET/CONFIRM ADDRESS TO MAIL THANK YOU CHECK.

NAME: _____

ADDRESS: _____

APPENDIX L

HEIGHT AND STANDING WEIGHT MEASUREMENT FORM

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY



Weight and Standing Height Measurement Form

ID Label

Interviewer MPR ID #:

/ / **2005**
 Month Day

1. ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES

2. **Weight**

2a. 1 st measurement				.		Pounds
2b. 2 nd measurement				.		Pounds
2c. 3 rd measurement				.		Pounds

IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 3 POUNDS, TAKE 3RD MEASUREMENT.

3. Clothing worn by subject during weight measurement:

- | | |
|---|---|
| 1 <input type="checkbox"/> lightweight, no multiple layers | 4 <input type="checkbox"/> cast on arm or leg |
| 2 <input type="checkbox"/> heavy, bulky, or multiple layers | 5 <input type="checkbox"/> wheelchair/no measurements taken |
| 3 <input type="checkbox"/> would not remove shoes/boots | 6 <input type="checkbox"/> Other (<i>Describe</i>): |
- _____

4. **Standing Height**

4a. 1 st measurement				.		Inches
4b. 2 nd measurement				.		Inches
4c. 3 rd measurement				.		Inches

IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 1 INCH, TAKE 3RD MEASUREMENT.

5. Concerns about height measurement:

MARK ALL THAT APPLY

- 1 no concerns
 - 2 height-interfering hair
 - 3 height/not being able to place sliding headpiece on top of head
 - 4 would not remove shoes/boots
 - 5 Other (*Describe*):
- _____

Comments:
