



Evaluation of the Healthy Incentives Pilot (HIP): Data Collection Instruments

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This study was conducted under Contract number AG-3198-D-10-0044 with the Food and Nutrition Service, United States Department of Agriculture.

This report is available on the Food and Nutrition Service website: <http://www.fns.usda.gov>

Suggested Citation:

Abt Associates Inc. and Westat. *Evaluation of the Healthy Incentives Pilot (HIP): Data Collection Instruments*. Prepared by Abt Associates for the U.S. Department of Agriculture, Food and Nutrition Service, September 2014.

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1. Introduction

The Healthy Incentives Pilot (HIP) investigated the impact of making fruits and vegetables more affordable for participants in the Supplemental Nutrition Assistance Program (SNAP). The pilot was implemented by the Massachusetts Department of Transitional Assistance (DTA) in Hampden County.

HIP was evaluated using a rigorous research design. The 55,095 SNAP households in Hampden County were randomly assigned to the HIP group (7,500 households) and the non-HIP group (47,595 households). The HIP households were divided into three waves of 2,500 households each, to begin the pilot during the first three months of operation. The first wave began receiving the HIP incentive on November 1, 2011, the second wave on December 1, 2011, and the third wave on January 1, 2012. HIP participants were eligible to earn incentives for 12 months, ending in December 2012.

Data collection for the HIP evaluation included three rounds of participant surveys. Round 1 was conducted before HIP implementation. Rounds 2 and 3 were conducted during the pilot, one fielded 4 to 6 months after implementation, and the other fielded 9 to 11 months after implementation. Both Round 2 and Round 3 surveys collected information on dietary intake using 24-hour dietary recall interviews.

Survey modules and topics, by round are shown in the exhibit below. Where possible, we used validated questions from other surveys, and this is indicated on each question. The first page of each participant survey instrument provides a key to the other survey instruments used.

Participant Survey Topics, by Round

Survey Module/Topics	Round 1 Survey (Baseline)	Round 2 Survey (4-6 months after implementation)	Round 3 Survey (9-11 months after implementation)
Sampled participant module			
Respondent characteristics	✓		
Attitudes, perceptions, and barriers to consuming fruits and vegetables	✓	✓	✓
Fruit and vegetable consumption screener (frequency and quantity)	✓	✓	✓
Exposure to nutrition education		✓	✓
Primary shopper module			
Household characteristics	✓	✓	✓
Participation in nutrition assistance programs	✓		
Family food environment	✓	✓	✓
General shopping patterns	✓	✓	✓
Food expenditures	✓	✓	✓
Experiences participating in HIP		✓	✓
AMPM 24-hour dietary recall		✓	✓

Data collection activities also included two rounds of retailer surveys and three rounds of store observations. Surveys of participating chain stores and participating independent retailers were conducted slightly differently. Chain store surveys were conducted in two parts. The first part of the chain store survey was conducted with a corporate representative who responded to questions concerning activities for which headquarters was responsible (thus reporting for multiple stores in the sample). The second part of the chain store survey was conducted with managers of the individual chain retail stores. Independent retailers completed one survey.

The types and timing of retailer data collection activities are shown in the exhibit below.

Retailer Data Collection Activities

Type of data collection	Early HIP implementation period (Oct-Dec 2011)	Mid HIP implementation period (July-August 2012)	Late HIP implementation period (Nov 2012-Jan 2013)
Retailer survey			
Participating retailers: corporate retail chains & independent retailers	✓		✓
Declined to participate	✓		
Later implementing ^a			✓
Observations in participating stores^b	✓	✓ ^b	✓

^a Also referred to as newly participating.

^b Included 3 participating farmers markets using different technologies to process SNAP purchases: tokens, Mobil Market Plus, e-HIP.

This volume contains the participant and retailer survey data collection instruments used for the HIP evaluation. The final evaluation report provides additional information concerning data collection activities.¹

¹ Bartlett, Susan, Jacob Klerman, Parke Wilde, Lauren Olsho, et al. *Healthy Incentives Pilot (HIP) Final Report*. Prepared by Abt Associates for the U.S. Department of Agriculture, Food and Nutrition Service, July 2014.

2. Round 1 Participant and Primary Shopper Interview

OMB Control#: 0584-0561

Expiration Date: 08/31/2014

Healthy Incentives Pilot – Round 1 STUDY PARTICIPANT and Primary Shopper Survey: English

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Sampled Respondent Introduction

(R 1,2,3)

NAVIGATION: IF RESPONDENT IS A MINOR (AGES 16-17) GO TO PARENT CONSENT FOR MINORS SCRIPT PC.01

1 Intro.01 (R 1,2,3)

[Hello, my name is {INTERVIEWER} from Westat. And I'm calling about the USDA SNAP study.] May I speak with [NAME OF RESPONDENT]?

R available	11
R lives here – needs appointment	12
R lives at another number or address	13
Never heard of R	14
Phone company recording	15
Answering machine	16
Retry dialing	17
REFUSED	77
DON'T KNOW	99

NAVIGATION: If R available, GO TO 2 [Intro.02].

2 Intro.02 (R 1,2,3)

My name is {INTERVIEWER} from Westat. And I'm calling about the USDA, SNAP, study.] I'd like to make sure that you are the correct person. Your name is {R_FNAME R_LNAME} and your approximate age is {R's AGE}?

Yes – exact match	1
Yes – qualified match	2
No – does not match	3
REFUSED	7
DON'T KNOW	9

NAVIGATION: If Yes-exact or qualified match, GO TO Intro.03. If No, ask for respondent and repeat question when respondent is obtained.

GO TO 1 [Intro.01].

Items with an "Other, specify" response selection will cause the CATI system to create an open text field for typing in the response.

(R) indicates whether the item will be administered in the first, second and/or third round of data collection.

Question ID prefixes in ALL CAPS indicate source. For example, item CSWP.101a was sourced from the California Survey of WIC Participants (CSWP), question #101a. Version (e.g., v2) indicators show item is revised for HIP. Question ID prefixes not in ALL CAPS were created for HIP. Question ID ALL CAPS prefix abbreviations indicate the item source as follows:

[AMP](#) = Automated Multiple Pass Method 24-hour dietary recall (USDA).

[NHANES](#) = National Health and Nutrition Examination Survey (CDC), instruments as follows:

[CSWP](#) = California Survey of WIC Participants (California).

ACQ = Acculturation Questionnaire

[EATS](#) = Eating at America's Table Study (NCI).

CBQ = Consumer Behavior Questionnaire

[FAB](#) = Food, Attitudes and Behaviors Survey (NCI).

DMQ = Demographic Information Questionnaire

[FSM](#) = Food Security Module (USDA).

FCBS = Flexible Consumer Behavior Survey

[TS](#) = Townsend Fruit & Vegetable Inventory (UC Davis)

FSQ = Food Security Questionnaire

OCQ = Occupation Questionnaire

SCQ = Screener Module #1

3 Intro.03 (R 1)

I am calling about the USDA, SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County., I would like to ask you some questions about food and shopping that will help SNAP improve services and better meet the needs of the people who use this program.

The interview takes about 30 minutes you will receive a \$20 check as a thank you for participating in the study.

Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future.

We do not plan to share this information with anyone other than USDA staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

We sent you a letter about the study that provides more information. If you did not receive the letter, I can read it to you.

Do you agree to participate?

YES

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

GO TO BEGINNING OF SAMPLED RESPONDENT INTERVIEW

Parent Consent for Minors

(R 1,2,3)

4 PC.01 (R 1,2,3)

Are you the parent or legal guardian of {Minor Selected Respondent_FirstName and MSR_LastName}?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

If No, GO TO PC.03

5 PC.02 (R 1,2,3)

I am calling about the USDA SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. {Your daughter/son, Minor Selected Respondent_FirstName and MSR LastName} was selected as a participant in this study. We need your consent to interview FirstName since {she/he} he is a minor. _FirstName} will be asked

questions about {her/his} diet, food knowledge, attitudes, and beliefs. After we talk with MINOR we will want to talk to the person who does the grocery shopping for your household.

The interview with MINOR take about 15 minutes and MINOR will receive a \$20 check as a thank you for participating in the study. His/her participation is voluntary. He/she has the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. To protect confidentiality, we cannot share your youth's answers with you. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

May we have your consent to talk to {MR_FirstName}?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

If Yes, GO TO PC.05. If No, Refuse, or DK, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.
INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

6 PC.03 (R 1,2,3)

PC3 (R1,2, 3). Who is {Minor Selected Respondent_FirstName and MSR_LastName}'s parent or legal guardian? What is their name ?

ENTER NAME	
REFUSED	7
DON'T KNOW	9

7 PC.04 (R 1,2,3)

What is that person's telephone number? And what type of phone is this?

CATI: ALLOW FOR ENTRY OF MULTIPLE PHONE NUMBERS
AND ABILITY TO SELECT PHONE TYPE.

[] - - - - -	
ENTER PHONE NUMBER	
Home	1
Work	2
Cell	3
Other	4
REFUSED	7
DON'T KNOW	9

PC.05 (R1) SPEAKING WITH MINOR:

8 Intro.06 (R 1,2,3)

Hello, my name is {INTERVIEWER} from Westat. And I'm calling about the USDA/FNS, SNAP, study.] I'd like to make sure that you are the correct person. Your name is {R_FNAME R_LNAME} and your approximate age is {R's AGE}?

Yes – exact match	1
Yes – qualified match	2
No – does not match	3
REFUSED	7
DON'T KNOW	9

NAVIGATION: If Yes-exact or qualified match, GO TO [Intro.07]. If No, ASK TO SPEAK WITH CORRECT PERSON.

9 Intro.07 (R1)

I am calling about the USDA/FNS, SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County, and would like to ask you some questions about food and shopping that will help SNAP improve services and better meet the needs of the people who use this program. The interview takes about 15 minutes. You will receive a \$20 check as a thank you. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA/FNS staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. The answers you give will not be shared with your parent or guardian. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

Do you agree to participate?

YES

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL-FREE # AS NEEDED.

Food Preferences and Beliefs

(R 1,2,3)

- 4 FAB.1-At.01 (R 1,2,3) The first questions are about your food preferences and beliefs. For each statement, tell me how much you agree or disagree. The first statement is: I enjoy trying new foods. Do you . . .
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 5 TS.01 (R 1,2,3) I enjoy trying new fruits. Do you . . .
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 6 TS.02 (R 1,2,3) I enjoy trying new vegetables.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 7 FAB.1-Bel.04a (R 1,2,3) I eat enough fruits to keep me healthy.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 8 FAB.1-Bel.04b (R 1,2,3) I eat enough vegetables to keep me healthy.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7

DOES NOT APPLY 8

9 FAB.1-Bel.05 (R 1,2,3)

I often encourage my family and friends to eat fruits and vegetables.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

Barriers to Consuming FV
 (R 1,2,3)

10 FAB.1-Bel.22 (R 1,2,3)

The next items are about barriers to eating fruits and vegetables. For each statement, tell me how much you agree or disagree. The first statement is: It's hard for me to eat more vegetables because I don't know how to prepare them. Do you . . .

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

11 New.Bar.1v (R 1,2,3)

It's hard for me to eat more vegetables because they are hard to find where I shop for food.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

12 New.Bar.1f (R 1,2,3)

It's hard for me to eat more fruits because they are hard to find where I shop for food.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

- 13 FAB-Bar2.01 (R 1,2,3) I don't eat fruits and vegetables as much as I like to because they cost too much.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 14 FAB-Bar2.02 (R 1,2,3) I don't eat fruits and vegetables as much as I like to because they often spoil before I get a chance to eat them.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 15 FAB-Bar2.05b (R 1,2,3) I don't eat fruits and vegetables as much as I like to because my family doesn't like them.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- 16 FAB-Bar2.05a (R 1,2,3) I don't eat fruits and vegetables because I don't like them.
- strongly disagree, 1
disagree, 2
neither disagree nor agree, 3
agree, or 4
strongly agree? 5
REFUSED 7
DOES NOT APPLY 8
- Fruit and Vegetable Screener**
(R 1,2,3)
- 17 EATS.1 (R 1,2,3) For this next set of questions, please think about all the fruits, vegetables, and fruit juices that you had last month. Include those that were raw and cooked, eaten as snacks and at meals, eaten at home and away from home in restaurants, with friends, and as take-out, and eaten alone and mixed with other foods.

During the past month, how many times per day, week, or month did you drink 100% pure fruit juice such as orange, mango, apple, grape or pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

[IF NEEDED: Include only 100% pure juices. Do not include fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight.] [IF "every day", ASK: How many times a day?]

NUMBER: EUNIT

— —

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 19 [EATS.2].

18 EATS.1a (R 1,2,3)

Each time you drank 100% juice, how much did you usually drink?
Would you say . . .

less than 3/4 cup (less than 6 ounces),	1
3/4 to 1 1/4 cup (6 to 10 ounces),	2
1 1/4 to 2 cups (10 to 16 ounces), or	3
more than 2 cups (more than 16 ounces)?	4
REFUSED	77
DON'T KNOW	99

19 EATS.2 (R 1,2,3)

During the past month, how many times per day, week or month did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices or dried fruits.

NUMBER: EUNIT

— —

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 21 [EATS.3].

20 EATS.2a (R 1,2,3)

Each time you ate fruit, how much did you usually eat? Would you say...

LESS THAN 1 MEDIUM FRUIT [less than ½ cup]	1
--	---

1 MEDIUM FRUIT [about ½ cup]	2
2 MEDIUM FRUITS [about 1 cup]	3
MORE THAN 2 MEDIUM FRUITS [more than 1 cup].....	4
REFUSED	77
DON'T KNOW	99

21 EATS.3 (R 1,2,3)

(During the past month), how many times per day, week or month
did you eat a green leafy or lettuce salad, with or without other
vegetables?

IF NEEDED: INCLUDE: spinach salads.

NUMBER: EUNIT

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 23 [EATS.4].

22 EATS.3a (R 1,2,3)

Each time you ate green leafy or lettuce salad, how much did you
usually eat? Would you say . . .

about 1/2 cup,	1
about 1 cup,	2
about 2 cups, or	3
more than 2 cups?	4
REFUSED	77
DON'T KNOW	99

23 EATS.4 (R 1,2,3)

(During the past month), how many times per day, week or month did
you eat any kind of fried potatoes, including french fries, home fries, or
hash brown potatoes?

NUMBER: EUNIT

IF NEEDED: DO NOT INCLUDE potato chips. INCLUDE
Tater tots and other fresh or frozen fried potatoes.

DAY	1
WEEK	2MONTH
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 25 [EATS.5].

3

24 EATS.4a (R 1,2,3) Each time you ate fried potatoes, how much did you usually eat?
Would you say . . .

small order or less (about 1 cup or less),	1
medium order (about 1 1/2 cups),	2
large order (about 2 cups), or	3
super size order or more (about 3 cups or more)?	4
REFUSED	77
DON'T KNOW	99

25 EATS.5 (R 1,2,3) (During the past month), how many times per day, week, or month
did you eat any other kind of potatoes, such as baked, boiled,
mashed potatoes, sweet potatoes, or potato salad?

IF NEEDED: INCLUDE all types of potatoes except
fried. INCLUDE potatoes au gratin, scalloped
potatoes.

NUMBER: EUNIT

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 27 [EATS.6].

26 EATS.5a (R 1,2,3) Each time you ate these potatoes, how much did you usually eat?
Would you say . . .

1 small potato or less (1/2 cup or less),	1
1 medium potato (1/2 to 1 cup),	2
1 large potato (1 to 1 1/2 cups), or	3
2 medium potatoes or more (1 1/2 cups or more)?	4
REFUSED	77
DON'T KNOW	99

27 EATS.6 (R 1,2,3) (During the past month), how many times per day, week or month
did you eat refried beans, baked beans, beans in soup, pork and
beans or any other type of cooked dried beans? Do not include
green beans.

IF NEEDED: INCLUDE: soybeans, kidney, pinto,
garbanzo, lentils, black, black-eyed peas, cow peas,
and lima beans.

NUMBER: EUNIT

DAY	1
-----	---

WEEK	2
YEAR	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 29 [EATS.7].

28 EATS.6a (R 1,2,3)

Each time you ate these beans, how much did you usually eat?
Would you say . . .

less than 1/2 cup,	1
1/2 to 1 cup,	2
1 to 1 1/2 cups, or	3
more than 1 1/2 cups?	4
REFUSED	77
DON'T KNOW	99

29 EATS.7 (R 1,2,3)

(During the past month), not including lettuce salads, potatoes, and
cooked dried beans, how many times per day, week or month did
you eat other vegetables?

IF NEEDED: DO NOT INCLUDE rice. Examples of other
vegetables to IF NEEDED: INCLUDE: tomatoes, green
beans, carrots, corn, cabbage, bean sprouts, collard
greens, plantains, yucca, chayote or other squash,
and broccoli. IF NEEDED: INCLUDE any form of the
vegetable: raw, cooked, canned, frozen, or dried.

NUMBER: EUNIT

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 31 [EATS.8].

30 EATS.7a (R 1,2,3)

Each of these times that you ate other vegetables, how much did
you usually eat? Would you say . . .

less than 1/2 cup,	1
1/2 to 1 cup,	2
1 to 2 cups, or	3
more than 2 cups?	4
REFUSED	77
DON'T KNOW	99

31 EATS.8 (R 1,2,3)

(During the past month), how many times per day, week or month
did you have tomato sauces such as with spaghetti or noodles or
mixed into foods such as lasagna? Please do not count tomato sauce
on pizza.

NUMBER: EUNIT

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 33 [EATS.11].

32 EATS.8a (R 1,2,3)

Each time you ate tomato sauce, how much did you usually eat?
Would you say . . .

about 1/4 cup,	1
about 1/2 cup,	2
about 1 cup, or	3
more than 1 cup?	4
REFUSED	77
DON'T KNOW	99

33 EATS.11 (R 1,2,3)

(During the past month), how many tiems per day, week or month
you have Mexican-type salsa made with tomato?

IF NEEDED: INCLUDE: all tomato-based salsas.

NUMBER: EUNIT

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, for Round 1 GO TO 35
[NHANES.DMQ.241]; for Rounds 2,3 GO TO 40 [FAB-
Shop.01].

34	EATS.11a (R 1,2,3)	Each time you ate salsa, how much did you usually eat? Would you say . . .
		less than 1 tablespoon, 1
		1-2 tablespoons, 2
		3-5 tablespoons, or 3
		more than 5 tablespoons? 4
		REFUSED 77
		DON'T KNOW 99

Respondent Characteristics

(R 1)

35	NHANES.DMQ.241 (R 1)	Now I'm going to ask you a few questions about yourself. Do you consider yourself to be Hispanic or Latino?
		IF NEEDED: READ IF NEEDED: Where do your ancestors come from? Are they Puerto Rican; Cuban/Cuban American; Dominican Republic; Mexican/Mexican American; Central/South American; Other Latin American; Other Hispanic or Latino
		YES 1
		NO 2
		REFUSED 7
		DON'T KNOW 9

36	NHANES.SCQ.270 (R 1)	What race do you consider yourself to be? You may give one or more races. Are you American Indian or Alaskan Native, Asian, Black or African American, native Hawaiian or Pacific Islander, or white?
		IF NEEDED: Select all that apply.
		AMERICAN INDIAN OR ALASKAN NATIVE 15
		ASIAN 13
		BLACK 12
		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 14
		WHITE 11
		OTHER 91
		REFUSED -7

RaceOS [What race do you consider yourself to be?]
SPECIFY:

_____.

- 37 NHANES.ACQ.011 (R 1) What language or languages do you usually speak at home?

IF NEEDED: Select all that apply.

ENGLISH	11
SPANISH	12
OTHER	13
REFUSED	77
DON'T KNOW	99

- 38 Marr.1 (R 1) Are you . . .

IF RESPONDENT SAYS "Single", RE-READ RESPONSE
OPTIONS.

married,	1
not married but living with a partner,	2
widowed,	3
divorced,	4
separated, or	5
never married?	6
OTHER:	7
REFUSED	77

IF OTHER:

RCS1102.

MarStOS

[What is your marital status?]

SPECIFY:

- 39 NHANES.DMQ.141 (R 1) What is the highest grade or level of school you have completed or the highest degree you have received?

[IF R SAYS "high school", PROBE: Did you get a diploma or GED?] Training note: if respondent says "some technical school" or "technical certificate", then probe the two or three most likely lower levels of education. For example: "Of these, which would be the highest level of school you have completed: 12th grade no diploma; high school graduate, or GED or equivalent?"

1ST GRADE	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11
12TH GRADE, NO DIPLOMA	12

HIGH SCHOOL GRADUATE	13	
GED OR EQUIVALENT	14	
SOME COLLEGE, NO DEGREE	15	
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM	16	16
ASSOCIATE DEGREE: ACADEMIC PROGRAM	17	
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)	18	
MASTER'S DEGREE (EXAMPLE: MA, MS, MENG, MED, MBA)	19	
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)	20	
DOCTORAL DEGREE (EXAMPLE: PHD, EDD)	21	
NEVER ATTENDED/KINDERGARTEN ONLY	0	
REFUSED	77	
DON'T KNOW	99	

Transition to Shopper

(R 1,2,3)

40 FAB-Shop.01 (R 1,2,3)

Now I would now like to ask you about food shopping. Who is the primary food shopper in your household? The primary food shopper is the person who does the grocery shopping most often.

RESPONDENT	1
R TAKES TURNS WITH OTHERS	2
R GOES TOGETHER WITH OTHERS	3
SPOUSE OR PARTNER OF R	4
A PARENT OF R	5
SOMEONE OTHER THAN R	6
REFUSED	77
DON'T KNOW	99

NAVIGATION: If spouse or partner, parent, someone else, Refuse, or D/K, then CONTINUE with 41 [C1a].
Otherwise, GO TO beginning of shopper interview [CSWP.101a].

TTS1060

ShopFNAM

What is that person's name:

[IF MORE THAN ONE PERSON]: Please give me the name of the one person you mainly think of as the shopper:

[ENTER FIRST NAME, MIDDLE NAME, LAST NAME]:

TTS1150

Shop__HH

Does [SHOPPER] live in your household"?

Yes	1
No	2

Respondent Contact Information

(R 1,2,3)

41 C1a (R 1,2,3)

In just a moment, I'll have some questions that I need to ask the primary food shopper. Once {PRIMARY SHOPPER'S_FNAME,

PS_LNAME} has completed the primary shopper interview, we will send your household a {\$20/\$30/\$40} check to thank you for participating in the study. I'd like to confirm your name and address [Is your full name...]

IF NEEDED: If No, enter corrected respondent name.

FNAME
MNAME
LNAME

NAVIGATION: GO TO contact information section of shopper interview [C1c].

End Respondent Interview

(R 1,2,3)

- | | | |
|----|---------------|--|
| 42 | CR6 (R 1,2,3) | Thank you for all the time you've spent answering questions about food which will help SNAP improve services and better meet the needs of the people who use this program. |
| 43 | CR7 (R 1,2) | We look forward to talking you again in about three to six months. |
| 44 | CR9 (R 1,2,3) | May I speak with the primary food shopper now? |

Healthy Incentives Pilot – **Round 1 Primary Food Shopper** Questionnaire

Shopper Introduction

NAVIGATION: IF THE SAMPLED RESPONDENT INTERVIEW IS WITH AN ADULT RESPONDENT AND HAS BEEN COMPLETED, GO TO GO TO **INTROSHOP.01**

- | | | |
|---|------------------------|--|
| 1 | IntroShop.01 (R 1,2,3) | Hello, my name is [INTERVIEWER NAME], may I speak with [NAME OF PRIMARY SHOPPER]? |
| 2 | IntroShop.02 (R 1,2,3) | My name is [INTERVIEWER NAME] and I am calling about the USDA /FNS SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. Are you the primary food shopper in your household? The primary food shopper is the person who does the grocery shopping most often. |

Yes	1
No	2

NAVIGATION: If Yes, GO TO 4 [IntroShop.04]. If No, GO TO the Parent Consent for Minors interview, item [PC01].

3 IntroShop.03 (R 1,2,3)

May I speak with [NAME OF SHOPPER]?

Yes 1
 No 2

HH Composition

(R 1,2,3)

4 IntroShop.04 (R 1,2,3)

My name is [INTERVIEWER] and I am calling about the USDA SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. We would like to ask you some questions about food and shopping that will help SNAP improve services and better meet the needs of the people who use this program. This part of the interview takes about 10 minutes. We are sending [NAME OF SAMPLED RESPONDENT] a \$20 check to thank your household for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

{R'S_FN, R_LN} mentioned that you did most of the shopping in the household. We'd like to ask you some questions about your household, shopping for your household and about food in the home.

Do you agree to participate?

[IF HOMELESS: Please answer these questions about members of your family who are currently with you.]

5 CSWP.101a (R 1,2,3)

How many people currently live in your household By household, I mean your family and other people who live with you and with whom you share food and food expenses. Please include yourself and any babies and small children.

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

IF NUMBER OF PEOPLE =1

Are you

Age 18 to 64 or 1
 Age 65 or older?..... 2
 REFUSED 77
 DON'T KNOW 99

6 CSWP.101b.a (R 1,2,3)

Of these, how many are adults age 18 to 64?

|_|_|_|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

7 CSWP.101b.s (R 1,2,3)

Of these, how many are adults age 65 or older?

|_|_|_|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

8 CSWP.101c (R 1,2,3)

How many are children between the ages of 5 and 17 years?

|_|_|_|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

9 CSWP.101d (R 1,2,3)

And, how many are children under 5 years of age?

|_|_|_|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

[ERROR MESSAGE IF NUMBERS DO NOT ADD UP CORRECTLY TO TOTAL IN HH: I may have made a mistake in recording the numbers you gave me. Let me ask those questions again.]

Participation in Other Nutrition Assistance Programs

(R 1)

10 Household.1 (R 1)

The next questions ask about participation in nutrition assistance programs. In the current school year, have any children in your household received free or reduced price lunch from the National School Lunch Program?

INTERVIEWER: If the interview is in summer, ask about "last school" year, if during the school year, ask about "current" school year.

Yes 1
 No 2
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: SKIP this item if no children 5-17 years old in household.

11 Household.2 (R 1)

In the past 30 days, did anyone in your household receive assistance from the WIC program?

INTERVIEWER: refer to calendar for past 30 days reference period

Yes 1
 No 2
 REFUSED 77
 DON'T KNOW 99

12 Household.3a (R 1)

In the past 30 days, did any children in your household attend the Head Start program or a child care program where they got free meals?

INTERVIEWER: refer to calendar for past 30 days reference period

Yes 1
 No 2
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: SKIP this item if no children 0-5 years old in household.

13 Household.4 (R 1)

In the past 30 days, did anyone in your household receive assistance from Meals on Wheels or the Senior Nutrition Program?

INTERVIEWER: refer to calendar for past 30 days reference period

Yes 1
 No 2
 NA, NO SENIORS IN HOME..... 3
 REFUSED 77
 DON'T KNOW 99

14 Household.5 (R 1)

In the past 30 days, did anyone in your household receive food from a food pantry or soup kitchen, such as the Open Pantry, Lorraine's Food Pantry and Soup Kitchen, or Kate's Kitchen?

INTERVIEWER: refer to calendar for past 30 days
reference period

Yes	1
No	2
REFUSED	77
DON'T KNOW	99

Family Food Environment

(R 1,2,3)

15 NHANES.CBQ.020 (R 1,2,3)

The next questions ask how often you have certain types of food available at home. How often do you have fruits available at home? This includes fresh, dried, canned and frozen fruits. Would you say...

INTERVIEWER: READ IF NEEDED: "Do not include juice".

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

16 Have.1 (R 1,2,3)

How often do you have fruits in the refrigerator or on the kitchen counter? [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
DON'T HAVE A REFRIGERATOR	6
REFUSED	7
DON'T KNOW	9

17 NHANES.CBQ.030 (R 1,2,3)

How often do you have vegetables available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
DON'T HAVE A FREEZER	6
REFUSED	7
DON'T KNOW	9

- 18 Have.2 (R 1,2,3) How often do you have ready to eat vegetables such as baby carrots, cherry tomatoes, or vegetables that you have sliced to make them ready to eat in the refrigerator or on the kitchen counter? [Would you say always, most of the time, sometimes, rarely, or never?]
- INTERVIEWER: IF NEEDED, SAY: Include vegetables you can eat without heating or cooking.
- | | |
|------------------------|---|
| Always | 1 |
| Most of the time | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 19 NHANES.CBQ.040 (R 1,2,3) How often {does your family/do you} have salty snacks such as chips and crackers available at home? Do not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]
- | | |
|------------------------|---|
| Always | 1 |
| Most of the time | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 20 NHANES.CBQ.050 (R 1,2,3) How often {does your family/do you} have 1% fat, skim or fat-free milk available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]
- | | |
|------------------------|---|
| Always | 1 |
| Most of the time | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

- 21 NHANES.CBQ.060 (R 1,2,3) How often {does your family/do you} have soft drinks, fruit-flavored drinks, or fruit punch available at home? Please do not include diet drinks, 100 percent juice or sports drinks. [Would you say always, most of the time, sometimes, rarely, or never?]
- Always 1
 Most of the time 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 9
- 22 NHANES.CBQ.180 (R 1,2,3) The next questions ask about your evening meals at home.
- During the past month, how often did all or most of your family sit down and eat evening meals together at home? Would you say...
- Always 1
 Most of the time 2
 Sometimes 3
 Rarely or..... 4
 Never 5
 REFUSED 7
 DON'T KNOW 9
- NAVIGATION: SKIP THIS ITEM if only 1 person in HH.
- 23 NHANES.CBQ.190 (R 1,2,3) During the past month, how often were evening meals cooked at home?
- INTERVIEWER: IF NEEDED, SAY: Include leftovers from meals cooked at home.
- Always 1
 Most of the time 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 9

General Shopping Patterns

(R 1,2,3)

- 24 FAB.Shop.02 (R 1,2,3) Where do you usually go grocery shopping? Would you say...
[IF MORE THAN ONE: Where do you buy most of your groceries?]
- | | |
|---|--------------------------|
| Large chain grocery store or supermarket | 1 |
| Natural or organic supermarket (such as Whole Foods Market) | 2 |
| Small local store or corner store | 3 |
| Convenience store (such as 7-Eleven or mini market) | 4 |
| Warehouse club store (such as Sam's Club or Costco) | 5 |
| Discount superstore (such as Wal-Mart) | 6 |
| Online delivery (such as Peapod or Fresh Direct) | 7 |
| Ethnic market | 8 |
| Farmer's market/co-op | 9 |
| OTHER, specify | <input type="checkbox"/> |
| REFUSED | 77 |
| DON'T KNOW | 99 |
- 25 Shop.14 (R 1,2,3) You said you usually shop for groceries at a {STORE TYPE IN Q 24 [FAB.Shop.02]}. Why do you usually shop at there?
- PROBE: Any other reasons?]
- INTERVIEWER: Do not read response options. SELECT ALL THAT APPLY.
- | | |
|---|----|
| CLOSE TO HOME | 1 |
| CLOSE TO WORK OR SCHOOL | 2 |
| LOCATION CONVENIENT (OTHER) | 3 |
| AFFORDABLE PRICE | 4 |
| LOTS OF IN-STORE PROMOTIONS | 5 |
| VARIETY OF PRODUCTS | 6 |
| ETHNIC FOODS ARE AVAILABLE | 7 |
| PREFERRED PRODUCTS ARE ALWAYS AVAILABLE | 8 |
| BETTER OR FRESHER PRODUCE | 9 |
| GOOD SERVICE | 10 |
| CLEAN | 11 |
| FAMILIARITY WITH STORE | 12 |
| CONVENIENT HOURS OF OPERATION | 13 |
| ACCEPTS EBT CARD | 14 |
| OTHER | 15 |
| REFUSED | 16 |
| DON'T KNOW | 17 |
- 26 Shop.15 (R 1,2,3) How often do you usually shop for groceries? Would you say..
- | | |
|-----------------------------|---|
| More than once a week | 1 |
| Once a week | 2 |
| Every other week | 3 |
| Once a month | 4 |
| Every other month | 5 |

2-3 times a year or 6
 Yearly or not at all 7
 REFUSED 77
 DON'T KNOW 99

27 Shop.16 (R 1,2,3)

Do you go out of your way or make special efforts to go to a particular store to shop for fruits and vegetables?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

28 Shop.17 (R 1,2,3)

How often does limited transportation keep you from shopping for groceries? Would you say...

Always 1
 Most of the time 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 9

29 Shop.18 (R 1,2,3)

How often does distance to grocery store keep you from shopping for groceries?

Always 1
 Most of the time 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 9

Food Expenditures

(R 1,2,3)

30 CES.x1a (R 1,2,3)

The next questions ask about money spent for food, beverages, and other items [you / your household] usually purchase. What has been [you/your household] usual monthly expense for grocery shopping purchases made only with SNAP? Include any place you buy groceries, for example, grocery stores, convenience stores, specialty stores, and farmers markets.

\$ | | | | | | | | | |
 NO MONEY SPENT 0
 REFUSED 7
 DON'T KNOW 9
 ENTER UNIT

Week.....	1
Month	2
REFUSED	7
DON'T KNOW	9

- 31 CES.x1b (R 1,2,3) What has been your household usual monthly expense for grocery shopping purchases not using SNAP?

[IF NEEDED: Include any place you buy groceries, for example, grocery stores, convenience stores, specialty stores, and farmers markets.]

\$	
NO MONEY SPENT	0
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
Week.....	1
Month	2
REFUSED	7
DON'T KNOW	9

- 32 CES.x2 (R 1,2,3) About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?

\$	
NO MONEY SPENT	0
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
Week.....	1
Month	2
REFUSED	7
DON'T KNOW	9

- 33 CES.x3 (R 1,2,3) What has been your household's usual monthly expense for meals or snacks from restaurants, fast food places, cafeterias, carryouts, or other such places?

\$	
NO MONEY SPENT	0
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
Week.....	1
Month	2
REFUSED	7
DON'T KNOW	9

- 34 Expend.01 (R 1,2,3) What has been your household's usual monthly expense for fruits and vegetables?

\$ |__|__|__|__|__|__|__|__|__|

NO MONEY SPENT 0

REFUSED 7

DON'T KNOW 9

ENTER UNIT

Week..... 1

Month 2

REFUSED 7

DON'T KNOW 9

Shopper Employment Status

(R 1,2,3)

35 Employ.01s (R 1,2,3)

Now I would like to ask you about employment. We would like to know what you do – are you working now, looking for work, retired, keeping house, a student, or what?

WORKING AT A JOB OR BUSINESSFULL TIME NOW 11

WORKING PART TIME NOW 12

ONLY TEMPORARILY LAID OFF 13

SICK LEAVE OR MATERNITY LEAVE 14

LOOKING FOR WORK 15

UNEMPLOYED 16

RETIRED 17

DISABLED, PERMANENTLY OR TEMPORARILY 18

KEEPING HOUSE 19

STUDENT 20

OTHER 21

REFUSED 77

DON'T KNOW 99

HH Employment Status

(R 1,2,3)

36 Employ.02 (R 1,2,3)

Regarding employment, not including yourself, how many adults age 18 and older in the household were employed full-time last week?

|__|__|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

NAVIGATION: SKIP this item if HH has 1 adult, or if Shopper is minor and HH has 0 adults and GO TO 39 [Employ.05].

37 Employ.03 (R 1,2,3)

Not including yourself, how many adults in the household were employed part-time last week?

|__|__|

ENTER NUMBER

REFUSED 77
 DON'T KNOW 99

38 Employ.04 (R 1,2,3)

Not including yourself, how many adults in the household were not employed last week?

|_|_|_|

ENTER NUMBER

REFUSED 77
 DON'T KNOW 99

Are there any 16 or 17 year old youth in your household?

Yes 1
 No 2

NAVIGATION: SKIP this item if no children aged 5-17 in HH and GO TO NAVIGATION instructions following 42 [Employ.08]. If No, Refused or D/K, follow navigation rule for 42 [Employ.08].

40 Employ.06 (R 1,2,3)

How many of the 16 or 17 year old youth were employed full time last week?

|_|_|_|

ENTER NUMBER

REFUSED 77
 DON'T KNOW 99

41 Employ.07 (R 1,2,3)

How many youth were employed part time last week?

|_|_|_|

ENTER NUMBER

REFUSED 77
 DON'T KNOW 99

42 Employ.08 (R 1,2,3)

How many youth were not employed last week?

|_|_|_|

ENTER NUMBER

REFUSED 77
 DON'T KNOW 99

If Sampled Respondent is a minor and sampled respondent interview has not been completed, GO TO parent consent for minors interview. If Sampled Respondent is a minor and sampled respondent interview is complete, GO TO 66 [C6]. If Sampled Respondent is not Primary Shopper, GO TO 66 [C6]. If Sampled Respondent is Primary Shopper, GO TO 43 [C1b].

Contact Information

(R 1,2,3)

43 C1b (R 1,2,3)

To thank you for participating in the study, we want to send your household a {\$20/\$30/\$40} check. Let me make sure I have your correct name and address – is it {RESPONDENT NAME}?

INTERVIEWER: If No, enter corrected respondent name.

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

44 C1c (R 1,2,3)

Please give the best place to mail your incentive check to. What is your mailing address?

45 C1d (R 1,2,3)

Is this also the address where you live?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

46 C1e (R 1,2,3)

What is the address where you live?

47 C2a (R 1,2)

We're eager to talk to you again between {February and May 2012, in about 3 to 5 months/August and November 2012, in about 9 to 11 months}. We want to make sure we don't lose track of you. We will not share your contact information with DTA or USDA/FNS, except as otherwise required by law. What is your home phone number, starting with the area code:

[] - -
 ENTER PHONE NUMBER
 REFUSED 7
 DON'T KNOW 9

48 C2b (R 1,2)

May I have your cell phone number, starting with the area code:

[] - -
 ENTER PHONE NUMBER
 REFUSED 7
 DON'T KNOW 9

- 49 C2c (R 1,2) Do you have an email address?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- 50 C2d (R 1,2) What is your email address. [ENTER EMAIL ADDRESS. READ THE E-MAIL ADDRESS BACK TO THE RESPONDENT FOR THEM TO VERIFY.]
- _____ @ _____
- 51 C3a (R 1,2) Could you please tell me the name and address of someone who does not live with you who is likely to know where you are if you move or we can't reach you? [RECORD NAME OR INDICATE REFUSAL OR DON'T KNOW]
- _____
- ENTER NAME
 REFUSED 7
 DON'T KNOW 9
- 52 C3b (R 1,2) What is their address?
- _____
- 53 C3c (R 1,2) What is their phone number? And what type of phone is this? [ALLOW FOR ENTRY OF MULTIPLE PHONE NUMBERS AND ABILITY TO SELECT PHONE TYPE HOME, WORK, CELL PHONE.]
- [] - -
- ENTER PHONE NUMBER
 Home 1
 Work 2
 Cell 3
 Other 4
 REFUSED 7
 DON'T KNOW 9
- 54 C3d (R 1,2) Do you know if they have an email address it is and what it is?
- _____ @ _____
- 55 C3e (R 1,2) What is this person's relationship to you?
- GIRLFRIEND 1
 BOYFRIEND 2
 MOTHER 3
 FATHER 4
 SIBLING 5
 DAUGHTER/SON 6

GRANDPARENT	7
AUNT/UNCLE	8
COUSIN	9
OTHER RELATIVE	10
FRIEND	11
OTHER NONRELATIVE	12

56 C4a (R 1,2)

Is there someone else who would know where you are if you move
or we can't reach you [RECORD NAME]?

ENTER NAME	
REFUSED	7
DON'T KNOW	9
REPEAT ABOVE FOR UP TO 3 PEOPLE	

End Shopper Interview

(R 1,2,3)

66 C6 (R 1,2,3)

Thank you for all the time you've spent answering questions about
food which will help SNAP improve services and better meet the
needs of the people who use this program.

67 C7 (R 1,2)

We look forward to talking you again in about three to six months.

68 C8 (R 1,2,3)

Good bye.

3. Round 2 Participant and Primary Shopper Interview

OMB Control#: 0584-0561

Expiration Date: 08/31/2014

HEALTHY INCENTIVES PILOT – ROUND 2 STUDY PARTICIPANT AND PRIMARY SHOPPER SURVEY: ENGLISH

Public reporting burden for this collection of information is estimated to average 46 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Sampled Respondent Introduction

(R 1,2,3)

NAVIGATION: IF RESPONDENT IS A MINOR (AGES 16-17) GO TO PARENT CONSENT FOR MINORS SCRIPT PC.01

1 Intro.01 (R 1,2,3)

[Hello, my name is {INTERVIEWER} from Westat. And I'm calling about the USDA SNAP study.] May I speak with [NAME OF RESPONDENT]?

R available	11
R lives here – needs appointment	12
R lives at another number or address	13
Never heard of R	14
Phone company recording	15
Answering machine	16
Retry dialing	17
REFUSED	77
DON'T KNOW	99

NAVIGATION: If R available, GO TO 2 [Intro.02].

2 Intro.02 (R 1,2,3)

My name is {INTERVIEWER} from Westat. And I'm calling about the USDA, SNAP, study.] I'd like to make sure that you are the correct person. Your name is {R_FNAME R_LNAME} and your approximate age is {R's AGE}?

Yes – exact match	1
Yes – qualified match	2
No – does not match	3
REFUSED	7
DON'T KNOW	9

NAVIGATION: If Yes-exact or qualified match, GO TO Intro.04. If No, ask for respondent and repeat question when respondent is obtained.

Items with an "Other, specify" response selection will cause the CATI system to create an open text field for typing in the response.

(R) indicates whether the item will be administered in the first, second and/or third round of data collection.

Question ID prefixes in ALL CAPS indicate source. For example, item CSWP.101a was sourced from the California Survey of WIC Participants (CSWP), question #101a. Version (e.g., v2) indicators show item is revised for HIP. Question ID prefixes not in ALL CAPS were created for HIP. Question ID ALL CAPS prefix abbreviations indicate the item source as follows:

[AMP](#) = Automated Multiple Pass Method 24-hour dietary recall (USDA).

[CSWP](#) = California Survey of WIC Participants (California).

[EATS](#) = Eating at America's Table Study (NCI).

[FAB](#) = Food, Attitudes and Behaviors Survey (NCI).

[FSM](#) = Food Security Module (USDA).

[TS](#) = Townsend Fruit & Vegetable Inventory (UC Davis)

[NHANES](#) = National Health and Nutrition Examination Survey (CDC), instruments as follows:

ACQ = Acculturation Questionnaire

CBQ = Consumer Behavior Questionnaire

DMQ = Demographic Information Questionnaire

FCBS = Flexible Consumer Behavior Survey

FSQ = Food Security Questionnaire

OCQ = Occupation Questionnaire

SCQ = Screener Module #1

4 Intro.04 (R 2)

My name is [INTERVIEWER NAME] from Westat and we interviewed you about the SNAP program in Hampden County, on {MONTH_DAY_YEAR OF COMPLETED INTERVIEW}. We are calling back again, to ask some of the same questions, as well as some new questions about the foods you eat. The interview takes about 45-60 minutes. Your household will receive a \$30 check as a thank you for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA staff and its contractors, except otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk. We sent you a letter about the study that provides more information. If you did not receive the letter, I can read it to you.

Do you agree to participate?

YES

IF NO, ADDRESS ISSUES/CONCERNS ABOUT
STUDY. CODE AS REFUSAL

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT,
WESTAT, ETC. AND PROVIDE TOLL=FREE # AS
NEEDED.

NAVIGATION: GO TO 24-HOUR RECALL

Parent Consent for Minors

(R 1,2,3)

6 PC.01 (R 1,2,3)

Are you the parent or legal guardian of {Minor Selected Respondent_FirstName and MSR_LastName}?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

If No, GO TO 3 [PC.03].

7 PC.02 (R 1,2,3)

I am calling about the USDAS, SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. {Your daughter/son, Minor Selected Respondent_FirstName and MSR LastName} was selected as a participant in this study. We need your consent to interview FirstName since {she/he} he is a minor. _FirstName} will be asked questions about {her/his} diet, food knowledge, attitudes, and beliefs. After we talk with MINOR we will want to talk to the person who does the grocery shopping for your household.

The interview with MINOR take about 15 minutes and MINOR will receive a 320 check as a thank you for participating in the study.

His/her participation is voluntary. He/she has the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

May we have your consent to talk to {MR_FirstName}?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

If Yes, GO TO PC.05. If No, Refuse, or DK, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL. INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

8 PC.03 (R 1,2,3)

PC3 (R1,2, 3). Who is {Minor Selected Respondent_FirstName and MSR_LastName}'s parent or legal guardian? What is their name ?

ENTER NAME
 REFUSED 7
 DON'T KNOW 9

9 PC.04 (R 1,2,3)

What is that person's telephone number? And what type of phone is this?
 CATI: ALLOW FOR ENTRY OF MULTIPLE PHONE NUMBERS
 AND ABILITY TO SELECT PHONE TYPE.

[] - -
 ENTER PHONE NUMBER
 Home 1
 Work 2
 Cell 3
 Other 4
 REFUSED 7
 DON'T KNOW 9

PC.05 (R1) SPEAKING WITH MINOR:

10 Intro.06 (R 1,2,3)

Hello, my name is {INTERVIEWER} from Westat. And I'm calling about the USDA, SNAP, study.] I'd like to make sure that you are the correct person. Your name is {R_FNAME R_LNAME} and your approximate age is {R's AGE}?

Yes – exact match 1
 Yes – qualified match 2
 No – does not match 3
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: If Yes-exact or qualified match, GO TO [Intro.06]. If No, ASK TO SPEAK WITH CORRECT PERSON.

12 Intro.08 (R 2)

My name is [INTERVIEWER NAME] from Westat and we interviewed you about the SNAP program in Hampden County, on {MONTH_DAY_YEAR OF COMPLETED INTERVIEW}. We are calling back again, to ask some of the same questions, as well as some new questions about the foods you eat. The interview takes about 35-50 minutes. You will receive a \$30 check as a thank you for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future.. We do not plan to share this information with anyone other than USDA staff and its contractors, except otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

Do you agree to participate?

YES

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

24-Hour Dietary Recall

(R 2,3)

- 4 USDA AMPM (R 2,3) <<Entire AMPM instrument>> The first questions ask about the foods you ate and beverages you drank for one day.

Exposure to Nutrition Education

(R 2,3)

- 5 SnapEd.1 (R 2,3) The next questions ask about healthy eating and nutrition education you may have received. In the past three months, have you heard or seen any messages about eating more fruits and vegetables or the importance of fruits and veggies in a healthy diet?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

- 6 SnapEd.2 (R 2,3) In the past three months, did you attend any nutrition education or healthy eating programs or classes?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

Food Preferences and Beliefs

(R 1,2,3)

- 7 FAB.1-At.01 (R 1,2,3) The following questions are about your food preferences and beliefs. For each statement, tell me how much you agree or disagree. The first statement is: I enjoy trying new foods. Do you . . .

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

- 8 TS.01 (R 1,2,3) I enjoy trying new fruits. Do you . . .

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

9	TS.02 (R 1,2,3)	I enjoy trying new vegetables.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
10	FAB.1-Bel.04a (R 1,2,3)	I eat enough fruits to keep me healthy.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
11	FAB.1-Bel.04b (R 1,2,3)	I eat enough vegetables to keep me healthy.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
12	FAB.1-Bel.05 (R 1,2,3)	I often encourage my family and friends to eat fruits and vegetables.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8

Barriers to Consuming FV

(R 1,2,3)

13	FAB.1-Bel.22 (R 1,2,3)	The next items are about barriers to eating fruits and vegetables. For each statement, please tell me how much you agree or disagree. The first statement is: It's hard for me to eat more vegetables because I don't know how to prepare them. Do you . . .
----	------------------------	--

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

14 New.Bar.1v (R 1,2,3) It's hard for me to eat more vegetables because they are hard to find where I shop for food.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

15 New.Bar.1f (R 1,2,3) It's hard for me to eat more fruits because they are hard to find where I shop for food.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

16 FAB-Bar2.01 (R 1,2,3) I don't eat fruits and vegetables as much as I like to because they cost too much.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

17 FAB-Bar2.02 (R 1,2,3) I don't eat fruits and vegetables as much as I like to because they often spoil before I get a chance to eat them.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

- 18 FAB-Bar2.05b (R 1,2,3) I don't eat fruits and vegetables as much as I like to because my family doesn't like them.
- strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8
- 19 FAB-Bar2.05a (R 1,2,3) I don't eat fruits and vegetables because I don't like them.
- strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

Fruit and Vegetable Screener

(R 1,2,3)

- 20 EATS.1 (R 1,2,3) For this next set of questions, please think about all the fruits, vegetables, and fruit juice that you had last month. Include those that were raw and cooked, eaten as snacks and at meals, eaten at home and away from home in restaurants, with friends, and as take-out, and eaten alone and mixed with other foods. During the past month, how many times per day, week, or month did you drink 100% pure fruit juice such as orange, mango, apple, grape or pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

[IF NEEDED: Include only 100% pure juices. Do not include fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight.] [IF "every day", ASK: How many times a day?]

NUMBER: EUNIT

DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 22 [EATS.2].

21 EATS.1a (R 1,2,3)

Each time you drank 100% juice, how much did you usually drink?
Would you say . . .

less than 3/4 cup (less than 6 ounces),	1
3/4 to 1 1/4 cup (6 to 10 ounces),	2
1 1/4 to 2 cups (10 to 16 ounces), or	3
more than 2 cups (more than 16 ounces)?	4
REFUSED	77
DON'T KNOW	99

22 EATS.2 (R 1,2,3)

During the past month, how many times per day, week or month did
you eat fruit? Include fresh, frozen or canned fruit. Do not include
juices or dried fruits.

NUMBER

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 24 [EATS.3].

23 EATS.2a (R 1,2,3)

Each time you ate fruit, how much did you usually eat?

Less than 1 medium fruit (less than 1/2 cup)	1
1 medium fruit (1/2 cup)	2
2 medium fruits (1 cup)	3
More than 2 medium fruits (more than 1 cup)	4
REFUSED	77
DON'T KNOW	99

24 EATS.3 (R 1,2,3)

(During the past month), how many times per day, week or month
did you eat a green leafy or lettuce salad, with or without other
vegetables?

IF NEEDED: INCLUDE: spinach salads.

NUMBER

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 26 [EATS.4].

25 EATS.3a (R 1,2,3) Each time you ate green leafy or lettuce salad, how much did you usually eat? Would you say . . .

about 1/2 cup,	1
about 1 cup,	2
about 2 cups, or	3
more than 2 cups?	4
REFUSED	77
DON'T KNOW	99

26 EATS.4 (R 1,2,3) (During the past month), how many times per day, week or month did you eat any kind of fried potatoes, including french fries, home fries, or hash brown potatoes?

IF NEEDED: DO NOT INCLUDE potato chips. INCLUDE Tater tots and other fresh or frozen fried potatoes.

NUMBER

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 28 [EATS.5].

27 EATS.4a (R 1,2,3) Each time you ate fried potatoes, how much did you usually eat? Would you say . . .

small order or less (about 1 cup or less),	1
medium order (about 1 1/2 cups),	2
large order (about 2 cups), or	3
super size order or more (about 3 cups or more)?	4
REFUSED	77
DON'T KNOW	99

28 EATS.5 (R 1,2,3) (During the past month), howmany times per day, week or monthdid you eat any other kind of potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

IF NEEDED: INCLUDE all types of potatoes except fried. INCLUDE potatoes au gratin, scalloped potatoes.

NUMBER

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 30 [EATS.6].

29 EATS.5a (R 1,2,3) Each time you ate these potatoes, how much did you usually eat?
Would you say . . .

1 small potato or less (1/2 cup or less),	1
1 medium potato (1/2 to 1 cup),	2
1 large potato (1 to 1 1/2 cups), or	3
2 medium potatoes or more (1 1/2 cups or more)?	4
REFUSED	77
DON'T KNOW	99

30 EATS.6 (R 1,2,3) (During the past month), how many times per day, week or month
did you eat refried beans, baked beans, beans in soup, pork and
beans or any other type of cooked dried beans? Do not include
green beans.

IF NEEDED: INCLUDE: soybeans, kidney, pinto,
garbanzo, lentils, black, black-eyed peas, cow peas,
and lima beans.

NUMBER

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 32 [EATS.7].

31 EATS.6a (R 1,2,3) Each time you ate these beans, how much did you usually eat?
Would you say . . .

less than 1/2 cup,	1
1/2 to 1 cup,	2
1 to 1 1/2 cups, or	3
more than 1 1/2 cups?	4
REFUSED	77
DON'T KNOW	99

32 EATS.7 (R 1,2,3) (During the past month), not including lettuce salads, potatoes, and
cooked dried beans, how many times per day, week or month did
you eat other vegetables?

IF NEEDED: DO NOT INCLUDE rice. Examples of other
vegetables to IF NEEDED: INCLUDE: tomatoes, green
beans, carrots, corn, cabbage, bean sprouts, collard
greens, plantains, yucca, chayote or other squash,
and broccoli. IF NEEDED: INCLUDE any form of the
vegetable: raw, cooked, canned, or frozen.

NUMBER

DAY	1
WEEK	2
MONTH	3

REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 34 [EATS.8].

33 EATS.7a (R 1,2,3)

Each of these times that you ate other vegetables, how much did you usually eat? Would you say . . .

less than 1/2 cup, 1
 1/2 to 1 cup, 2
 1 to 2 cups, or 3
 more than 2 cups? 4
 REFUSED 77
 DON'T KNOW 99

34 EATS.8 (R 1,2,3)

(During the past month), how many times per day, week or month did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? Please do not count tomato sauce on pizza.

NUMBER

DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 36 [EATS.11].

35 EATS.8a (R 1,2,3)

Each time you ate tomato sauce, how much did you usually eat? Would you say . . .

about 1/4 cup, 1
 about 1/2 cup, 2
 about 1 cup, or 3
 more than 1 cup? 4
 REFUSED 77
 DON'T KNOW 99

36 EATS.11 (R 1,2,3)

(During the past month), how many times per day, week or month did you have Mexican-type salsa made with tomato?

IF NEEDED: INCLUDE: all tomato-based salsas.

NUMBER

DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, for Round 1 GO TO 37
[NHANES.DMQ.241]; for Rounds 2,3 GO TO 38 [FAB-Shop.01].

37 EATS.11a (R 1,2,3)

Each time you ate salsa, how much did you usually eat? Would you say . . .

less than 1 tablespoon,	1
1-2 tablespoons,	2
3-5 tablespoons, or	3
more than 5 tablespoons?	4
REFUSED	77
DON'T KNOW	99

NHANES.DMQ.241 (R 1)

Now I'm going to ask you a few questions about yourself. Do you consider yourself to be Hispanic or Latino?

IF NEEDED: READ IF NEEDED: Where do your
ancestors come from? Are they Puerto Rican;
Cuban/Cuban American; Dominican Republic;
Mexican/Mexican American; Central/South American;
Other Latin American; Other Hispanic or Latino

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

36 NHANES.SCQ.270 (R 1)

What race do you consider yourself to be? You may give one or more races. Are you American Indian or Alaskan Native, Asian, Black or African American, native Hawaiian or Pacific Islander, or white?

[IF R SAYS "HISPANIC", PROBE: Are you white Hispanic or black Hispanic?]

CODE ALL THAT APPLY.

AMERICAN INDIAN OR ALASKAN NATIVE	15
ASIAN	13
BLACK	12
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	14
WHITE	11
OTHER	91
REFUSED	-7

RaceOS
SPECIFY:

[What race do you consider yourself to be?]

Transition to Shopper

38 FAB-Shop.01 (R 1,2,3)

Now I would now like to ask you about food shopping. Who is the primary food shopper in your household? The primary food shopper is the person who does the grocery shopping most often.

RESPONDENT	1
R TAKES TURNS WITH OTHERS	2
R GOES TOGETHER WITH OTHERS	3
SPOUSE OR PARTNER OF R	4
A PARENT OF R	5
SOMEONE OTHER THAN R	6
REFUSED	77
DON'T KNOW	99

NAVIGATION: If spouse or partner, parent, someone else, Refuse, or D/K, then CONTINUE with 39 [C1a]. Otherwise, GO TO beginning of shopper interview [CSWP.101a].

Respondent Contact Information

(R 1,2,3)

39 C1a (R 1,2,3)

I have some questions that I need to ask the primary food shopper. Once {PRIMARY SHOPPER'S_FNAME, PS_LNAME} has completed the primary shopper interview, we will send your household a \$30} check to thank you for participating in the study. Let me make sure I have your name correctly – is it {RESPONDENT FNAME, MNAME, LNAME}?

IF NEEDED: If No, enter corrected respondent name.

FNAME
MNAME
LNAME

NAVIGATION: GO TO contact information section of shopper interview [C1c].

End Respondent Interview

(R 1,2,3)

40 CR6 (R 1,2,3)

Thank you for all the time you've spent answering questions about food which will help SNAP improve services and better meet the needs of the people who use this program.

41 CR7 (R 1,2)

We look forward to talking you again in about three to six months.

42 CR9 (R 1,2,3)

May I speak with the primary food shopper now?

Healthy Incentives Pilot – Round 2 Primary Food Shopper Questionnaire

Shopper Introduction

- 1 IntroShop.01 (R 1,2,3) Hello, my name is [INTERVIEWER NAME], may I speak with [NAME OF PRIMARY FOOD SHOPPER]?
- 2 IntroShop.02 (R 1,2,3) My name is [INTERVIEWER NAME] and I am calling about the USDA SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. Are you the primary food shopper in your household? The primary food shopper is the person who does the grocery shopping most often.
- Yes 1
No 2
- NAVIGATION: If Yes, GO TO 4 [IntroShop.04].
- 3 IntroShop.03 (R 1,2,3) May I speak with [NAME OF SHOPPER]?
- Yes 1
No 2

HH Composition

(R 1,2,3)

- 4 IntroShop.04 (R 1,2,3) My name is [INTERVIEWER] and I am calling about the USNASNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. We would like to ask you some questions about food and shopping that will help SNAP improve services and better meet the needs of the people who use this program. This part of the interview takes about 10 minutes. We are sending [NAME OF SAMPLED RESPONDENT] a \$30 check to thank your household for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk. {R'S_FN, R_LN} mentioned that you did most of the shopping in the household. We'd like to ask you some questions about your household, shopping for your household and about food in the home.
- Do you agree to participate?
- 5 CSWP.101a (R 1,2,3) [IF HOMELESS, Please answer these questions about members of your family who are currently with you]. How many people currently live in your household, including yourself? By household, I mean your family and other people who live with you and with whom you share food and food expenses. Please include yourself and any babies and small children.

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

6 CSWP.101b.a (R 1,2,3)
)

[IF LIVES ALONE in HH] Are you...

Age 18 to 64 or 1

Are you age 65 or older 2

REFUSED 77

DON'T KNOW 99

Of these, how many are adults between 18 and 64 years?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

7 CSWP.101b.s (R 1,2,3)

Of these, how many are adults age 65 or older?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

8 CSWP.101c (R 1,2,3)

How many are children between the ages of 5 and 17 years?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

9 CSWP.101d (R 1,2,3)

And, how many are children under 5 years of age?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

Family Food Environment

(R 1,2,3)

10 NHANES.CBQ.020 (R 1,2,3)

The next questions ask how often you have certain types of food available at home. How often do you have fruits available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never?

INTERVIEWER: READ IF NEEDED: "Do not include juice".

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

11 Have.1 (R 1,2,3)

How often do you have fruits in the refrigerator or on the kitchen counter? [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
Don't have a refrigerator	6
REFUSED	7
DON'T KNOW	9

12 NHANES.CBQ.030 (R 1,2,3)

How often do you have vegetables available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
Don't have a freezer	6
REFUSED	7
DON'T KNOW	9

13 Have.2 (R 1,2,3)

How often do you have ready to eat vegetables such as baby carrots, cherry tomatoes, or vegetables that you have sliced to make them ready to eat in the refrigerator or on the kitchen counter? [Would you say always, most of the time, sometimes, rarely, or never?]

INTERVIEWER: IF NEEDED, SAY: Include vegetables
you can eat without heating or cooking.

Always 1
Most of the time 2
Sometimes 3
Rarely 4
Never 5
REFUSED 7
DON'T KNOW 9

14 NHANES.CBQ.040 (R 1,2,3)

How often {does your family/do you} have salty snacks such as chips
and crackers available at home? Do not include nuts. [Would you say
always, most of the time, sometimes, rarely, or never?]

Always 1
Most of the time 2
Sometimes 3
Rarely 4
Never 5
REFUSED 7
DON'T KNOW 9

15 NHANES.CBQ.050 (R 1,2,3)

How often {does your family/do you} have 1% fat, skim or fat-free
milk available at home? Please do not include 2% milk. [Would you
say always, most of the time, sometimes, rarely, or never?]

Always 1
Most of the time 2
Sometimes 3
Rarely 4
Never 5
REFUSED 7
DON'T KNOW 9

16 NHANES.CBQ.060 (R 1,2,3)

How often {does your family/do you} have soft drinks, fruit-flavored
drinks, or fruit punch available at home? Please do not include diet
drinks, 100 percent juice or sports drinks. [Would you say always,
most of the time, sometimes, rarely, or never?]

Always 1
Most of the time 2
Sometimes 3
Rarely 4
Never 5
REFUSED 7
DON'T KNOW 9

17 NHANES.CBQ.180 (R 1,2,3)

The next questions ask about your evening meals at home. During
the past month, how often did all or most of your family sit down
and eat evening meals together at home?

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

NAVIGATION: SKIP THIS ITEM if only 1 person in HH.

- 18 NHANES.CBQ.190 (R 1,2,3) During the past month, how often were evening meals cooked at home?

INTERVIEWER: IF NEEDED, SAY: Include leftovers from meals cooked at home.

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

HIP Participation

(R 2,3)

- 19 Hip.1a (R 2,3) The next questions ask about the Healthy Incentives Pilot, also known as HIP. Have you heard of the Healthy Incentives Pilot?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

NAVIGATION: If No, Refused, or Don't Know, GO TO 21 [Hip.2].

- 20 Hip.1b (R 2,3) How did you hear about the Healthy Incentives Pilot?

INTERVIEWER: Read first four responses if necessary, SELECT ALL THAT APPLY. SPECIFY source of information for word of mouth.

Letter	1
Handout	2
Informational pamphlet	3
Word of mouth	4
DTA case manager	5
Community service provider	6
Other	7
REFUSED	77
DON'T KNOW	99

NAVIGATION: If control group, GO TO 42 [Shop.11].

- 21 Hip.2 (R 2,3) Did you go to a meeting to learn about how the Healthy Incentives Pilot works?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- NAVIGATION: If No, Refused, or Don't Know, GO TO 23 [Hip.4b].
- 22 Hip.3 (R 2,3) How well did the meeting explain the Healthy Incentives Pilot? Would you say...
- Very well 1
 Well 2
 Somewhat well 3
 Not too well 4
 Not at all well 5
 REFUSED 7
 DON'T KNOW 9
- 23 Hip.4b (R 2,3) How easy or hard has it been to understand how the Healthy Incentives Pilot works? Would you say it was...
- Very easy 1
 Easy 2
 Somewhat easy 3
 Somewhat hard 4
 Hard 5
 Very hard 6
 REFUSED 7
 DON'T KNOW 9
- 24 Hip.6b (R 2,3) In the past month, did you call the EBT or HIP hotline with any questions or problems?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- NAVIGATION: If No, Refused, or Don't Know, GO TO 26 [Hip.8].
- 25 Hip.7 (R 2,3) How helpful were the hotline staff in answering your question and/or resolving the problems? Would you say they were...
- Very helpful 1
 Helpful 2
 Somewhat helpful 3

Not helpful	4
Very unhelpful	5
REFUSED	7
DON'T KNOW	9

26 Hip.8 (R 2,3)

The Healthy Incentives Pilot rebate is the credit put back in your SNAP EBT account when you buy eligible HIP fruits or vegetables. In general, how easy or hard is it remembering which fruits and vegetables earn the rebate; would you say it is...

Very easy	1
Easy	2
Somewhat easy	3
Somewhat hard	4
Hard	5
Very hard	6
REFUSED	7
DON'T KNOW	9

27 Hip.9a (R 2,3)

Do you keep track of the rebate you earn from the Healthy Incentives Pilot?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

NAVIGATION: If No, Refused, or Don't Know, go to 30 [Hip.10].

28 Hip.9b (R 2,3)

What is the way that you most often use to keep track of the HIP rebates you have earned from buying eligible fruits and vegetables?

Printed receipt	1
By telephone using computerized system	2
By telephone using live operator	3
Website	4
OTHER	5
REFUSED	7
DON'T KNOW	9

29 Hip.9c (R 2,3)

How easy or hard is it keeping track of the rebates you earn from the Healthy Incentives Pilot; would you say it is..

Very easy	1
Easy	2
Somewhat easy	3
Somewhat hard	4
Hard	5
Very hard	6
REFUSED	7
DON'T KNOW	9

- 30 Hip.10 (R 2,3) How useful is it to have a receipt showing how much you spend on fruits and vegetables and the rebate you earn each time you shop? Would you say...
- | | |
|-------------------------|---|
| Very useful | 1 |
| Somewhat useful | 2 |
| Not too useful | 3 |
| Not at all useful | 4 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 31 Hip.11 (R 2,3) How well do you think the cashiers and other workers in the store where you go grocery shopping understand the Healthy Incentives Pilot?
- | | |
|-----------------------|---|
| Very well | 1 |
| Well | 2 |
| Somewhat well | 3 |
| Not too well | 4 |
| Not at all well | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 32 Hip.13a1 (R 2,3) Because of the Healthy Incentives Pilot rebates, is your family buying a larger amount of fruits?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 33 Hip.13a2 (R 2,3) Because of the Healthy Incentives Pilot rebates, is your family buying a larger amount of vegetables?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 34 Hip.13c1 (R 2,3) Because of the Healthy Incentives Pilot rebates, is your family buying new fruits not tried before?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| REFUSED | 7 |
| DON'T KNOW | 9 |
- 35 Hip.13c2 (R 2,3) Because of the Healthy Incentives Pilot rebates, is your family buying new vegetables not tried before?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

36 Hip.13b1 (R 2,3)

Because of the Healthy Incentives Pilot rebates, have you and your family bought and eaten a greater variety of fruits?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

37 Hip.13b2 (R 2,3)

Because of the Healthy Incentives Pilot rebates, have you and your family bought and eaten a greater variety of vegetables?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

38 Hip.13x1 (R 2,3)

Because of the Healthy Incentives Pilot, have fruits and vegetables become more affordable to you and your family?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

39 Hip.13d2 (R 2,3)

Because of the Healthy Incentives Pilot, have you changed which stores you go to, to buy fruits and vegetables?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: If No, Refused, or Don't Know, go to 41 [Hip.14].

40 Hip.13d3 (R 2,3)

Why have you changed the stores you go to, to buy fruits and vegetables?

More variety of fruits and vegetables at another store 1
 Price of fruits and vegetables more affordable at another store 2
 Another store has fresh fruits and vegetables 3
 Other 4
 REFUSED 7
 DON'T KNOW 9

- 41 Hip.14 (R 2,3) Would you like to continue participating in the Healthy Incentives Pilot?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

General Shopping Patterns

(R 1,2,3)

- 42 Shop.11 (R 2,3) Which statement best describes who uses your household's EBT card?
- I do most or all of the shopping with the EBT card 1
 I share the shopping with the EBT card with another person 2
 Someone else does most of the shopping with the EBT card, but I use it some of the time 3
 I never use the EBT card 4
 REFUSED 7
 DON'T KNOW 9

- 43 Shop.12 (R 2,3) In the past month, have you had any problem using your EBT card or with your EBT account?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: If Yes, CONTINUE to 44 [Shop.13].
 Otherwise GO TO 45 [FAB.Shop.02].

- 44 Shop.13 (R 2,3) What was the problem using your EBT card or with your EBT account?
- INTERVIEWER: Do not prompt. SELECT ALL THAT APPLY.
- Lost, stolen or damaged card 1
 Forgot PIN 2
 Trouble making purchase 3
 Did not get HIP rebate/incentive expected [HIP ONLY] 4
 Confusion about balance 5
 Negative attitude from cashier/manager about Healthy Incentives Pilot 6
 Negative comments from other shoppers in line 7
 OTHER, specify 8
 REFUSED 77
 DON'T KNOW 99

- 45 FAB.Shop.02 (R 1,2,3) Where do you usually go grocery shopping? Would you say...
- | | |
|---|----|
| Large chain grocery store or supermarket | 1 |
| Natural or organic supermarket (such as Whole Foods Market) | 2 |
| Small local store or corner store | 3 |
| Convenience store (such as 7-Eleven or mini market) | 4 |
| Warehouse club store (such as Sam's Club or Costco) | 5 |
| Discount superstore (such as Wal-Mart) | 6 |
| Online delivery (such as Peapod or Fresh Direct) | 7 |
| Ethnic market | 8 |
| Farmer's market/co-op | 9 |
| OTHER, specify | 10 |
| REFUSED | 77 |
| DON'T KNOW | 99 |
- 46 Shop.14 (R 1,2,3) You said you usually shop for groceries at a {STORE TYPE IN Q 45 [FAB.Shop.02]}. Why do you usually shop at a {STORE TYPE IN Q 45 [FAB.Shop.02]}?
- INTERVIEWER: Do not read response options. SELECT ALL THAT APPLY.
- | | |
|---|----|
| Close to home | 1 |
| Close to work or school | 2 |
| Location convenient (other) | 3 |
| Affordable price | 4 |
| Lots of in-store promotions | 5 |
| Variety of products | 6 |
| Ethnic foods are available | 7 |
| Preferred products are always available | 8 |
| Better or fresher produce | 9 |
| Good service | 10 |
| Clean | 11 |
| Familiarity with store | 12 |
| Convenient hours of operation | 13 |
| Accepts EBT card | 14 |
| One Stop Shopping | 25 |
| Bulk Purchase | 26 |
| Quality | 27 |
| Easy to get there | 28 |
| Disability Accessible | 29 |
| Other | 15 |
| REFUSED | 77 |
| DON'T KNOW | 99 |
- 47 Shop.15 (R 1,2,3) How often do you usually shop for groceries? Would you say...
- | | |
|-----------------------------|----|
| More than once a week | 1 |
| Once a week | 2 |
| Every other week | 3 |
| Once a month | 4 |
| Every other month | 5 |
| 2-3 times a year | 6 |
| Yearly or not at all | 7 |
| REFUSED | 77 |

DON'T KNOW 99

48 Shop.16 (R 1,2,3)

Do you go out of your way or make special efforts to go to a particular store to shop for fruits and vegetables?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

49 Shop.17 (R 1,2,3)

How often does limited transportation keep you from shopping for groceries?

Always 1
 Most of the time 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 9

50 Shop.18 (R 1,2,3)

How often does distance to grocery store keep you from shopping for groceries?

Always 1
 Most of the time 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 9

Food Expenditures

(R 1,2,3)

51 CES.x1a (R 1,2,3)

The next questions ask about money spent for food, beverages, and other items you and/or your household usually purchase. What has been your household usual MONTHLY expense for grocery shopping purchases made only with SNAP? Include grocery stores, convenience stores, specialty stores, and farmers markets.

\$ | | | | | | | | | |
 NO MONEY SPENT 0
 REFUSED 7
 DON'T KNOW 9
 ENTER UNIT
 Week..... 1
 Month 2
 REFUSED 7
 DON'T KNOW 9

- | | | |
|----|---------------------|---|
| 52 | CES.x1b (R 1,2,3) | <p>What has been your household usual MONTHLY expense for grocery shopping purchases not using SNAP? Include grocery stores, convenience stores, specialty stores, and farmers markets.</p> |
| | | <p>\$ _ _ _ _ _ _ _ _ _ _ </p> <p>NO MONEY SPENT 0</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> <p>ENTER UNIT</p> <p>Week..... 1</p> <p>Month 2</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> |
| | | |
| 53 | CES.x2 (R 1,2,3) | <p>About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?</p> |
| | | <p>\$ _ _ _ _ _ _ _ _ _ _ </p> <p>NO MONEY SPENT 0</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> <p>ENTER UNIT</p> <p>Week..... 1</p> <p>Month 2</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> |
| | | |
| 54 | CES.x3 (R 1,2,3) | <p>What has been your household's usual MONTHLY expense for meals or snacks from restaurants, fast food places, cafeterias, carryouts, or other such places?</p> |
| | | <p>\$ _ _ _ _ _ _ _ _ _ _ </p> <p>NO MONEY SPENT 0</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> <p>ENTER UNIT</p> <p>Week..... 1</p> <p>Month 2</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> |
| | | |
| 55 | Expend.01 (R 1,2,3) | <p>What has been your household's usual MONTHLY expense for fruits and vegetables?</p> |
| | | <p>\$ _ _ _ _ _ _ _ _ _ _ </p> <p>NO MONEY SPENT 0</p> <p>REFUSED 7</p> <p>DON'T KNOW 9</p> |

ENTER UNIT
 Week..... 1
 Month 2
 REFUSED 7
 DON'T KNOW 9

Shopper Employment Status

(R 1,2,3)

56 Employ.01s (R 1,2,3)

Now I would like to ask you about employment. We would like to know what you do – are you working now, looking for work, retired, keeping house, a student, or what?

Working at a job or businessfull time now 11
 Working part time now 12
 Only temporarily laid off 13
 Sick leave or maternity leave 14
 Looking for work 15
 Unemployed 16
 Retired 17
 Disabled, permanently or temporarily 18
 Keeping house 19
 Student 20
 Other 21
 REFUSED 77
 DON'T KNOW 99

HH Employment Status

(R 1,2,3)

57 Employ.02 (R 1,2,3)

Regarding employment, not including yourself, how many adults age 18 and older in the household were employed full-time last week?

|_|_|_|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: SKIP this item if HH has 1 adult, or if Shopper is minor and HH has 0 adults and GO TO 60 [Employ.05].

58 Employ.03 (R 1,2,3)

Not including yourself, how many adults in the household were employed part-time last week?

|_|_|_|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

59 Employ.04 (R 1,2,3)

Not including yourself, how many adults in the household were not employed last week?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

60 Employ.05 (R 1,2,3)

Were any youth (16 or 17 year old) in your household employed last week?

Yes 1

No 2

REFUSED 7

DON'T KNOW 9

NAVIGATION: SKIP this item if no children aged 5-17 in HH and GO TO NAVIGATION instructions following 63 [Employ.08]. If No, Refused or D/K, follow navigation rule for 63 [Employ.08].

61 Employ.06 (R 1,2,3)

How many youth were employed full time last week?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

62 Employ.07 (R 1,2,3)

How many youth were employed part time last week?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

63 Employ.08 (R 1,2,3)

How many youth were not employed last week?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

If Sampled Respondent is not Primary Shopper, GO TO 87 [C6]. If Sampled Respondent is Primary Shopper, GO TO 64 [C1b].

Contact Information

(R 1,2,3)

64 C1b (R 1,2,3)

To thank you for participating in the study, we want to send your household a \$30 check. Let me make sure I have your name correctly – is it {RESPONDENT NAME}?

INTERVIEWER: If No, enter corrected respondent name.

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

65 C1c (R 1,2,3)

Please give the best place to mail your incentive check to. What is your mailing address?

66 C1d (R 1,2,3)

Is this also the address where you live?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

67 C1e (R 1,2,3)

What is the address where you live?

68 C2a (R 1,2)

We're eager to talk to you again between {February and May 2012, in about 3 to 5 months/August and November 2012, in about 9 to 11 months}. We want to make sure we don't lose track of you. We will not share your contact information with DTA or USDA, except otherwiseas required by law What is your home phone number, starting with the area code:

[] - -
 ENTER PHONE NUMBER
 REFUSED 7
 DON'T KNOW 9

69 C2b (R 1,2)

May I have your cell phone number, starting with the area code:

[] - -
 ENTER PHONE NUMBER
 REFUSED 7
 DON'T KNOW 9

- 70 C2c (R 1,2) Do you have an email address?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- 71 C2d (R 1,2) What is your email address. [ENTER EMAIL ADDRESS. READ THE E-MAIL ADDRESS BACK TO THE RESPONDENT FOR THEM TO VERIFY.]
- _____ @ _____
- 72 C3a (R 1,2) Could you please tell me the name and address of someone who is likely to know where you are if you move or we can't reach you? [RECORD NAME OR INDICATE REFUSAL OR DON'T KNOW]
- _____
- ENTER NAME
 REFUSED 7
 DON'T KNOW 9
- 73 C3b (R 1,2) What is their address?
- _____
- 74 C3c (R 1,2) What is their phone number? And what type of phone is this? [ALLOW FOR ENTRY OF MULTIPLE PHONE NUMBERS AND ABILITY TO SELECT PHONE TYPE HOME, WORK, CELL PHONE.]
- [] - -
- ENTER PHONE NUMBER
 Home 1
 Work 2
 Cell 3
 Other 4
 REFUSED 7
 DON'T KNOW 9
- 75 C3d (R 1,2) Do you know if they have an email address it is and what it is?
- _____ @ _____
- 76 C3e (R 1,2) What is this person's relationship to you?
- GIRLFRIEND 1
 BOYFRIEND 2
 MOTHER 3
 FATHER 4

SIBLING	5
DAUGHTER/SON	6
GRANDPARENT	7
AUNT/UNCLE	8
COUSIN	9
OTHER RELATIVE	10
FRIEND	11
OTHER NONRELATIVE	12

REPEAT ABOVE FOR UP TO 3 PEOPLE

77

NAVIGATION: If Sampled Respondent is a minor and primary shopper interview has NOT been completed, GO TO 3 [IntroShop.03]. If Sampled Respondent is a minor and primary shopper interview has been completed, GO TO 87 [C6]. If Sampled Respondent is Primary Shopper, GO TO 87 [C6]. If Sampled Respondent is not a minor and if Sampled Respondent is NOT Primary Shopper, then return to "End Respondent Interview" section of respondent interview.

End Shopper Interview

(R 1,2,3)

87	C6 (R 1,2,3)	Thank you for all the time you've spent answering questions about food and shopping which will help SNAP improve services and better meet the needs of the people who use this program.
88	C7 (R 1,2)	We look forward to talking you again in about three to six months.
89	C8 (R 1,2,3)	Good bye.

4. Round 3 Participant and Primary Shopper Interview

OMB Control#: 0584-0561

Expiration Date: 08/31/2014

HEALTHY INCENTIVES PILOT – ROUND 3 STUDY PARTICIPANT AND PRIMARY SHOPPER SURVEY: ENGLISH

Public reporting burden for this collection of information is estimated to average 46 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

Sampled Respondent Introduction

(R 1,2,3)

NAVIGATION: IF RESPONDENT IS A MINOR (AGES 16-17) GO TO CONSENT FOR MINORS SCRIPT PC.01

1 Intro.01 (R 1,2,3)

[Hello, my name is {INTERVIEWER} from Westat. And I'm calling about the USDA SNAP study.] May I speak with [NAME OF RESPONDENT]?

R available	11
R lives here – needs appointment	12
R lives at another number or address	13
Never heard of R	14
Phone company recording	15
Answering machine	16
Retry dialing	17
REFUSED	77
DON'T KNOW	99

NAVIGATION: If R available, GO TO 2 [Intro.02].

2 Intro.02 (R 1,2,3)

My name is {INTERVIEWER} from Westat. And I'm calling about the USDA, SNAP, study.] I'd like to make sure that you are the correct person. Your name is {R_FNAME R_LNAME} and your approximate age is {R's AGE}?

Yes – exact match	1
Yes – qualified match	2
No – does not match	3
REFUSED	7
DON'T KNOW	9

NAVIGATION: If Yes-exact or qualified match, GO TO 7 [Intro.06]. If No, ask for respondent and repeat question when respondent is obtained.

Items with an "Other, specify" response selection will cause the CATI system to create an open text field for typing in the response.

(R) indicates whether the item3 will be administered in the first, second and/or third round of data collection.

Question ID prefixes in ALL CAPS indicate source. For example, item CSWP.101a was sourced from the California Survey of WIC Participants (CSWP), question #101a. Version (e.g., v2) indicators show item is revised for HIP. Question ID prefixes not in ALL CAPS were created for HIP. Question ID ALL CAPS prefix abbreviations indicate the item source as follows:

AMPM = Automated Multiple Pass Method 24-hour dietary recall (USDA).

CSWP = California Survey of WIC Participants (California).

EATS = Eating at America's Table Study (NCI).

EAB = Food, Attitudes and Behaviors Survey (NCI).

FSM = Food Security Module (USDA).

TS = Townsend Fruit & Vegetable Inventory (UC Davis)

NHANES = National Health and Nutrition Examination Survey (CDC), instruments as follows:

ACQ = Acculturation Questionnaire

CBQ = Consumer Behavior Questionnaire

DMQ = Demographic Information Questionnaire

FCBS = Flexible Consumer Behavior Survey

FSQ = Food Security Questionnaire

OCQ = Occupation Questionnaire

SCQ = Screener Module #1

5 Intro.05 (R 3) My name is [INTERVIEWER NAME] from Westat and we interviewed you about the SNAP program in Hampden County on {MONTH_DAY_YEAR OF COMPLETED INTERVIEW}. . We are calling back again for a final interview. This last interview takes about 45-60 minutes. Your household will receive a \$40 check as a thank you for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future.. We do not plan to share this information with anyone other than USDA staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk. We sent you a letter about the study that provides more information. If you did not receive the letter, I can read it to you

Do you agree to participate?

YES

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL-FREE # AS NEEDED.

GO TO 24 HOUR RECALL

Parent Consent for Minors

(R 1,2,3)

6 PC.01 (R 1,2,3) Are you the parent or legal guardian of {Minor Selected Respondent_FirstName and MSR_LastName}?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

If No, GO TO PC.03

7 PC.02 (R 1,2,3) I am calling about the USDA SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. {Your daughter/son, Minor Selected Respondent_FirstName and MSR LastName} was selected as a participant in this study. We need your consent to interview FirstName since {she/he} he is a minor. _FirstName} will be asked questions about {her/his} diet, food knowledge, attitudes, and beliefs. After we talk with MINOR we will want to talk to the person who does the grocery shopping for your household.

The interview with MINOR take about 15 minutes and MINOR will receive a \$20 check as a thank you for participating in the study. His/her participation is voluntary. He/she has the right to stop at any time or skip questions. Taking part in this study will not affect

your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

May we have your consent to talk to {MR_FirstName}?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

If Yes, GO TO PC.05. If No, Refuse, or DK, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.
INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

8 PC.03 (R 1,2,3)

PC3 (R1,2, 3). Who is {Minor Selected Respondent_FirstName and MSR_LastName}'s parent or legal guardian? What is their name ?

ENTER NAME	
REFUSED	7
DON'T KNOW	9

9 PC.04 (R 1,2,3)

What is that person's telephone number? And what type of phone is this?

CATI: ALLOW FOR ENTRY OF MULTIPLE PHONE NUMBERS AND ABILITY TO SELECT PHONE TYPE.

[] - -	
ENTER PHONE NUMBER	
Home	1
Work	2
Cell	3
Other	4
REFUSED	7
DON'T KNOW	9

PC.05 (R1) SPEAKING WITH MINOR:

10 Intro.06 (R 1,2,3)

Hello, my name is {INTERVIEWER} from Westat. And I'm calling about the USDA, SNAP, study.] I'd like to make sure that you are the correct person. Your name is {R_FNAME R_LNAME} and your approximate age is {R's AGE}?

Yes – exact match	1
Yes – qualified match	2
No – does not match	3
REFUSED	7
DON'T KNOW	9

NAVIGATION: If Yes-exact or qualified match, GO TO [Intro.06]. If No, ASK TO SPEAK WITH CORRECT PERSON.

- 13 Intro.09 (R 3)
- My name is [INTERVIEWER NAME] from Westat and we interviewed you about the SNAP program in Hampden County on {MONTH_DAY_YEAR OF COMPLETED INTERVIEW}. . We are calling back again for a final interview. This last interview takes about 35-50 minutes. You will receive a \$40 check as a thank you for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future.. We do not plan to share this information with anyone other than USDA staff and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk.

Do you agree to participate?

YES

IF NO, ADDRESS ISSUES/CONCERNS ABOUT STUDY. CODE AS REFUSAL.

INTERVIEWER: ANSWER QUESTIONS ABOUT ABT, WESTAT, ETC. AND PROVIDE TOLL=FREE # AS NEEDED.

24-Hour Dietary Recall
(R 2,3)

- 4 USDA AMPM (R 2,3)
- <<Entire AMPM instrument>> The first questions ask about the foods you ate and beverages you drank for one day.

Exposure to Nutrition Education
(R 2,3)

- 5 SnapEd.1 (R 2,3)
- The next questions ask about healthy eating and nutrition education you may have received. In the past three months, have you heard or seen any messages about eating more fruits and vegetables or the importance of fruits and veggies in a healthy diet?

Yes 1
No 2
REFUSED 7
DON'T KNOW 9

6	SnapEd.2 (R 2,3)	In the past three months, did you attend any nutrition education or healthy eating programs or classes?
		Yes 1
		No 2
		REFUSED 7
		DON'T KNOW 9

Food Preferences and Beliefs

(R 1,2,3)

7	FAB.1-At.01 (R 1,2,3)	The following questions are about your food preferences and beliefs. For each statement, tell me how much you agree or disagree. The first statement is: I enjoy trying new foods. Do you . . .
		strongly disagree, 1
		disagree, 2
		neither disagree nor agree, 3
		agree, or 4
		strongly agree? 5
		REFUSED 7
		DOES NOT APPLY 8
8	TS.01 (R 1,2,3)	I enjoy trying new fruits. Do you . . .
		strongly disagree, 1
		disagree, 2
		neither disagree nor agree, 3
		agree, or 4
		strongly agree? 5
		REFUSED 7
		DOES NOT APPLY 8
9	TS.02 (R 1,2,3)	I enjoy trying new vegetables.
		strongly disagree, 1
		disagree, 2
		neither disagree nor agree, 3
		agree, or 4
		strongly agree? 5
		REFUSED 7
		DOES NOT APPLY 8
10	FAB.1-Bel.04a (R 1,2,3)	I eat enough fruits to keep me healthy.
		strongly disagree, 1
		disagree, 2
		neither disagree nor agree, 3

agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

11 FAB.1-Bel.04b (R 1,2,3)

I eat enough vegetables to keep me healthy.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

12 FAB.1-Bel.05 (R 1,2,3)

I often encourage my family and friends to eat fruits and vegetables.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

Barriers to Consuming FV

(R 1,2,3)

13 FAB.1-Bel.22 (R 1,2,3)

The next items are about barriers to eating fruits and vegetables. For each statement, please tell me how much you agree or disagree. The first statement is: It's hard for me to eat more vegetables because I don't know how to prepare them. Do you . . .

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4
 strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

14 New.Bar.1v (R 1,2,3)

It's hard for me to eat more vegetables because they are hard to find where I shop for food.

strongly disagree, 1
 disagree, 2
 neither disagree nor agree, 3
 agree, or 4

		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
15	New.Bar.1f (R 1,2,3)	It's hard for me to eat more fruits because they are hard to find where I shop for food.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
16	FAB-Bar2.01 (R 1,2,3)	I don't eat fruits and vegetables as much as I like to because they cost too much.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
17	FAB-Bar2.02 (R 1,2,3)	I don't eat fruits and vegetables as much as I like to because they often spoil before I get a chance to eat them.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
18	FAB-Bar2.05b (R 1,2,3)	I don't eat fruits and vegetables as much as I like to because my family doesn't like them.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4
		strongly agree?	5
		REFUSED	7
		DOES NOT APPLY	8
19	FAB-Bar2.05a (R 1,2,3)	I don't eat fruits and vegetables because I don't like them.	
		strongly disagree,	1
		disagree,	2
		neither disagree nor agree,	3
		agree, or	4

strongly agree? 5
 REFUSED 7
 DOES NOT APPLY 8

Fruit and Vegetable Screener
 (R 1,2,3)

20 EATS.1 (R 1,2,3)

For this next set of questions, please think about all the fruits, vegetables, and fruit juices that you had last month. Include those that were raw and cooked, eaten as snacks and at meals, eaten at home and away from home in restaurants, with friends, and as take-out, and eaten alone and mixed with other foods. During the past month, how many times per day, week, or month did you drink 100% pure fruit juice such as orange, mango, apple, grape or pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

[IF NEEDED: Include only 100% pure juices. Do not include fruit-flavored drinks with added sugar, like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight.] [IF "every day", ASK: How many times a day?]

NUMBER: _____

UNIT:
 DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 22 [EATS.2].

21 EATS.1a (R 1,2,3)

Each time you drank 100% juice, how much did you usually drink?
 Would you say . . .

less than 3/4 cup (less than 6 ounces), 1
 3/4 to 1 1/4 cup (6 to 10 ounces), 2
 1 1/4 to 2 cups (10 to 16 ounces), or 3
 more than 2 cups (more than 16 ounces)? 4
 REFUSED 77
 DON'T KNOW 99

22 EATS.2 (R 1,2,3)

During the past month, how many times per day, week, or month did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices or dried fruits.

NUMBER: _____

UNIT:
 DAY 1
 WEEK 2

MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 24 [EATS.3].

23 EATS.2a (R 1,2,3)

Each time you ate fruit, how much did you usually eat? Would you say...

Less than 1 medium fruit (less than ½ cup) 1
 1 medium (about ½ cup) 2
 2 medium fruits (about 1 cup) or 3
 More than 2 mediumfruits (more than 1 cup) 4
 REFUSED 77
 DON'T KNOW 99

24 EATS.3 (R 1,2,3)

(During the past month), how many times per day, week, or month did you eat a green leafy or lettuce salad, with or without other vegetables?

IF NEEDED: INCLUDE: spinach salads.

NUMBER: _____

UNIT:
 DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 26 [EATS.4].

25 EATS.3a (R 1,2,3)

Each time you ate green leafy or lettuce salad, how much did you usually eat? Would you say . . .

about 1/2 cup, 1
 about 1 cup, 2
 about 2 cups, or 3
 more than 2 cups? 4
 REFUSED 77
 DON'T KNOW 99

26 EATS.4 (R 1,2,3)

(During the past month), how many times per day, week, or month did you eat any kind of fried potatoes, including french fries, home fries, or hash brown potatoes?

IF NEEDED: DO NOT INCLUDE potato chips. INCLUDE
 Tater tots and other fresh or frozen fried potatoes.

NUMBER: _____

UNIT:
 DAY 1
 WEEK 2
 MONTH 3

3 TO 4 TIMES PER WEEK	4
5 TO 6 TIMES PER WEEK	5
1 TIME PER DAY	6
2 TIMES PER DAY	7
3 TIMES PER DAY	8
4 TIMES PER DAY	9
5 OR MORE TIMES PER DAY	10
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 28 [EATS.5].

27 EATS.4a (R 1,2,3)

Each time you ate fried potatoes, how much did you usually eat?
Would you say . . .

small order or less (about 1 cup or less),	1
medium order (about 1 1/2 cups),	2
large order (about 2 cups), or	3
super size order or more (about 3 cups or more)?	4
REFUSED	77
DON'T KNOW	99

28 EATS.5 (R 1,2,3)

(During the past month), how many times per day, week, or month
did you eat any other kind of potatoes, such as baked, boiled,
mashed potatoes, sweet potatoes, or potato salad?

IF NEEDED: INCLUDE all types of potatoes except
fried. INCLUDE potatoes au gratin, scalloped
potatoes.

NUMBER: _____

UNIT:	
DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 30 [EATS.6].

29 EATS.5a (R 1,2,3)

Each time you ate these potatoes, how much did you usually eat?
Would you say . . .

1 small potato or less (1/2 cup or less),	1
1 medium potato (1/2 to 1 cup),	2
1 large potato (1 to 1 1/2 cups), or	3
2 medium potatoes or more (1 1/2 cups or more)?	4
REFUSED	77
DON'T KNOW	99

30 EATS.6 (R 1,2,3)

(During the past month), how many times per day, week, or month
did you eat refried beans, baked beans, beans in soup, pork and

beans or any other type of cooked dried beans? Do not include green beans.

IF NEEDED: INCLUDE: soybeans, kidney, pinto, garbanzo, lentils, black, black-eyed peas, cow peas, and lima beans.

NUMBER: ____

UNIT:

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 32 [EATS.7].

31 EATS.6a (R 1,2,3)

Each time you ate these beans, how much did you usually eat?
Would you say . . .

less than 1/2 cup,	1
1/2 to 1 cup,	2
1 to 1 1/2 cups, or	3
more than 1 1/2 cups?	4
REFUSED	77
DON'T KNOW	99

32 EATS.7 (R 1,2,3)

(During the past month), not including lettuce salads, potatoes, and cooked dried beans, how many times per day, week or month did you eat other vegetables?

IF NEEDED: DO NOT INCLUDE rice. Examples of other vegetables to IF NEEDED: INCLUDE: tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, plantains, yucca, chayote or other squash, and broccoli. IF NEEDED: INCLUDE any form of the vegetable: raw, cooked, canned, or frozen.

NUMBER: ____

UNIT:

DAY	1
WEEK	2
MONTH	3
REFUSED	77
DON'T KNOW	99

NAVIGATION: If Never, GO TO 34 [EATS.8].

33 EATS.7a (R 1,2,3)

Each of these times that you ate other vegetables, how much did you usually eat? Would you say . . .

less than 1/2 cup,	1
1/2 to 1 cup,	2
1 to 2 cups, or	3
more than 2 cups?	4

REFUSED 77
 DON'T KNOW 99

34 EATS.8 (R 1,2,3)

(During the past month), how many times per day, week, or month did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? Please do not count tomato sauce on pizza.

NUMBER: ____

UNIT:
 DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, GO TO 36 [EATS.11].

35 EATS.8a (R 1,2,3)

Each time you ate tomato sauce, how much did you usually eat?
 Would you say . . .

about 1/4 cup, 1
 about 1/2 cup, 2
 about 1 cup, or 3
 more than 1 cup? 4
 REFUSED 77
 DON'T KNOW 99

36 EATS.11 (R 1,2,3)

(During the past month), how many times per day, week or month did you have Mexican-type salsa made with tomato?

IF NEEDED: INCLUDE: all tomato-based salsas.

NUMBER:

UNIT:
 DAY 1
 WEEK 2
 MONTH 3
 REFUSED 77
 DON'T KNOW 99

NAVIGATION: If Never, for Round 1 GO TO 37 [NHANES.DMQ.241]; for Rounds 2,3 GO TO 38 [FAB-Shop.01].

37 EATS.11a (R 1,2,3)

Each time you ate salsa, how much did you usually eat? Would you say . . .

less than 1 tablespoon, 1
 1-2 tablespoons, 2
 3-5 tablespoons, or 3
 more than 5 tablespoons? 4

REFUSED 77
 DON'T KNOW 99

35 NHANES.DMQ.241 (R 1)

Now I'm going to ask you a few questions about yourself. Do you consider yourself to be Hispanic or Latino?

IF NEEDED: READ IF NEEDED: Where do your ancestors come from? Are they Puerto Rican; Cuban/Cuban American; Dominican Republic; Mexican/Mexican American; Central/South American; Other Latin American; Other Hispanic or Latino

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

36 NHANES.SCQ.270 (R 1)

What race do you consider yourself to be? You may give one or more races. Are you American Indian or Alaskan Native, Asian, Black or African American, native Hawaiian or Pacific Islander, or white?

[IF R SAYS "HISPANIC", PROBE: Are you white Hispanic or black Hispanic?]

CODE ALL THAT APPLY.

AMERICAN INDIAN OR ALASKAN NATIVE 15
 ASIAN 13
 BLACK 12
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 14
 WHITE 11
 OTHER 91
 REFUSED -7

RaceOS
 SPECIFY:

[What race do you consider yourself to be?]

Transition to Shopper

(R 1,2,3)

If the Sampled Respondent is a minor and the Primary Shopper interview has been completed, GO TO shopper interview item [C1b].

38 FAB-Shop.01 (R 1,2,3)

Now I would now like to ask you about food shopping. Who is the primary food shopper in your household? The primary food shopper is the person who does the grocery shopping most often.

RESPONDENT 1
 R TAKES TURNS WITH OTHERS 2
 R GOES TOGETHER WITH OTHERS 3

SPOUSE OR PARTNER OF R	4
A PARENT OF R	5
SOMEONE OTHER THAN R	6
REFUSED	77
DON'T KNOW	99

NAVIGATION: If spouse or partner, parent, someone else, Refuse, or D/K, then CONTINUE with 39 [C1a]. Otherwise, GO TO beginning of shopper interview [CSWP.101a].

Respondent Contact Information

(R 1,2,3)

39 C1a (R 1,2,3)

I have some questions that I need to ask the primary food shopper. Once {PRIMARY SHOPPER'S_FNAME, PS_LNAME} has completed the primary shopper interview, we will send your household a {\$20/\$30/\$40} check to thank you for participating in the study. Let me make sure I have your name correctly – is it {RESPONDENT FNAME, MNAME, LNAME}?

IF NEEDED: If No, enter corrected respondent name.

FNAME
MNAME
LNAME

NAVIGATION: GO TO contact information section of shopper interview [C1c].

End Respondent Interview

(R 1,2,3)

40 CR6 (R 1,2,3)

Thank you for all the time you've spent answering questions about food which will help SNAP improve services and better meet the needs of the people who use this program.

41 CR9 (R 1,2,3)

May I speak with the primary food shopper now?

Healthy Incentives Pilot – Round 3 Primary Food Shopper Questionnaire

Shopper Introduction

NAVIGATION: IF THE PARTICIPANT INTERVIEW IS WITH AN ADULT RESPONDENT AND HAS BEEN COMPLETED, GO TO GO TO **INTROSHOP.01**

NAVIGATION: IF SELECTED RESPONDENT FOR PARTICIPANT INTERVIEW IS MINOR (<AGE 18) IMPORT AND DISPLAY NAME OF ADULT HH MEMBER. IF MORE THAN ONE ADULT IN HH, DISPLAY NAME OF FEMALE ADULT SHOWN IN CASE RECORD.]

- | | | | |
|---|------------------------|---|--|
| 1 | IntroShop.01 (R 1,2,3) | Hello, my name is [INTERVIEWER NAME], may I speak with [NAME OF FEMALE ADULT IN HH]? | |
| | | | |
| 2 | IntroShop.02 (R 1,2,3) | My name is [INTERVIEWER NAME] and I am calling about the USDA SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. Are you the primary food shopper in your household? The primary food shopper is the person who does the grocery shopping most often. | |
| | | Yes 1 | |
| | | No 2 | |
| | | | |
| | | NAVIGATION: If Yes, GO TO 4 [IntroShop.04]. If No, GO TO the Parent Consent for Minors interview, item [PC01]. | |
| | | | |
| 3 | IntroShop.03 (R 1,2,3) | May I speak with [NAME OF SHOPPER]? | |
| | | Yes 1 | |
| | | No 2 | |

HH Composition

(R 1,2,3)

- | | | |
|---|------------------------|--|
| 4 | IntroShop.04 (R 1,2,3) | My name is [INTERVIEWER] and I am calling about the USDA SNAP, formerly known as the Food Stamp Program. We're interested in learning how the program is working in Hampden County. We would like to ask you some questions about food and shopping that will help SNAP improve services and better meet the needs of the people who use this program. This part of the interview takes about 10 minutes. We are sending [NAME OF SAMPLED RESPONDENT] a [\$20/\$30/\$40] check to thank your household for participating in the study. Your participation is voluntary. You have the right to stop at any time or skip questions. Taking part in this study will not affect your benefits in any way – either now or in the future. We do not plan to share this information with anyone other than USDA and its contractors, except as otherwise required by law. Data that identify you or your family members will not be included in any report. There is a small risk of the loss of privacy of your data, but our data security plans and procedures minimize this risk. {R'S_FN, R_LN} mentioned that you did most of the shopping in the household. We'd like to ask you some questions about your |
|---|------------------------|--|

household, shopping for your household and about food in the home.

Do you agree to participate?

5 CSWP.101a (R 1,2,3)

[IF HOMELESS: Please answer these questions about members of your family who are currently with you.]

How many people currently live in your household, including yourself? By household, I mean your family and other people who live with you and with whom you share food and food expenses. Please include yourself and any babies and small children.

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

6 CSWP.101b.a (R 1,2,3)

[IF LIVES ALONE in HH] Are you...

Age 18 to 64 or 1

Are you age 65 or older 2

REFUSED 77

DON'T KNOW 99

Of these, how many are adults between 18 and 64 years?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

7 CSWP.101b.s (R 1,2,3)

Of these, how many are adults 65 years or older?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

8 CSWP.101c (R 1,2,3)

How many are children between the ages of 5 and 17 years?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

9 CSWP.101d (R 1,2,3)

And, how many are children under 5 years of age?

|_|_|_|

ENTER NUMBER

REFUSED 77

DON'T KNOW 99

Family Food Environment

(R 1,2,3)

10 NHANES.CBQ.020 (R 1,2,3)

The next questions ask how often you have certain types of food available at home. How often do you have fruits available at home? This includes fresh, dried, canned and frozen fruits. Would you say always, most of the time, sometimes, rarely, or never?

INTERVIEWER: READ IF NEEDED: "Do not include juice".

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

11 Have.1 (R 1,2,3)

How often do you have fruits in the refrigerator or on the kitchen counter? [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
Don't have a refrigerator	6
REFUSED	7
DON'T KNOW	9

12 NHANES.CBQ.030 (R 1,2,3)

How often do you have vegetables available at home? This includes fresh, dried, canned, and frozen vegetables. [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
Don't have a freezer	6
REFUSED	7
DON'T KNOW	9

13 Have.2 (R 1,2,3)

How often do you have ready to eat vegetables such as baby carrots, cherry tomatoes, or vegetables that you have sliced to make them ready to eat in the refrigerator or on the kitchen counter?

[Would you say always, most of the time, sometimes, rarely, or never?]

INTERVIEWER: IF NEEDED, SAY: Include vegetables
you can eat without heating or cooking.

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

14 NHANES.CBQ.040 (R 1,2,3)

How often {does your family/do you} have salty snacks such as chips and crackers available at home? Do not include nuts. [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

15 NHANES.CBQ.050 (R 1,2,3)

How often {does your family/do you} have 1% fat, skim or fat-free milk available at home? Please do not include 2% milk. [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

16 NHANES.CBQ.060 (R 1,2,3)

How often {does your family/do you} have soft drinks, fruit-flavored drinks, or fruit punch available at home? Please do not include diet drinks, 100 percent juice or sports drinks. [Would you say always, most of the time, sometimes, rarely, or never?]

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

- 17 NHANES.CBQ.180 (R 1,2,3) The next questions ask about your evening meals at home. During the past month, how often did all or most of your family sit down and eat evening meals together at home?
- | | |
|------------------------|---|
| Always | 1 |
| Most of the time | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

NAVIGATION: SKIP THIS ITEM if only 1 person in HH.

- 18 NHANES.CBQ.190 (R 1,2,3) During the past month, how often were evening meals cooked at home?
- INTERVIEWER: IF NEEDED, SAY: Include leftovers from meals cooked at home.
- | | |
|------------------------|---|
| Always | 1 |
| Most of the time | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

HIP Participation

(R 2,3)

- 19 Hip.1a (R 2,3) The next questions ask about the Healthy Incentives Pilot, also known as HIP. Have you heard of the Healthy Incentives Pilot?
- | | |
|------------------|---|
| Yes | 1 |
| No | 2 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

NAVIGATION: If No, Refused, or Don't Know, GO TO 21 [Hip.2].

- 20 Hip.1b (R 2,3) How did you hear about the Healthy Incentives Pilot?
- INTERVIEWER: Read first four responses if necessary, SELECT ALL THAT APPLY. SPECIFY source of information for word of mouth.
- | | |
|----------------------------------|----|
| Letter | 1 |
| Handout | 2 |
| Informational pamphlet | 3 |
| Word of mouth | 4 |
| DTA case manager | 5 |
| Community service provider | 6 |
| Other | 7 |
| REFUSED | 77 |

DON'T KNOW 99

NAVIGATION: If control group, GO TO 42 [Shop.11].

- 21 Hip.2 (R 2,3) Did you go to a meeting to learn about how the Healthy Incentives Pilot works?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: If No, Refused, or Don't Know, GO TO 23 [Hip.4b].

- 22 Hip.3 (R 2,3) How well did the meeting explain the Healthy Incentives Pilot? Would you say...
- Very well 1
 Well 2
 Somewhat well 3
 Not too well 4
 Not at all well 5
 REFUSED 7
 DON'T KNOW 9

- 23 Hip.4b (R 2,3) How easy or hard has it been to understand how the Healthy Incentives Pilot works? Would you say it was...
- Very easy 1
 Easy 2
 Somewhat easy 3
 Somewhat hard 4
 Hard 5
 Very hard 6
 REFUSED 7
 DON'T KNOW 9

- 24 Hip.6b (R 2,3) In the past month, did you call the EBT or HIP hotline with any questions or problems?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: If No, Refused, or Don't Know, GO TO 26 [Hip.8].

- 25 Hip.7 (R 2,3) How helpful were the hotline staff in answering your question and/or resolving the problems? Would you say they were...
- Very helpful 1
 Helpful 2

Somewhat helpful	3
Not helpful	4
Very unhelpful	5
REFUSED	7
DON'T KNOW	9

26 Hip.8 (R 2,3)

The Healthy Incentives Pilot rebate is the credit put back in your SNAP EBT account when you buy eligible HIP fruits or vegetables. In general, how easy or hard is it remembering which fruits and vegetables earn the rebate; would you say it is...

Very easy	1
Easy	2
Somewhat easy	3
Somewhat hard	4
Hard	5
Very hard	6
REFUSED	7
DON'T KNOW	9

27 Hip.9a (R 2,3)

Do you keep track of the rebate you earn from the Healthy Incentives Pilot?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

NAVIGATION: If No, Refused, or Don't Know, go to 30 [Hip.10].

28 Hip.9b (R 2,3)

What is the way that you most often use to keep track of the HIP rebates you have earned from buying eligible fruits and vegetables?

Printed receipt	1
By telephone using computerized system	2
By telephone using live operator	3
Website	4
OTHER	5
REFUSED	7
DON'T KNOW	9

29 Hip.9c (R 2,3)

How easy or hard is it keeping track of the rebates you earn from the Healthy Incentives Pilot; would you say it is...

Very easy	1
Easy	2
Somewhat easy	3
Somewhat hard	4
Hard	5
Very hard	6

REFUSED 7
 DON'T KNOW 9

30 Hip.10 (R 2,3)

How useful is it to have a receipt showing how much you spend on
 fruits and vegetables and the rebate you earn each time you shop?
 Would you say it is...

Very useful 1
 Somewhat useful 2
 Not too useful 3
 Not at all useful 4
 REFUSED 7
 DON'T KNOW 9

31 Hip.11 (R 2,3)

How well do you think the cashiers and other workers in the store
 where you go grocery shopping understand the Healthy Incentives
 Pilot? Would you say...

Very well 1
 Well 2
 Somewhat well 3
 Not too well 4
 Not at all well 5
 REFUSED 7
 DON'T KNOW 9

32 Hip.13a1 (R 2,3)

Because of the Healthy Incentives Pilot rebates, is your family buying
 a larger amount of fruits?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

33 Hip.13a2 (R 2,3)

Because of the Healthy Incentives Pilot rebates, is your family buying
 a larger amount of vegetables?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

34 Hip.13c1 (R 2,3)

Because of the Healthy Incentives Pilot rebates, is your family
 buying new fruits not tried before?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

- 35 Hip.13c2 (R 2,3) Because of the Healthy Incentives Pilot rebates, is your family buying new vegetables not tried before?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- 36 Hip.13b1 (R 2,3) Because of the Healthy Incentives Pilot rebates, have you and your family bought and eaten a greater variety of fruits?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- 37 Hip.13b2 (R 2,3) Because of the Healthy Incentives Pilot rebates, have you and your family bought and eaten a greater variety of vegetables?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- 38 Hip.13x1 (R 2,3) Because of the Healthy Incentives Pilot, have fruits and vegetables become more affordable to you and your family?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- 39 Hip.13d2 (R 2,3) Because of the Healthy Incentives Pilot, have you changed which stores you go to, to buy fruits and vegetables?
- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9
- NAVIGATION: If No, Refused, or Don't Know, go to 41 [Hip.14].
- 40 Hip.13d3 (R 2,3) Why have you changed the stores you go to, to buy fruits and vegetables?
- More variety of fruits and vegetables at another store 1
 Price of fruits and vegetables more affordable at another store 2

Another store has fresh fruits and vegetables 3
 Other 4
 REFUSED 7
 DON'T KNOW 9

41 Hip.14 (R 2,3)

Would you like to continue participating in the Healthy Incentives Pilot?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

General Shopping Patterns

(R 1,2,3)

42 Shop.11 (R 2,3)

Which statement best describes who uses your household's EBT card?

I do most or all of the shopping with the EBT card 1
 I share the shopping with the EBT card with another person 2
 Someone else does most of the shopping with the EBT card, but I use it
 some of the time 3
 I never use the EBT card 4
 REFUSED 7
 DON'T KNOW 9

43 Shop.12 (R 2,3)

In the past month, have you had any problem using your EBT card or with your EBT account?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: If Yes, CONTINUE to 44 [Shop.13].
 Otherwise GO TO 45 [FAB.Shop.02].

44 Shop.13 (R 2,3)

What was the problem using your EBT card or with your EBT account?

INTERVIEWER: Do not prompt. SELECT ALL THAT APPLY.
 Lost, stolen or damaged card 1
 Forgot PIN 2
 Trouble making purchase 3
 Did not get HIP rebate/incentive expected [HIP ONLY] 4
 Confusion about balance 5
 Negative attitude from cashier/manager about Healthy Incentives Pilot 6

Negative comments from other shoppers in line	7
OTHER, specify	8
REFUSED	77
DON'T KNOW	99

45 FAB.Shop.02 (R 1,2,3)

Where do you usually go grocery shopping? Would you say...

Large chain grocery store or supermarket	1
Natural or organic supermarket (such as Whole Foods Market)	2
Small local store or corner store	3
Convenience store (such as 7-Eleven or mini market)	4
Warehouse club store (such as Sam's Club or Costco)	5
Discount superstore (such as Wal-Mart)	6
Online delivery (such as Peapod or Fresh Direct)	7
Ethnic market	8
Farmer's market/co-op	9
OTHER, specify	□
REFUSED	77
DON'T KNOW	99

46 Shop.14 (R 1,2,3)

You said you usually shop for groceries at a {STORE TYPE IN Q 45
[FAB.Shop.02]}. Why do you usually shop at a {STORE TYPE IN Q 45
[FAB.Shop.02]}?

INTERVIEWER: Do not read response options. SELECT
ALL THAT APPLY.

Close to home	1
Close to work or school	2
Location convenient (other)	3
Affordable price	4
Lots of in-store promotions	5
Variety of products	6
Ethnic foods are available	7
Preferred products are always available	8
Better or fresher produce	9
Good service	10
Clean	11
Familiarity with store	12
Convenient hours of operation	13
Accepts EBT card	14
One Stop Shopping	25
Bulk Purchase	26
Quality	27
Easy to get there	28
Disability Accessible	29
Other	15
REFUSED	77
DON'T KNOW	99

47 Shop.15 (R 1,2,3)

How often do you usually shop for groceries? Would you say...

More than once a week	1
-----------------------------	---

Once a week	2
Every other week	3
Once a month	4
Every other month	5
2-3 times a year	6
Yearly or not at all	7
REFUSED	77
DON'T KNOW	99

48 Shop.16 (R 1,2,3)

Do you go out of your way or make special efforts to go to a particular store to shop for fruits and vegetables?

Yes	1
No	2
REFUSED	7
DON'T KNOW	9

49 Shop.17 (R 1,2,3)

How often does limited transportation keep you from shopping for groceries?

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

50 Shop.18 (R 1,2,3)

How often does distance to grocery store keep you from shopping for groceries?

Always	1
Most of the time	2
Sometimes	3
Rarely	4
Never	5
REFUSED	7
DON'T KNOW	9

Food Expenditures

(R 1,2,3)

51 CES.x1a (R 1,2,3)

The next questions ask about money spent for food, beverages, and other items you and/or your household usually purchase. What has been your household usual MONTHLY expense for grocery shopping purchases made only with SNAP? Include grocery stores, convenience stores, specialty stores, and farmers markets.

\$	
NO MONEY SPENT	0
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
Week.....	1

Month 2
 REFUSED 7
 DON'T KNOW 9

52 CES.x1b (R 1,2,3)

What has been your household usual MONTHLY expense for grocery shopping purchases not using SNAP? Include grocery stores, convenience stores, specialty stores, and farmers markets.

\$ | | | | | | | | | |
 NO MONEY SPENT 0
 REFUSED 7
 DON'T KNOW 9
 ENTER UNIT
 Week..... 1
 Month 2
 REFUSED 7
 DON'T KNOW 9

53 CES.x2 (R 1,2,3)

About how much of this amount was for nonfood items, such as paper products, detergents, home cleaning supplies, pet foods, and alcoholic beverages?

\$ | | | | | | | | | |
 NO MONEY SPENT 0
 REFUSED 7
 DON'T KNOW 9
 ENTER UNIT
 Week..... 1
 Month 2
 REFUSED 7
 DON'T KNOW 9

54 CES.x3 (R 1,2,3)

What has been your household's usual MONTHLY expense for meals or snacks from restaurants, fast food places, cafeterias, carryouts, or other such places?

\$ | | | | | | | | | |
 NO MONEY SPENT 0
 REFUSED 7
 DON'T KNOW 9
 ENTER UNIT
 Week..... 1
 Month 2
 REFUSED 7
 DON'T KNOW 9

55 Expend.01 (R 1,2,3)

What has been your household's usual MONTHLY expense for fruits and vegetables?

\$ | | | | | | | | | |

NO MONEY SPENT	0
REFUSED	7
DON'T KNOW	9
ENTER UNIT	
Week.....	1
Month	2
REFUSED	7
DON'T KNOW	9

Shopper Employment Status

(R 1,2,3)

56 Employ.01s (R 1,2,3)

Now I would like to ask you about employment. We would like to know what you do – are you working now, looking for work, retired, keeping house, a student, or what?

Working at a job or businessfull time now	11
Working part time now	12
Only temporarily laid off	13
Sick leave or maternity leave	14
Looking for work	15
Unemployed	16
Retired	17
Disabled, permanently or temporarily	18
Keeping house	19
Student	20
Other	21
REFUSED	77
DON'T KNOW	99

HH Employment Status

(R 1,2,3)

57 Employ.02 (R 1,2,3)

Regarding employment, not including yourself, how many adults age 18 and older in the household were employed full-time last week?

_ _ _	
ENTER NUMBER	
REFUSED	77
DON'T KNOW	99

NAVIGATION: SKIP this item if HH has 1 adult, or if Shopper is minor and HH has 0 adults and GO TO 60 [Employ.05].

58 Employ.03 (R 1,2,3)

Not including yourself, how many adults in the household were employed part-time last week?

|_|_|_|

ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

- 59 Employ.04 (R 1,2,3) Not including yourself, how many adults in the household were not employed last week?

|__|__|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

- 60 Employ.05 (R 1,2,3) Were any youth (16 or 17 year old) in your household employed last week?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 9

NAVIGATION: SKIP this item if no children aged 5-17 in HH and GO TO NAVIGATION instructions following 63 [Employ.08]. If No, Refused or D/K, follow navigation rule for 63 [Employ.08].

- 61 Employ.06 (R 1,2,3) How many youth were employed full time last week?

|__|__|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

- 62 Employ.07 (R 1,2,3) How many youth were employed part time last week?

|__|__|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

- 63 Employ.08 (R 1,2,3) How many youth were not employed last week?

|__|__|
 ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99

Contact Information

(R 1,2,3)

64 C1b (R 1,2,3)

To thank you for participating in the study, we want to send your household a/\$40 check. Let me make sure I have your name correctly – is it {RESPONDENT NAME}?

INTERVIEWER: If No, enter corrected respondent name.

Yes 1
No 2
REFUSED 7
DON'T KNOW 9

65 C1c (R 1,2,3)

Please give the best place to mail your incentive check to. What is your mailing address?

66 C1d (R 1,2,3)

Is this also the address where you live?

Yes 1
No 2
REFUSED 7
DON'T KNOW 9

67 C1e (R 1,2,3)

What is the address where you live?

NAVIGATION: If Respondent is not also Shopper, then return to “End Respondent Interview” section of respondent interview.

End Shopper Interview

(R 1,2,3)

68 C6 (R 1,2,3)

Thank you for all the time you’ve spent answering questions about food and shopping which will help SNAP improve services and better meet the needs of the people who use this program.

69 C8 (R 1,2,3)

Good bye.

5. Early Implementation Retailer Survey: Participating Corporate Retailer Survey

HIP Retailer: Participating Corporate Retailer Initial Call Script and Phone Questionnaire

Hello. May I please speak with _____? [IF NECESSARY: I'm calling from Abt Associates about a study we're conducting on behalf of FNS (the Food & Nutrition Services Department of the USDA).]

Hello. My name is _____ and I am calling from Abt Associates about a study we are conducting on behalf of FNS (the Food and Nutrition Services Department of the USDA). Am I speaking with [CORPORATE CONTACT] of [COMPANY NAME]?

[IF RESPONDENT IS MORE COMFORTABLE WITH SPANISH, SWITCH TO SPANISH, OR SAY SOMEONE WILL CALL BACK TO SPEAK WITH YOU IN SPANISH.]

I'm calling to let you know you've been selected to participate in an important study being done for the U.S. Department of Agriculture (USDA) by Abt Associates, a research company based in Cambridge, Massachusetts. We are conducting an evaluation of the Healthy Incentives Pilot, or HIP, in Hampden County. You and your store(s) at [STORE LOCATIONS] have been chosen to provide feedback about HIP. Have you heard of HIP? Did you receive a letter from us about HIP? Did you have a chance to read the letter?

[IF NO TO ANY ABOVE QUESTIONS]: Okay, let me tell you a little about the HIP program. As an incentive, HIP will pay back SNAP customers in Hampden County a portion of their fruit and vegetable purchases in the form of a credit. The Massachusetts Department of Transitional Assistance (DTA) is running HIP, with funding from the Food and Nutrition Service of the USDA. We are studying how HIP affects SNAP customers and the community on behalf of FNS.

To find out how stores have been affected by HIP, we are sending questionnaires to select Hampden County stores. We would like to contact your store(s) [IF NECESSARY: at STORE LOCATIONS] about completing a questionnaire by mail. We will also ask a select number of locations to allow Abt to visit their store to observe SNAP and HIP transactions, as well as their fruit and vegetable inventory. We are especially interested to hear from you and your store(s) at [STORE LOCATIONS] about your experiences with HIP.

[IF YES TO ALL ABOVE QUESTIONS]: Great! Then as you know, we would like to contact your stores [IF NECESSARY: at STORE LOCATIONS] about completing a questionnaire by mail. We would also ask a select number of locations to allow Abt to visit their store to observe SNAP and HIP transactions, as well as their fruit and vegetable inventory.

By responding to this questionnaire, your store(s) will help us learn how to make HIP better for retailers such as yourself. The questionnaire will take approximately 20 minutes to complete. We will be contacting the store(s) in 3 days about the questionnaire. When we speak with them, may we say that you support the study and they may call you for approval?

- ☐ YES
- ☐ NO

I would like to confirm the information I have for your selected location(s):

CONFIRM INFORMATION FOR ALL SECECTED LOCATIONS – INCLUDING SPELLING AS NEEDED

AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO
AbtID: _____ NAME, TITLE: FULL ADDRESS: PHONE, CELL: EMAIL:	May we contact, and visit? <input type="checkbox"/> Q'naire <u>only</u> <input type="checkbox"/> Q'naire and observation <input type="checkbox"/> NO

In addition to the questionnaire completed by the store(s), I have some brief questions I would like to ask you about benefits and challenges you considered when choosing whether or not to have your store(s) join HIP. These questions will take about 10 to 15 minutes to complete.

While I have you on the phone, would you have a few minutes now to answer questions about the HIP program and training?

[IF YES] CONTINUE TO SURVEY

[IF NO] When would be a better time for me to call?

DATE: _____

TIME: _____

IF NEEDED:

Public reporting burden for this collection of information is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

AbtID: _____

Date completed: _____

I want to remind you that all information in the survey will be kept secure and private, except as otherwise required by law. Only the researchers at Abt – not FNS or other government agencies – will know your responses to the survey. We will not use your name or your store’s identity in any government reports or other publications. Your responses will be combined with those of other retailers and the results will be reported as totals and averages.

1. Why did your company join HIP? Would you say...

Check all that apply

- ☐ Our customers would benefit from it
 - ☐ We wanted to be part of something new
 - ☐ The State DTA or another organization asked us to join
 - ☐ We know other retailers who joined
 - ☐ HIP could increase our store’s sales of fruits and vegetables
 - ☐ HIP could increase our store’s sales of other items
 - ☐ Or some other reason? (*specify below*)
-
-

2. Did your company have all the information needed to decide whether or not to join HIP?
(*check one*)

- ☐ Yes
- ☐ No

3. Overall, how satisfied are you with how your company was asked to join HIP? Would you say you were...

(*check one*)

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied, or
- ☐ Very dissatisfied?

Now we would like to learn about what your company thinks about the purpose of HIP and how it will affect your company's Hampden County stores.

4. How much does your company agree or disagree with each of the following statements.

	Would you say that you...					
<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	<i>Don't know</i>
We understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The schedule for starting HIP is <u>ruled</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP will be a <u>burden</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases will be <u>hard to process</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My company's local store will be paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to my company's local store for HIP purchases will be accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. On average, what share of the local store located at [LOCATION]'s **total food sales** is made with SNAP? (READ ANSWER CHOICES)

<i>Select one answer per row/store</i>		Would you say...				
<i>Abt ID</i>	<i>LOCATION</i>	Less than 10%	10% to less than 25%	25% to less than 50%	50% to less than 75%	75% or more
		<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"/>

6. Has your company developed any signs for HIP customers in your local store(s)?

- ☐ Yes
☐ No

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

INTERVIEWER NOTE: CONTACT MAY SUGGEST YOU SPEAK WITH SOMEONE ELSE ABOUT TRAINING QUESTIONS. IF SO, ENTER CONTACT INFORMATION FOR NEW PERSON BELOW, AND CALL THEM

<i>NEW CONTACT INFORMATION</i>	
Name, Title:	Date Contacted:
Address:	
Phone, Cell:	Email:

7. Has HIP training been completed at the store(s) we have selected?
[if necessary, read the selected store locations]
- ☐ YES: CONTINUE
- ☐ NO: I would like to ask you a few questions about training once it has been completed at these stores. When should I call you back? *SCHEDULE DAY AND TIME*. Thank you very much for your help today. *END CALL*
8. Who trained store employees for HIP? Would you say...(check all that apply)
- ☐ A corporate training department ☐ IT VARRIED BY STORE
- ☐ An outside company
- ☐ A consultant
- ☐ Or someone else? *(Please specify)*
- _____
9. How was HIP training for store employees provided? Was it... (check all that apply)
- ☐ In person at the local store ☐ IT VARRIED BY STORE
- ☐ In person at another location
- ☐ On a compact disc (CD) or digital video disc (DVD)
- ☐ On a website
- ☐ A handout was given to employees
- ☐ Or some other way? *(Please specify)*
- _____
10. Who in the local store(s) was trained for HIP? Was it...(check all that apply)
- ☐ The store manager ☐ IT VARRIED BY STORE
- ☐ Other managers
- ☐ Supervisors
- ☐ All employees who work in checkout
- ☐ Some other staff? *Please specify:* _____
11. What languages were used in the HIP training and training materials for the local store(s)? (check all that apply)
- ☐ English
- ☐ Spanish
- ☐ Other *Please specify:* _____
12. Did your company develop its own training materials for HIP?
- ☐ YES → CONTINUE
- ☐ NO → GO TO QUESTION 13 ON NEXT PAGE

12a. What materials did your company develop to train store employees for HIP? Did it develop... *(check all that apply)*

- ☐ Digital video disc (DVD)
- ☐ Compact disc (CD)
- ☐ Website
- ☐ Handout
- ☐ Some other materials *Please specify:*

12b. Did your company receive all the information and support needed to develop these materials?

- ☐ YES → *GO TO QUESTION 13*
- ☐ NO → *CONTINUE*

12c. Please describe the information and support you would have liked to receive.

13. Is your company's selected store(s) ready for when customers start making HIP purchases this Fall? *(check one) [if necessary, read selected store locations]*

- ☐ YES → *GO TO QUESTION 14*
- ☐ NO → *CONTINUE*

13a. What is needed for your company's local store to be ready for HIP?

14. Is there anything else you'd like to share with us about your experiences with training for HIP?

Those are all the questions I have for you today, thank you very much. I look forward to contacting your participating stores, and thank you for your support of the HIP study.

6. Early Implementation Retailer Survey: Participating Chain Store Survey

OMB Control No: 0584-0561

Expiration Date: 8/31/2014

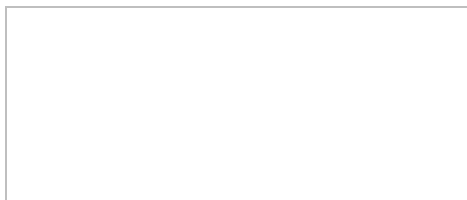
LOCAL STORE QUESTIONNAIRE

HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this questionnaire.

- The store manager of the selected local store in Hampden County should complete this questionnaire
- The store manager may consult other employees in the store such as the checkout supervisor, the frontline manager, the produce manager or the stocking manager in answering any of the survey questions. If another employee completes a section, have this person provide their contact information in the box provided in the section.
- Please fill out the questionnaire and mail back to us using the pre-paid FedEx materials provided.
- Call toll-free number 855.893.4502 if you need help filling out the questionnaire

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Please write in the date for when you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this survey will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT THE STORE

Please answer the following questions about the store you manage.

1. When is the store open?

For each day of the week, mark if the store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Monday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tuesday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wednesday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Thursday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Saturday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. How many working cash registers are there in the store? _____

- 2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

3. How often does the store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Posters or signs elsewhere in store	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Shelf tags	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Coupons	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Recipes or fliers in store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fliers/ads in newspaper or direct mail	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Food samples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Price or volume promotions	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SECTION B. TRAINING FOR THE HEALTHY INCENTIVES PILOT (HIP)

Instructions to Store Manager: You may ask a Checkout Supervisor or Frontline Manager in your store to complete this section.

If someone else completes this section, please have the person fill in the box below.

Name: _____	Job Title: _____
Daytime Phone: _____	Email: _____
Date Survey Completed: ____/____/____	
<p>Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.</p>	

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

4. How many employees (including yourself) work in checkout at the store? Include anyone who has worked full-time or part-time in the past month:

5. What was covered in the HIP training for checkout supervisors and clerks in the store?

	Checkout Supervisors		Checkout Clerks	
	Covered in training	Not covered in training	Covered in training	Not covered in training
<i>Check one box per row:</i>				
Knowing what food items are eligible for HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Separating HIP-eligible food items from non-HIP food items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How to identify HIP customers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Computing subtotal for HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing sales with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing returns of HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing manual vouchers with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Getting information about SNAP/EBT sales	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Responding to customer questions about HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. How much did the HIP training help prepare you and other store employees for HIP? (*check one*)

☐₁ Not at all

☐₂ A little

☐₃ A lot

7. Please use the space below to tell us anything else you'd like to share with us about the training for HIP.

SECTION C. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager: You may ask a Produce or Stocking Manager in your store to complete this section.

If someone else completes this section, please have the person fill in the box below.

Name: _____ Job Title: _____

Daytime Phone: _____ Email: _____

Date Survey Completed: ____/____/____

Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.

In this final section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

8. First, does your store have **fresh** fruits and vegetables available for customers to buy right now?

☐ ₁ Yes → *Continue to next page*




☐ ₂ No → *Go to question 9 on page 6*

8a. Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.









- For each food item in column (1), mark “yes” if you have the item right now in your store or “no” if not.
- If “no”, move to the next item.
- For each item where you marked “yes”, print the most popular type of that food in column (3) and the price per unit in column (4). Some common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79/ head
Oranges	<input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No		\$ ____ / ____

9. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

- ☐₁ Yes → Continue to question 9a below
☐₂ No → Go to question 10 on page 7

9a. Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	____ oz	\$ ____.

10. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

- ☐₁ Yes → *Continue to question 10a below*
☐₂ No → *Finished questionnaire – go to bottom of page*

10a. Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	____ oz	\$ ____.

- YOU HAVE COMPLETED THE QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

7. Early Implementation Retailer Survey: Participating Independent Store Survey

OMB Control No: 0584-0561

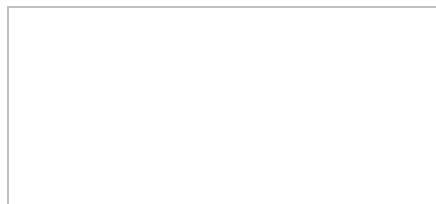
Expiration Date: 8/31/2014

PART 1:
STORE MANAGER/OWNER SURVEY
HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this questionnaire.

- Please fill out the questionnaire (Part 1) and mail back to us using the pre-paid FedEx materials provided.
- Call our toll-free number 855.893.4502 if you need help filling out the questionnaire.

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this questionnaire will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 25 to 30 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT YOUR STORE

Please answer these questions about the store you manage.

1. When is your store open?

For each day of the week, mark if your store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Monday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tuesday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wednesday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Thursday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Saturday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. How many working cash registers are there in your store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

3. On average, what share of your store's **total food sales** is made with SNAP?

(check the answer that best fits your store)

- ☐ ₁ Less than 10%
☐ ₂ 10% to less than 25%
☐ ₃ 25% to less than 50%
☐ ₄ 50% to less than 75%
☐ ₅ 75% or more

4. How often does your store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	My store does this activity less than once a month	My store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Posters or signs elsewhere in store	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Shelf tags	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Coupons	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Recipes or fliers in store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fliers/ads in newspaper or direct mail	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Food samples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Price or volume promotions	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

You have completed Section A of the survey!
Please continue to Section B on the next page

SECTION B. JOINING THE HEALTHY INCENTIVES PILOT (HIP)

We would like to learn about how you chose to be part of the Healthy Incentives Pilot (HIP).

5. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? (check all that apply)	Which was the <i>most useful</i> ? (check <u>one</u> in this column)
News media (newspaper, TV, magazine)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Flier in the mail	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Someone called me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Conference call	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Informational meeting	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Someone visited the store	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Other source <i>Please specify:</i> _____	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇

6. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? (check all that apply)	Which was the <i>most important</i> ? (check <u>one</u> in this column)
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
FNS/USDA office	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Other organization <i>Please specify:</i> _____	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
No one communicated with me	<input type="checkbox"/> ₁₀	

7. Did you have all the information you needed when you decided to join HIP? (*check one*)

☐₁ Yes

☐₂ No

8. Overall, how satisfied are you with how you were asked to join HIP? (*check one*)

☐₁ Very satisfied

☐₂ Somewhat satisfied

☐₃ Somewhat dissatisfied

☐₄ Very dissatisfied

Now we would like to learn about what you think about the purpose of HIP and how it will affect your store.

9. How much do you agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I understand the purpose of HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
I understand how HIP is supposed to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
The schedule for starting HIP is <u> rushed </u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Training store workers for HIP will be a <u>burden</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
HIP purchases will be <u>hard to process</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
My store will be paid on time for HIP purchases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Payments to my store for HIP purchases will be accurate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

10. Why did you join HIP? (*check all that apply*)

- ☐₁ My customers would benefit from it
- ☐₂ I wanted to be part of something new
- ☐₃ The State DTA or another organization asked me to join
- ☐₄ I know other retailers who joined
- ☐₅ HIP could increase my store's sales of fruits and vegetables
- ☐₆ HIP could increase my store's sales of other items
- ☐₇ Other reason *Please specify:*

You have completed Section B of the survey!
Please continue to Section C on the next page

SECTION C. PREPARING FOR THE HEALTHY INCENTIVES PILOT (HIP)

Now we would like to ask you some questions about steps your store has made to prepare for the Healthy Incentives Pilot (HIP) this Fall.

11. Have you received instructions preparing you and your store for HIP?

☐₁ Yes

☐₂ No

12. Have you identified foods eligible for HIP in your store?

☐₁ Yes

☐₂ No → Go to question 13

12a. Have you had any problems identifying foods eligible for HIP?

☐₁ Yes

☐₂ No → Go to question 13

12b. Were these problems resolved?

☐₁ Yes

☐₂ No

→ 13. Have EBT terminals been updated in your store to be compatible with HIP?

☐₁ Yes

☐₂ No → Go to question 14

13a. Have you had any problems updating EBT terminals?

☐₁ Yes

☐₂ No → Go to question 14

13b. Were these problems resolved?

☐₁ Yes

☐₂ No

→ 14. Have cash register systems been updated in your store to be compatible with HIP?

☐₁ Yes

☐₂ No → Go to question 15 on the next page

14a. Have you had any problems updating cash register systems?

☐₁ Yes

☐₂ No → Go to question 15 on the next page

14b. Were these problems resolved?

☐₁ Yes

☐₂ No

↓ Go to question 15 on the next page

15. Has the HIP transaction been tested in your store?

☐₁ Yes

☐₂ No → *Go to question 16*

15a. Have you had any problems testing the HIP transaction?

☐₁ Yes

☐₂ No → *Go to question 16*

15b. Were these problems resolved?

☐₁ Yes

☐₂ No

→ 16. Has your store developed any signs for HIP customers?

☐₁ Yes

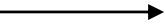



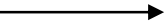

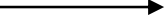
☐₂ No

17. Please describe any **major problems** you had with preparing for HIP in the space below.

☐₂ My store did not have any major problems
preparing for HIP → *Go to question 19 on next page*

Continue to question 18 on next page

18. From the list below, who helped to fix any **major problems** described in question 17 on the previous page? How helpful were they?
- For each organization in Column (1), mark “yes” in Column (2) if you asked them for help or “no” if you did not ask them for help.
 - If you marked “N” (no), move to the next row. If you marked “yes”, mark how helpful they were in Column (3).

(1) Organization	(2) Did you Ask for Help?	(3) How Helpful were They? (check one)		
		Not Helpful	Helpful	Very Helpful
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
FNS/USDA office	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other organization <i>Please specify:</i> _____	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

19. Who helped you get your store's checkout lane equipment and other systems ready for HIP?
(check all that apply)

- ☐₁ ACS (the EBT contractor for DTA—Bill Kelly, EBT retailer hotline, or others)
- ☐₂ DTA/State Welfare Department (Eddie Gomez, HIP hotline, or others)
- ☐₃ Novo Dia Group (Josh Wiles, Ricky Aviles, or others)
- ☐₄ Your company's technical support
- ☐₅ The company that processes your store's EBT and debit/credit transactions
- ☐₆ Other contractor hired/supervised by store manager or owner
- ☐₇ No outside help – store employee/owner did it
- ☐₈ Other *Please specify:* _____

Now, we want to know if your store had to pay anything to get checkout lanes ready for HIP. We would also like to know if any costs were reimbursed by the Commonwealth of Massachusetts, or someone acting for them. If you are not sure of the exact amount of the costs, give your best estimate.

20. Did you/the owner pay anything to get your store's checkout lane equipment and other systems ready for HIP? (*check one*)

☐₁ Yes

☐₂ No ➔ Go to question 25 at the bottom of this page

21. Did your store have to pay for any equipment to get checkout lanes ready for HIP?

☐₁ Yes

☐₂ No ➔ Go to question 22

21a. How much did you spend? \$ _____

21b. How much was reimbursed? (*check one*)

☐₁ All

☐₂ Some

☐₃ None

- ➔ 22. Did your store have to pay for supplies to get checkout lanes ready for HIP? (*check one*)

☐₁ Yes

☐₂ No ➔ Go to question 23

22a. How much did you spend? \$ _____

22b. How much was reimbursed? (*check one*)

☐₁ All

☐₂ Some

☐₃ None

- ➔ 23. Did your store make any payments to contractors to get checkout lanes ready for HIP?

☐₁ Yes

☐₂ No ➔ Go to question 24

23a. How much did you spend? \$ _____

23b. How much was reimbursed? (*check one*)

☐₁ All

☐₂ Some

☐₃ None

- ➔ 24. Did your store pay for employee time to get checkout lanes ready for HIP? (*check one*)

☐₁ Yes

☐₂ No ➔ Go to question 25

24a. How much did you spend? \$ _____

24b. How much was reimbursed? (*check one*)

☐₁ All

☐₂ Some

☐₃ None

- ➔ 25. Is your store ready for when customers start making HIP purchases this Fall? (*check one*)

☐₁ Yes

☐₂ No

26. Please use the space below to write anything else you'd like to share with us about your experiences with getting ready for HIP.

You have completed Section C of the survey!
Please continue to Section D on the next page

SECTION D. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager/Owner: You may consult your store's produce or stocking manager to complete this section.

If someone else completes this section, please have the person fill in the box below.

Name: _____	Job Title: _____
Daytime Phone: _____	Email: _____
Date Survey Completed: ____/____/____	
<p>Please refer to the survey cover sheet for important information about how this survey will be used and how information will be kept confidential.</p>	

In this section of the survey, we would like to ask you about the fruits and vegetables on display in your store.




27. First, does your store have **fresh** fruits and vegetables available for customers to buy right now?
- ☐₁ Yes
- ☐₂ No ➔ *Go to question 28 on page 13*

27a. Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

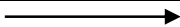




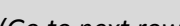


- For each food item in Column (1), mark “yes” if you have the item right now in your store or “no” if not.
- If “no”, move to the next item.
- For each item where you marked “yes”, print the most popular type of that food in Column (3) and the price per unit in Column (4). Some common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79 / head
Oranges	<input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> ₁ Yes  <input type="checkbox"/> ₂ No		\$ ____ / ____

28. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

☐₁ Yes

☐₂ No → Go to question 29 on the next page

- 28a. Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (paste, puree, whole, crushed)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	____ oz	\$ ____.

29. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

☐₁ Yes

☐₂ No → Go to END

- 29a. Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE

The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input checked="" type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No (Go to next row)	____ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	____ oz	\$ ____.

Next Steps:

- YOU HAVE COMPLETED PART 1: STORE MANAGER/OWNER SURVEY!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- AFTER EMPLOYEES IN YOUR STORE HAVE BEEN TRAINED FOR HIP, PLEASE GIVE PART 2: TRAINING QUESTIONNAIRE TO THE PERSON WHO KNOWS THE MOST ABOUT CHECKOUT PROCEDURES. THIS COULD BE YOU (STORE MANAGER/OWNER), A CHECKOUT SUPERVISOR OR A FRONTLINE MANAGER.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

OMB Control No: 0584-0561

Expiration Date: 8/31/2014

PART 2: TRAINING QUESTIONNAIRE HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Instructions to Store Manager/Owner: *The person who knows the most about checkout procedures should complete this part of the questionnaire. This person may be you, a checkout supervisor or a frontline manager. If this person is not you, please have this person fill in the box below.*

Please follow these instructions when filling out this questionnaire.

- Wait until training has been completed in the local store before filling out the questionnaire
- Please complete Part 2 and mail back to us using the pre-paid FedEx materials provided.
- Call toll-free number 855.893.4502 if you need help filling out the questionnaire

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this survey will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 10 minutes for Part 2, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION B. TRAINING QUESTIONNAIRE

We are interested in learning about the training to prepare for the Healthy Incentives Pilot (HIP) this Fall.

1. How many store employees (including yourself) work in checkout at your store? Include anyone who has worked full-time or part-time in the past month:

2. How did you receive training for HIP? (*check all that apply*)

- ☐₁ In person in the store
- ☐₂ In person at another location
- ☐₃ On a compact disc (CD) or digital video disc (DVD)
- ☐₄ On a website
- ☐₅ A handout was given to employees
- ☐₆ Other *Please specify:* _____

3. How many employees other than yourself received training? _____

- 3a. Did you train any of these employees?

- ☐₁ Yes
- ☐₂ No

- 3b. If so, how many? _____

4. How did the other employees receive training? (*check all that apply*)

- ☐₁ In person with the store manager/owner (if you are not the store manager/owner)
- ☐₂ In person with another supervisor
- ☐₃ In person at another location
- ☐₄ Training provided on a compact disc (CD) or digital video disc (DVD)
- ☐₅ Training provided on a website
- ☐₆ Other *Please specify:* _____

Now we are interested to learn about the training that employees received.

5. What was covered in the HIP training for employees in the store?

<i>Check one box per row:</i>	Covered in training	Not covered in training
Knowing what food items are eligible for HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Separating HIP-eligible food items from non-HIP food items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How to identify HIP customers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Computing subtotal for HIP items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing sales with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Processing returns of HIP items	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Processing manual vouchers with HIP items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Getting information about SNAP/EBT sales	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Responding to customer questions about HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other <i>Please specify:</i> _____		

6. What language(s) were used in the HIP training and training materials? (*check all that apply*)

☐₁ English

☐₂ Spanish

☐₃ Other *Please specify:* _____

7. Would you have preferred another language? (*check one*)

☐₁ Yes *Please specify:* _____

☐₂ No

Finally, we would like to know if you and others working in your store are ready for HIP.

8. Overall, how prepared are you and other store employees for HIP? (*check one*)

☐₁ Definitely prepared

☐₂ Mostly prepared

☐₃ Definitely not prepared

9. How much did the HIP training help prepare you and other store employees for HIP? (*check one*)

☐₁ Not at all

☐₂ A little

☐₃ A lot

10. Please use the space below to tell us anything else you'd like to share with us about the training for HIP.

Next Steps:

- YOU HAVE COMPLETED PART 2: TRAINING QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

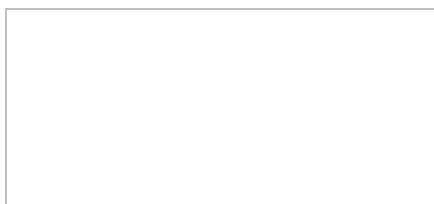
THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

8. Early Implementation Retailer Survey: Non-participating Store Survey

OMB Control No: 0584-0561
Expiration Date: 8/31/2014

HEALTHY INCENTIVES PILOT (HIP) EVALUATION

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date you completed the questionnaire. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____/____/____

All information in this questionnaire will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 15-20 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT THE LOCAL STORE

If you represent a chain store, provide responses ONLY for the local store noted on the cover sheet for the rest of the questionnaire.

1. When is the store open?

For each day of the week, mark if the store you manage is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Monday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Tuesday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wednesday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Thursday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friday	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Saturday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

2. How many working cash registers are there in the store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)?

3. On average, what share of the store's **total food sales** is made with SNAP?
(check the answer that best fits the store)

- ☐ ₁ Less than 10%
- ☐ ₂ 10% to less than 25%
- ☐ ₃ 25% to less than 50%
- ☐ ₄ 50% to less than 75%
- ☐ ₅ 75% or more

4. How often does the store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Posters or signs elsewhere in store	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Shelf tags	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Coupons	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Recipes or fliers in store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Fliers/ads in newspaper or direct mail	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Food samples	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Price or volume promotions	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Other <i>Please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

- CONTINUE TO SECTION B ON THE NEXT PAGE -

SECTION B. DECIDING ABOUT THE HEALTHY INCENTIVES PILOT (HIP)

If you represent a chain store, please answer the questions below from the perspective of your company.

5. Before this survey, had you heard about the Healthy Incentives Pilot (HIP)? (*check one*)

☐ ₂ No → *Go to question 6 on the next page*

☐ ₁ Yes → *Continue to question 5a below*

5a. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? (<i>check all that apply</i>)	Which was the <u>most</u> <u>useful?</u> (<i>check <u>one</u> in this column</i>)
News media (newspaper, TV, magazine)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Flier in the mail	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
Someone called me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Conference call	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Informational meeting	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
Someone visited the store or my company's office	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Other source <i>Please specify:</i> _____	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇

- Continue to question 6 on next page -

6. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? (check all that apply)	Which was the <i>most important</i> ? (check <u>one</u> in this column)
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
FNS/USDA office	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
Other organization <i>Please specify:</i>	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉
No one communicated with me	<input type="checkbox"/> ₁₀	

7. Did you have all the information you needed when you decided not to join HIP?
(check one)

- ☐ ₁ Yes → *Go to question 8 on the next page*
☐ ₂ No → *Answer question 7a below*

- 7a. Please tell us what information you needed and did not have when you decided not to join HIP.

8. Overall, how satisfied are you with how you were asked to join HIP? (*check one*)

- ☐₁ Very satisfied
☐₂ Somewhat satisfied
☐₃ Somewhat dissatisfied
☐₄ Very dissatisfied

Now we would like to learn about what you/your company thinks about the purpose of HIP and how it would have affected the store.

9. How much do you/your company agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I/We understand the purpose of HIP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
I/We understand how HIP is supposed to work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
The schedule for starting HIP was <u>ruled</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Training store workers for HIP would be a <u>burden</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
HIP purchases would be <u>hard to process</u>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
The store would be paid on time for HIP purchases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
Payments to the store for HIP purchases would be accurate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

10. Why did you/your company not join HIP? (*check all that apply*)

- ☐₁ Didn't know the store could be part of HIP
- ☐₂ Not enough time to get ready before the HIP deadline
- ☐₃ Because HIP is a pilot project, not permanent
- ☐₄ The EBT company is not participating in HIP
- ☐₅ Would need to stock more fruits and vegetables to make it worth while
- ☐₆ HIP will not increase sales of fruits and vegetables
- ☐₇ Check-out lines are already long, and HIP may slow them down even more
- ☐₈ Cost for new scanner/system would be too high
- ☐₉ Training employees for HIP would take too much time
- ☐₁₀ Other reason *Please specify:*

Next Steps:

- YOU HAVE COMPLETED THE QUESTIONNAIRE!
- PLEASE MAIL THE COMPLETED QUESTIONNAIRE BACK TO US AS SOON AS YOU CAN USING THE POSTAGE-PAID FEDEX MATERIALS PROVIDED.
- CALL TOLL-FREE 855.893.4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!

9. Late Implementation Retailer Survey: Participating Corporate Retailer Survey

OMB Control No: 0584-0561
Expiration Date: 8/31/2014

CORPORATE SURVEY HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- The corporate contact who knows the most about HIP should answer this part of the survey
- The corporate contact may consult representatives in the Marketing, Training or IT departments to answer some of the survey questions.
- Please fill out the survey and mail back to us using the pre-paid FedEx envelope
- Call toll-free number 1-855-893-4502 if you need help filling out the survey

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Please write in the date for when you completed the survey. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____ / ____ / ____

All information in this survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 20-25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. INTRODUCTION

We would like to learn what your company thinks about the purpose of HIP and how it has affected your company's local stores identified on the coversheet.

1. How much does your company agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
We understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP has been a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases have been hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My company's local store is paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to my company's local store for HIP purchases are accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. On average, what share of your local store(s)'s **total food sales** is made with SNAP/Food Stamps? (*check the answer that best fits your local stores*)

<i>Select one answer per row/store</i>		Would you say...				
<i>Abt ID</i>	<i>LOCATION</i>	Less than 10%	10% to less than 25%	25% to less than 50%	50% to less than 75%	75% or more
		<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"/>

3. Has your company developed any signs for HIP customers in your local stores?
- ☐ Yes
☐ No
4. Overall, how satisfied are you with how HIP is working in your local stores?
(check one)
- ☐ Very satisfied
☐ Somewhat satisfied
☐ Neither satisfied or dissatisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied
- 4a. Please tell us why you are satisfied or dissatisfied with how HIP is working in your local stores.

SECTION B. HOW HIP HAS AFFECTED YOUR LOCAL STORES

We would like to learn about HIP training in your local stores.

5. Is training about HIP included as part of the training for new employees in your local stores? (check one)
- ☐ Yes
☐ No
☐ The stores do not have new employees
6. How often does your company offer HIP training refreshers for employees in your local stores? (check one)
- ☐ Never since the first HIP training in Fall 2011
☐ Once or twice since HIP began in Fall 2011
☐ Three times or more since HIP began in Fall 2011

Think back a year ago to when HIP began. We would like to learn how stocks and sales of fruits and vegetables have changed in your local stores since November 2011.

7. Since **November 2011**, would you say your local stores stock more, the same amount, or less of the following items:

(1) Category <i>Check one box per row:</i>	(2) Change since November 2011?		
	Stock more now	Stock is the same as November 2011	Stock less now
Fruits:			
Fresh <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables:			
Fresh <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked “stock more now” for any of the foods above, answer question 7a below. Otherwise, go to Question 8.

- 7a. For the food categories where your local stores stock more items now, why did this happen? (*check all that apply*)

- ☐ The local stores have different customers
☐ The local stores have more customers
☐ Customers in the local stores want more fruits and vegetables
☐ The company wants to promote fruit and vegetables
☐ Other reason *Please specify:* _____

8. Has your company done any of the following since November 2011 in order to sell more fruits and vegetables in your local stores?

<i>Check one box per row:</i>	Yes	No	Don't know
Started working with a new supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received more shipments from a supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased frequency of restocking display floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed new refrigeration or freezer units for storage or display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased shelf space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed where food items are located in store or on shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, we would like to learn about how HIP has affected your local store's sales and profits since October 2011.

9. How has HIP affected your local stores' sales of fruits and vegetables since November 2011? (*check one*)

- ☐ Large increase in sales of fruits and vegetables
- ☐ Small increase in sales of fruits and vegetables
- ☐ No change in sales of fruits and vegetables
- ☐ Small decrease in sales of fruits and vegetables
- ☐ Large decrease in sales of fruits and vegetables

10. Thinking about how HIP has affected your local stores' costs and sales, how has HIP affected your local stores' profits (sales minus costs) since November 2011? (*check one*)

- ☐ HIP increased profits
- ☐ HIP decreased profits
- ☐ No difference in profits
- ☐ Don't know

11. If given the choice again, would your company still join HIP? (*check one*)

- ☐ Yes
- ☐ No

12. Do you have any suggestions for how HIP operations could be improved?

Thank you!

- YOU HAVE COMPLETED THE CORPORATE SURVEY
- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE FedEx ENVELOPE PROVIDED.
- PLEASE ASK THE MANAGER OF THE SELECTED LOCAL STORES IN HAMPDEN COUNTY TO COMPLETE THE LOCAL STORE SURVEY.
- CALL TOLL-FREE 1-855-893-4502 IF YOU HAVE ANY QUESTIONS.

10. Late Implementation Retailer Survey: Participating Chain Store Survey

OMB Control No: 0584-0561
Expiration Date: 8/31/2014

LOCAL STORE SURVEY

HEALTHY INCENTIVES PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- The store manager of the selected local store in Hampden County should complete this part of the survey.
- The store manager may consult other employees in the store such as the checkout supervisor, the frontline manager, the produce manager or the stocking manager in answering any of the survey questions
- Please fill out the survey and mail back to us using the pre-paid FedEx envelope, or as directed by your Corporate Office
- Call toll-free number 1-855-759-5752 if you need help filling out the survey

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Please write in the date for when you completed the survey. We will try to reach you at the phone number provided below if we have any follow-up questions.

Date Survey Completed: ____ / ____ / ____

All information in this survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT THE STORE

Please answer these questions about the store you manage.

1. When is the store open?

For each day of the week, mark if the store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

2. How many working cash registers are there in the store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)? _____

3. How often does the store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	The store does this activity less than once a month	The store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fliers/ads in newspaper or direct mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. HOW HIP HAS AFFECTED THE STORE

Instructions to Store Manager: You may ask a Checkout Supervisor or Frontline Manager in your store to complete this section. If someone else completes this section, list their name and job title below:

Name: _____ Job Title: _____

Now please provide the following information about training for HIP.

4. How satisfied are you with how you were trained for HIP? (*check one*)
- ☐ Very satisfied
 - ☐ Somewhat satisfied
 - ☐ Somewhat dissatisfied
 - ☐ Very dissatisfied
5. Have you yourself had a HIP training refresher since November 2011? (*check one*)
- ☐ Yes
 - ☐ No
6. Have you ever had to contact your store's corporate office for help if a HIP customer had a problem making a purchase or return with their EBT card?
- ☐ Yes
 - ☐ No → *Go to question 7 on the next page*
- 6a. How many times in the **past month** have you had to contact the corporate office for help if a HIP customer had a problem making a purchase or return with their EBT card?
- _____ times in the past month

7. How often have you asked for information from an employee in your store or the corporate office in the **past 3 months** about each of the following?

	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
<i>Check one box per row:</i>					
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often have employees in the store asked you questions in the **past 3 months** about each of the following?

	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
<i>Check one box per row:</i>					
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. On average, how often did your HIP customers ask you or other store employees questions about HIP, in the **past 3 months**? (*check one*)

- ☐ Never → *Go to question 10*
☐ Less than once a week
☐ Once a week
☐ More than once a week

→ 9a. What are the most common questions about HIP? (*check all that apply*)

- ☐ Questions about what food items are eligible for the HIP incentive
☐ Questions about credit to EBT account
☐ Questions about reading receipt or -understanding balance
☐ Other question *Please specify:* _____

10. On average, how often did SNAP customers who are **not HIP customers** ask about HIP, in the **past 3 months**? (*check one*)

- ☐ Never → *Go to question 11*
☐ Less than once a week
☐ Once a week
☐ More than once a week

→ 10a. What questions do SNAP customers who are not HIP customers ask about HIP?

11. Have there been any questions from HIP or regular SNAP customers about HIP that you did not know how to respond to? (*check one*)

- ☐ Yes
☐ No → *Go to Section C on the next page*

→ 11a. Please describe the questions they asked in the space provided below.

11b. Who did you refer them to?

- ☐ Did not refer them to anyone
- ☐ Local DTA (Department of Transitional Assistance) office
- ☐ The corporate office
- ☐ DTA hotline
- ☐ ACS (Affiliated Computer Systems) hotline
- ☐ Other *Please specify:* _____

SECTION C. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager: You may ask your store's produce or stocking manager to complete this section. If someone else completes this section, list their name and job title below:

Name: _____ Job Title: _____

In this final section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

13. First, does your store have any **fresh** fruits and vegetables available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to question 14*

Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

- For each food item in Column (1), mark "yes" if you have the item right now in your store.
- If not in your store right now, check "no", and move to the next item.
- For each item marked "yes", print the most popular type of that food in Column (3) and the price per unit in Column (4). Common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.</i>			
(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79 / head
Oranges	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold please specify	(4) Price per Unit
Apples	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No		\$ ____ / ____

14. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to question 15 on the next page*

Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.</i>			
(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> Yes → <input type="checkbox"/> No	____ oz	\$ ____.

15. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to the END*

Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.</i>			
(1) Item	(2) Have now?	For the most popular package... (3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package... (3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> Yes → <input type="checkbox"/> No	____ oz	\$ ____.

THANK YOU!

- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE FedEx ENVELOPE PROVIDED.
- PLEASE CALL TOLL-FREE 1-855-893-4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!

11. Late Implementation Retailer Survey: Participating Independent Store Survey

OMB Control No: 0584-0561

Expiration Date: 8/31/2014

INDEPENDENT STORE SURVEY

HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- Please fill out the survey and mail back to us using the pre-paid FedEx envelope
- Call toll-free number 1-855-893-4502 if you need help filling out the survey

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the survey. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____ / ____ / ____

All information in this survey will be kept private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 35-40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. ABOUT YOUR STORE

Please answer these questions about the store you manage.

1. When is your store open?

For each day of the week, mark if your store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

2. How many working cash registers are there in your store? _____

2a. Of these, how many accept EBT or Bay State Access cards (also known as Quest)? _____

3. On average, what share of your store's **total food sales** is made with SNAP/Food Stamps? (*check the answer that best fits your store*)

- ☐ Less than 10%
- ☐ 10% to less than 25%
- ☐ 25% to less than 50%
- ☐ 50% to less than 75%
- ☐ 75% or more

4. How often does your store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	My store does this activity less than once a month	My store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fliers/ads in newspaper or direct mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Has your store developed any signs for HIP customers?

- ☐ Yes
☐ No

Now we would like to learn about what you think about the purpose of HIP and how it has affected your store.

6. How much do you agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Don't know
I understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP has been a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases have been hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My store is paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to my store for HIP purchases are accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. HOW HIP HAS AFFECTED THE STORE

Now we would like to learn about how HIP has affected your store. We will first ask you about any operational problems with HIP in the past 3 months.

7. Have you had any problems knowing what food items are eligible for HIP? (*check one*)

- ☐ Yes
☐ No ➔ *Go to question 8 on the next page*

➔ 7a. How often have you had problems?

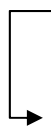
- ☐ Once
☐ A few times
☐ Frequently

7b. Have the problems been resolved?

- ☐ Yes
☐ No

8. Have you had any problems having a current list of HIP eligible items in cash registers? *(check one)*

- ☐ Yes
☐ No → *Go to question 9*



8a. How often have you had problems?

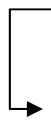
- ☐ Once
☐ A few times
☐ Frequently

8b. Have the problems been resolved?

- ☐ Yes
☐ No

9. Have you had any problems separating HIP-eligible food items from non-HIP food items? *(check one)*

- ☐ Yes
☐ No → *Go to question 10*



9a. How often have you had problems?

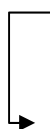
- ☐ Once
☐ A few times
☐ Frequently

9b. Have the problems been resolved?

- ☐ Yes
☐ No

10. Have you had any problems identifying HIP customers? *(check one)*

- ☐ Yes
☐ No → *Go to question 11 on the next page*



10a. How often have you had problems? *(check one)*

- ☐ Once
☐ A few times
☐ Frequently

10b. Have the problems been resolved? *(check one)*

- ☐ Yes
☐ No

11. Have you had any problems computing the purchase amount for HIP items? (*check one*)

- ☐ Yes
☐ No → *Go to question 12*

▶ 11a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

11b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

12. Have you had any problems processing sales of HIP items? (*check one*)

- ☐ Yes
☐ No → *Go to question 13*

▶ 12a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

12b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

13. Have you had any problems processing returns with HIP items? (*check one*)

- ☐ Yes
☐ No → *Go to question 14 on the next page*

▶ 13a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

13b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

14. Have you had any problems processing manual vouchers with HIP items? (*check one*)

- ☐ Yes
☐ No
☐ Not applicable
- Go to question 15

14a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

14b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

15. Have you had any problems getting information about SNAP/EBT sales and settlement? (*check one*)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- ☐ Yes
☐ No
☐ Don't know
- Go to question 16

15a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

15b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

16. Have you had any problems responding to customer questions about HIP? (*check one*)

- ☐ Yes
☐ No → Go to question 17 on the next page

16a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

16b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

17. Please describe any **major problems** you have had with HIP in the space below.

☐ My store has not had any major problems with HIP → *Go to question 19 next page*

18. From the list below, who helped you fix any **major problem** described in question 17 in the **past 3 months**? How helpful were they?

- For each organization in Column (1), mark “yes” in Column (2) if you asked them for help or “no” if you did not ask them for help.
- If you marked “N” (no), move to the next row. If you marked “yes”, mark how helpful they were in Column (3).

(1) Organization	(2) Did you Ask for Help?	(3) How Helpful were They? (check one)		
		Not Helpful	Helpful	Very Helpful
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other organization Please specify: _____	<input type="checkbox"/> Yes —————→ <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Have you ever had to contact someone outside your store for help if a HIP customer had a problem making a purchase or return with their EBT card?

☐ Yes

☐ No → Go to question 20

- 19a. How many times in the **past month** have you had to ask someone outside your store for help if a HIP customer had a problem making a purchase or return with their EBT card?

_____ times in the past month

20. Overall, how satisfied are you with how HIP is working in your store? (*check one*)

☐ Very satisfied

☐ Somewhat satisfied

☐ Neither satisfied or dissatisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

21. Do you have any suggestions for how HIP operations could be improved?

Now we want to learn if HIP affected the amount of time and effort your store's employees spend on checkout transactions.

22. Did HIP affect average checkout time in your store? (*check one*)

☐ Yes

☐ No → Go to question 23

- 22a. How much was it affected? (*check one*)

☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

23. Did HIP affect the time and effort employees spent on settlement in your store? (*check one*)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

☐ Yes

☐ No → Go to question 24 on next page

- 23a. How much was it affected? (*check one*)

☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

24. Did HIP affect the time and effort employees spent on reconciliation? (*check one*)

Reconciliation is when you compare the EBT purchases recorded in your cash register to what is reported by the EBT terminal and what is deposited in your bank account.

- ☐ Yes
☐ No ➔ *Go to question 25*

- ➔ 24a. How much was it affected? (*check one*)

☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

25. Did HIP affect the time and effort employees spent on store returns? (*check one*)

- ☐ Yes
☐ No ➔ *Go to question 26*

- ➔ 25a. How much was it affected? (*check one*)

☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

Next, we would like to learn about how HIP has affected your store's sales and profits since November 2011.

26. How has HIP affected your sales of fruits and vegetables since November 2011? (*check one*)

- ☐ Large increase in sales of fruits and vegetables
☐ Small increase in sales of fruits and vegetables
☐ No change in sales of fruits and vegetables
☐ Small decrease in sales of fruits and vegetables
☐ Large decrease in sales of fruits and vegetables

27. Thinking about how HIP has affected your store's costs and sales, how has HIP affected your store's profits? (sales minus costs) since November 2011? (*check one*)

- ☐ HIP increased profits
☐ HIP decreased profits
☐ No difference in profits
☐ Don't know

28. If you had it to do again, would you still join HIP? (*check one*)

- ☐ Yes
☐ No

Think back a year ago to when HIP began. We would like to learn how stocks and sales of fruits and vegetables have changed since November 2011. You may consult your store's produce manager or stocking manager to complete this question.

29. Since **November 2011**, would you say your store stocks more, the same amount, or less of the following items:

(1) Category <i>Check one box per row:</i>	(2) Change since November 2011?		
	Stock more now	Stock is the same as November 2011	Stock less now
Fruits:			
Fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables:			
Fresh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "stock more now" for any of the foods above, answer question 29a below. Otherwise, go to Question 30.

- 29a. For the food categories where your store stocks more items now, why did this happen? (*check all that apply*)
- ☐ My store has different customers
 - ☐ My store has more customers
 - ☐ My customers want more fruits and vegetables
 - ☐ I/We want to promote fruits and vegetables
 - ☐ Other reason *Please specify:* _____
30. Have you done any of the following since November 2011 so that you can sell more fruits and vegetables?

<i>Check one box per row:</i>	Yes	No	Don't know
Started working with a new supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received more shipments from a supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased frequency of restocking display floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed new refrigeration or freezer units for storage or display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased shelf space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed where food items are located in store or on shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C. STORE TRAINING

Instructions to Store Manager/Owner: The person who knows the most about checkout procedures should complete this part of the survey. This person may be you, a checkout supervisor or a frontline manager. If someone else completes this section, list their name and job title below:

Name: _____ Job Title: _____

First, think back to when HIP first started.

31. How satisfied are you with how you were trained for HIP? (*check one*)

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

Now please provide the following information about HIP training in your store.

32. Is training for HIP included as part of the training for new employees? (*check one*)

- ☐ Yes
- ☐ No
- ☐ The store does not have new employees

33. How often has your store offered HIP training refreshers for employees? (*check one*)

- ☐ Never since the training in Fall 2011
- ☐ Once or twice since HIP began in Fall 2011
- ☐ Three times or more since HIP began in Fall 2011

34. Have you yourself had a HIP training refresher since Fall 2011? (*check one*)

- ☐ Yes
- ☐ No

SECTION D. QUESTIONS ABOUT HIP

35. How often have you asked for information from another employee in your store or someone outside your store in the **past 3 months** about each of the following?

	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
<i>Check one box per row:</i>					
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. How often have other employees in the store asked you questions in the **past 3 months** about each of the following?

	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
<i>Check one box per row:</i>					
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. On average, how often did your HIP customers ask you or other store staff questions about HIP, in the **past 3 months**? (*check one*)

☐ Never → *Go to question 38*

☐ Less than once a week

☐ Once a week

☐ More than once a week

→ 37a. What are the most common questions about HIP? (*check all that apply*)

☐ Questions about what food items are eligible for the HIP incentive

☐ Questions about credit to EBT account

☐ Questions about reading receipt or understanding balance

☐ Other questions *Please specify:*

38. On average, how often did SNAP customers who are **not HIP customers** ask about HIP, in the **past 3 months**? (*check one*)

☐ Never → *Go to question 39*

☐ Less than once a week

☐ Once a week

☐ More than once a week

→ 38a. What questions did SNAP customers who are not HIP customers ask about HIP?

39. Have there been any questions from HIP or regular SNAP customers about HIP that you did not know how to respond to? (*check one*)

☐ Yes

☐ No → *Go to question 40 on next page*

→ 39a. Please describe the questions they asked in the space provided below.

39b. Who did you refer them to?

☐ Did not refer them to anyone

☐ Local DTA (Department of Transitional Assistance) office

☐ DTA hotline

☐ ACS (Affiliated Computer Systems) hotline

☐ Other *Please specify:* _____

SECTION E. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager/Owner: You may ask your store's produce or stocking manager to complete this section. If someone else completes this section, list their name and job title below:

Name: _____ Job Title: _____

In this final section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

40. First, does your store have any **fresh** fruits and vegetables available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to question 41 on the next page*

Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

- For each food item in Column (1), mark "yes" if you have the item right now in your store.
- If not in your store right now, check "no", and move to the next item.
- For each item marked "yes", print the most popular type of that food in Column (3) and the price per unit in Column (4). Common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.</i>			
(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79/ head
Oranges	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold please specify	(4) Price per Unit
Apples	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> Yes → <input type="checkbox"/> No		\$ ____ / ____

41. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to question 42 on the next page*

Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.</i>			
(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> Yes → <input type="checkbox"/> No	____ oz	\$ ____.

42. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to the END*

Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.</i>			
(1) Item	(2) Have now?	For the most popular package... (3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (Go to next row)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package... (3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	____ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> Yes → <input type="checkbox"/> No	____ oz	\$ ____.

THANK YOU!

- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE FedEx ENVELOPE PROVIDED.
- CALL TOLL-FREE 1-855-893-4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!

12. Late Implementation Retailer Survey: Late Participating Store Survey

OMB Control No: 0584-0561
Expiration Date: 8/31/2014

NEWLY PARTICIPATING STORE SURVEY HEALTHY INCENTIVE PILOT (HIP) EVALUATION

Please follow these instructions when filling out this survey.

- Please fill out the survey and mail back to us using the pre-paid FedEx envelope
- Call toll-free number 1-855-893-4502 if you need help filling out the survey

Please check the pre-printed label below. If any information is incorrect, cross it out and write in the correct information. Also, please write in the date for when you completed the survey. We will try to reach you at the phone number provided below if we have any follow-up questions.



Date Survey Completed: ____ / ____ / ____

All information in this survey will be kept secure and private, except as otherwise required by law. We must tell FNS which stores we are contacting, but only the researchers at Abt—not FNS or other government agencies—will know your responses to the survey. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store's identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at (877) 520-6835 (toll-free).

Public reporting burden for this collection of information is estimated to average 40-50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION A. JOINING THE HEALTHY INCENTIVES PILOT (HIP)

We would like to learn why your store did not join Healthy Incentives Pilot (HIP) initially, but joined later.

1. Why did your store not join HIP when it started in Fall 2011? *(check all that apply)*
- ☐ I didn't know that the store could be part of HIP
 - ☐ Joining HIP would have been too difficult
 - ☐ I did not get enough support
 - ☐ There was not enough time for the store to get ready before the deadline
 - ☐ I did not want to be part of a demonstration
 - ☐ I knew other retailers who decided not to join HIP
 - ☐ The company that supports the store's terminals for EBT was not participating in HIP
 - ☐ The store would need to stock more fruits and vegetables
 - ☐ I thought that HIP would not increase the store's sales of fruits and vegetables
 - ☐ I thought that HIP would increase costs for the store
 - ☐ Other reason *Please specify:*
-
-

2. Your store did not join HIP when it started last year. Why did your store join HIP this year? *(check all that apply)*
- ☐ New manager or owner
 - ☐ This year we had time to sign up and get ready to participate
 - ☐ It was easier to do than before
 - ☐ The State DTA (Department of Transitional Assistance) or another organization asked us to join
 - ☐ I talked to other retailers who are participating in HIP
 - ☐ My store was losing sales to stores that are participating in HIP
 - ☐ HIP could increase my store's sales of fruits and vegetables
 - ☐ HIP could increase my store's sales of other items
 - ☐ Other reason *Please specify:*
-
-

3. How did you learn about HIP? Which **information source** was the *most useful* in deciding whether or not to join HIP?

	How did you learn about HIP? (check all that apply)	Which was the <i>most useful</i> ? (check <u>one</u> in this column)
News media (newspaper, TV, magazine)	<input type="checkbox"/>	<input type="checkbox"/>
Flier in the mail	<input type="checkbox"/>	<input type="checkbox"/>
Someone called me	<input type="checkbox"/>	<input type="checkbox"/>
Conference call	<input type="checkbox"/>	<input type="checkbox"/>
Informational meeting	<input type="checkbox"/>	<input type="checkbox"/>
Someone visited the store	<input type="checkbox"/>	<input type="checkbox"/>
Other source <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Which **organization** provided you with information about joining HIP? Of these, which was the *most important* in your decision about whether or not to join HIP?

	Which provided information? (check all that apply)	Which was the <i>most important</i> ? (check <u>one</u> in this column)
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/>	<input type="checkbox"/>
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/>	<input type="checkbox"/>
Community Organization (American Farmland Trust, Federation of Mass Farmers Markets, Nuestras Raices, MA Farmers Association, Western MA Food Bank, community health center)	<input type="checkbox"/>	<input type="checkbox"/>
Trade or Business Organization (Massachusetts Food Association, New England Convenience Store Association, New England Small Farm Institute)	<input type="checkbox"/>	<input type="checkbox"/>
Other organization <i>Please specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No one communicated with me		

5. Did you have all the information you needed when you decided to join HIP? (*check one*)
- ☐ Yes
- ☐ No
6. Overall, how satisfied are you with how you were asked to join HIP? (*check one*)
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

SECTION B. ABOUT YOUR STORE

Please answer these questions about the store you manage.

7. When is your store open?

For each day of the week, mark if your store is open for at least part of the day, or closed for the entire day.

Day of Week <i>Check one box per row:</i>	Open?	Closed for the day?
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

8. How many working cash registers are there in your store? _____

- 8a. Of these, how many accept EBT or Bay State
Access cards (also known as Quest)? _____

9. On average, what share of your store's **total food sales** is made with SNAP/Food Stamps? (*check the answer that best fits your store*)
- ☐ Less than 10%
- ☐ 10% to less than 25%
- ☐ 25% to less than 50%
- ☐ 50% to less than 75%
- ☐ 75% or more

10. How often does your store promote **fruits and/or vegetables** using the activities listed below?

Activity <i>Check one box for each row:</i>	Never	My store does this activity less than once a month	My store does this activity once a month or more
Posters or signs in store window or outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fliers/ads in newspaper or direct mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Has your store developed any signs for HIP customers?
- ☐ Yes
- ☐ No

Now we would like to learn about what you think about the purpose of HIP and how it has affected your store.

12. How much do you agree or disagree with each of the statements below?

<i>Check one box per row:</i>	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongl y agree	Don't know
I understand the purpose of HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how HIP is supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to improve the choices that people make when buying foods with SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training store workers for HIP has been a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIP purchases have been hard to process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My store is paid on time for HIP purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments to my store for HIP purchases are accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C. HOW HIP HAS AFFECTED THE STORE

Now we would like to learn about how HIP has affected your store. We will first ask you about any operational problems with HIP in the past 3 months.

13. Have you had any problems knowing what food items are eligible for HIP? (*check one*)

- ☐ Yes
☐ No → *Go to question 14*

13a. How often have you had problems?

- ☐ Once
☐ A few times
☐ Frequently

13b. Have the problems been resolved?

- ☐ Yes
☐ No

14. Have you had any problems having a current list of HIP eligible items in cash registers? (*check one*)

- ☐ Yes
☐ No → *Go to question 15*

14a. How often have you had problems?

- ☐ Once
☐ A few times
☐ Frequently

14b. Have the problems been resolved?

- ☐ Yes
☐ No

15. Have you had any problems separating HIP-eligible food items from non-HIP food items? (*check one*)

- ☐ Yes
☐ No → *Go to question 16 on the next page*

15a. How often have you had problems?

- ☐ Once
☐ A few times
☐ Frequently

15b. Have the problems been resolved?

- ☐ Yes
☐ No

16. Have you had any problems identifying HIP customers? (*check one*)

- ☐ Yes
☐ No ➔ *Go to question 17*

➔ 16a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

16b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

17. Have you had any problems computing the purchase amount for HIP items? (*check one*)

- ☐ Yes
☐ No ➔ *Go to question 18*

➔ 17a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

17b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

18. Have you had any problems processing sales of HIP items? (*check one*)

- ☐ Yes
☐ No ➔ *Go to question 19 on the next page*

➔ 18a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

18b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

19. Have you had any problems processing returns with HIP items? (*check one*)

- ☐ Yes
☐ No → *Go to question 20*

▶ 19a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

19b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

20. Have you had any problems processing manual vouchers with HIP items? (*check one*)

- ☐ Yes
☐ No
☐ Not applicable] → *Go to question 21*

▶ 20a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

20b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

21. Have you had any problems getting information about SNAP/EBT sales and settlement? (*check one*)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- ☐ Yes
☐ No
☐ Don't know] → *Go to question 22 on the next page*

▶ 21a. How often have you had problems? (*check one*)

- ☐ Once
☐ A few times
☐ Frequently

21b. Have the problems been resolved? (*check one*)

- ☐ Yes
☐ No

22. Have you had any problems responding to customer questions about HIP? (*check one*)

☐ Yes

☐ No → *Go to question 23*

22a. How often have you had problems? (*check one*)

☐ Once

☐ A few times

☐ Frequently

22b. Have the problems been resolved? (*check one*)

☐ Yes

☐ No

23. Please describe any **major problems** you have had with HIP in the space below.

☐ My store has not had any major problems with HIP → *Go to question 24 on next page*

24. From the list below, who helped you fix any **major problem** described in question 17 in the **past 3 months**? How helpful were they?

- For each organization in Column (1), mark “yes” in Column (2) if you asked them for help or “no” if you did not ask them for help.
- If you marked “N” (no), move to the next row. If you marked “yes”, mark how helpful they were in Column (3).

(1) Organization	(2) Did you Ask for Help?	(3) How Helpful were They? (check one)		
		Not Helpful	Helpful	Very Helpful
Department of Transitional Assistance (DTA/State Welfare Department—Eddie Gomez or others)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another State Agency (MA Department of Agriculture Resources (DAR), MA Department of Public Health (DPH), MA Office of Business Development (OBD))	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FNS/USDA office	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated Computer Systems (ACS, the EBT contractor for DTA—Bill Kelly or others)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novo Dia Group (Josh Wiles, Ricky Aviles or others)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The company that provides terminals for EBT and other customer payments	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to next row)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other organization Please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you ever had to contact someone outside your store for help if a HIP customer had a problem making a purchase or return with their EBT card?

- ☐ Yes
☐ No → Go to question 26

→ 25a. How many times in the **past month** have you had to ask someone outside your store for help if a HIP customer had a problem making a purchase or return with their EBT card?

_____ times in the past month

26. Overall, how satisfied are you with how HIP is working in your store? (check one)

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied or dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

27. Do you have any suggestions for how HIP operations could be improved?

Now we want to learn if HIP affected the amount of time and effort your store's employees spend on checkout transactions.

28. Did HIP affect average checkout time in your store? (*check one*)

- ☐ Yes
☐ No → Go to question 29

- 28a. How much was it affected? (*check one*)

- ☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

29. Did HIP affect the time and effort employees spent on settlement in your store? (*check one*)

Settlement is when you use the EBT terminal or integrated cash register system to total up the EBT purchases for the day or for a cashier's shift, and when the EBT system takes the total for the day and puts it in your bank account.

- ☐ Yes
☐ No → Go to question 30

- 29a. How much was it affected? (*check one*)

- ☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

30. Did HIP affect the time and effort employees spent on reconciliation? (*check one*)

Reconciliation is when you compare the EBT purchases recorded in your cash register to what is reported by the EBT terminal and what is deposited in your bank account.

- ☐ Yes
☐ No → Go to question 31 on the next page

- 30a. How much was it affected? (*check one*)

- ☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

31. Did HIP affect the time and effort employees spent on store returns? (*check one*)

- ☐ Yes
☐ No → *Go to question 32*

→ 31a. How much was it affected? (*check one*)

- ☐ Large increase ☐ Small increase ☐ Small decrease ☐ Large decrease

Next, we would like to learn about how HIP has affected your store's sales and profits since you joined HIP.

32. How has HIP affected your sales of fruits and vegetables since you joined HIP? (*check one*)

- ☐ Large increase in sales of fruits and vegetables
☐ Small increase in sales of fruits and vegetables
☐ No change in sales of fruits and vegetables
☐ Small decrease in sales of fruits and vegetables
☐ Large decrease in sales of fruits and vegetables

33. Thinking about how HIP has affected your store's costs and sales, how has HIP affected your store's profits? (sales minus costs) since you joined HIP? (*check one*)

- ☐ HIP increased profits
☐ HIP decreased profits
☐ No difference in profits
☐ Don't know

34. If you had it to do again, would you still join HIP? (*check one*)

- ☐ Yes
☐ No

Think back a year ago to when HIP began. We would like to learn how stocks and sales of fruits and vegetables have changed since you joined HIP. You may consult your store's produce manager or stocking manager to complete this question.

35. Since you joined HIP, would you say your store stocks more, the same amount, or less of the following items:

(1) Category <i>Check one box per row:</i>	(2) Change since you joined HIP?		
	Stock more now	Stock is the same as November 2011	Stock less now
Fruits:			
Fresh <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dried <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables:			
Fresh <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canned <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frozen <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked “stock more now” for any of the foods above, answer question 35a. Otherwise, go to Question 36.

- 35a. For the food categories where your store stocks more items now, why did this happen? (*check all that apply*)

- ☐ My store has different customers
☐ My store has more customers
☐ My customers want more fruits and vegetables
☐ I/We want to promote fruits and vegetables
☐ Other reason *Please specify:* _____

36. Have you done any of the following since you joined HIP so that you can sell more fruits and vegetables?

<i>Check one box per row:</i>	Yes	No	Don't know
Started working with a new supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received more shipments from a supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased frequency of restocking display floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installed new refrigeration or freezer units for storage or display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased shelf space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed where food items are located in store or on shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D. STORE TRAINING

Instructions to Store Manager/Owner: The person who knows the most about checkout procedures should complete this part of the survey. This person may be you, a checkout supervisor or a frontline manager. If someone else completes this section, list their name and job title below:

Name: _____ Job Title: _____

First, think back to when HIP first started.

37. How satisfied are you with how you were trained for HIP? (*check one*)

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

Now please provide the following information about HIP training in your store.

38. Is training for HIP included as part of the training for new employees? (*check one*)

- ☐ Yes
- ☐ No
- ☐ The store does not have new employees

39. How often has your store offered HIP training refreshers for employees? (*check one*)

- ☐ Never since the training in Fall 2011
- ☐ Once or twice since HIP began in Fall 2011
- ☐ Three times or more since HIP began in Fall 2011

40. Have you yourself had a HIP training refresher since you joined HIP? (*check one*)

- ☐ Yes
- ☐ No

SECTION E. QUESTIONS ABOUT HIP

41. How often have you asked for information from another employee in your store or someone outside your store in the **past 3 months** about each of the following?

<i>Check one box per row:</i>	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. How often have other employees in the store asked you questions in the **past 3 months** about each of the following?

<i>Check one box per row:</i>	Never in the past 3 months	1-2 times in the past 3 months	3-10 times in the past 3 months	More than 10 times in the past 3 months	Don't know
Knowing what food items are eligible for HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a current list of HIP eligible items in cash registers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separating HIP food items from non-HIP food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to identify HIP customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computing subtotal for HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing sales with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing returns of HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing manual vouchers with HIP items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting information about SNAP/EBT sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to customer questions about HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. On average, how often did your HIP customers ask you or other store staff questions about HIP, in the **past 3 months**? (*check one*)

☐ Never → *Go to question 44*

☐ Less than once a week

☐ Once a week

☐ More than once a week

→ 43a. What are the most common questions about HIP? (*check all that apply*)

☐ Questions about what food items are eligible for the HIP incentive

☐ Questions about credit to EBT account

☐ Questions about reading receipt or understanding balance

☐ Other questions *Please specify:*

44. On average, how often did SNAP customers who are **not HIP customers** ask about HIP, in the **past 3 months**? (*check one*)

☐ Never → *Go to question 45*

☐ Less than once a week

☐ Once a week

☐ More than once a week

→ 44a. What questions did SNAP customers who are not HIP customers ask about HIP?

45. Have there been any questions from HIP or regular SNAP customers about HIP that you did not know how to respond to? (*check one*)

☐ Yes

☐ No → *Go to question 46 on the next page*

→ 45a. Please describe the questions they asked in the space provided below.

45b. Who did you refer them to?

☐ Did not refer them to anyone

☐ Local DTA (Department of Transitional Assistance) office

☐ DTA hotline

☐ ACS (Affiliated Computer Systems) hotline

☐ Other *Please specify:* _____

SECTION F. FRUIT AND VEGETABLE INVENTORY

Instructions to Store Manager/Owner: You may ask your store's produce or stocking manager to complete this section. If someone else completes this section, list their name and job title below:

Name: _____ Job Title: _____

In this final section of the survey, we would like to ask you about the fruits and vegetables on display in your store.

46. First, does your store have any **fresh** fruits and vegetables available for customers to buy right now?

- ☐ Yes → Complete inventory table below
☐ No → Go to question 47 on the next page

Please go to the area of your store where **fresh** fruits and vegetables are displayed. Read the instructions below and fill out the table about fresh fruits and vegetables in your store right now.

- For each food item in Column (1), mark "yes" if you have the item right now in your store.
- If not in your store right now, check "no", and move to the next item.
- For each item marked "yes", print the most popular type of that food in Column (3) and the price per unit in Column (4). Common units are a pound of apples, a head of lettuce or a single piece of fruit.

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that has Red Delicious apples for \$1.29 a pound and iceberg lettuce at \$0.79 a head, but does not sell oranges.</i>			
(1) Item	(2) Have now?	(3) Most Popular Type Sold (please specify)	(4) Price per Unit
Apples	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	Red Delicious	\$ 1.29 / lb
Lettuce	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)	Iceberg	\$ 0.79/ head
Oranges	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (Go to next row)		\$ ____ / ____

Please fill in this grid:

(1) Item	(2) Have now?	(3) Most Popular Type Sold please specify	(4) Price per Unit
Apples	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Bananas	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Oranges	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Grapes	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Carrots	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Tomatoes	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Broccoli	<input type="checkbox"/> Yes → <input type="checkbox"/> No (Go to next row)		\$ ____ / ____
Lettuce	<input type="checkbox"/> Yes → <input type="checkbox"/> No		\$ ____ / ____

47. Does your store have plain **canned or dried** fruits/vegetables with **no added sugar, oil or fats** available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to question 48 on the next page*

Please go to the area of your store where **canned and dried** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on the food items in cans, jars or packages that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the container (can, jar, package) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 8.75 oz cans of diced tomatoes and does not sell canned whole kernel corn.</i>			
(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	8.75 oz	\$ 0.49
Canned whole kernel corn	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular container...	
		(3) Size?	(4) Price?
Canned tomatoes (diced, crushed, whole)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned whole kernel corn	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned green peas	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Applesauce (“unsweetened” or “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Canned pineapple (“no sugar added” or “in 100% juice”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Raisins	<input type="checkbox"/> Yes → <input type="checkbox"/> No	____ oz	\$ ____.

48. Does your store have plain **frozen** fruits and vegetables with **no added sugars, sauce, butter or salt** available for customers to buy right now?

- ☐ Yes → *Complete inventory table below*
☐ No → *Go to the END*

Please go to the area of your store where **frozen** fruits and vegetables are sold. Read the instructions below and fill out the grid to provide information on food items that are available to customers in your store right now.

- For each of the foods in Column (1), mark “yes” if you sell this item or “no” if not.
- If “no”, move to the next row. If “yes”, pick the package (bag or box) that is most popular.
- Print the size of the container in Column (3) and its price in Column (4).

EXAMPLE – DO NOT WRITE HERE			
<i>The example below shows how to fill out the grid for a store that sells 14 oz bags of frozen sliced strawberries, but no frozen peaches.</i>			
(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input checked="" type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	14 oz	\$ 2.49
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input checked="" type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.

Please fill in this grid:

(1) Item	(2) Have now?	For the most popular package...	
		(3) Size?	(4) Price?
Frozen strawberries (sliced or whole, “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Frozen peaches (sliced, “no sugar added”)	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Frozen green beans	<input type="checkbox"/> Yes → <input type="checkbox"/> No (<i>Go to next row</i>)	____ oz	\$ ____.
Frozen kernel corn	<input type="checkbox"/> Yes → <input type="checkbox"/> No	____ oz	\$ ____.

THANK YOU!

- PLEASE MAIL THE COMPLETED SURVEY BACK TO US AS SOON AS YOU CAN USING THE FedEx ENVELOPE PROVIDED.
- CALL TOLL-FREE 1-855-893-4502 IF YOU HAVE ANY QUESTIONS.

THANK YOU FOR FILLING OUT THIS SURVEY!

13. Store Observations: Rounds 1, 2, and 3

13.1 Round 1 Store Observations

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Local Store Name: _____ **Address:** _____

Store Ownership: ☐ Chain ☐ Independent **EBT Method:** ☐ EBT only ☐ IECR ☐ Stand-beside terminal

STORE MANAGER/OWNER NAME: _____ **Job title:** ☐ Store Manager ☐ Store Owner ☐ Other: _____

Daytime Phone: _____ - _____ - _____ X _____

THE PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES: ☐ Same as above

Name: _____ **Job title:** ☐ Checkout Supervisor ☐ Checkout Clerk ☐ Store Manager ☐ Other: _____

Preferred Language: ☐ English ☐ Spanish

Appointment Date: ____ / ____ / ____ **Appointment Time:** ____ : ____ AM/PM

Actual Visit Date: ____ / ____ / ____ **Start Time:** ____ : ____ AM/PM **End Time:** ____ : ____ AM/PM **Observer ID (Initials):** ____

IF VISITING A CHAIN RETAILER:

Corporate Contact Name: _____ **Job title:** _____

Daytime Phone: _____ - _____ - _____ X _____

SECTION A: INTRODUCTION

[TO STORE WORKER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. Is the manager/owner available please?”

[TO MANAGER/OWNER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

[TO ALL RESPONDENTS] “To start, I am required to read the following: All information in the Store Observation Form will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

Have you received training from DTA on conducting HIP transactions?

☐ YES ➡ “There are two parts to my visit today – I would like to work with the person most familiar with checkout procedures, and then I will walk around to take notes on my observations. I was wondering if you have any additional questions about the study or this observation?”

☐ NO ➡ “That’s fine.” *Skip this form, and go to INVENTORY and STORE CONDITIONS*

A1. DID YOU MEET THE **STORE MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A2. DID YOU MEET THE **PERSON MOST KNOWLEDGEABLE ABOUT CHECKOUT PROCEDURES** IDENTIFIED ON THE COVERSHEET? Y / N

A3. DOES THE CHECKOUT SUPERVISOR HAVE TIME TO TALK NOW? Y / N

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

SECTION B: SIMULATED TRANSACTION

[TO CHECKOUT SUPERVISOR/PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES]

“I’d like to understand how you will do a checkout when customers purchase HIP items. Before we do the simulated checkout, I’ll grab some items to purchase and then meet you at the cash register.

Are you able to set up a terminal and register in training mode, or to conduct a transaction that can be voided out when we are done?”

- ☐ **YES:** *ask them to set up a terminal/register*
- ☐ **NO:** *“That’s fine, we can just talk through the steps”*

Collect the following and meet Checkout Supervisor at the checkout:

- **1 apple** *1 random-weight TFV item*
- **tomatoes** *1 canned TFV item*
- **spaghetti sauce** *1 canned non-TFV fruit/vegetable item*
- **cereal** *1 boxed non-TFV food item*
- **box of tissues** *1 non-food item*

If the monitor is not visible, ask the Checkout Supervisor if it can be adjusted so you can both watch it as the items are scanned.

“Now I’d like you to walk me through the checkout process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

COMPLETE ONE OF THE TWO TABLES BELOW BASED ON INTEGRATED VS. NON-INTEGRATED REGISTER

Prompt Checkout Supervisor to describe each of the steps below in the transaction. Write in any additional steps in (1). Write in any notes in (2).

A: Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Scan items	
<input type="checkbox"/>	<input type="checkbox"/>	IECR rings up the SNAP total and the HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal/IECR prints receipt with HIP information	

Provide more notes about the simulated transaction below:

B: Non-Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Separate other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter other SNAP total	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Total non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Pay for non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal prints receipt with HIP information	

"Thank you"

Provide any more notes about the simulated transaction below:

Check that all sections are complete. If complete fill in time of completion on coversheet, and fill in COMMENTS FORM.

COMMENTS FORM: TO BE COMPELTED AFTER YOU LEAVE THE STORE

Section B/C: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of checkout supervisor/employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of checkout supervisor/employee in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

SECTION D: STORE FOOD ENVIRONMENT*(Complete Without Store Personnel)*

"I'd like to walk around the store, unassisted, to look at the fruits and vegetables that your store sells, as well as other general information about your store. Is this okay?"

- ☐ **Yes** Thank Store Manager/Owner and continue protocol.
- ☐ **No** A store employee may accompany you, but should not assist you in completing the section.

FRESH FRUITS AND VEGETABLES**D1.1 Available?**

- ☐ **Yes**
- ☐ **No** → Go to CANNED/DRIED FRUITS AND VEGETABLES on page 3

D1.2 Inventory – Fresh

(1) Item	(2) Have now? <i>Circle one</i>	(3) Most Available Type <i>If not sure, choose type with lowest unit cost.</i>	(4) Price per Unit	(5) Visual Appeal	
				Poor	Okay
Apples	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Oranges	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>

D1.3 Visual Appeal - Fresh

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

D1.4 Choice / Variety – Fresh

Use Reference List to count **number of types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both Macintosh and Red Delicious apples, this would only count as one option.

Fresh fruits	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Fresh vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D1.5 Signage - Fresh

Check all boxes that apply for signage in the sections of the store selling **fresh fruits and/or vegetables** that promote fruits and vegetables using slogans such as “5 a day.” Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote fresh fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1.6 Store Conditions - Fresh

Rate the conditions in the sections of the store selling **fresh fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a “poor” rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

CANNED/DRIED FRUITS AND VEGETABLES

D2.1 Available?

- ☐ Yes
☐ No → Go to FROZEN FRUITS AND VEGETABLES on page 5

D2.2 Inventory - Canned/Dried

(1) Item	(2) Have now? <i>Circle one</i>	(3) Size?	(4) Price?	(5) Located in a Promotional Area? <i>i.e. front-facing shelf by deli, bakery</i>	For the most abundantly available container...			
					(6) Location in Display <i>If location is not a shelf (example: a floor bin), write location of the food item.</i>			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Canned tomatoes <i>diced, crushed, whole</i>	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned whole kernel corn	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned green peas	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applesauce <i>"unsweetened" or "no sugar added"</i>	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned pineapple <i>"no sugar added" or "in 100% juice"</i>	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raisins	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D2.3 Choice / Variety - Canned/Dried

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both canned and bottled pineapple, this would only count as one option.

Canned fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Canned vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Dried fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D2.4 Signs / Posters - Canned/Dried

Check all boxes that apply for signage in the sections of the store selling **canned/dried fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day." Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote canned/dried fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2.5 Store Conditions - Canned/Dried

Rate the conditions in the sections of the store selling **canned/dried fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

FROZEN FRUITS AND VEGETABLES

D3.1 Available?

- ☐ Yes
☐ No → Go to STORE OVERALL on page 7

D3.2 Inventory - Frozen

(1) Item	(2) Have now?	For the most abundantly available package...						
		(3) Size?	(4) Price?	(5) Promotional Area? (i.e. front-facing shelf by deli, bakery)	(6) Location in Display <i>If location is not a shelf (example: a floor bin), write location of the food item.</i>			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Frozen strawberries <i>sliced or whole, "no sugar added"</i>	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen peaches <i>sliced, "no sugar added"</i>	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen green beans	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen kernel corn	Y / N	____oz	\$ ____.	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D3.3 Choice / Variety - Frozen

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP.

Count only one type of each food item. For example, if a store has frozen green beans both in bags and in boxes, this would only count as one option.

Frozen fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Frozen vegetables (no added fats or sauces)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D3.4 Signs / Posters - Frozen

Check all boxes that apply for signage in the sections of the store selling **frozen fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day" or discounts. Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote frozen fruits and vegetables in general.

No signage	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3.5 Store Conditions - Frozen

Rate the conditions in the sections of the store selling **frozen fruits** and/or vegetables.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

STORE OVERALL

D4.1 Activities

(1) Material/Activity	(2) Present?		(3) Language? <i>Check all that apply.</i>		
	Y	N	English	Spanish	Other
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. "buy 1 get 1 free" and "buy 3 for \$4.99"</i>	<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"/>

Additional comments on material/activities: _____

D4.2 Customers *Was the store:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4.3 Store Offerings

(1) Category	(2) Has?
Bakery	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

D4.4 Exterior Poster / Sign Tally

Count of posters or signs on store exterior (windows, doors, walls, roof) that have a promotional message about fruits and/or vegetables other than product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs on store exterior/property	
Tally of <u>HIP posters</u> or signs on store exterior/property	

Additional comments on posters or signs: _____

Check that all sections are complete. If complete, fill in time of completion on coversheet.

COMMENTS FORM – COMPLETE AFTER LEAVING STORE

Section D: Store Food Environment	Good	Fair	Poor
Did store employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding foods for the inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete Section D unassisted, please describe how the store employee(s) interacted with you during the completion of this section.

Write in any other comments below:

13.2 Round 2 Store Observations

ROUND 2 – July 2012

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Local Store Name: _____	Address: _____
Store Ownership: <input type="checkbox"/> Chain <input type="checkbox"/> Independent	EBT Method: <input type="checkbox"/> EBT only <input type="checkbox"/> IECR <input type="checkbox"/> Stand-beside terminal
STORE MANAGER/OWNER NAME: _____	Job title: <input type="checkbox"/> Store Manager <input type="checkbox"/> Store Owner <input type="checkbox"/> Other: _____
Daytime Phone: _____ - _____ - _____ X _____	
THE PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES: <input type="checkbox"/> Same as above	
Name: _____	Job title: <input type="checkbox"/> Checkout Supervisor <input type="checkbox"/> Checkout Clerk <input type="checkbox"/> Store Manager <input type="checkbox"/> Other: _____
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Appointment Date: ____ / ____ / ____ Appointment Time: ____ : ____ AM/PM	
Actual Visit Date: ____ / ____ / ____ Start Time: ____ : ____ AM/PM End Time: ____ : ____ AM/PM Observer ID (Initials): ____	
IF VISITING A CHAIN RETAILER:	
Corporate Contact Name: _____	Job title: _____
Daytime Phone: _____ - _____ - _____ X _____	

ROUND 2 – July 2012**SECTION A: INTRODUCTION**

[TO STORE WORKER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. Is the manager/owner available please?”

[TO MANAGER/OWNER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

[TO ALL RESPONDENTS] “To start, I am required to read the following: All information in the Store Observation Form will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

There are two parts to our visit today. I would like to work with the person most familiar with checkout procedures to walk through a simulated HIP transaction; at the same time, my partner would like to walk around the store and make notes on her observations.

A1. DID YOU MEET THE **STORE MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A2. DID YOU MEET THE **PERSON MOST KNOWLEDGEABLE ABOUT CHECKOUT PROCEDURES** IDENTIFIED ON THE COVERSHEET? Y / N

A3. DOES THE CHECKOUT SUPERVISOR HAVE TIME TO TALK NOW? Y / N

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

ROUND 2 – July 2012**SECTION B: SIMULATED TRANSACTION**

[TO CHECKOUT SUPERVISOR/PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES]

“I’d like to understand how you will do a checkout when customers purchase HIP items. Before we do the simulated checkout, I’ll grab some items to purchase and then meet you at the cash register.

Are you able to set up a terminal and register in training mode, or to conduct a transaction that can be voided out when we are done?”

- ☐ **YES:** *ask them to set up a terminal/register*
- ☐ **NO:** *“That’s fine, we can just talk through the steps”*

Collect the following and meet Checkout Supervisor at the checkout:

- **1 apple** *1 random-weight TFV item*
- **tomatoes** *1 canned TFV item*
- **spaghetti sauce** *1 canned non-TFV fruit/vegetable item*
- **cereal** *1 boxed non-TFV food item*
- **box of tissues** *1 non-food item*

If the monitor is not visible, ask the Checkout Supervisor if it can be adjusted so you can both watch it as the items are scanned.

“Now I’d like you to walk me through the checkout process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

ROUND 2 – July 2012**COMPLETE ONE OF THE TWO TABLES BELOW BASED ON INTEGRATED VS. NON-INTEGRATED REGISTER**

Prompt Checkout Supervisor to describe each of the steps below in the transaction. Write in any additional steps in (1). Write in any notes in (2).

A: Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Scan items	
<input type="checkbox"/>	<input type="checkbox"/>	IECR rings up the SNAP total and the HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal/IECR prints receipt with HIP information	

Provide more notes about the simulated transaction below:

B: Non-Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Separate other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter other SNAP total	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Total non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Pay for non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal prints receipt with HIP information	

“Thank you”

Provide any more notes about the simulated transaction below:

ROUND 2 – July 2012

Check that all sections are complete.

**If complete fill in time of completion on coversheet,
and complete COMMENTS FORM on next page.**

ROUND 2 – July 2012**COMMENTS FORM: TO BE COMPLETED AFTER YOU LEAVE THE STORE**

Section B/C: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of checkout supervisor/employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of checkout supervisor/employee in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

ROUND 2 – July 2012

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Local Store Name: _____ **Address:** _____

Store Ownership: ☐ Chain ☐ Independent **EBT Method:** ☐ EBT only ☐ IECR ☐ Stand-beside terminal

STORE MANAGER/OWNER NAME: _____ **Job title:** ☐ Store Manager ☐ Store Owner ☐ Other: _____

Daytime Phone: _____ - _____ - _____ x _____

THE PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES: ☐ Same as above

Name: _____ **Job title:** ☐ Checkout Supervisor ☐ Checkout Clerk ☐ Store Manager ☐ Other: _____

Preferred Language: ☐ English ☐ Spanish

Appointment Date: ____/____/____ **Appointment Time:** ____:____ AM/PM

Actual Visit Date: ____/____/____ **Start Time:** ____:____ AM/PM **End Time:** ____:____ AM/PM **Observer ID (Initials):** ____

IF VISITING A CHAIN RETAILER:

Corporate Contact Name: _____ **Job title:** _____

Daytime Phone: _____ - _____ - _____ x _____

ROUND 2 – July 2012

SECTION D: STORE FOOD ENVIRONMENT

(Complete Without Store Personnel)

“I’d like to walk around the store, unassisted, to look at the fruits and vegetables that your store sells, as well as other general information about your store. Is this okay?”

- ☐ **Yes** Thank Store Manager/Owner and continue protocol.
☐ **No** A store employee may accompany you, but should not assist you in completing the section.

FRESH FRUITS AND VEGETABLES

D1.1 Available?

- ☐ **Yes**
☐ **No** → Go to CANNED/DRIED FRUITS AND VEGETABLES on page 3

D1.2 Inventory – Fresh

(1) Item	(2) Have now? <i>Circle one</i>	(3) Most Available Type <i>If not sure, choose type with lowest unit cost.</i>	(4) Price per Unit	(5) Visual Appeal	
				Poor	Okay
Apples	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Oranges	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	Y / N		\$ _____.____ / ____	<input type="checkbox"/>	<input type="checkbox"/>

D1.3 Visual Appeal - Fresh

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

D1.4 Choice / Variety – Fresh

Use Reference List to count **number of types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both Macintosh and Red Delicious apples, this would only count as one option.

Fresh fruits	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Fresh vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D1.5 Signage - Fresh

Check all boxes that apply for signage in the sections of the store selling **fresh fruits and/or vegetables** that promote fruits and vegetables using slogans such as “5 a day.” Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote fresh fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1.6 Store Conditions - Fresh

Rate the conditions in the sections of the store selling **fresh fruits and/or vegetables**.

	Poor	Okay
Cleanliness Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a “poor” rating.	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 2 – July 2012

CANNED/DRIED FRUITS AND VEGETABLES

D2.1 Available?

- ☐ Yes
☐ No → Go to FROZEN FRUITS AND VEGETABLES on page 5

D2.2 Inventory - Canned/Dried

(1) Item	(2) Have now? <i>Circle one</i>	For the most abundantly available container...						
		(3) Size?	(4) Price?	(5) Promotional Area? <i>i.e. front-facing shelf by deli, bakery</i>	(6) Location in Display <i>If location is not a shelf (example: a floor bin), write location of the food item.</i>			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Canned tomatoes <i>diced, crushed, whole</i>	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned whole kernel corn	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned green peas	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applesauce “unsweetened” or “no sugar added”	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned pineapple “no sugar added” or “in 100% juice”	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raisins	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D2.3 Choice / Variety - Canned/Dried

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both canned and bottled pineapple, this would only count as one option.

Canned fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Canned vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Dried fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D2.4 Signs / Posters - Canned/Dried

Check all boxes that apply for signage in the sections of the store selling **canned/dried fruits and/or vegetables** that promote fruits and vegetables using slogans such as “5 a day.” Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote canned/dried fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2.5 Store Conditions - Canned/Dried

Rate the conditions in the sections of the store selling **canned/dried fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a “poor” rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 2 – July 2012

FROZEN FRUITS AND VEGETABLES

D3.1 Available?

☐ Yes☐ No → Go to STORE OVERALL on page 7

D3.2 Inventory - Frozen

(1) Item	(2) Have now?	For the most abundantly available package...						
		(3) Size?	(4) Price?	(5) Promotional Area? (i.e. front-facing shelf by deli, bakery)	(6) Location in Display If location is not a shelf (example: a floor bin), write location of the food item.			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Frozen strawberries sliced or whole, "no sugar added"	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen peaches sliced, "no sugar added"	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen green beans	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen kernel corn	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D3.3 Choice / Variety - Frozen

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP.

Count only one type of each food item. For example, if a store has frozen green beans both in bags and in boxes, this would only count as one option.

Frozen fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Frozen vegetables (no added fats or sauces)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D3.4 Signs / Posters - Frozen

Check all boxes that apply for signage in the sections of the store selling **frozen fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day" or discounts. Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote frozen fruits and vegetables in general.

No signage	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3.5 Store Conditions - Frozen

Rate the conditions in the sections of the store selling **frozen fruits and/or vegetables**.

	Poor	Okay
Cleanliness Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 2 – July 2012

STORE OVERALL

D4.1 Activities

(1) Material/Activity	(2) Present?		(3) Language? <i>Check all that apply.</i>		
	Y	N	English	Spanish	Other
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. "buy 1 get 1 free" and "buy 3 for \$4.99"</i>	<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"/>

Additional comments on material/activities: _____

D4.2 Customers *Was the store:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4.3 Store Offerings

(1) Category	(2) Has?
Bakery	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

D4.4 Exterior Poster / Sign Tally

Count of posters or signs on store exterior (windows, doors, walls, roof) that have a promotional message about fruits and/or vegetables other than product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs on store exterior/property	
Tally of <u>HIP posters</u> or signs on store exterior/property	

Additional comments on posters or signs: _____

ROUND 2 – July 2012

Check that all sections are complete.

**If complete, fill in time of completion on coversheet,
and Comments Form on next page.**

ROUND 2 – July 2012**COMMENTS FORM – COMPLETE AFTER LEAVING STORE**

Section D: Store Food Environment	Good	Fair	Poor
Did store employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding foods for the inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete Section D unassisted, please describe how the store employee(s) interacted with you during the completion of this section.

Write in any other comments below:

13.3 Round 3 Store Observations

ROUND 3 – December

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Local Store Name: _____	Address: _____
Store Ownership: <input type="checkbox"/> Chain <input type="checkbox"/> Independent	EBT Method: <input type="checkbox"/> EBT only <input type="checkbox"/> IECR <input type="checkbox"/> Stand-beside terminal
STORE MANAGER/OWNER NAME: _____	Job title: <input type="checkbox"/> Store Manager <input type="checkbox"/> Store Owner <input type="checkbox"/> Other: _____
Daytime Phone: _____ - _____ - _____ X _____	
THE PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES: <input type="checkbox"/> Same as above	
Name: _____	Job title: <input type="checkbox"/> Checkout Supervisor <input type="checkbox"/> Checkout Clerk <input type="checkbox"/> Store Manager <input type="checkbox"/> Other: _____
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Appointment Date: ____ / ____ / ____ Appointment Time: ____ : ____ AM/PM	
Actual Visit Date: ____ / ____ / ____ Start Time: ____ : ____ AM/PM End Time: ____ : ____ AM/PM Observer ID (Initials): ____	
IF VISITING A CHAIN RETAILER:	
Corporate Contact Name: _____	Job title: _____
Daytime Phone: _____ - _____ - _____ X _____	

ROUND 3 – December**SECTION A: INTRODUCTION**

[TO STORE WORKER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. Is the manager/owner available please?”

[TO MANAGER/OWNER] “Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

[TO ALL RESPONDENTS] “To start, I am required to read the following: All information in the Store Observation Form will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your store’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

There are two parts to our visit today. I would like to work with the person most familiar with checkout procedures to walk through a simulated HIP transaction; at the same time, my partner would like to walk around the store and make notes on her observations.

A1. DID YOU MEET THE **STORE MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A2. DID YOU MEET THE **PERSON MOST KNOWLEDGEABLE ABOUT CHECKOUT PROCEDURES** IDENTIFIED ON THE COVERSHEET? Y / N

A3. DOES THE CHECKOUT SUPERVISOR HAVE TIME TO TALK NOW? Y / N

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

ROUND 3 – December**SECTION B: SIMULATED TRANSACTION**

[TO CHECKOUT SUPERVISOR/PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES]

“I’d like to understand how you will do a checkout when customers purchase HIP items. Before we do the simulated checkout, I’ll grab some items to purchase and then meet you at the cash register.

Are you able to set up a terminal and register in training mode, or to conduct a transaction that can be voided out when we are done?”

- ☐ **YES:** *ask them to set up a terminal/register*
- ☐ **NO:** *“That’s fine, we can just talk through the steps”*

Collect the following and meet Checkout Supervisor at the checkout:

- **1 apple** *1 random-weight TFV item*
- **tomatoes** *1 canned TFV item*
- **spaghetti sauce** *1 canned non-TFV fruit/vegetable item*
- **cereal** *1 boxed non-TFV food item*
- **box of tissues** *1 non-food item*

If the monitor is not visible, ask the Checkout Supervisor if it can be adjusted so you can both watch it as the items are scanned.

“Now I’d like you to walk me through the checkout process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

ROUND 3 – December**COMPLETE ONE OF THE TWO TABLES BELOW BASED ON INTEGRATED VS. NON-INTEGRATED REGISTER**

Prompt Checkout Supervisor to describe each of the steps below in the transaction. Write in any additional steps in (1). Write in any notes in (2).

A: Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Scan items	
<input type="checkbox"/>	<input type="checkbox"/>	IECR rings up the SNAP total and the HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal/IECR prints receipt with HIP information	

Provide more notes about the simulated transaction below:

B: Non-Integrated Electronic Cash Register Store

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter HIP subtotal	
<input type="checkbox"/>	<input type="checkbox"/>	Separate other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Total other SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Enter other SNAP total	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe card, enter PIN, approve SNAP amount	
<input type="checkbox"/>	<input type="checkbox"/>	Total non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Pay for non-SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Terminal prints receipt with HIP information	

“Thank you”

Provide any more notes about the simulated transaction below:

ROUND 3 – December

Check that all sections are complete.

**If complete fill in time of completion on coversheet,
and complete COMMENTS FORM on next page.**

ROUND 3 – December**COMMENTS FORM: TO BE COMPLETED AFTER YOU LEAVE THE STORE**

Section B/C: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of checkout supervisor/employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of checkout supervisor/employee in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

ROUND 3 – December 2012

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Local Store Name: _____	Address: _____
Store Ownership: <input type="checkbox"/> Chain <input type="checkbox"/> Independent	EBT Method: <input type="checkbox"/> EBT only <input type="checkbox"/> IECR <input type="checkbox"/> Stand-beside terminal
STORE MANAGER/OWNER NAME: _____	Job title: <input type="checkbox"/> Store Manager <input type="checkbox"/> Store Owner <input type="checkbox"/> Other: _____
Daytime Phone: _____ - _____ - _____ x _____	
THE PERSON MOST FAMILIAR WITH CHECKOUT PROCEDURES: <input type="checkbox"/> Same as above	
Name: _____	Job title: <input type="checkbox"/> Checkout Supervisor <input type="checkbox"/> Checkout Clerk <input type="checkbox"/> Store Manager <input type="checkbox"/> Other: _____
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Appointment Date: ____/____/____	Appointment Time: ____:____ AM/PM
Actual Visit Date: ____/____/____	Start Time: ____:____ AM/PM
End Time: ____:____ AM/PM	Observer ID (Initials): ____
IF VISITING A CHAIN RETAILER:	
Corporate Contact Name: _____	Job title: _____
Daytime Phone: _____ - _____ - _____ x _____	

ROUND 3 – December 2012

SECTION D: STORE FOOD ENVIRONMENT

(Complete Without Store Personnel)

"I'd like to walk around the store, unassisted, to look at the fruits and vegetables that your store sells, as well as other general information about your store. Is this okay?"

- ☐ **Yes** Thank Store Manager/Owner and continue protocol.
☐ **No** A store employee may accompany you, but should not assist you in completing the section.

FRESH FRUITS AND VEGETABLES

D1.1 Available?

- ☐ **Yes**
☐ **No** → Go to CANNED/DRIED FRUITS AND VEGETABLES on page 3

D1.2

(1) Item	(2) Have now? <i>Circle one</i>	(3) Most Available Type <i>If not sure, choose type with lowest unit cost.</i>	(4) Price per Unit	(5) Visual Appeal	
				Poor	Okay
Apples	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Oranges	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	Y / N		\$ _____. ____ / ____	<input type="checkbox"/>	<input type="checkbox"/>

Inventory
–
Fresh

D1.3 Visual Appeal - Fresh

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

D1.4 Choice / Variety – Fresh

Use Reference List to count **number of types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both Macintosh and Red Delicious apples, this would only count as one option.

Fresh fruits	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Fresh vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D1.5 Signage - Fresh

Check all boxes that apply for signage in the sections of the store selling **fresh fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day." Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote fresh fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1.6 Store Conditions - Fresh

Rate the conditions in the sections of the store selling **fresh fruits and/or vegetables**.

	Poor	Okay
Cleanliness Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating.	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 3 – December 2012**CANNED/DRIED FRUITS AND VEGETABLES****D2.1 Available?**

- ☐ Yes
☐ No ➔ Go to FROZEN FRUITS AND VEGTABLES on page 5

D2.2 Inventory - Canned/Dried

(1) Item	(2) Have now? Circle one	For the most abundantly available container...						
		(3) Size?	(4) Price?	(5) Promotional Area? <i>i.e. front-facing shelf by deli, bakery</i>	(6) Location in Display <i>If location is not a shelf (example: a floor bin), write location of the food item.</i>			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Canned tomatoes <i>diced, crushed, whole</i>	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned whole kernel corn	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned green peas	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applesauce “unsweetened” or “no sugar added”	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canned pineapple “no sugar added” or “in 100% juice”	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raisins	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D2.3 Choice / Variety - Canned/Dried

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP. Count only one type of each food item. For example, if a store has both canned and bottled pineapple, this would only count as one option.

Canned fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Canned vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Dried fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D2.4 Signs / Posters - Canned/Dried

Check all boxes that apply for signage in the sections of the store selling **canned/dried fruits and/or vegetables** that promote fruits and vegetables using slogans such as “5 a day.” Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote canned/dried fruits and vegetables in general.

No signage at all	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2.5 Store Conditions - Canned/Dried

Rate the conditions in the sections of the store selling **canned/dried fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a “poor” rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 3 – December 2012

FROZEN FRUITS AND VEGETABLES

D3.1 Available?

☐ Yes☐ No → Go to STORE OVERALL on page 7

D3.2 Inventory - Frozen

(1) Item	(2) Have now?	For the most abundantly available package...						
		(3) Size?	(4) Price?	(5) Promotional Area? (i.e. front-facing shelf by deli, bakery)	(6) Location in Display If location is not a shelf (example: a floor bin), write location of the food item.			
					Lower than eye-level (<4 feet)	Eye-level (4-6 feet)	Higher than eye-level (>6 feet)	Other Please specify:
Frozen strawberries sliced or whole, "no sugar added"	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen peaches sliced, "no sugar added"	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen green beans	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen kernel corn	Y / N	___oz	\$ __.____	Y / N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D3.3 Choice / Variety - Frozen

Use Reference List to count number of **types** of fruits and vegetables available that qualify for HIP.

Count only one type of each food item. For example, if a store has frozen green beans both in bags and in boxes, this would only count as one option.

Frozen fruits (no added sugars)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+
Frozen vegetables (no added fats or sauces)	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11+

D3.4 Signs / Posters - Frozen

Check all boxes that apply for signage in the sections of the store selling **frozen fruits and/or vegetables** that promote fruits and vegetables using slogans such as "5 a day" or discounts. Signage can include shelf tags that promote specific food item types, small signs that promote specific food items, or large signs that promote frozen fruits and vegetables in general.

No signage	Shelf tags	Small signs	Large signs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3.5 Store Conditions - Frozen

Rate the conditions in the sections of the store selling **frozen fruits and/or vegetables**.

	Poor	Okay
Cleanliness Leaves/fruits/vegetables on the floor, grocery carts with trash in them or spoiled food odor would merit a "poor" rating	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays Empty spaces or shelves would merit a "poor" rating. Do not count as empty if store personnel are restocking at time of visit.	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 3 – December 2012

STORE OVERALL

D4.1 Activities

(1) Material/Activity	(2) Present?		(3) Language? <i>Check all that apply.</i>		
	Y	N	English	Spanish	Other
Posters or signs elsewhere in store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. "buy 1 get 1 free" and "buy 3 for \$4.99"</i>	<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"/>

Additional comments on material/activities: _____

D4.2 Customers *Was the store:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4.3 Store Offerings

(1) Category	(2) Has?
Bakery	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

D4.4 Exterior Poster / Sign Tally

Count of posters or signs on store exterior (windows, doors, walls, roof) that have a promotional message about fruits and/or vegetables other than product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs on store exterior/property	
Tally of <u>HIP posters</u> or signs on store exterior/property	

Additional comments on posters or signs: _____

ROUND 3 – December 2012

Check that all sections are complete.

**If complete, fill in time of completion on coversheet,
and Comments Form on next page.**

ROUND 3 – December 2012**COMMENTS FORM – COMPLETE AFTER LEAVING STORE**

Section D: Store Food Environment	Good	Fair	Poor
Did store employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding foods for the inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete Section D unassisted, please describe how the store employee(s) interacted with you during the completion of this section.

Write in any other comments below:

14. Farmers Market Observations: Round 2

14.1 Farmers Market: Token System

ROUND 2 – Farmer’s Market – August 2012

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Name of Market: _____ Number of Vendors: _____

Address: _____

EBT Method: 3 TOKENS

Market Manager’s Name: _____

Daytime Phone: _____ - _____ - _____ X _____

Other Phone: _____ - _____ - _____ X _____

Appointment Date: ____ / ____ / ____

Appointment Time: ____ : ____ AM/PM

Actual Visit Date: ____ / ____ / ____

Start Time: ____ : ____ AM/PM

End Time: ____ : ____ AM/PM

Observer ID (Initials): ____

ROUND 2 – Farmer’s Market – August 2012**SECTION A: INTRODUCTION & GENERAL QUESTIONS - ALL MARKET MANAGERS**

“Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

“To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

There are two parts to our visit today. I would like to work with you and two or three vendors to walk through a simulated HIP transaction; at the same time, my partner would like to walk around the market and make notes on her observations.

A1 DID YOU MEET THE **MARKET MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A1.1 IF NO, WHO DID YOU MEET? NAME: _____

POSITION/TITLE: _____

First, I have a few questions about how HIP has impacted your Market.

A2 What has been the response from customers, either positive or negative, regarding HIP?

A3 What impact has participation in HIP had on processing SNAP and HIP transactions at your Market?

A4 If HIP becomes an ongoing nationwide program, what changes would you like to see made in how it is used at Farmer’s Markets?

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

ROUND 2 – Farmer’s Market – August 2012**SECTION B: SIMULATED TRANSACTION – Market Manager****MARKET MANAGER**

I’d like to understand how customers purchase HIP items. Please walk me through the process assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would...” or “Then I would....”

MARKET MANAGER

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card at Manager’s Table	
<input type="checkbox"/>	<input type="checkbox"/>	Ask customer how many dollars they want to spend on SNAP eligible foods	
<input type="checkbox"/>	<input type="checkbox"/>	Enter total amount for SNAP – press enter	
<input type="checkbox"/>	<input type="checkbox"/>	Enter dollar amount of HIP tokens requested	
<input type="checkbox"/>	<input type="checkbox"/>	Give HIP and SNAP tokens to customer	

Now, I’d like to talk with two or three Vendors about how HIP items are paid for at their station. Can you recommend Vendors I should visit?

ROUND 2 – Farmer’s Market – August 2012**SECTION B: SIMULATED TRANSACTION – Vendor #1**

[COMPLETE FOR TWO TO THREE VENDORS]

VENDOR #1

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about five minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- **HIP approved fruit**
- **HIP approved vegetable**
- **White potatoes, if available**
- **A second non-HIP food item, if available** (herbs, eggs, honey, seeds and plants, baked goods)
- **A non-food item, if available**

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

Prompt Vendor to describe each of the steps below in the transaction.

Write in any additional steps in (1). Write in any notes in (2).

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP from non-HIP foods	
<input type="checkbox"/>	<input type="checkbox"/>	Encourage customer to use HIP tokens first, or request a refund	
<input type="checkbox"/>	<input type="checkbox"/>	Accept the SNAP and HIP Tokens as payment	
<input type="checkbox"/>	<input type="checkbox"/>	Reconcile tokens with Market Manager to receive payment	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012**SECTION B: SIMULATED TRANSACTION – Vendor #2****VENDOR #2**

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about five minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- **HIP approved fruit**
- **HIP approved vegetable**
- **White potatoes, if available**
- **A second non-HIP food item, if available** (herbs, eggs, honey, seeds and plants, baked goods)
- **A non-food item, if available**

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

Prompt Vendor to describe each of the steps below in the transaction.

Write in any additional steps in (1). Write in any notes in (2).

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP from non-HIP foods	
<input type="checkbox"/>	<input type="checkbox"/>	Encourage customer to use HIP tokens first, or request a refund	
<input type="checkbox"/>	<input type="checkbox"/>	Accept the SNAP and HIP Tokens as payment	
<input type="checkbox"/>	<input type="checkbox"/>	Reconcile tokens with Market Manager to receive payment	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012**SECTION B: SIMULATED TRANSACTION – Vendor #3****VENDOR #3**

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about five minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- **HIP approved fruit**
- **HIP approved vegetable**
- **White potatoes, if available**
- **A second non-HIP food item, if available** (herbs, eggs, honey, seeds and plants, baked goods)
- **A non-food item, if available**

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

Prompt Vendor to describe each of the steps below in the transaction.

Write in any additional steps in (1). Write in any notes in (2).

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Separate HIP from non-HIP foods	
<input type="checkbox"/>	<input type="checkbox"/>	Encourage customer to use HIP tokens first, or request a refund	
<input type="checkbox"/>	<input type="checkbox"/>	Accept the SNAP and HIP Tokens as payment	
<input type="checkbox"/>	<input type="checkbox"/>	Reconcile tokens with Market Manager to receive payment	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012

Check that all sections are complete.

If complete, fill in Comments Form below after leaving Vendor.

COMMENTS FORM: TO BE COMPLETED AFTER YOU LEAVE VENDOR

VENDOR 1: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

VENDOR 2: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

VENDOR 3: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

ROUND 2 – Farmer’s Market – August 2012

SECTION C: MARKET ENVIRONMENT

C1 Visual Appeal

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

C2 Market Conditions - Fresh

Rate the conditions in the sections of the Market selling **fresh fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>spoiled food odor would merit a “poor” rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

C3 Fruit and Vegetable Related Activities

(1) Material/Activity	(2) Present?		(3) Language?		
	Y	N	<i>Check all that apply.</i>		
			English	Spanish	Other
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. “buy 1 get 1 free” and “buy 3 for \$4.99”</i>	<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"/>

Additional comments on material/activities: _____

C4 Customers *Was the market:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 2 – Farmer’s Market – August 2012**C5 Market Offerings**

(1) Category	(2) Has?
Baked goods	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

C6 Poster / Sign Tally

Count of posters or signs that have a promotional message about fruits and/or vegetables other than product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs	
Tally of <u>HIP posters</u> or signs	

Additional comments on posters or signs: _____

Check that all sections are complete.

If complete, fill in time of completion on coversheet.

ROUND 2 – Farmer’s Market – August 2012**COMMENTS FORM – COMPLETE AFTER LEAVING MARKET**

Market Environment	YES	NO
Did market employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>

	Good	Fair	Poor
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete the Market Environment section unassisted, please describe how the market employee(s) interacted with you during the completion of this section.

Write in any other comments below:

14.2 Farmers Market: Mobile Market Plus System

ROUND 2 – Farmer's Market – August 2012

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Name of Market: _____ Number of Vendors: _____

Address: _____

EBT Method: 3 Mobile Market+

Market Manager's Name: _____

Daytime Phone: _____ - _____ - _____ X _____

Other Phone: _____ - _____ - _____ X _____

Appointment Date: ____ / ____ / ____

Appointment Time: ____ : ____ AM/PM

Actual Visit Date: ____ / ____ / ____

Start Time: ____ : ____ AM/PM

End Time: ____ : ____ AM/PM

Observer ID (Initials): ____

ROUND 2 – Farmer’s Market – August 2012**SECTION A: INTRODUCTION & GENERAL QUESTIONS - ALL MARKET MANAGERS**

“Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

“To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

There are two parts to our visit today. I would like to work with you and two or three vendors to walk through a simulated HIP transaction; at the same time, my partner would like to walk around the market and make notes on her observations.

A1 DID YOU MEET THE **MARKET MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A1.1 IF NO, WHO DID YOU MEET? NAME: _____

POSITION/TITLE: _____

First, I have a few questions about how HIP has impacted your Market.

A2 What has been the response from customers, either positive or negative, regarding HIP?

A3 What impact has participation in HIP had on processing SNAP and HIP transactions at your Market?

A4 If HIP becomes an ongoing nationwide program, what changes would you like to see made in how it is used at Farmer’s Markets?

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

ROUND 2 – Farmer’s Market – August 2012**SECTION B: SIMULATED TRANSACTION – MobileMarket+****MARKET MANAGER**

I’d like to talk with two or three Vendors about how HIP items are paid for at their station. Can you recommend Vendors I should visit?

[COMPLETE THIS SECTION FOR TWO TO THREE VENDORS]

VENDOR #1

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about ten minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- ***HIP approved fruit***
- ***HIP approved vegetable***
- ***White potatoes, if available***
- ***A second non-HIP food item, if available (herbs, eggs, honey, seeds and plants, baked goods)***
- ***A non-food item, if available***

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

GO TO NEXT PAGE

ROUND 2 – Farmer’s Market – August 2012**VENDOR #1**

*Prompt Vendor to describe each of the steps below in the transaction.
Write in any additional steps in (1). Write in any notes in (2).*

Yes	No	(1) Step	(2) Notes
VENDOR LOGIN/CHANGING USER			
<input type="checkbox"/>	<input type="checkbox"/>	Select <i>Mobile Market+</i> application	
<input type="checkbox"/>	<input type="checkbox"/>	Tap white box next to USER and select USER by tapping your merchant/vendor name	
<input type="checkbox"/>	<input type="checkbox"/>	Enter password	
<input type="checkbox"/>	<input type="checkbox"/>	Tap LOGIN in upper right corner	
SNAP and HIP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Tap TRANSACTIONS icon located at the bottom left corner of screen	
<input type="checkbox"/>	<input type="checkbox"/>	Select SNAP PURCHASE	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card, or manually enter number – and tap NEXT	
<input type="checkbox"/>	<input type="checkbox"/>	Ask the customer to enter their PIN and tap NEXT	
<input type="checkbox"/>	<input type="checkbox"/>	Select PURCHASE AMT and enter total	
<input type="checkbox"/>	<input type="checkbox"/>	Select HIP AMOUNT and enter total	
<input type="checkbox"/>	<input type="checkbox"/>	Tap DONE	
<input type="checkbox"/>	<input type="checkbox"/>	Tap SUBMIT and tap YES to continue with the transaction	
<input type="checkbox"/>	<input type="checkbox"/>	Customer receipt will automatically print	
<input type="checkbox"/>	<input type="checkbox"/>	Copies of receipts are saved to the device (iPod) – and can be accessed within 30 days of transaction	
<input type="checkbox"/>	<input type="checkbox"/>	Tap DONE if transaction complete	
<input type="checkbox"/>	<input type="checkbox"/>	TRANSACTION screen will appear again	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012**VENDOR #2**

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about ten minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- *HIP approved fruit*
- *HIP approved vegetable*
- *White potatoes, if available*
- *A second non-HIP food item, if available (herbs, eggs, honey, seeds and plants, baked goods)*
- *A non-food item, if available*

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

GO TO NEXT PAGE

ROUND 2 – Farmer’s Market – August 2012**VENDOR #2**

*Prompt Vendor to describe each of the steps below in the transaction.
Write in any additional steps in (1). Write in any notes in (2).*

Yes	No	(1) Step	(2) Notes
VENDOR LOGIN/CHANGING USER			
<input type="checkbox"/>	<input type="checkbox"/>	Select <i>Mobile Market+</i> application	
<input type="checkbox"/>	<input type="checkbox"/>	Tap white box next to USER and select USER by tapping your merchant/vendor name	
<input type="checkbox"/>	<input type="checkbox"/>	Enter password	
<input type="checkbox"/>	<input type="checkbox"/>	Tap LOGIN in upper right corner	
SNAP and HIP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Tap TRANSACTIONS icon located at the bottom left corner of screen	
<input type="checkbox"/>	<input type="checkbox"/>	Select SNAP PURCHASE	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card, or manually enter number – and tap NEXT	
<input type="checkbox"/>	<input type="checkbox"/>	Ask the customer to enter their PIN and tap NEXT	
<input type="checkbox"/>	<input type="checkbox"/>	Select PURCHASE AMT and enter total	
<input type="checkbox"/>	<input type="checkbox"/>	Select HIP AMOUNT and enter total	
<input type="checkbox"/>	<input type="checkbox"/>	Tap DONE	
<input type="checkbox"/>	<input type="checkbox"/>	Tap SUBMIT and tap YES to continue with the transaction	
<input type="checkbox"/>	<input type="checkbox"/>	Customer receipt will automatically print	
<input type="checkbox"/>	<input type="checkbox"/>	Copies of receipts are saved to the device (iPod) – and can be accessed within 30 days of transaction	
<input type="checkbox"/>	<input type="checkbox"/>	Tap DONE if transaction complete	
<input type="checkbox"/>	<input type="checkbox"/>	TRANSACTION screen will appear again	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012**VENDOR #3**

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about ten minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- ***HIP approved fruit***
- ***HIP approved vegetable***
- ***White potatoes, if available***
- ***A second non-HIP food item, if available (herbs, eggs, honey, seeds and plants, baked goods)***
- ***A non-food item, if available***

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

GO TO NEXT PAGE

ROUND 2 – Farmer’s Market – August 2012**VENDOR #3**

*Prompt Vendor to describe each of the steps below in the transaction.
Write in any additional steps in (1). Write in any notes in (2).*

Yes	No	(1) Step	(2) Notes
VENDOR LOGIN/CHANGING USER			
<input type="checkbox"/>	<input type="checkbox"/>	Select <i>Mobile Market+</i> application	
<input type="checkbox"/>	<input type="checkbox"/>	Tap white box next to USER and select USER by tapping your merchant/vendor name	
<input type="checkbox"/>	<input type="checkbox"/>	Enter password	
<input type="checkbox"/>	<input type="checkbox"/>	Tap LOGIN in upper right corner	
SNAP and HIP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Tap TRANSACTIONS icon located at the bottom left corner of screen	
<input type="checkbox"/>	<input type="checkbox"/>	Select SNAP PURCHASE	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card, or manually enter number – and tap NEXT	
<input type="checkbox"/>	<input type="checkbox"/>	Ask the customer to enter their PIN and tap NEXT	
<input type="checkbox"/>	<input type="checkbox"/>	Select PURCHASE AMT and enter total	
<input type="checkbox"/>	<input type="checkbox"/>	Select HIP AMOUNT and enter total	
<input type="checkbox"/>	<input type="checkbox"/>	Tap DONE	
<input type="checkbox"/>	<input type="checkbox"/>	Tap SUBMIT and tap YES to continue with the transaction	
<input type="checkbox"/>	<input type="checkbox"/>	Customer receipt will automatically print	
<input type="checkbox"/>	<input type="checkbox"/>	Copies of receipts are saved to the device (iPod) – and can be accessed within 30 days of transaction	
<input type="checkbox"/>	<input type="checkbox"/>	Tap DONE if transaction complete	
<input type="checkbox"/>	<input type="checkbox"/>	TRANSACTION screen will appear again	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012

Check that all sections are complete.

If complete, fill in Comments Form below after leaving Vendor.

COMMENTS FORM: TO BE COMPELTED AFTER YOU LEAVE VENDOR

VENDOR 1: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

VENDOR 2: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

VENDOR 3: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

ROUND 2 – Farmer’s Market – August 2012

SECTION C: MARKET ENVIRONMENT

C1 Visual Appeal

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

C2 Market Conditions - Fresh

Rate the conditions in the sections of the Market selling **fresh fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>spoiled food odor would merit a “poor” rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

C3 Fruit and Vegetable Related Activities

(1) Material/Activity	(2) Present?		(3) Language?		
	Y	N	<i>Check all that apply.</i>		
	English	Spanish	Other		
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. “buy 1 get 1 free” and “buy 3 for \$4.99”</i>	<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"/>

Additional comments on material/activities: _____

C4 Customers *Was the market:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 2 – Farmer’s Market – August 2012**C5 Market Offerings**

(1) Category	(2) Has?
Baked goods	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

C6 Poster / Sign Tally

Count of posters or signs that have a promotional message about fruits and/or vegetables other than product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs	
Tally of <u>HIP posters</u> or signs	

Additional comments on posters or signs: _____

Check that all sections are complete.

If complete, fill in time of completion on coversheet.

ROUND 2 – Farmer’s Market – August 2012**COMMENTS FORM – COMPLETE AFTER LEAVING MARKET**

Market Environment	YES	NO
Did market employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>

	Good	Fair	Poor
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete the Market Environment section unassisted, please describe how the market employee(s) interacted with you during the completion of this section.

Write in any other comments below:

14.3 Farmers Market: e-HIP System

ROUND 2 – Farmer’s Market – August 2012

OMB Control No: 0584-0561
Expiration Date: 08/31/2014

COVER SHEET

Name of Market: _____ Number of Vendors: _____

Address: _____

EBT Method: 3 e-HIP

Market Manager’s Name: _____

Daytime Phone: _____ - _____ - _____ X _____

Other Phone: _____ - _____ - _____ X _____

Appointment Date: ____ / ____ / ____

Appointment Time: ____ : ____ AM/PM

Actual Visit Date: ____ / ____ / ____

Start Time: ____ : ____ AM/PM

End Time: ____ : ____ AM/PM

Observer ID (Initials): ____

ROUND 2 – Farmer’s Market – August 2012**SECTION A: INTRODUCTION & GENERAL QUESTIONS - ALL MARKET MANAGERS**

“Hello, my name is _____, I work with the Healthy Incentives Pilot, or HIP. I’m here to conduct the observation we discussed over the phone.”

“To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].”

There are two parts to our visit today. I would like to work with you and two or three vendors to walk through a simulated HIP transaction; at the same time, my partner would like to walk around the market and make notes on her observations.

A1 DID YOU MEET THE **MARKET MANAGER/OWNER** IDENTIFIED ON THE COVERSHEET? Y / N

A1.1 IF NO, WHO DID YOU MEET? NAME: _____

POSITION/TITLE: _____

First, I have a few questions about how HIP has impacted your Market.

A2 What has been the response from customers, either positive or negative, regarding HIP?

A3 What impact has participation in HIP had on processing SNAP and HIP transactions at your Market?

A4 If HIP becomes an ongoing nationwide program, what changes would you like to see made in how it is used at Farmer’s Markets?

IF NECESSARY : Public reporting burden for this collection of information for store personnel (Sections A through C) is estimated to average 10-15 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0561). Do not return the completed form to this address.

ROUND 2 – Farmer’s Market – August 2012**SECTION B: SIMULATED TRANSACTION – eHIP****MARKET MANAGER**

I’d like to understand how customers purchase HIP items. Please walk me through the process assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would...” or “Then I would....”

MARKET MANAGER

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Customer asks to purchase credits from the Market Manager	
<input type="checkbox"/>	<input type="checkbox"/>	Market Manager uses eHIP to enter credits	
<input type="checkbox"/>	<input type="checkbox"/>	Ask customer how many dollars they want to spend on SNAP eligible foods	
<input type="checkbox"/>	<input type="checkbox"/>	Enter total amount for SNAP – press enter	
<input type="checkbox"/>	<input type="checkbox"/>	Enter dollar amount of HIP requested	
<input type="checkbox"/>	<input type="checkbox"/>	Credits can now be used by vendors	

Now, I’d like to talk with two or three Vendors about how HIP items are paid for at their station. Can you recommend Vendors I should visit?

ROUND 2 – Farmer’s Market – August 2012

[COMPLETE THIS SECTION FOR TWO OR THREE VENDORS]

VENDOR #1

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about ten minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- *HIP approved fruit*
- *HIP approved vegetable*
- *White potatoes, if available*
- *A second non-HIP food item, if available (herbs, eggs, honey, seeds and plants, baked goods)*
- *A non-food item, if available*

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

ROUND 2 – Farmer’s Market – August 2012**VENDOR #1**

Prompt Vendor to describe each of the steps below in the transaction.

Write in any additional steps in (1). Write in any notes in (2).

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Press the <i>SWIPE CARD</i> application	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card, or manually enter the card number	
<input type="checkbox"/>	<input type="checkbox"/>	Tap <i>PURCHASE</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the Vendor PIN	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PAYMENT category: SNAP/EBT	
<input type="checkbox"/>	<input type="checkbox"/>	Credits purchased are displayed on CARD TYPE screen	

HIP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Select the CARD TYPE: HIP	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PRODUCT TYPE: HIP Fruit or Vegetable	
<input type="checkbox"/>	<input type="checkbox"/>	HIP Credit Balance is displayed	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the amount of sale of HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Either ADD PRODUCT or COMPLETE SALE	
<input type="checkbox"/>	<input type="checkbox"/>	Enter YES at confirmation screen	
SNAP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Select the CARD TYPE: SNAP	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PRODUCT TYPE: Other SNAP Eligible	
<input type="checkbox"/>	<input type="checkbox"/>	SNAP Credit Balance is displayed	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the amount of sale of SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Either ADD PRODUCT or COMPLETE SALE	
<input type="checkbox"/>	<input type="checkbox"/>	Enter YES at confirmation screen	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012**VENDOR #2**

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about ten minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- *HIP approved fruit*
- *HIP approved vegetable*
- *White potatoes, if available*
- *A second non-HIP food item, if available (herbs, eggs, honey, seeds and plants, baked goods)*
- *A non-food item, if available*

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

ROUND 2 – Farmer’s Market – August 2012**VENDOR #2**

*Prompt Vendor to describe each of the steps below in the transaction.
Write in any additional steps in (1). Write in any notes in (2).*

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Press the <i>SWIPE CARD</i> application	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card, or manually enter the card number	
<input type="checkbox"/>	<input type="checkbox"/>	Tap <i>PURCHASE</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the Vendor PIN	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PAYMENT category: SNAP/EBT	
<input type="checkbox"/>	<input type="checkbox"/>	Credits purchased are displayed on CARD TYPE screen	

HIP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Select the CARD TYPE: HIP	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PRODUCT TYPE: HIP Fruit or Vegetable	
<input type="checkbox"/>	<input type="checkbox"/>	HIP Credit Balance is displayed	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the amount of sale of HIP items	
<input type="checkbox"/>	<input type="checkbox"/>	Either ADD PRODUCT or COMPLETE SALE	
<input type="checkbox"/>	<input type="checkbox"/>	Enter YES at confirmation screen	
SNAP TRANSACTION			
<input type="checkbox"/>	<input type="checkbox"/>	Select the CARD TYPE: SNAP	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PRODUCT TYPE: Other SNAP Eligible	
<input type="checkbox"/>	<input type="checkbox"/>	SNAP Credit Balance is displayed	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the amount of sale of SNAP items	
<input type="checkbox"/>	<input type="checkbox"/>	Either ADD PRODUCT or COMPLETE SALE	
<input type="checkbox"/>	<input type="checkbox"/>	Enter YES at confirmation screen	

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012**VENDOR #3**

Hello, my name is _____, and I work for Abt Associates. We’re conducting a study about the Healthy Incentives Pilot, or HIP, on behalf of the Food and Nutrition Services Department of the USDA. As part of this evaluation, we’re visiting Retailers and Farmers Markets in Hampden County to see in-person how operations are affected by HIP. I would like to talk with you about the steps involved in making HIP and non-HIP purchases. It should take about ten minutes to walk through the steps, do you have time now?

To start, I am required to read the following: All information collected during this Observation will be kept secure and private, except as otherwise required by law. Only the researchers at Abt—not FNS or other government agencies—will know your responses provided during the visit. Your responses are protected from disclosure under the Freedom of Information Act. We will not use your name or your Market’s identity in any government reports or other publications. If you have questions about your rights as part of this study, you may contact Teresa Doksum at Abt Associates [if necessary: (877) 520-6835 (toll-free)].

Before we walk through a HIP purchase, I’d like to grab a few items so we can talk through the process.

Collect the following items from the Vendor’s booth:

- *HIP approved fruit*
- *HIP approved vegetable*
- *White potatoes, if available*
- *A second non-HIP food item, if available (herbs, eggs, honey, seeds and plants, baked goods)*
- *A non-food item, if available*

Now I’d like you to walk me through the purchasing process for these items assuming that I am a HIP customer. Be clear in telling me about each of these steps. You can use phrases like “First, I would ...” or “Then I would ...”

ROUND 2 – Farmer’s Market – August 2012**VENDOR #3**

Prompt Vendor to describe each of the steps below in the transaction.

Write in any additional steps in (1). Write in any notes in (2).

Yes	No	(1) Step	(2) Notes
<input type="checkbox"/>	<input type="checkbox"/>	Press the <i>SWIPE CARD</i> application	
<input type="checkbox"/>	<input type="checkbox"/>	Swipe EBT card, or manually enter the card number	
<input type="checkbox"/>	<input type="checkbox"/>	Tap <i>PURCHASE</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Enter the Vendor PIN	
<input type="checkbox"/>	<input type="checkbox"/>	Select the PAYMENT category: SNAP/EBT	
<input type="checkbox"/>	<input type="checkbox"/>	Credits purchased are displayed on CARD TYPE screen	

HIP TRANSACTION		
<input type="checkbox"/>	<input type="checkbox"/>	Select the CARD TYPE: HIP
<input type="checkbox"/>	<input type="checkbox"/>	Select the PRODUCT TYPE: HIP Fruit or Vegetable
<input type="checkbox"/>	<input type="checkbox"/>	HIP Credit Balance is displayed
<input type="checkbox"/>	<input type="checkbox"/>	Enter the amount of sale of HIP items
<input type="checkbox"/>	<input type="checkbox"/>	Either ADD PRODUCT or COMPLETE SALE
<input type="checkbox"/>	<input type="checkbox"/>	Enter YES at confirmation screen
SNAP TRANSACTION		
<input type="checkbox"/>	<input type="checkbox"/>	Select the CARD TYPE: SNAP
<input type="checkbox"/>	<input type="checkbox"/>	Select the PRODUCT TYPE: Other SNAP Eligible
<input type="checkbox"/>	<input type="checkbox"/>	SNAP Credit Balance is displayed
<input type="checkbox"/>	<input type="checkbox"/>	Enter the amount of sale of SNAP items
<input type="checkbox"/>	<input type="checkbox"/>	Either ADD PRODUCT or COMPLETE SALE
<input type="checkbox"/>	<input type="checkbox"/>	Enter YES at confirmation screen

Provide more notes about the simulated transaction below:

ROUND 2 – Farmer’s Market – August 2012

Check that all sections are complete.

If complete, fill in Comments Form below after leaving Vendor.

COMMENTS FORM: TO BE COMPELTED AFTER YOU LEAVE VENDOR

VENDOR 1: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

VENDOR 2: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

VENDOR 3: Simulated Transaction	Good	Fair	Poor
Engagement/attitude of Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of Vendor in responding to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort in completing this section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in any other comments below:

ROUND 2 – Farmer’s Market – August 2012

SECTION C: MARKET ENVIRONMENT

C1 Visual Appeal

What **share** of fresh fruits and vegetables are visually appealing (e.g. not bruised, wilted, overripe, or rotting)?

Fresh fruits:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all
Fresh vegetables:	<input type="checkbox"/> None	<input type="checkbox"/> some but less than half	<input type="checkbox"/> about half	<input type="checkbox"/> more than half	<input type="checkbox"/> all

C2 Market Conditions - Fresh

Rate the conditions in the sections of the Market selling **fresh fruits and/or vegetables**.

	Poor	Okay
Cleanliness <i>spoiled food odor would merit a “poor” rating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Stocking of displays <i>Empty spaces or shelves would merit a “poor” rating. Do not count as empty if store personnel are restocking at time of visit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Overall atmosphere	<input type="checkbox"/>	<input type="checkbox"/>

C3 Fruit and Vegetable Related Activities

(1) Material/Activity	(2) Present?		(3) Language?		
	Y	N	<i>Check all that apply.</i>		
			English	Spanish	Other
Recipes or fliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price or volume promotions <i>e.g. “buy 1 get 1 free” and “buy 3 for \$4.99”</i>	<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"/>

Additional comments on material/activities: _____

C4 Customers *Was the market:*

Very busy	Busy in some areas but not in others	Few or no customers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUND 2 – Farmer’s Market – August 2012**C5 Market Offerings**

(1) Category	(2) Has?
Baked goods	Y / N
Prepared foods (Includes deli, hot entrees, and meals)	Y / N
Fresh meats/seafood	Y / N
Frozen foods	Y / N
Canned foods	Y / N
Refrigerated foods	Y / N
Dry goods (e.g. cereal)	Y / N
Alcoholic beverages	Y / N
Non-food items	Y / N

C6 Poster / Sign Tally

Count of posters or signs that have a promotional message about fruits and/or vegetables other than product description and price. Posters or signs can have pictures of fruits and vegetables with or without words. Do not count SNAP/WIC stickers or posters.

Tally of <u>fruit and vegetable</u> posters or signs	
Tally of <u>HIP posters</u> or signs	

Additional comments on posters or signs: _____

Check that all sections are complete.

If complete, fill in time of completion on coversheet.

ROUND 2 – Farmer’s Market – August 2012**COMMENTS FORM – COMPLETE AFTER LEAVING MARKET**

Market Environment	YES	NO
Did market employees show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>
Did customers show concern/suspicion?	<input type="checkbox"/>	<input type="checkbox"/>

	Good	Fair	Poor
Your comfort in completing this questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were not able to complete the Market Environment section unassisted, please describe how the market employee(s) interacted with you during the completion of this section.

Write in any other comments below:
