

Name of School: _____

School MPR ID#: _____

Interviewer ID#: _____

Date: _____

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx



School Nutrition Dietary Assessment Study













Pre-Visit Questionnaire

Time Burden for this collection of information is estimated to average 45 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CHARACTERISTICS OF SAMPLED SCHOOLS—PRE-VISIT QUESTIONNAIRE

To plan our on-site data collection, we need some additional information about the three schools sampled in your district. I'll ask the same questions for each school (starting with school 1/next for school 2/finally for school 3.)

	School 1	School 2	School 3
Names of Schools	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____	MPR ID: _____ LEVEL: _____ _____
1. What grades are included in school? CHECK ALL THAT APPLY	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12	P <input type="checkbox"/> Pre-K K <input type="checkbox"/> K 1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 <input type="checkbox"/> 6 7 <input type="checkbox"/> 7 8 <input type="checkbox"/> 8 9 <input type="checkbox"/> 9 10 <input type="checkbox"/> 10 11 <input type="checkbox"/> 11 12 <input type="checkbox"/> 12
1a. Is this a charter school?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No d <input type="checkbox"/> Don't know
2. As of October 1 of the current school year, what was the total enrollment at SCHOOL?			
3. Does SCHOOL operate under Provision 2 for the NSLP or SBP? NOTE: Provisions 2 schools serve meals at no charge to all children as determined by application once every three years.	1 <input type="checkbox"/> NSLP  GO TO Q.7 2 <input type="checkbox"/> SBP  GO TO Q.7 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP  GO TO Q.7 2 <input type="checkbox"/> SBP  GO TO Q.7 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP  GO TO Q.7 2 <input type="checkbox"/> SBP  GO TO Q.7 0 <input type="checkbox"/> None of the above
4. Does SCHOOL operate under Provision 3 for the NSLP or SBP? NOTE: Provisions 3 schools serve meals at no charge to all children regardless of eligibility status.	1 <input type="checkbox"/> NSLP  GO TO Q.7 2 <input type="checkbox"/> SBP  GO TO Q.7 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP  GO TO Q.7 2 <input type="checkbox"/> SBP  GO TO Q.7 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> NSLP  GO TO Q.7 2 <input type="checkbox"/> SBP  GO TO Q.7 0 <input type="checkbox"/> None of the above
5. How many students in SCHOOL are approved for free meals?			
6. How many students in SCHOOL are approved for reduced-price meals?			

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

Names of Schools	School 1	School 2	School 3
	_____	_____	_____
12. Does SCHOOL use a cycle menu?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.14
13. What is the length of the cycle in days?	_ _ DAYS	_ _ DAYS	_ _ DAYS
14. Does SCHOOL offer foods from national or regional brand-name or chain restaurants, such as Domino's, McDonald's, Burger King, Taco Bell, Pizza Hut or Subway?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.15
14a. Are these foods offered in reimbursable meals?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
15. Are meals for SCHOOL partly or fully prepared in an off-site kitchen?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
15a. What is the name of the person who completes production records at SCHOOL?	NAME _____ PHONE NUMBER _____	NAME _____ PHONE NUMBER _____	NAME _____ PHONE NUMBER _____
16. What time do the school doors open for students?	_ _ : _ _ AM	_ _ : _ _ AM	_ _ : _ _ AM
17. When does the first school bus usually arrive at school?	_ _ : _ _ AM 0 <input type="checkbox"/> No school buses in the AM	_ _ : _ _ AM 0 <input type="checkbox"/> No school buses in the AM	_ _ : _ _ AM 0 <input type="checkbox"/> No school buses in the AM
18. When does the last school bus usually arrive at school in the morning?	_ _ : _ _ AM 0 <input type="checkbox"/> No school buses in the PM	_ _ : _ _ AM 0 <input type="checkbox"/> No school buses in the PM	_ _ : _ _ AM 0 <input type="checkbox"/> No school buses in the PM
19. What time do you usually start serving breakfast?	_ _ : _ _ AM 0. <input type="checkbox"/> No breakfast program	_ _ : _ _ AM 0. <input type="checkbox"/> No breakfast program	_ _ : _ _ AM 0. <input type="checkbox"/> No breakfast program
20. What time does the first class of the day usually start?	_ _ : _ _ AM	_ _ : _ _ AM	_ _ : _ _ AM
21. What time does the last class of the day usually end?	_ _ : _ _ PM	_ _ : _ _ PM	_ _ : _ _ PM
22. Does the school have any scheduled days with early release of students?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.23	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.23	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → Go to Q.23
22a. On average, how many days per year are students released early?	_ _ DAYS PER YEAR	_ _ DAYS PER YEAR	_ _ DAYS PER YEAR
22b. What meals are offered on early release days? CHECK ALL THAT APPLY	0 <input type="checkbox"/> None 1 <input type="checkbox"/> Breakfast 2 <input type="checkbox"/> Snack 3 <input type="checkbox"/> Limited lunch 4 <input type="checkbox"/> Full lunch	0 <input type="checkbox"/> None 1 <input type="checkbox"/> Snack 2 <input type="checkbox"/> Snack 3 <input type="checkbox"/> Limited lunch 4 <input type="checkbox"/> Full lunch	0 <input type="checkbox"/> None 1 <input type="checkbox"/> Snack 2 <input type="checkbox"/> Snack 3 <input type="checkbox"/> Limited lunch 4 <input type="checkbox"/> Full lunch

23. What (times are/time is) your lunch period(s)? Which grades have lunch during each period? As of October 1 of this school year, how many students were scheduled to have lunch during each period?

School 1				School 2				School 3				
School Name: _____				School Name: _____				School Name: _____				
Lunch Period	Time Period	Grades		Average Number of Students	Time Period	Grades		Average Number of Students	Time Period	Grades		Average Number of Students
1	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _
		PreK	6			PreK	6			PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
2	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _
		PreK	6			PreK	6			PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
3	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _
		PreK	6			PreK	6			PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
4	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _ TO: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _
		PreK	6			PreK	6			PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	

23. What (times are/time is) your lunch period(s)? Which grades have lunch during each period? As of October 1 of this school year, how many students were scheduled to have lunch during each period?

(Continued)

School 1				School 2				School 3				
School Name: _____				School Name: _____				School Name: _____				
Lunch Period	Time Period	Grades		Average Number of Students	Time Period	Grades		Average Number of Students	Time Period	Grades		Average Number of Students
5	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _
	TO: _ : _	PreK	6		PreK	6	PreK		6	PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
6	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _
	TO: _ : _	PreK	6		PreK	6	PreK		6	PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
7	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _
	TO: _ : _	PreK	6		PreK	6	PreK		6	PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
8	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ : _	CIRCLE ALL THAT APPLY		_ _ _
	TO: _ : _	PreK	6		PreK	6	PreK		6	PreK	6	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	

(Continued)

23. What (times are/time is) your lunch period(s)? Which grades have lunch during each period? As of October 1 of this school year, how many students were scheduled to have lunch during each period?

School 1				School 2				School 3				
School Name: _____				School Name: _____				School Name: _____				
Lunch Period	Time Period	Grades		Average Number of Students	Time Period	Grades		Average Number of Students	Time Period	Grades		Average Number of Students
9	FROM: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _
	TO: _ _ : _ _	PreK	6		PreK	6	PreK		6	TO: _ _ : _ _	PreK	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	
10	FROM: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _	FROM: _ _ : _ _	CIRCLE ALL THAT APPLY		_ _ _
	TO: _ _ : _ _	PreK	6		PreK	6	PreK		6	TO: _ _ : _ _	PreK	
		K	7			K	7			K	7	
		1	8			1	8			1	8	
		2	9			2	9			2	9	
		3	10			3	10			3	10	
		4	11			4	11			4	11	
		5	12			5	12			5	12	

	School 1	School 2	School 3
Names of Schools	_____	_____	_____
24. Now thinking about the 2003-2004 school year:			
24a. What was the average daily attendance?			
24b. How many full price lunches were claimed for 2003-2004?			
24c. How many reduced-price lunches were claimed for 2003-2004?			
24d. And, how many free lunches were claimed for 2003-2004?			
25. Now thinking about school breakfasts for 2003-2004 :			
25a. How many full price SBP breakfasts were claimed for the year?	_____ # FULL PRICE BREAKFASTS <input type="checkbox"/> No breakfast program in 2003-2004 GO TO NEXT SCHOOL ←	_____ # FULL PRICE BREAKFASTS <input type="checkbox"/> No breakfast program in 2003-2004 GO TO NEXT SCHOOL ←	_____ # FULL PRICE BREAKFASTS <input type="checkbox"/> No breakfast program in 2003-2004 GO TO END ←
25b. How many reduced-price SBP breakfasts were claimed for the year?			
25c. And, how many free breakfasts were claimed for 2003-2004?			

END. Thank you very much. This information will be very helpful for planning our visit.

ID#:

SFA:

City and State:

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx



School Nutrition Dietary Assessment Study

School Food Authority Survey

PLEASE RETURN BY (DATE)

Elementary School:

Middle School:

High School:

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

INSTRUCTIONS

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

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

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

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

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

SECTION I: SFA CHARACTERISTICS AND OPERATIONS

MENU PLANNING AND COMPUTER SYSTEMS

1. Does your district use a computerized system for any of the following functions?

MARK ALL THAT APPLY

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

1a. Which software system do you primarily use for the function(s) indicated above? If you have or use more than one system, please base your response on the one you use most often.

MARK ONE RESPONSE FOR EACH FUNCTION

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

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

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

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

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

MARK ONLY ONE

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

2. Does the person who has primary responsibility for planning menus in your district have any of the following qualifications?

MARK ALL THAT APPLY

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

3. Are all menus planned at the district level?

- 1 Yes → **Go to Q.4**
- 0 No

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

MARK ALL THAT APPLY

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

4. Which of the following USDA tools does your district use?

MARK ALL THAT APPLY

- 1 Assisted NuMenus Guidance: School Lunch and Breakfast Menus
- 2 Changing the Scene: Improving the School Nutrition Environment
- 3 Choice Plus: A Reference Guide for Foods and Ingredients
- 4 Community Nutrition Action Kit
- 5 Cooking a World of Tastes (videos)
- 6 Fight Back Managers Self-Inspection Checklist
- 7 First Choice (second edition)
- 8 Food Buying Guide for CN Programs
- 9 Fruits and Vegetables Galore
- 10 Healthy School Meals Training Program
- 11 Menu Planner for Healthy School Meals
- 12 New School Lunch And Breakfast Recipes/ Tool Kit for Healthy School Meals
- 13 Nutrient Analysis Protocols: How to Analyze Menus for USDA's School Meals Programs
- 14 Quantity Recipes for School Food Service
- 15 Serving It Safe: A Tool Kit (second edition)
- 16 Serving It Safe: A Tool Kit for Managers
- 17 Serving It Safe Training Video
- 18 Team Nutrition Guide to Purchasing Food Service Equipment
- 19 Other (*Specify*)

- 0 None of the above

4a. Is the district currently using all or in part “cashless” food service areas whereby all transactions are via PIN numbers or electronic debit cards?

- 1 Yes-All
 0 Yes, in part → What % of transactions?

		PERCENT OF TRANSACTIONS
--	--	-------------------------

- 0 No

5b. Are these items eligible for inclusion in reimbursable meals offered?

- 1 Yes
 0 No

5c. Which level of schools offer these items?

MARK ALL THAT APPLY

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

FOOD PURCHASING

5. Do any of the schools in your district offer foods from national or regional brand-name or chain restaurants, such as McDonald’s, Burger King, Taco Bell, Pizza Hut, Domino’s, or Subway?

- 1 Yes
 0 No → **Go to Q.6**

5a. Please list the brand-name or chain restaurant firms that you purchase from and the specific items that you offer. Alternatively, you may attach a list of vendors and items.

Vendor Name <input type="checkbox"/> List attached	Items Offered <input type="checkbox"/> List attached

6. Is your school district or are any schools in your district engaged in a “pouring rights” contract (that is, a long-term contract with a beverage company that establishes the company as a sole source vendor for beverages in the district or in the school)? Count both foodservice and other machines.

MARK ONE ANSWER

- 1 Yes, district-wide
 2 Yes, some schools
 0 No → **Go to Q.7**

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

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

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

6b. Where were the new machines installed?

MARK ALL THAT APPLY

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

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

- 1 Yes
- 0 No → **Go to Q.6e**

6d. Where were these beverage selling sites added?

MARK ALL THAT APPLY

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

6e. Does the beverage contract limit the types or brands of beverages that can be sold in school food service areas?

- 1 Yes
- 0 No

6f. Where does the income from the contract go?

MARK ALL THAT APPLY

- 0 No "pouring rights" (beverage) contract
 - 1 School food service account
 - 2 Individual school funds
 - 3 Athletic department
 - 4 District fund
 - 5 Other (*Specify*)
-

d Don't know

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

MARK ONE ANSWER

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

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

MARK ONE ANSWER

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

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

MARK ONE ANSWER

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

8. Does your district participate in a purchasing cooperative?

- 1 Yes
- 0 No → **Go to Q.9**

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

MARK ONE ANSWER

- 1 Limit
- 2 Expand
- 3 No effect

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

MARK ONE ANSWER

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

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

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

9a. Are there written guidelines?

- 1 Yes
- 0 No → **Go to Q.10**

9b. Please attach a copy of the guidelines for purchase of locally grown foods or briefly describe them below.

- 1 Guidelines attached

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

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

10b. Are there written guidelines?

- 1 Yes
- 0 No → **Go to Q.11**

10c. Please attach the guidelines related to fresh produce or briefly describe them below.

- 1 Guidelines attached

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

- 1 Yes
- 0 No

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

- 1 Yes
- 0 No

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

- 1 Yes
- 0 No → **Go to Q.14**

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

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

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

- 1 Yes
- 0 No → **Go to Q.16**

15. For what types of foods does your district require CN or other nutrient labels?

MARK ALL THAT APPLY

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

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

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

16b. Are there written guidelines?

- 1 Yes
- 0 No → **Go to Q.18**

17. Please attach a copy of these guidelines or briefly describe them below.

- 1 Guidelines attached

FOOD SAFETY AND SANITATION

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

- 1 Yes
- 0 No → **Go to Q.19**

18a. What types of training are required for **newly-hired** food service managers, cooks, or other food service staff?

MARK ALL THAT APPLY

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

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

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

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

- 1 Yes
- 0 No → **Go to Q.20**

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

MARK ALL THAT APPLY

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

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

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

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

MARK ONE ANSWER

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

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

MARK ONE ANSWER

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

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

MARK ALL THAT APPLY

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

- 0 No persistent problems or challenges

NUTRITION PROMOTION/EDUCATION

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

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

23b. Please list the 3 most important elements of the policy.

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

- 1 Yes
- 0 No → **Go to Q.24b**

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

MARK ALL THAT APPLY

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

24b. In the past 12 months, have you or anyone on your staff engaged in the following activities?

	Yes	No
a. Attended a PTA or other parent group meeting to discuss the school food service program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Provided families with information about the school food service program, other than basic menu information	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Invited family members to consume a school meal	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Participated in a nutrition education activity in a classroom	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Conducted a nutrition education activity in a food service area	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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

MARK ALL THAT APPLY

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

- 0 None of the above

MEAL PRICING

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

MARK ALL THAT APPLY

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

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

- 1 Yes
- 0 No → **Go to Q.27**

26b. What costs are included in the base for calculating meal prices?

MARK ALL THAT APPLY

- 1 Food
- 2 Production labor
- 3 Other production costs
- 4 Transportation
- 5 Administrative or indirect costs

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

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

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

MARK ALL THAT APPLY

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

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

- 1 Yes
- 0 No → **Go to Q.28**

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

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

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

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

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

YEAR

MONTH

- d Don't know → **Go to Q.18**

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

MARK ONE ANSWER FOR EACH FOOD TYPE

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

27f. What were the reasons for the change(s)?

MARK ALL THAT APPLY

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

- d Don't know

SECTION II: SFA DIRECTOR BACKGROUND AND EXPERIENCE

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

YEARS AND/OR MONTHS

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

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

--	--

 HOURS/WEEK

29c. Please indicate your other district or school level responsibilities.

MARK ALL THAT APPLY

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

- 6 Other (*Specify*)

- 0 No other responsibilities

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

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

Instructions for Menu Survey



INTRODUCTION TO MENU SURVEY

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

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

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

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

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

Daily Meal Counts Form

This one-page form (on tan paper) appears under the “Daily Meal Counts” tab in the Menu Survey booklet. This is a very simple form. All you need to do is write in the number of reimbursable lunches and breakfasts you serve each day of the target week. At the bottom of the form, you need to write in your total a la carte sales each day for the week.

Reimbursable Meals Forms

The next five tabs in the Menu Survey booklet (“Monday,” “Tuesday,” etc.) include forms that you will fill out each day of the target week. You will use these forms (white paper with red ink highlights) to provide information about all the items offered in reimbursable meals, including portion sizes, amount prepared, amount left over, and food descriptions needed for an accurate nutrient analysis. You will also need to check if any food item was sold a la carte.

Self-Serve/Made-to-Order Bar Forms

The final tab in the Menu Survey booklet includes forms for recording information about self-serve bars such as salad bars and condiment/finishing bars as well as made-to-order bars such as deli bars. You will use one form (purple paper) to describe the foods offered on each bar. You may not need all of the blank forms provided in this section.

Recipe Forms

In addition to forms that are bound into the Menu Survey booklet, you may use one other type of form when completing the Menu Survey—Recipe Forms. These are located in a white, stapled booklet. This manual explains when these forms are needed.

Daily Reminder List

In the accordion folder, filed under the “instructions” tab we have also included the Daily Reminder List. This double-sided card provides tips for getting organized before the target week and a summary of day-to-day activities for the target week.

We suggest that you store or post this list in a convenient location so you can refer to it during the target week.

The Rest of this Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, one or more completed samples are provided. These sample completed forms are located right behind the instructions for each form. *(EXAMPLES WILL BE INCLUDED IN VERSION SENT TO FOOD SERVICE MANAGERS)*

Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you a day or two before the start of the target week and again early during the target week, to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call our technical assistance line at 1-xxx-xxx-xxxx. **Thank you for your assistance with this important project!**

General Guidelines for Completing the Menu Survey

Getting Started

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

Off-Site Kitchens

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

Filling Out Forms

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

At the End of the Week

When you have completed the Menu Survey, please double-check your work to make sure you have provided all the necessary information. File the completed Menu Survey booklet and all supporting forms and materials in the accordion folder. Please do not return the completed forms until MPR's technical assistant instructs you to return them in the pre-addressed Federal Express envelope provided.

Instructions for Completing the Reimbursable Meals Form

(White paper with RED highlights)

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

Location: The Reimbursable Meals Forms (white paper with red highlights) are located behind the five Monday-Friday tabs in the Menu Survey booklet. **In each daily section, separate forms are provided for breakfast and lunch.**

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

How to Complete the *Reimbursable Meals Form*

Column A: Food Item

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

DO INCLUDE:

- All foods and drinks offered in **reimbursable meals**.
- All condiments, salad dressings, optional toppings, and snack items.
- Foods and drinks that are offered in reimbursable meals but may not count toward USDA meal pattern requirements.

DO NOT INCLUDE:

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

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

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

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

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

Column B: Portion Size

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

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

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

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

Column C: Amount Prepared or Available/Amount Left Over

This section of the form includes columns for recording the amount prepared and the amount left over for each item offered in reimbursable meals.

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

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

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

Column D: Any sold A la Carte

This section of the form includes a column with check boxes for you to indicate if any of the item was sold a la carte.

Column E: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer and brand name of the food or beverage listed in Column A

For any processed foods, which include most foods you serve except for fresh produce, please record the **manufacturer and/or brand** information. It is very common that a manufacturer name for a food may be available, but not brand. **Please do your best to record whatever manufacturer and/or brand information (or at least how the food is described on the package label) for all foods listed.**

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

(Item Col A)	Manufacturer	Brand Name
(Waffles)	Kellogg's	Eggo, mini
(Hot dog)	Farmland	Bronze medal franks
(Chicken fillet)	McCarty	Chicken Slimmers

Column F: Food Description

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

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

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

Column G: USDA Commodity

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

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

Column H: Recipe

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

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

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

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

(Lavender paper)

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

Location: Copies of the Self-Serve/Made-to-Order Bar Form (lavender paper) are located under the “Self-Serve/Made-to-Order Bars” tab in the Menu Survey booklet.

Note: A separate Self-Serve/Made-to-Order Bar Form must be completed for each type of self-serve bar or made-to-order bar offered.

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

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

Name of Bar

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

Meal

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

Day

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

Column A: Food Name

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

Column B: Portion Size (if pre-portioned)

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

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

Column C: Manufacturer/Brand Name and Product Code

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

Column D: Food Description

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

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

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

Column E: USDA Commodity

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

Column F: Recipe

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

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

Instructions for Completing Recipe Forms

(White paper, in separate booklet)

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

Location: A separate booklet of Recipe Forms is located in the “Recipe Forms” section of the accordion folder. If you need more forms than are included in the booklet, make copies of the form (two-sided). File the completed extra forms in the “Recipe Forms” section of the accordion folder.

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

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

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

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

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

How to Complete the Recipe Form

Recipe/Food Name

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

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

Meal

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

Day

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

Number of Servings Prepared

Write the total number of individual servings prepared. For some items, such as sandwiches, the Recipe Form may be used to describe the contents of a single serving, for example, one sandwich or one Chef’s salad.

Size of One Serving

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

Column A: Ingredient Name

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

Column B: Amount in Recipe

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

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

Column C: Manufacturer/Brand Name and Product Code

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

Column D: Ingredient Description

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

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

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

Column E: USDA Commodity

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

Column F: Recipe

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

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

Side 2

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

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

Be sure to:

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

Make sure the recipe includes:

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

DAILY MEAL COUNTS FORM



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

School Name: _____

Date: _____

Instructions:

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

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

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

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



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Reimbursable Meals Form: Foods Offered as Part of USDA Reimbursable Breakfast

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

School Name: _____

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

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

REIMBURSABLE MEALS FORM: BREAKFAST

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

REIMBURSABLE MEALS FORM: BREAKFAST

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

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size (Incl. Units)	C.		D. Any sold A la Carte	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)					
COMBINATION BREAD/MEAT ITEMS								
Breakfast burrito	oz.			<input type="checkbox"/>				<input type="checkbox"/>
Cheese sandwich, toasted	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Egg sandwich	1 sandwich			<input type="checkbox"/>		<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other		<input type="checkbox"/>
Egg sandwich	1 sandwich			<input type="checkbox"/>		<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other		<input type="checkbox"/>
French toast				<input type="checkbox"/>				<input type="checkbox"/>
French toast sticks	ea.			<input type="checkbox"/>		Weight of each stick: oz.		
Pancake on a stick	oz.			<input type="checkbox"/>				
				<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>				<input type="checkbox"/>
CONDIMENTS								
Self-serve bar	Self-serve			<input type="checkbox"/>		Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Butter				<input type="checkbox"/>				
Cream cheese				<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
Gravy				<input type="checkbox"/>				
Jelly				<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Ketchup				<input type="checkbox"/>				
Margarine				<input type="checkbox"/>				
Salsa				<input type="checkbox"/>				
Syrup				<input type="checkbox"/>		<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal		
				<input type="checkbox"/>				

REIMBURSABLE MEALS FORM: BREAKFAST

A. Food Item	B. Portion Size <i>(Incl. Units)</i>	C.		D. Any sold <i>A la Carte</i>	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available <i>(Incl. Units)</i>	Amount Left Over <i>(Incl. Units)</i>					
OTHER MENU ITEMS								
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
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							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Reimbursable Meals Form: Foods Offered as Part of USDA Reimbursable Lunch

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

School Name: _____

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

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

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C.		D. Any sold A la Carte	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)					
Pears, canned	Cup			<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
	Cup			<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
	Cup			<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
	Cup			<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
	Cup			<input type="checkbox"/>		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
JUCES (Note: Prelisted entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)								
Orange juice	fl oz.	cont.	cont.	<input type="checkbox"/>		Calcium added? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Apple juice	fl oz.	cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Frozen juice cup/bar	fl oz.	cont.	cont.	<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	fl oz.			<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	fl oz.			<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	fl oz.			<input type="checkbox"/>		Vitamin C added? <input type="checkbox"/> Yes <input type="checkbox"/> No		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C.		D. Any sold A la Carte	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)					
VEGETABLES								
Beans, green	Cup			<input type="checkbox"/>		Seasonings/fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	<input type="checkbox"/>	
Broccoli	Cup			<input type="checkbox"/>		Seasonings/fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	<input type="checkbox"/>	
Carrot sticks				<input type="checkbox"/>		If offered, list dip as separate item(s) or complete RECIPE FORM	<input type="checkbox"/>	
Corn, kernels	Cup			<input type="checkbox"/>		Seasonings/fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	<input type="checkbox"/>	
French fries	oz.	lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Peas, green	Cup			<input type="checkbox"/>		Seasonings/fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	<input type="checkbox"/>	
Potatoes, whipped	Cup			<input type="checkbox"/>		Seasonings/fat added: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>
Salad bar (non-entrée)	Self-serve					Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Tater tots or shapes	oz.	lbs.	lbs.	<input type="checkbox"/>		<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Salad, tossed	Cup			<input type="checkbox"/>		List dressing as separate item(s) or complete RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
	Cup			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Cup			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Cup			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Cup			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

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

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C.		D. Any sold A la Carte	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)					
SANDWICHES: Describe contents of each sandwich in space at right.					For each sandwich type, complete a Recipe Form or record information for sandwich below including type and weight of bread; type and amt of filling; type and amt of any additions. Provide recipe if needed, such as for tuna salad. See Instruction Manual for examples.			
Sandwich/deli bar	Self-serve				Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM			
Barbeque	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Cheese, grilled	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Cheeseburger	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Chicken filet or breast	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Chicken patty	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Ham and cheese	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Hamburger	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Hot dog	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Italian sub or hoagie	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Peanut butter & jelly	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Turkey	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
Tuna salad	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>
	1 sandwich			<input type="checkbox"/>				<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

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

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C.		D. Any sold A la Carte	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)					
DESSERTS, DRINKS, AND SNACKS OFFERED WITH A REIMBURSABLE MEAL								
Brownie								<input type="checkbox"/>
Cake						Specify type:		<input type="checkbox"/>
Cookie	ea.					Specify type:		<input type="checkbox"/>
Fruit drink	fl oz.	fl oz.	fl oz.			Specify type: Specify % juice content:		
Gelatin, plain	cup							
Gelatin, with fruit	cup							<input type="checkbox"/>
Ice cream	fl oz.	fl oz.	fl oz.			<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
Ice cream	fl oz.	fl oz.	fl oz.			<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
Ice cream	fl oz.	fl oz.	fl oz.			<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
Potato chips	oz.							
Pudding	cup							<input type="checkbox"/>
Yogurt	oz.	cont.	cont.			<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
SALAD DRESSINGS AND DIPS								
Barbeque sauce								<input type="checkbox"/>
French dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Italian dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Ranch dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size (Incl. Units)	C.		D. Any sold A la Carte	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available (Incl. Units)	Amount Left Over (Incl. Units)					
OTHER CONDIMENTS								
Self-serve bar	Self-serve					Please list all ingredients on SELF-SERVE/MADE-TO-ORDER BAR FORM		
Butter								
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
Gravy						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Honey							<input type="checkbox"/>	
Ketchup								
Margarine								
Mayonnaise						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		
Mustard								
Tartar sauce						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Peppers, jalapeno								
Pickles, relish								
Pickles, slices								
Ranch dip						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		<input type="checkbox"/>
Salsa								<input type="checkbox"/>
Sour cream						<input type="checkbox"/> Reg <input type="checkbox"/> Low-cal <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free		

REIMBURSABLE FOODS FORM: LUNCH

A. Food Item	B. Portion Size <i>(Incl. Units)</i>	C.		D. Any sold <i>A la Carte</i>	E. Manufacturer/Brand Name and Product Code	F. Food Description	G. USDA Commodity	H. Recipe
		Amount Prepared or Available <i>(Incl. Units)</i>	Amount Left Over <i>(Incl. Units)</i>					
OTHER MENU ITEMS								
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
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							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>



Recipe Form (Side 1)

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

School Name: _____

Recipe/Food Item: _____

Meal: 1 Breakfast 2 Lunch

Size of One Serving (*include units*): _____

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

Amount or Number
of Servings Prepared (*include units*): _____

6 All

A.	B.	C.	D.	E.
Ingredient Name	Amount in Recipe (<i>Include units</i>)	Manufacturer/ Brand Name and Product Code	Ingredient Description	USDA Commodity
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Recipe Form *(Side 2)*

Preparation Information

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

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

CHECK ALL THAT APPLY

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

- n ☐ Does not apply to recipe

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

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

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

CHECK ALL THAT APPLY

- Trim the visible fat?.....
- Drain fat after cooking?.....
- Remove skin before cooking?

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

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

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

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

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

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

Comments

Self-Serve/Made-to-Order Bar Form



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

School Name: _____ **Name of Bar:** _____

Meal: 1 Breakfast 2 Lunch **Day:** 1 All 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri

A. Food Name	B. <i>(If pre-portioned, include units)</i>	C. Manufacturer/ Brand Name and Product Code	D. Food Description	E. USDA Commodity	F. Recipe
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Proportion A La Carte Form: Lunch

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

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

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

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

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

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

A. Food Item	B. Any sold a la carte?	C. Of all daily sales of FOOD ITEM, what is the typical % sold a la carte	D. For FOOD ITEM, would you say typical a la carte sales were ____ % of total sales?									E. Or would you say this was rarely, sometimes, or frequently sold a la carte?			
			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
JUCES (Note: Prestiled entries should be used only for full-strength (100%) fruit and vegetable juice. Fruit drinks are included in 'Desserts, Drinks, and Snacks' section.)															
Orange juice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Apple juice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Frozen juice cup/bar	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
VEGETABLES															
Beans, green	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Broccoli	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Carrot sticks	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Corn, kernels	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
French fries	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Peas, green	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Potatoes, whipped	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Salad bar (non-entrée)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Tater tots or shapes	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Salad, tossed	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

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			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	
ENTREES OTHER THAN SANDWICHES AND SELF-SERVE BARS															
Burrito	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chef's salad	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken, piece(s)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken nuggets	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Chicken patty (not sandwich)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Corndog	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ham, slice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, cheese	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, pepperoni	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, sausage	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pizza, other	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Spaghetti with meat sauce	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Taco	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Turkey, slice	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Yogurt (as meat alternate)	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	→	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

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			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	

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

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

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

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			Less than 5%	5-20%	20-40%	40-60%	60-80%	80-95%	More than 95%	DON'T KNOW	Rarely	Sometimes	Frequently	DON'T KNOW	

DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL

Brownie	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cake	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Cookie	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Fruit drink	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Gelatin, plain	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Gelatin, with fruit	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ice cream (specify) _____	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ice cream (specify) _____	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Potato chips	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Pudding	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Yogurt	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

SALAD DRESSINGS AND DIPS

Barbeque sauce	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
French dressing	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Italian dressing	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
Ranch dressing	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
	<input type="checkbox"/>	___ % DK →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	d <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>

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

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

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

Name of School: _____

SFA: _____

City and State: _____

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

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx

School Nutrition Dietary Assessment Study

Food Service Manager Survey

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS

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

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

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

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

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

KITCHEN CHARACTERISTICS

1. Which of the following best describes your kitchen?

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

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

- 1 Yes → **Go to Q.4**
- 0 No

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

- 1 Yes
- 0 No

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

- 1 Yes
- 0 No

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

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

- 1 Yes
- 0 No → **Go to Q.6**

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

MARK ALL THAT APPLY

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

- d Don't know

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

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

\$ PER

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

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

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

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

MARK ALL THAT APPLY

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

MEAL PRICES

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

\$

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

\$ Standard full price

\$ Other full price (*Specify*) _____

\$ Other full price (*Specify*) _____

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

\$

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

\$ Standard full price

\$ Other full price (*Specify*) _____

\$ Other full price (*Specify*) _____

MEAL COUNTING

11. Are you responding for a high school?

- 1 Yes → **Go to Q.15**
- 0 No

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

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

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

MARK ALL THAT APPLY

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

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

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

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

MARK ALL THAT APPLY

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

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

- 1 Yes
- 0 No

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

MARK ALL THAT APPLY

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

MEAL PERIODS

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

MINUTES

n.a. Don't offer breakfast

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

MINUTES

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

- 1 Yes
- 0 No

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

- 1 Yes
- 0 No

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

MARK ALL THAT APPLY

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

SPECIAL DIETARY NEEDS

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

STUDENTS

Don't Know → **Go to Q.24**

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

0 None of the above

NUTRITION PROMOTION/EDUCATION

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

- 1 Yes
- 0 No → **Go to Q.25**

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

YEARS AND MONTHS

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

MARK ALL THAT APPLY

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

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

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

29. Which of the following credentials do you hold?

MARK ALL THAT APPLY

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

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

	Yes	No
a. Attended a PTA or other parent group meeting to discuss the school food service program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Provided families with information about the school food service program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Invited family members to consume a school meal	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Participated in a nutrition education activity in the classroom.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Conducted a nutrition education activity in the food service area	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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

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

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

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

ID#:

Name of School:

SFA:

City and State:

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx

School Nutrition Dietary Assessment Study



Principal Survey

PLEASE RETURN BY (DATE)

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

INSTRUCTIONS

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

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

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

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

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

MEAL-TIME POLICIES

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

1 Yes → **Go to Q.2**

0 No

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

MARK ALL THAT APPLY

1 Take extra credit class instead

2 Take remedial class instead

3 Take class only available during scheduled lunch

4 Schedule does not include lunch period

5 Other (*Specify*)

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

1 Yes

0 No

2 Some are, some aren't

3. Where may students go during their lunch period?

MARK ALL THAT APPLY

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

2 Classroom but only with teacher permission

3 Classrooms open to students during lunch period

4 Library

5 Gym

6 Outside, on campus

7 Anywhere on campus

8 Off-campus/Home

9 Other (SPECIFY)

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

0 None → **Go to Q.4**

MARK ALL THAT APPLY

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

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

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

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

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

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

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

5a. What are those rules?

MARK ALL THAT APPLY

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

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

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

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

MARK ALL THAT APPLY

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

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

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

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

MARK ALL THAT APPLY

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

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

- 1 Yes
- 0 No → **Go to Q.9**

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

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

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

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

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

9. Does your school have recess?

- 1 Yes
- 0 No → **Go to Q.11**

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

- 1 Yes
- 0 No → **Go to Q.10**

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

--	--

 PERCENT

- 1 All - 100%

10. Do any students have recess immediately after lunch?

- 1 Yes
- 0 No → **Go to Q.10b**

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

--	--

 PERCENT

- 1 All - 100%

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

- 1 Yes
- 0 No → **Go to Q.11**

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

- 1 Yes
- 0 No → **Go to Q.11**

10d. Please describe these rules.

EATING LOCATIONS AND ENVIRONMENT

11. Where do students eat school breakfast?

MARK ALL THAT APPLY

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

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

--	--

13. Who are these breakfast monitors?

MARK ALL THAT APPLY

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

14. Where do students eat school lunches?

MARK ALL THAT APPLY

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

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

ROOMS AND OUTDOOR LOCATIONS

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

LUNCH TIME EATING LOCATIONS

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

MARK ONE ANSWER

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

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

MARK ALL THAT APPLY

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

0 None of the above

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

ADULTS

19. Who are these lunch monitors?

MARK ALL THAT APPLY

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

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

- 1 Yes
- 0 No

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

- 1 Yes
- 0 No

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

MARK ALL THAT APPLY

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

VENDING MACHINES

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

- d Don't know

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

MARK ALL THAT APPLY

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

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

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

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

MARK ALL THAT APPLY

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

23e. Who receives income from these machines?

MARK ALL THAT APPLY

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

- d Don't know

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

\$ PER

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

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

SCHOOL STORE

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

- 1 Yes
- 0 No → **Go to Q.26**

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

25c. Who receives income from the school store?

MARK ALL THAT APPLY

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

- d Don't know

25d. Who is responsible for the school store?

MARK ALL THAT APPLY

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

- 5 Other (Specify)

- d Don't know

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

\$ PER

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

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

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

- 1 Yes
- 0 No → **Go to Q.27**

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

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

MARK ALL THAT APPLY

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

- d Don't know

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

\$ PER

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

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

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

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

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

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

AFTER-SCHOOL PROGRAM

Definition:

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

- 1 Yes
- 0 No → **Go to Q.31**

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

MARK ALL THAT APPLY

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

30. Does the after-school program serve snacks?

- 1 Yes → **Go to Q.31**
- 0 No

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

MARK ALL THAT APPLY

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

NUTRITION EDUCATION AND PROMOTION

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

MARK ALL THAT APPLY

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

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

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

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

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

- 1 Yes
- 0 No → **Go to Q.33**

32b. What is the focus this year?

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

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

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

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

- 1 Yes
- 0 No → **Go to Q.34**

33c. Who are the members of this council?

MARK ALL THAT APPLY

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

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

MARK ONE ANSWER FOR EACH

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

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

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

COMMENTS:

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

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

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



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Other On-Campus Food Sources Checklist

School Name: _____ School MPR ID: _____

Interviewer ID #: _____

Date: _____

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

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

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

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

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

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

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

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

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

Food Items

I. Other (Specify)

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



SCHOOL NUTRITION DIETARY ASSESSMENT STUDY

Vending Machine Checklist

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

Interviewer ID #: _____

Date: _____

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

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

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

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

Availability of Food Item in Vending Machines

(PLEASE CHECK ALL THAT APPLY)

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

A la Carte Foods Checklist



SCHOOL NAME: _____

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

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

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

INSTRUCTIONS

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

A LA CARTE FOODS CHECKLIST

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

A LA CARTE FOODS CHECKLIST (CONTINUED)

	CHECK (☑) BOX IF FOOD WAS OFFERED A LA CARTE	Bkfst	Lunch	Please list any food or beverage that is not listed in sections A-J of this checklist and that the cafeteria offered a la carte on the specified day.	CHECK (☑) BOX IF FOOD WAS OFFERED A LA CARTE		Bkfst	Lunch
Mixed Dishes								
17. Chef salad		54	54				78	78
18. Lasagna		55	55				79	79
19. Macaroni and cheese		56	56				80	80
20a. Pizza (No meat)		57	57				81	81
20b. Pizza (With meat)		58	58				82	82
21. Spaghetti		59	59				83	83
22. Soup with meat or beans (Bean, chicken, clam chowder, minestrone)		60	60				84	84
23. Mexican food (Other)		61	61				85	85
24. Chinese food		62	62				86	86
25. Other (Specify)		63	63				87	87
_____		64	64				88	88
_____		65	65				89	89
							90	90
							91	91
							92	92
							93	93
							94	94
							95	95
							96	96
							97	97
							98	98
							99	99
							100	100
							101	101
							102	102
							103	103
							104	104
							105	105
							106	106
							107	107
							108	108
							109	109
H. Vegetables								
1. Fried potatoes (Including pre-fried, oven baked, french fries, Tater Tots)		66	66					
2. Salad (Tossed salad, potato salad, three bean salad, raw vegetables)		67	67					
3a. Vegetable (Other cooked)		68	68					
3b. Vegetable (soup)		69	69					
I. Snacks								
1. Chips (Corn, potato, puffed cheese, tortilla)		70	70					
2. Nuts and seeds (Almonds, peanuts, pistachios, sunflower seeds, trail mix)		71	71					
3. Popcorn		72	72					
4. Fruit snacks (roll-ups, shapes)		73	73					
5. Meat snacks (jerkey, pork rinds)		74	74					
6. Energy bars (Power bar, Balance bar, Luna bar)		75	75					
7. Other snacks		76	76					
J. Yogurt								
1. Yogurt		77	77					

DESCRIPTION OF CHILD DIETARY RECALL AND CHILD INTERVIEW INSTRUMENTATION

The instrumentation for interviewing children consists of two parts. The dietary recall is a CATI program designed to obtain information on all of the foods and beverages eaten by a child over a 24-hour period. The formats of this recall interview are relatively complicated, incorporating extensive skip logic to collect data on thousands of possible foods.

The Child Interview, the second part of the instrumentation covered in this appendix, is also administered in CATI but has a more traditional format reflecting the fact that most of the questions have listable and fairly short sets of possible responses.

Because of its complexity no full hard copy representation of the dietary recall instrumentation exists. The first part of this appendix describes this part of the instrumentation. The second part then reproduces a hard copy version of the more structured of the two sets of instrumentation, the Child Interview questions.

DESCRIPTION OF THE AMPM CATI PROGRAM FOR OBTAINING 24-HOUR DIETARY RECALL INFORMATION

The dietary recall uses a computerized method for collecting interviewer-administered 24-hour dietary recalls either in person or by telephone. This set of programs, called AMPM for “Automated Multiple-Pass Method, is a thoroughly tested set of software which was developed by the USDA Agriculture Research Service and which has been in used by various organizations since 2002. It has been approved by OMB for use in the ongoing National Nutrition and Health Examination Survey (NHANES), which is conducted jointly by USDA and HHS on an ongoing basis. It has been used with more than 5000 NHANES interviews.

AMPM, which was designed for research applications, draws on an extensive literature on the use of 24-hour intakes, which dates back at least 40 years. It uses five steps (passes) to collect data which are as accurate as possible. These steps are the following:

- Collect a list of foods and beverages consumed by the previous day the (Quick List)
- Probe for foods forgotten during the Quick List
- Collect time and eating occasion for each food
- For each food, collect detailed description, amount, and additions. Review 24-hour day.
- Final probe for anything else consumed

Key Features of the Program¹

The AMPM collects data on all foods and beverages consumed in a 24-hour period.

Information captured by AMPM includes:

- For each food
 - Description of food
 - Additions to the food (for example, milk on cereal or cream in coffee)
 - Combination code that identifies foods eaten together (such as milk added to cereal)
 - Amount of food consumed
 - Time eaten
 - Name of eating occasion
 - Where obtained
 - Whether eaten at home
- Water consumption – bottled and tap water
- Use of salt in preparing foods and at the table
- Whether the amount of food consumed on the recall day was much more than usual, usual, or much less than usual
- Whether the respondent currently on a diet to lose weight or some other health-related reason

¹ Additional details of the software and its applications are available in the following: Bliss, R.M. (2004). Researchers produce innovation in dietary recall. *Agric Res* 52(6): 10-12. Paper N. Perloff B, Ingwersen L, Steinfeldt L, and Anand J. (2004). An overview of USDA's Dietary Intake Data System. *J Food Compos Anal* 17(3-4): 545-55. McBride J (2001). Was it a slab, a slice, or sliver: High tech innovations take survey to new level. *Agric Res* 49(3):4-7.

AMPM employs research-based strategies to enhance dietary recalls. First, it is respondent-driven approach allowing the initial recall to be self-defined. Second, it builds on associations with the day's events, as well as probing for forgotten foods. The necessary repetition is accomplished with minimal burden, and at the end it reviews the 24-hour day and places foods with eating occasions.

The dietary recalls can be administered in person or by telephone. Extensive automated capabilities include:

- Tailored questions and response options specific for each food;
- Routing of questions based on previous responses;
- Food lookup tables reflecting today's food market;
- Ability to add, change, or delete foods anytime during the interview;
- Automated edit checks performed during data entry;
- Notepad features for interviewer comments

The overall data collection package includes companion computer systems for auto-coding, manual coding, and quality control. Food and nutrient databases are used to allow thorough nutrient analysis of the data.

CHILD INTERVIEW

Following is a hard copy representation of the Child Interview.

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

SFA: _____

City and State: _____

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx



School Nutrition Dietary Assessment Study

Child/Youth Interview

Sponsored by:
U.S. Department of Agriculture
Food and Nutrition Service

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

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

SCHOOL ID: _____	DATE OF INTERVIEW: _ _ / _ _ / _ _ Month Day Year
CHILD'S NAME: _____	DAY OF WEEK: Mon. Tues. Wed. Thurs. Fri. Sat.
* CHILD ID #: _ _ _ _ _ _ _ _ _ _	DATE OF BIRTH: _ _ / _ _ / _ _ _ _ _ _ Month Day Year
GRADE: _____	GENDER: MALE..... 1 FEMALE..... 2
* NOTE: CHILD ID# INDICATES IF RESPONDENT IS A CHILD (6-11) OR A YOUTH (12-18).	SCHOOL BREAKFAST SERVED? YES 1 NO 0

COMPLETE AM/PM FIRST.

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

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

|_|_| RECORD GRADE
 DON'T KNOW d
 REFUSED r

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

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

GO TO Q.13 IF SCHOOL DOES NOT SERVE BREAKFAST

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

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

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

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

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

PROBE FOR ADDITIONAL REASONS. RECORD REASONS IN ORDER.

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

- DON'T KNOW d
- REFUSED r

GO TO Q.13

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

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

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



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

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

DON'T KNOW d

REFUSED r

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

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

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

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

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

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

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

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

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

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

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

12. Where do you usually eat school breakfast?

- CAFETERIA 1
- CLASSROOM 2 → **GO TO Q.13**
- GYMNASIUM 3
- OUTDOORS 4
- OTHER (SPECIFY) 5
- _____
- DON'T KNOW d
- REFUSED r

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

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

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

ASK ALL:

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

CODE WITHOUT ASKING IF KNOWN. IF NOT SURE ASK: Did you have your lunch period yet today? **DO NOT ASK IF INTERVIEWING ON SATURDAY.**

YES 1
NO 0
DON'T KNOW d
REFUSED r

FOR YOUTHS, USE YESTERDAY. FOR YOUNG CHILDREN WHO HAD LUNCH ALREADY, USE "TODAY," FOR CHILDREN WHO DID NOT YET HAVE LUNCH USE "YESTERDAY."

14. What time is your lunch period? **RECORD VERBATIM. IF RESPONDENT SAYS IT VARIES BY DAY, ASK FOR TODAY/YESTERDAY. IF CHILD SAYS DON'T KNOW, ASK WHAT PERIOD THEY EAT LUNCH.**

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

15. **INTERVIEWER: INDICATE IF CHILD ATE SCHOOL LUNCH ON DAY OF RECALL.**

YES 1 → **GO TO Q.19**
NO 0 → **GO TO Q.16**
UNKNOWN—CHILD INTERVIEWED
BEFORE LUNCH 3

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

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

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

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

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

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

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

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

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

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

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

CODE ALL THAT APPLY

- FROM A VENDING MACHINE 1
- FROM A SCHOOL STORE 2
- FROM CAFETERIA (A LA CARTE FOOD) 3
- OTHER (SPECIFY) 4
- _____
- DON'T KNOW d
- REFUSED r

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

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

PROBE: Are there any other reasons?

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

- DON'T KNOW d
- REFUSED r

22. Do you ever eat the regular school lunch?

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

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

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

CODE ONLY ONE

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

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

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

- YES 1 → **GO TO Q.25**
 - NO 2
 - NEVER EAT SCHOOL LUNCH. 3
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.26**

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

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

GO TO Q.25

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

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

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



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

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

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



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

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

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

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

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

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

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

- too noisy, 1
- too quiet, or2
- about right? 3
- DON'T KNOW d
- REFUSED r

31. Would you say the tables are . . .

always clean..... 1

usually clean..... 2

sometimes clean, or 3

never clean? 2

DON'T KNOW d

REFUSED r

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

always clean..... 1

usually clean..... 2

sometimes clean, or 3

never clean? 2

DON'T KNOW d

REFUSED r

32. Would you say . . .

there are usually plenty of seats and
tables, or..... 1

not enough seats and tables? 2

DON'T KNOW d

REFUSED r

33. Would you say most of the time there are . . .

long lines, 1

short lines, or 2

no lines? 3

DEPENDS ON WHAT IS SERVED..... 4

DON'T KNOW d

REFUSED r

ASK Q. 33a ONLY IF EVER ATE SCHOOL LUNCH (Q.15 OR Q.15a = YES OR Q.22 = YES), ALL OTHERS GO TO Q.34.

33a. Do you have enough time to eat your lunch after you have your food and you are seated?

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

34. Do the food servers and cashiers always, often, sometimes, or never listen to you and other students?

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

34a. Do the food servers and cashiers always, often, sometimes, or never smile and say hello to you on line?

- ALWAYS 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

35. Do you get to pick where you sit and who you can eat with during your lunch period?

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

36. Now I'd like to ask you about the food served at lunch by the school.

	ALWAYS	OFTEN	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. Do you always, often, sometimes, or never like the taste of the food? ...	1	2	3	4	d	r
b. Do you always, often, sometimes, or never like the smell of the food? ...	1	2	3	4	d	r
c. Do you always, often, sometimes, or never like the way the food looks?	1	2	3	4	d	r
d. Do the vegetables on the serving line always, often, sometimes, or never look good?	1	2	3	4	d	r

37. Do you think the amount of food they give you is . . .

- too much,..... 1
- too little, or..... 2
- about right? 3
- DON'T KNOW d
- REFUSED r

38. Do you think that the milk served, is . . .

- too warm,..... 1
- too cold, or..... 2
- about the right temperature? 3
- DON'T KNOW d
- REFUSED r

39. Does the school menu always, often, sometimes, or never include foods you like?

- ALWAYS, 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

40. Does the school lunch always, often, sometimes, or never have enough choices of food?

- ALWAYS, 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

41. Do you always, often, sometimes, or never like the brands of food offered at school lunch?

- ALWAYS, 1
- OFTEN 2
- SOMETIMES 3
- NEVER 4
- DON'T KNOW d
- REFUSED r

42. What is your favorite school lunch?

IF NEEDED, PROBE: The main course.

-
- NO FAVORITE FOOD 0
 - DON'T KNOW d
 - REFUSED r

43. What is your least favorite school lunch?

IF NEEDED, PROBE: The main course.

-
- LIKE ALL THE FOODS, NO LEAST FAVORITE FOOD 0
 - DON'T KNOW d
 - REFUSED r

44. Do all kids that get the regular school lunch pay the same amount for the lunch, or do some kids pay less or get it for free?

ALL PAY THE SAME AMOUNT 1
 EVERYONE GETS IT FOR FREE 2 } → GO TO Q.47
 SOME PAY LESS/ SOME GET IT FREE 3
 DON'T KNOW d
 REFUSED r } → GO TO Q.47

45. Can you tell who is getting the regular school lunches for free or less than the full price?

YES 1
 NO 0
 DON'T KNOW d } → GO TO Q.47
 REFUSED r

46. How do you know?

DON'T KNOW d
 REFUSED r

47. Now I'd like to ask you just a few more questions about activities you might do. First . . .

	YES	NO	DON'T KNOW	REFUSED
a. Are you taking physical education in school?	1	0	d	r
b. Are you on a school sports team?.....	1	0	d	r
c. Do you participate in other physical activities or sports in the community, for example through a community center or Y?	1	0	d	r
d. Do you walk or ride a bike to school?	1	0	d	r
ASK IF < AGE 12:				
e. Do you play outside after school?	1	0	d	r

ASK IF AGE 12 OR OLDER:

f. Outside of school, are you physically active, such as walking, running, biking, or working out with exercise equipment? 1 0 d r

**END OF INTERVIEW FOR YOUNGER CHILDREN—GO TO Q.53
 YOUTH CONTINUE**

48. How many nights a week do you and your family typically sit down together to have dinner as a family?

- EVERY NIGHT 1
- 5 OR 6 NIGHTS A WEEK 2
- 3 OR 4 NIGHTS A WEEK 3
- 1 OR 2 NIGHTS A WEEK 4
- NEVER 5
- DON'T KNOW d
- REFUSED r

49. During the past 30 days, did you eat less food, fewer calories, or foods low in fat or carbohydrates to lose weight or to keep from gaining weight?

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

49a. How often do you take any vitamins in pill or liquid form such as multi-vitamins or Vitamin C? Would you say . . .

- everyday or almost everyday, 1
- every so often, or 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

49b. (Other than multi-vitamins with minerals) How often do you take (additional) minerals such as calcium or zinc? Would you say . . .

- everyday or almost everyday, 1
- every so often, or 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

49c. How often do you take any herbal products or sports supplements like Echinacea or alfalfa extract? Would you say . . .

- everyday or almost everyday, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

50. On an average school day, about how many hours do you spend watching TV or DVDs? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- |_|_| . |_| HOURS
- DON'T KNOW d
- REFUSED r

51. And on an average school day, about how many hours do you use a computer, go online, or play video or computer games? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- |_|_| . |_| HOURS
- DON'T KNOW d
- REFUSED r

52. During the past month, on how many days did you smoke cigarettes?

PROBE: Your best estimate is fine.

- |_|_| DAYS
- NEVER 0
- DON'T KNOW d
- REFUSED r

53. **CLOSING**

Those are all the questions I have today. You've done great. Thanks for all your help.

THANK CHILD AND GIVE GIFT. ASK IF THEY NEED A PASS TO GET BACK INTO CLASS.

ID#:

SFA:

City and State:

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx



School Nutrition Dietary Assessment Study

Parent Interview

Sponsored by:
U.S. Department of Agriculture
Food and Nutrition Service

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

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

CHILD'S NAME: _____	SCHOOL ID: _____
CHILD ID #: _ _ _ _ _ _ _ _ _	GRADE: _____
CHILD'S GENDER:	RESPONDENT'S GENDER:
MALE1	MALE 1
FEMALE.....2	FEMALE..... 2
TYPE OF CHILD:	LOCATION:
CHILD1	SCHOOL..... 1
YOUTH2	HOME 2
	PHONE 3
LANGUAGE:	
ENGLISH1	
SPANISH2	
OTHER3	

INTRODUCTION FOR PARENT OF CHILD:

Okay, now that we completed the dietary recall I'd like to ask you some questions about your household and the meals provided by your child's school.

INTERVIEWER: IF PARENT MENTIONED DURING DIETARY RECALL THAT CHILD HAD SCHOOL BREAKFAST, CODE "1" IN QUESTION 1 WITHOUT ASKING.

INTRO FOR PARENT OF YOUTHS:

Hello, my name is _____ and I'm part of the study team that interviewed your child (yesterday/DAY) at school about the school meals program. I'm calling now to see if we can do the parent interview. As you may recall from the letter and consent form sent home earlier, this study is being conducted by the U.S. Department of Agriculture to better understand how children and parents feel about the meals provided by schools, why they choose to participate or not participate in school meals, and how these decisions are related to children's overall diets. The interview will take about 20 minutes, and your cooperation is completely voluntary. All answers you give will be confidential and no individual results will be presented. As a thank you for your time, we will be sending you \$10.

INTERVIEWER: AFTER DETERMINING IF THE PARENT OR ADULT WHO KNOWS THE MOST ABOUT WHAT CHILD EATS IS ON THE PHONE, CONTINUE.

ASK ALL:

First, I am going to ask you about (CHILD)'s eating habits and the food served at (his/her) school.

1. Some schools offer meals each day to children for free or at a set, fixed price. Does (CHILD)'s school have a school breakfast program?

YES 1
NO 0
DON'T KNOW d
REFUSED r

2. Do you agree or disagree with the following statement: "School breakfasts should be available for all school children." Do you . . .

strongly agree, 1
somewhat agree, 2
somewhat disagree, or 3
strongly disagree with that statement? 4
DON'T KNOW d
REFUSED r

3. Does (CHILD) usually eat breakfast, that is any breakfast, not just a school breakfast?

YES 1
NO 0
DON'T KNOW d
REFUSED r

4. How important do you think eating a healthy breakfast is for children to do well in school?

- Very important, 1
- Somewhat important, or 2
- Not important 3
- DON'T KNOW d
- REFUSED r

IF NO SCHOOL BREAKFAST (Q.1 = 0), GO TO Q.13

5. Does (CHILD) ever eat a school breakfast, that is a complete breakfast provided by the school?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.7**

6. How many days a week does (CHILD) usually eat a school breakfast?

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

ASK Q.7 IF Q.6 = 0, 1, OR 2. OTHERS GO TO Q.8.

7. Which of the following reasons describe why (CHILD) does not eat school breakfast (more frequently) at school? **(READ LIST)**

PROBE: Is that a reason?

CODE ONE ON EACH LINE

	YES	NO	DON'T KNOW	REFUSED
a. Your child does not like to eat breakfast?	1	0	d	r
b. Your child does not like the food served at school?	1	0	d	r
c. Your child prefers to eat at home?	1	0	d	r
d. You thought your child couldn't participate in the School Breakfast Program?	1	0	d	r
e. There isn't enough time to eat breakfast at school, for example due to the bus arrival time?.....	1	0	d	r
f. You don't want others to think you can't provide breakfast for your child?	1	0	d	r
g. Your child doesn't eat school breakfast because (his/her) friends don't?	1	0	d	r
h. Your child thinks only needy kids eat school breakfast and (he/she) doesn't want to be thought of that way?	1	0	d	r
i. Is there any other reason? (SPECIFY)..... _____	1	0	d	r

8. Now I'd like to ask you your opinions about the school breakfast served at (CHILD)'s school. After I read each statement, please tell me if you strongly agree, agree somewhat, disagree somewhat, or strongly disagree. **SKIP ITEMS 'a' AND 'c' IF CHILD NEVER EATS SCHOOL BREAKFAST (Q.5 = 0)**

	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. Children like the school breakfasts	1	2	3	4	d	r
b. I receive enough information about the School Breakfast Program	1	2	3	4	d	r
c. School breakfasts are served at a convenient time and place	1	2	3	4	d	r
d. School breakfast gives all children an opportunity to eat breakfast	1	2	3	4	d	r
e. Only children from needy families participate in the school breakfast program.....	1	2	3	4	d	r

ASK QS. 9-12 IF CHILD EVER EATS SCHOOL BREAKFAST (Q.5 = 1).

ALL OTHERS GO TO Q.13

9. How often do the breakfasts served at your child's school include fresh fruit? Would you say . . .

- always, 1
- sometimes, or 2
- never? 3
- DON'T KNOW d
- REFUSED r

10. And how often do school breakfasts include a hot entrée, such as pancakes, breakfast burritos, or egg sandwiches? Would you say . . .

- always, 1
- sometimes, or 2
- never? 3
- DON'T KNOW d
- REFUSED r

11. Would you say the breakfasts served at school are . . .

- very healthy, 1
- somewhat healthy, or 2
- not healthy? 3
- IT DEPENDS (VOLUNTEERED) 4
- DON'T KNOW d
- REFUSED r

12. Overall, how satisfied are you with the school breakfast provided at your child's school. Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- VERY SATISFIED 1
- SOMEWHAT SATISFIED 2
- SOMEWHAT DISSATISFIED 3
- VERY DISSATISFIED 4
- DON'T KNOW/CAN'T RATE d
- REFUSED r

13. How many days a week does (CHILD) usually eat a school lunch? By school lunch I mean a complete meal such as a fruit or vegetable, sandwich and milk, or a hot meal and milk for free or at a set, fixed price.

- NONE 0
 - ONE 1
 - TWO 2
 - THREE 3
 - FOUR 4
 - FIVE 5
 - DON'T KNOW d
 - REFUSED r
- **GO TO Q.15**
- **GO TO Q.16**

14. Which of the following reasons describe why (CHILD) does not eat school lunch (more frequently) at school? **(READ LIST)**

PROBE: Is that a reason (CHILD) doesn't eat (more) school lunches?

CODE ONE ON EACH LINE

	YES	NO	DON'T KNOW	REFUSED
a. Your child does not like the food served at school?	1	0	d	r
b. Your child prefers to eat a lunch brought from home? ..	1	0	d	r
c. Your child doesn't have enough time to get and eat lunch in school?	1	0	d	r
d. Your child doesn't like waiting in lines for lunch?	1	0	d	r
e. Your child thinks only needy kids eat school lunches and (he/she) doesn't want to be thought of that way? ..	1	0	d	r
f. You prefer your child to eat foods sent from home?	1	0	d	r
g. Your child doesn't eat school lunches because (his/her) friends don't?	1	0	d	r
h. You thought your child couldn't participate in the school lunch program?	1	0	d	r
i. Is there any other reason? (SPECIFY)	1	0	d	r

ALL THOSE ANSWERING Q.14, GO TO Q.16

15. What is the main reason (CHILD) gets school lunches?

- CHILD LIKES THE FOOD 1
 - LIKES TO EAT WITH FRIENDS/
FRIENDS GET IT 2
 - EASY FOR PARENT 3
 - INEXPENSIVE/FREE/GOOD VALUE 4
 - GOOD/HEALTHY MEALS 5
 - HUNGER/WOULDN'T EAT LUNCH
OTHERWISE 6
 - OTHER (SPECIFY) 7
-
- DON'T KNOW d
 - REFUSED r

16. Some schools have vending machines where children can purchase snacks, such as chips and cookies, fruit juices and sodas. In many cases, the school receives money from the companies for allowing the machines to be placed in schools. In general, do you think it is a good idea or a bad idea to have vending machines available to students in schools such as the one your child attends?

- GOOD IDEA 1
- BAD IDEA 2
- IT DEPENDS 3
- DON'T KNOW/NO OPINION d
- REFUSED r

17. Are there any vending machines available to children in (CHILD)'s school?

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

18. And, what kinds of foods are in the vending machines?

CODE ALL THAT APPLY

- MILK..... 1
 - JUICE 2
 - SODA 3
 - OTHER DRINKS 4
 - SNACK FOODS (CHIPS, POPCORN, ETC) 5
 - DESSERT/BAKED GOODS (COOKIES,
CUPCAKES, GRANOLA BARS, ETC)..... 6
 - CANDY/GUM 7
 - SANDWICHES 8
 - FROZEN FOODS/ICE CREAM..... 9
 - OTHER (SPECIFY) 10
-
- DON'T KNOW d
 - REFUSED r

19. Does your child's school cafeteria sell foods that children can buy for lunch other than the regular school lunch meal? These might be foods like, hamburgers, French fries, pizza, or ice cream, for example.

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

20. And does (his/her) school have a school store or snack bar, outside of the cafeteria, where children can buy foods or drinks?

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

21. Some schools have contracts with national companies such as McDonald's, Pizza Hut, and Taco Bell, to provide foods for student meals. Do you think it is a good idea or a bad idea to have brand name foods available to students in schools such as the one your child attends?

- GOOD IDEA 1
- BAD IDEA..... 2
- IT DEPENDS 3
- DON'T KNOW/NO OPINION..... d
- REFUSED r

22. Now I would like to ask you your opinions about the school lunches served at (CHILD)'s school. After I read each statement, please tell me if you strongly agree, agree somewhat, disagree somewhat, or strongly disagree.

SKIP ITEMS "a" AND "c" IF CHILD NEVER EATS SCHOOL LUNCH (Q.13 = 0).

	CODE ONE ON EACH LINE					
	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. Children like the school lunches.....	1	2	3	4	d	r
b. I receive enough information about the School Lunch Program	1	2	3	4	d	r
c. School lunches are served at a convenient time and place	1	2	3	4	d	r
d. School lunch gives all children an opportunity to eat lunch.....	1	2	3	4	d	r
e. Only children from needy families participate in the School Lunch Program	1	2	3	4	d	r

23. Would you say the lunches served at (CHILD)'s school are . . .

- very healthy, 1
- somewhat healthy, or 2
- not healthy? 3
- IT DEPENDS 4
- DON'T KNOW/NO OPINION..... d
- REFUSED r

24. Thinking about the cost of school lunches and the quality of the meals provided, do you think the school lunches are a . . .

- very good value 1
- a pretty good value, or 2
- not a good value? 3
- GET LUNCH FREE 4
- DON'T KNOW/NO OPINION d
- REFUSED r

25. Overall, how satisfied are you with the school lunches provided at your child's school. Would you say you are . . .

- very satisfied, 1
 - somewhat satisfied, 2
 - somewhat dissatisfied, or 3
 - very dissatisfied? 4
 - DON'T KNOW/CAN'T RATE d
 - REFUSED r
- } → **GO TO Q.27**
- } → **GO TO Q.27**

26. Why are you dissatisfied with the school lunches provided by the school?

CODE ALL THAT APPLY

- NOT HEALTHY 1
 - NOT GOOD VALUE/COST 2
 - POOR QUALITY/TASTE 3
 - CHILD WON'T EAT IT 4
 - POOR PRESENTATION (TEMPERATURE) 5
 - NOT ENOUGH CHOICE 6
 - STIGMA/CHILD GETS TEASED..... 7
 - OTHER (SPECIFY) 8
-
- DON'T KNOW d
 - REFUSED r

27. Did you apply for free or reduced price school meals during the current school year?

- YES 1
 - NO 0 → **GO TO Q.28**
 - NOT ELIGIBLE – VOLUNTEERED 3 → **GO TO Q.30**
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.30**

27a. During the past 30 days, did (CHILD) receive free or reduced price lunches at school?

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

ASK Q.27b ONLY IF SCHOOL HAS A BREAKFAST PROGRAM (Q.1 = 1).

27b. During the past 30 days, did (CHILD) receive free or reduced price breakfasts at school?

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

28. Why did you **not** apply for free or reduced price school meals for your children?
RECORD IN FIRST COLUMN BELOW.

29. **IF MORE THAN ONE REASON GIVEN PROBE:** Of these reasons, which was the most important?

	Q.28 CODE ALL THAT APPLY	Q.29 MOST IMPORTANT	DON'T KNOW	REFUSED
a. DID NOT THINK WE WERE ELIGIBLE	1	1	d	r
b. CHILD PREFERS MEALS PREPARED AT HOME	2	2	d	r
c. CHILD DOESN'T LIKE SCHOOL FOOD	3	3	d	r
d. PREFER MY CHILD TO EAT FOOD FROM HOME.....	4	4	d	r
e. NEVER RECEIVED APPLICATION.....	5	5	d	r
f. NOT AWARE OF FREE OR REDUCED PRICE MEAL PROGRAM.....	6	6	d	r
g. DID NOT WANT TO GIVE INCOME INFORMATION TO THE SCHOOL.....	7	7	d	r
h. PREFERRED TO PAY FULL PRICE	8	8	d	r
i. APPLICATION FORM WAS DIFFICULT TO UNDERSTAND	9	9	d	r
j. CHILD AUTOMATICALLY ELIGIBLE (FOOD STAMPS, TANF) DIRECT CERTIFICATION.....	10	10	d	r
k. OTHER (SPECIFY)	11	11	d	r

Now I'd like to ask you some questions about (CHILD).

30. In general, would you say (CHILD)'s health is . . .

- excellent, 1
- very good,..... 2
- good, 3
- fair, or 4
- poor? 5
- DON'T KNOW d
- REFUSED r

31. Do you consider (him/her) to be . . .

- a very picky eater, 1
- a somewhat picky eater, or 2
- not a picky eater? 3
- DON'T KNOW d
- REFUSED r

32. Compared to other (boys/girls) the same age, would you say (CHILD) usually eats a larger amount of food, about the same amount of food, or a smaller amount of food?

- LARGER AMOUNT 1
- SAME AMOUNT 2
- SMALLER AMOUNT 3
- DON'T KNOW d
- REFUSED r

33a. How often does (CHILD) take any vitamins, in pill or liquid form, such as multivitamins or vitamin C? Would you say . . .

- everyday or almost everyday, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

33b. Other than multivitamins with minerals, how often does (CHILD) take (additional) minerals such as calcium or zinc? Would you say . . .

- everyday or almost everyday, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

33c. How often does (CHILD) take any sports supplements or herbal products like echinacea or alfalfa extract? Would you say . . .

- everyday or almost everyday, 1
- every so often, or..... 2
- not at all? 3
- DON'T KNOW d
- REFUSED r

34. Does (CHILD) have any food allergies or special dietary needs that affect what (he/she) eats?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.36**

35. What are the food allergies or special dietary needs?

CODE ALL THAT APPLY

ALLERGY TO PEANUTS.....	1
ALLERGY TO OTHER NUTS	2
LACTOSE INTOLERANCE	3
ALLERGY TO EGGS	4
ALLERGY TO SOY	5
ALLERGY TO WHEAT	6
ALLERGY TO FISH OR SHRIMP	7
DIABETES.....	8
VEGETARIAN/VEGAN.....	9
LOW CARBOHYDRATE	10
REDUCED CALORIES	11
LOW FAT	12
RESTRICTIONS BECAUSE OF RELIGIOUS PRACTICES	13
OTHER (SPECIFY)	14

36. Does someone such as an older child, yourself or another adult usually fix or supervise breakfast for (CHILD) at home?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r

37. Thinking now about the foods you serve your family, how often would you say you serve (CHILD) skim milk or 1% low-fat milk?

- Always or almost always, 1
- Sometimes, 2
- Rarely, or..... 3
- Never? 4
- CHILD DOESN'T DRINK MILK—
VOLUNTEERED 5
- DON'T KNOW d
- REFUSED r

38. When (CHILD) eats chicken, how often is it fried?

- Always or almost always, 1
- Sometimes, 2
- Rarely, or..... 3
- Never? 4
- CHILD DOESN'T EAT CHICKEN—
VOLUNTEERED 5
- DON'T KNOW d
- REFUSED r

39. And when (CHILD) eats baked or mashed potatoes, how often do you or your child add butter, margarine, or sour cream? Would you say . . .

- Always or almost always, 1
- Sometimes, 2
- Rarely, or..... 3
- Never? 4
- CHILD DOESN'T EAT THIS—
VOLUNTEERED 5
- DON'T KNOW d
- REFUSED r

40. How would you describe the amount of butter, cream cheese, or margarine usually spread on (his/her) breads and muffins . . .

- none, 1
- light, 2
- moderate, or 3
- generous? 4
- DOESN'T EAT THIS-VOLUNTEERED n
- DON'T KNOW d
- REFUSED r

Thinking now about how your child spends (his/her) free time . . .

41. On an average school day, about how many hours does (CHILD) spend watching TV or DVDs? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- |_|_| . |_| HOURS
- DON'T KNOW d
- REFUSED r

42. On an average school day, out side of school, about how many hours does (CHILD) use a computer, go online, or play video or computer games? **IF RANGE GIVEN, TAKE THE MID POINT. ROUND TO NEAREST HALF HOUR.**

- |_|_| . |_| HOURS
- DON'T KNOW d
- REFUSED r

43. Now I'd like to ask a question about exercise or other physical activities. Compared to other (boys/girls) the same age, would you say (CHILD) is . . .

- less active, 1
- about as active, 2
- more active, or 3
- much more active? 4
- DON'T KNOW d
- REFUSED r

44. How old was (CHILD) on (his/her) last birthday?

|_|_| AGE IN YEARS

DON'T KNOW d

REFUSED r

45. Do you consider (CHILD) to be of Hispanic or Latino origin, such as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

YES/HISPANIC OR LATINO 1

NO/NOT HISPANIC OR LATINO 0

DON'T KNOW d

REFUSED r

46. What race do you consider (CHILD) to be?

PROBE IF RESPONDS "HISPANIC" OR "LATINO": Would that be White Hispanic/Latino, African-American Hispanic/Latino, or something else?

CODE ALL THAT APPLY

ASIAN 1

AMERICAN INDIAN OR ALASKA NATIVE 2

BLACK OR AFRICAN AMERICAN 3

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4

WHITE 5

OTHER (*SPECIFY*) 6

_____ DON'T KNOW d

REFUSED r

47. What is the primary language spoken at home with (CHILD)?

- ENGLISH..... 1
- SPANISH..... 2
- OTHER (SPECIFY) 3

- DON'T KNOW d
- REFUSED r

Now I'd like to ask you some questions about you and your household.

48. Including you, how many people live in your household?

- |_| PEOPLE IN HOUSEHOLD
- DON'T KNOW d
- REFUSED r

49. Of these, how many are under the age of 18?

- |_| CHILDREN
- DON'T KNOW d
- REFUSED r

50. What is your relationship to (CHILD)? **(READ LIST ONLY IF NECESSARY)**

- MOTHER/FATHER/PARENT 1
- PARENT'S SPOUSE OR PARTNER 2
- GRANDPARENT 3
- OTHER RELATIVE 4
- LEGAL GUARDIAN 5
- OTHER (SPECIFY) 6

- DON'T KNOW d
- REFUSED r

51. Are you currently living with a partner or spouse?

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

52. About how many hours a week do you usually spend outside of your home at a paid job, school or job training program?

- |__|__| HOURS PER WEEK
- NONE 0
 - DON'T KNOW d
 - REFUSED r

53. What is the last grade or highest level of education you completed? Is it . . .

- 8th grade or less, 1
- Some high school, 2
- High school graduate or GED, 3
- Some college or technical school, 4
- Associates or 2 year degree, 5
- College graduate or 4 year degree, or 6
- Graduate school? 7
- DON'T KNOW d
- REFUSED r

IF Q.51 = 1, ASK QS. 54-55, OTHERS GO TO Q.56:

54. About how many hours a week does your partner or spouse usually spend outside of the home at a paid job, school or job training program?

- |__|__| HOURS PER WEEK
- NONE 0
 - DON'T KNOW d
 - REFUSED r

55. What is the last grade or highest level of education your partner or spouse completed?
Is it . . .

- 8th grade or less,..... 01
- Some high school,..... 02
- High school graduate or GED, 03
- Some college or technical school,..... 04
- Associates or 2 year degree,..... 05
- College graduate or 4 year degree, or 06
- Graduate school? 07
- DON'T KNOW d
- REFUSED r

56. We would like your best estimate of your total annual household income before taxes in the year 2004. Please include all forms of income, including wages, salaries, interest, dividends, and other forms of income such as Social Security, SSI or TANF for all household members.

\$ |_|_|, |_|_|_| RECORD AMOUNT → **GO TO Q.59**

- DON'T KNOW d
- REFUSED r

57. Is your total household income less than \$50,000?

- YES 1 → **GO TO Q.58a**
 - NO 0 → **GO TO Q.58b**
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.59**

IF LESS THAN \$50,000, SHOW CARD #1: (Different version for phone)

58a. Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income. **PHONE VERSION:** I'm going to read you some income categories. Please tell me when I read the range that represents your household's income.

SHOW
CARD
#1

- A. LESS THAN \$5,000 1
- B. \$5,000 TO LESS THAN \$10,000 2
- C. \$10,000 TO LESS THAN \$15,000 3
- D. \$15,000 TO LESS THAN \$20,000 4
- E. \$20,000 TO LESS THAN \$25,000 5
- F. \$25,000 TO LESS THAN \$30,000 6
- G. \$30,000 TO LESS THAN \$40,000 7
- H. \$40,000 TO LESS THAN \$50,000 8
- DON'T KNOW d
- REFUSED r

GO TO Q.59

IF GREATER THAN \$50,000, SHOW CARD #2: (Different version for phone)

58b. Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income. **PHONE VERSION:** I'm going to read you some income categories. Please tell me when I read the range that represents your household's income.

SHOW
CARD
#2

- A. \$50,000 TO LESS THAN \$60,000 1
- B. \$60,000 TO LESS THAN \$70,000 2
- C. \$70,000 TO LESS THAN \$80,000 3
- D. \$80,000 TO LESS THAN \$90,000 4
- E. \$90,000 TO LESS THAN \$100,000 5
- F. \$100,000 OR MORE 6
- DON'T KNOW d
- REFUSED r

PROGRAM MUST CALCULATE IF HOUSEHOLD INCOME IS GREATER THAN 200% OF POVERTY, GO TO Q. 63.

Please look at this card and tell me if anyone living in your household currently receives income or benefits from any of these sources. **PHONE VERSION:** Next I'd like to know if anyone living in your household currently receives income or benefits from a number of different sources.

59. Does your household receive food stamp benefits (type A on the card) or participate in the Food Distribution Program on Indian Reservations?



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

60a. Does your household receive assistance from TANF, Public Assistance, TAFDC, EAEDC, or Welfare (type B on the card)?



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

60b. Does your household participate in Medicaid, STATE HEALTH, or SCHIP (type C on the card)?



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

60c. Does anyone in your household receive benefits under the WIC Program—Women, Infants and Children Program (type D on the card)?

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

61. INSERT QUESTION ON MIGRANT STATUS

62. INSERT QUESTIONS ON HOMELESSNESS

63. Which of these statements best describes the food eaten in your household in the last 30 days: we have enough of the kinds of food we want to eat; enough, but not always the **kinds** of food we want; sometimes **not enough** to eat; or **often** not enough to eat?

- ENOUGH OF THE KINDS OF FOOD WE WANT 1
- ENOUGH BUT NOT ALWAYS THE **KINDS** OF FOOD WE WANT 2
- SOMETIMES **NOT ENOUGH** TO EAT 3
- OFTEN** NOT ENOUGH 4
- DON'T KNOW d
- REFUSED r

IF Q.63 = 1 AND HOUSEHOLD INCOME IS ABOVE TWICE THE POVERTY THRESHOLD (SEE GRID BELOW), SKIP TO Q.84.

IF Q.63 = 1 AND HOUSEHOLD INCOME IS BELOW TWICE THE POVERTY THRESHOLD (SEE GRID BELOW), OR INCOME IS DON'T KNOW OR REFUSED (Q.57 OR Q.58a OR Q.58b), ASK Q.64.

Poverty Threshold Measure: ASK Q.64 IF ...		
If household size is ...	And answer to Q.58a is ...	Or answer to Q.58b is ...
1	A-D	-
2	A-E	-
3	A-F	-
4	A-G	-
5	A-G	-
6	A-H	-
7	-	A
8	-	A
9	-	A or B
10	-	A or B

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [NAME OF CURRENT MONTH].

64. The first statement is, (I/we) worried whether (my/our) food would run out before (I/we) got money to buy more. Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

65. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

66. "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q.67 AND Q.68; OTHERWISE SKIP TO FIRST LEVEL SCREEN.

67. “(I/we) relied on only a few kinds of low-cost food to feed (my/our) (child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

68. “(I/we) couldn’t feed (my/our) (child/the children) a balanced meal because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

FIRST LEVEL SCREEN (Screener for Stage 2): IF AFFIRMATIVE RESPONSE TO ANY ONE OF QUESTIONS 64-68, (ie., “often true” or “sometimes true”), OR RESPONSE “3” OR “4” TO QUESTION 63 (if administered), THEN CONTINUE TO STAGE 2; OTHERWISE SKIP TO END.

STAGE 2 QUESTIONS 69-73: ASK HOUSEHOLDS PASSING THE FIRST LEVEL SCREEN (estimated 40 percent of households < Poverty; 5.5 percent of households > Poverty; 19 percent of all households).

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q.69; OTHERWISE SKIP TO Q.70.

69. “(My/our child was/the children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE 2
- NEVER TRUE 3
- DON'T KNOW d
- REFUSED r

70. In the last 12 months, since last [NAME OF CURRENT MONTH], did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.71**

70a. **IF YES ABOVE, ASK:** How often did this happen-almost every month, some months but not every month, or in only one or two months?

- ALMOST EVERY MONTH 1
- SOME MONTHS, BUT NOT EVERY MONTH .. 2
- ONLY ONE OR TWO MONTHS 3
- DON'T KNOW d
- REFUSED r

71. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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

72. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

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

73. In the last 12 months, did you lose weight because you didn't have enough money for food?

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

SECOND LEVEL SCREEN (Screener for Stage 3): IF AFFIRMATIVE RESPONSE TO ANY ONE OF QUESTIONS 69 THROUGH 73, THEN CONTINUE TO STAGE 3; OTHERWISE SKIP TO END.

STAGE 3 QUESTIONS 74 THROUGH 79: ASK HOUSEHOLDS PASSING THE SECOND LEVEL SCREEN (estimated 7-8 percent of households < 185 percent poverty; 1-1.5 percent of households > 185 percent poverty; 3-4 percent of all households).

74. In the last 12 months, did (you/other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- YES 1
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- } → **GO TO Q.76**

75. **IF YES ABOVE, ASK:** How often did this happen-almost every month, some months but not every month, or in only one or two months?

- ALMOST EVERY MONTH 1
- SOME MONTHS, BUT NOT EVERY MONTH .. 2
- ONLY ONE OR TWO MONTHS 3
- DON'T KNOW d
- REFUSED r

IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK 76 THROUGH 80; OTHERWISE SKIP TO END.

76. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since [CURRENT MONTH] of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

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

77. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

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

77a. **IF YES ABOVE, ASK:** How often did this happen-almost every month, some months but not every month, or in only one or two months?

- ALMOST EVERY MONTH 1
- SOME MONTHS, BUT NOT EVERY MONTH .. 2
- ONLY ONE OR TWO MONTHS 3
- DON'T KNOW d
- REFUSED r

78. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

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

79. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

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

80. Did you or another member of your household receive groceries from a food pantry in the last 30 days? Include groceries delivered to your household by the food pantry.

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

81. Did you or another member of your household receive one or more meals from a soup kitchen, mobile van, or food wagon in the last 30 days?

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

82. Did you or another member of your household spend one or more nights in the past 30 days in a shelter?

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

ASK ALL:

83. I just have one last question, thinking back again to the school meals program in (CHILD)'s school, is there any thing you would like to see changed regarding the school meals? **IF YES:** What would that be. **RECORD RESPONSE VERBATIM. PROBE FOR ANYTHING ELSE.**

-
- NO CHANGES NEEDED 0
 - DON'T KNOW d
 - REFUSED r

84. **IF RESPONDENT MENTIONS ANYTHING IN Q.83, ASK:** Have you talked with anyone at the school or school district about this issue?

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

CLOSING

Those are all of the questions I have for you. Thank you for your time.

GIVE CHECK TO PARENT OF YOUNG CHILDREN.

FOR YOUTHS' PARENTS: GET/CONFIRM ADDRESS TO MAIL THANK YOU CHECK.

NAME: _____

ADDRESS: _____

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY



Weight and Standing Height Measurement Form

ID Label

Interviewer MPR ID #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

|_|_|_| / |_|_|_| / **2005**
Month Day

1. ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES

2. Weight

2a. 1 st measurement				.		Pounds
2b. 2 nd measurement				.		Pounds
2c. 3 rd measurement				.		Pounds

3. Clothing worn by subject during weight measurement:

- 1 lightweight, no multiple layers
- 2 heavy, bulky, or multiple layers
- 3 would not remove shoes/boots
- 4 cast on arm or leg
- 5 wheelchair/no measurements taken
- 6 Other (*Describe*):

4. Standing Height

4a. 1 st measurement			.		Inches
4b. 2 nd measurement			.		Inches
4c. 3 rd measurement			.		Inches

5. Concerns about height measurement:

MARK ALL THAT APPLY

- 1 no concerns
- 2 height-interfering hair
- 3 height/not being able to place sliding headpiece on top of head
- 4 would not remove shoes/boots
- 5 Other (*Describe*):

Comments:

MPR DOCUMENTATION PURPOSES ONLY:

DOCUMENT NAME: P:\Que\SNDA-111\Forms\Height Weight Form-6.doc

(REV—9/13/04) 11/26/2007 3:32 PM

Jen revised for Rhoda Cohen

SNDA-111 6096-200

ACTIVE CONSENT LETTER-Elementary Parents

[LETTER TO PARENTS]

Dear Parent(s):

The U.S. Department of Agriculture invites you to be a part of the *National School Meals Study*. Our school district was scientifically chosen and has agreed to be in this study. The study will help Congress and the U.S. Department of Agriculture plan future school breakfast and lunch programs for the whole country.

The study team from Mathematica Policy Research will visit our school in the next few weeks to meet with students, parents, and staff. *They will meet with students who eat school meals and those who do not get them.* They will be asking students and their parents what they think about the meals provided by schools and about the foods that children eat.

For the study to succeed, we need you to agree to help. **Please read the enclosed materials, sign, and return the Parent Consent Form.**

Only some of the households who agree will actually be in the study. As a thank you, parents will receive \$20 after completing an interview with the study team. Children from these households will also receive a small gift.

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

Please sign and return the Parent Consent form by (DATE). If you have any questions, please contact (SCHOOL LIAISON) at xxx-xxxx or call Sarah Lewis at 1-866-832-2218.

Thank you for helping out with this important study.

Sincerely,

XXXXX
Principal

PASSIVE RESPONSE FORM

THE NATIONAL SCHOOL MEALS STUDY

I, the undersigned, do not wish to participate in the National School Meals Study.

PARENT NAME: _____
(Please Print)

CHILD'S SCHOOL: [PRE-FILLED]

NAME OF CHILD: [PRE-FILLED]

Parent/Guardian Signature

IF YOU DO NOT WISH TO PARTICIPATE, PLEASE RETURN THIS FORM IN THE ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE TO YOUR SCHOOL OFFICE BY [fill DAY, DATE].

ACTIVE CONSENT LETTER-Secondary Parents

[LETTER TO PARENTS]

Dear Parent(s):

The U.S. Department of Agriculture invites you to be a part of the *National School Meals Study*. Our school district was scientifically chosen and has agreed to be in this study. The study will help Congress and the U.S. Department of Agriculture plan future school breakfast and lunch programs for the whole country.

The study team from Mathematica Policy Research will visit our school in the next few weeks to meet with students, parents, and staff. *They will meet with students who eat school meals and those who do not get them.* They will be asking students and their parents what they think about the meals provided by schools and about the foods that children eat.

For the study to succeed, we need you to agree to help. **Please read enclosed materials, sign and return the Parent Consent Form.**

Only some of the households who agree will actually be in the study. As a thank you, parents will receive \$10 after completing an interview. Children from these households will also receive \$10.

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

Please sign and return the Parent Consent form by (DATE). If you have any questions, please contact (SCHOOL LIAISON) at xxx-xxxx or call Sarah Lewis at 1-866-832-2218.

Thank you for helping out with this important study.

Sincerely,

XXXXX
Principal

ACTIVE CONSENT FORM – Elementary Parents

PARENT CONSENT FORM

THE NATIONAL SCHOOL MEALS STUDY

CHECK ONE BOX

I agree to participate in the National School Meals Study.

I do not wish to participate in the National School Meals Study.

I understand that by participating, if selected, both my child and I will be interviewed by Mathematica Policy Research and that my child's height and weight will be measured. I understand that our answers will be confidential and that I will receive \$20 after completing the interview and my child will also receive a small gift.

PARENT NAME: _____
(Please Print)

ADDRESS: _____

CITY _____ ZIP _____

TELEPHONE: __ (_____) _____
(Area Code) (Number)

CHILD'S SCHOOL: [PRE-FILLED]

NAME OF CHILD: [PRE-FILLED]

Parent/Guardian Signature

PLEASE RETURN THIS FORM IN THE ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE TO YOUR SCHOOL OFFICE BY [fill DAY, DATE].

PASSIVE CONSENT LETTER-Elementary Parents

[LETTER TO PARENTS]

Dear Parent(s):

The U.S. Department of Agriculture invites you to be a part of the *National School Meals Study*. Our school district was scientifically chosen and has agreed to be in this study. The study will help Congress and the U.S. Department of Agriculture plan future school breakfast and lunch programs for the whole country.

The study team from Mathematica Policy Research will visit our school in the next few weeks to meet with students, parents, and staff. *They will meet with students who eat school meals and those who do not get them.* They will be asking students and their parents what they think about the meals provided by schools and about the foods that children eat.

For the study to succeed, we need you to agree to help. If, after reading the enclosed materials, you decide not to participate, please fill out and sign the response form by (DATE). If you have any questions, please contact (SCHOOL LIAISON) at xxx-xxxx or call Sarah Lewis at 1-866-832-2218.

Only some of the households who agree will actually be in the study. As a thank you, parents will receive \$20 after completing an interview. Children from these households will also receive a small gift.

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

Thank you for helping out with this important study.

Sincerely,

XXXXXX
Principal

PASSIVE CONSENT LETTER-Secondary Parents

[LETTER TO PARENTS]

Dear Parent(s):

The U.S. Department of Agriculture invites you to be a part of the *National School Meals Study*. Our school district was scientifically chosen and has agreed to be in this study. The study will help Congress and the U.S. Department of Agriculture plan future school breakfast and lunch programs for the whole country.

The study team from Mathematica Policy Research will visit our school in the next few weeks to meet with students, parents, and staff. *They will meet with students who eat school meals and those who do not get them.* They will be asking students and their parents what they think about the meals provided by schools and about the foods that children eat.

For the study to succeed, we need you to agree to help. If, after reading the enclosed materials, you decide not to participate, please fill out and sign the response form by (DATE). If you have any questions, please contact (SCHOOL LIAISON) at xxx-xxxx or call Sarah Lewis at 1-866-832-2218.

Only some of the households who agree will actually be in the study. As a thank you, parents will receive \$10 after completing an interview. Children from these households will also receive \$10.

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

Thank you for helping out with this important study.

Sincerely,

XXXXXX
Principal

ACTIVE CONSENT FORM – Secondary Parents

PARENT CONSENT FORM

THE NATIONAL SCHOOL MEALS STUDY

CHECK ONE BOX

I agree to participate in the National School Meals Study.

I do not wish to participate in the National School Meals Study.

I understand that by participating, if selected, both my child and I will be interviewed by Mathematica Policy Research and that my child's height and weight will be measured. I understand that our answers will be confidential and that participating I will receive \$10 after completing the interview and my child will also receive \$10.

PARENT NAME: _____
(Please Print)

ADDRESS: _____

CITY _____ ZIP _____

TELEPHONE: __ (_____) _____
(Area Code) (Number)

CHILD'S SCHOOL: [PRE-FILLED]

NAME OF CHILD: [PRE-FILLED]

Parent/Guardian Signature

PLEASE RETURN THIS FORM IN THE ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE TO YOUR SCHOOL OFFICE BY [fill DAY, DATE].

More Facts

Is my household required to participate?

Your participation is entirely voluntary. You may refuse to answer any question during the interview. However, your participation is necessary to make your voice heard about school meals. Because your responses represent other households like yours, you cannot be replaced. Your participation will not affect any school meals benefits your children may receive now or apply for in the future. Nor will it affect your eligibility for any other benefits or services.

Why should I participate?

The information you provide will help USDA and the Congress make decisions about school meals. Your opinions about school meals in your child's school are vital to understanding how these meals might be improved. Remember, to thank you for your participation, we will give you \$20 for an in-person interview and your child a gift for an in-school interview.

More Facts

What kind of questions will I be asked?

The interview will include questions about what children ate the previous day, their eating habits, level of physical activity, opinions about school lunches, and general information about your household.

What kind of questions will my child be asked?

The interview will include questions about what children ate since waking up that day, their level of physical activity, opinions about school meals, and measurement of height and weight.

For further information contact:

Sarah Lewis
National School Meals Study
P.O. Box 2393
Princeton, NJ 08543-2393

Phone: 866-832-2218
Fax: 609-799-0005

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Elementary School Parents

FACTS ABOUT THE NATIONAL SCHOOL MEALS STUDY



Visit our website:

www.mathematica-mpr.com/schoolmealstudy



Why is this survey being done?

The U. S. Department of Agriculture is sponsoring this study to learn how children and parents feel about the meals provided by schools, why they choose to participate or not participate in the school meals, and how these decisions are related to children's overall diets. This information will help Congress plan future school meals for the whole country.

Why did you choose my child and household?

Your child was randomly selected from a list of children in your child's school including those who eat school meals as well as those who do not get them. The study is designed to represent all children in the school, regardless of whether they ever eat a school breakfast or lunch.

If my child does not eat school lunch, should I respond to this survey?

Yes. Even if your child has never eaten school lunch, we need your information in order to better understand how school meals are working in your school district.

Will my answers be kept confidential?

Yes, absolutely. The person who will interview you has signed a confidentiality statement that prohibits him or her from disclosing survey information to anyone other than authorized Mathematica staff. The answers from all participants will be summarized in such a way that no individual can be identified.



How long will the interview take?

The parent interview will probably take about 45 minutes and in return for your participation we will give you \$20.

The in-school interview, for elementary students, will take about 40 minutes. We can schedule the in-person parent interview any time that is convenient for you and will schedule your child's interview during the time our interviewing team is in your school district. Your child will receive a gift for participating in the in-school part of the study.

For further information or to schedule an interview, please call toll-free:

Sarah Lewis
1-866-832-2218

**National School
Meals Study**

Sponsored by the U.S. Department
of Agriculture

Conducted by

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Jen revised for Rhoda Cohen

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