

Nutrition Assistance Program Report Series

The Office of Analysis, Nutrition, and Evaluation

Special Nutrition Programs

Report No. CN-02A-SBP

Evaluation of the School Breakfast Program Pilot Project: Findings from the First Year of Implementation

Appendix H: Data Collection Instruments



United States
Department of
Agriculture

Food and
Nutrition
Service

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0505. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

DISTRICT ADMINISTRATOR GUIDE

**ANNOTATED GUIDE FOR
SCHOOL DISTRICT ADMINISTRATOR INTERVIEW**

Date: _____

School District: _____

Respondent - Name: _____

- Position: _____

- Telephone: _____

Interviewer: _____

BACKGROUND

I will begin with some general background questions before turning to the central topic of the interview which is the School Breakfast Program and the Pilot Project that is underway in this district.

1. How long have you been in your present position?

 _____ years
 _____ new this year

2. What role do you play in administering the SBP in this school district?

3. What is the line of authority and assignment of responsibility in administering the SBP in the district? In this regard, what is the division of responsibility between your position and the school food service director? (If appropriate, draw diagram or request copy of organization chart.)

4. Organizationally, how are the major supporting functions of food service – e.g. record keeping, financial accounts, food procurement, and human resources – assigned within the district? Are the records for all of these functions maintained centrally? Where can they be accessed?

<u>Function</u>	<u>Position/Office Responsible</u>	<u>Location of Records</u>
a. Program record keeping	_____	_____
b. Financial accounts	_____	_____
c. Food procurement	_____	_____
d. Employment records	_____	_____
e. Other _____	_____	_____

5. Prior to this year and participation in the pilot study, what has been your district’s overall experience with the SBP? Have you had any particular problems? (Probe for: general satisfaction, level of program participation, specific problems or short comings)

PARTICIPATION IN SBPP

Now I would like to ask a few questions about the School Breakfast Pilot Project and the decisions that led to the district’s involvement in the project.

6. What role have you played in the School Breakfast Pilot Project (SBPP)?

- _____ Chiefly responsible for district application.
- _____ Strongly supportive of district application
- _____ Facilitated district application and/or participation
- _____ Opposed to district participation in the Project.
- _____ Played little or no role in the Project
- _____ Other (specify) _____

7. Who was involved in the original decision to apply to participate in the pilot project?

<u>Name</u>	or	<u>Position</u>
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

8. Who was responsible for the final decision to participate?

9. What factors or issues drove the decision to participate? Who raised them? What issues were raised after the district was selected and prior to implementation? Who raised them?

Factors/Issues

Who raised

During application:

After selection:

10. What does the district hope to achieve through its participation in the SBPP, i.e. what are the district's goals for the program?

- _____ increased program participation.
- _____ improved nutrition of students
- _____ reduced tardiness and/or unexcused absences
- _____ improved test scores
- _____ reduced visits to school nurse
- _____ other (specify) _____

11. What will happen after the pilot project ends? Will the district use its own funds to continue offering universal-free school breakfast? If so, would all schools be included? Alternately, would the program revert back to its previous form?

- a. Uncertain/too soon to judge
- b. District would (might) use its own funds
- c. Would (might) extend to all schools
- d. Revert to earlier form
- e. Other
(specify): _____

OVERALL IMPACT OF SBPP

My final questions relate to the impact of the SBPP and how the project was received by those who were affected by it.

14. What, if any, staffing changes or changes in workload did implementation of the SBPP require? Any schedule changes? Are these changes mostly or exclusively associated with the universal-free school breakfast program? (Note: changes in workload should be exclusive of work requirements associated with project evaluation.)

- Probe for:
- new hires
 - extended hours for existing staff
 - change in serving times, class times, bus schedules
 - volunteers

Change mostly/exclusively associated with universal-free school breakfast:

Yes _____ No _____

15. How have school staff (principals, teachers, food service workers, custodians, bus drivers) reacted to implementation of the SBPP? What factors do you believe are responsible for these reactions?

<u>Positions</u>	<u>Strong opposition</u>	<u>Slight opposition</u>	<u>Neutral</u>	<u>Slight support</u>	<u>Strong support</u>
Principals	_____	_____	_____	_____	_____
Teachers	_____	_____	_____	_____	_____
Food service workers	_____	_____	_____	_____	_____
Custodians	_____	_____	_____	_____	_____
Nurses	_____	_____	_____	_____	_____
Bus drivers	_____	_____	_____	_____	_____

Factors responsible for reactions:

16. Has the SBPP had any particular effect on district administration? If so, in what way? What, if any, budgetary or staffing impact has it had?

Effect on district administration:

____ Yes
____ No

(If YES, probe for specific effect and estimated dollar and/or staffing estimates)

17. Have any parent/community issues arisen with regard to implementation of the SBPP?

____ Yes
____ No

If YES, describe issue and how resolved:

18. What effect, if any, has the SBPP had on the district's educational program? (Probe for details, e.g. improved attendance, improved test scores, more orderly students, reduced visits to school nurse)

19. If this district had the decision to make over again, would it choose to participate in the SBPP? Why?

____ Yes
____ No
____ Maybe

Reasons:

20. Are you aware of any steps that might have been take earlier to have made the SBPP run more smoothly? (Be as specific as possible)

21. In looking ahead to next school year, do you anticipate any changes in how universal-free school breakfast is implemented in the district?

___ Yes

___ No

If YES, describe.

Thank you for participating in this interview.

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SCHOOL FOOD SERVICE DIRECTOR GUIDE

ANNOTATED GUIDE FOR SCHOOL FOOD SERVICE DIRECTOR INTERVIEW

Date: _____

School District: _____

Respondent - Name: _____

- Position: _____

- Telephone: _____

Interviewer: _____

BACKGROUND

I would like to begin by asking some general background questions.

1. How long have you been in your present position?

_____ years

_____ new this year

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

_____ years

3. How long has the SBP been offered in this district?

_____ years or began in 19____

4. Were there any unusual events in School Year 1999/2000 that might have affected the district's food program (e.g., school closings, strikes, school consolidation, new menu planning systems)? Any unusual events in School Year 2000/2001?

Events in SY 1999/2000: _____

Events in SY 2000/2001: _____

ORGANIZATION AND STAFFING

Now I would like to ask a few questions about how the district's food service program is organized and who is responsible for some of the key tasks.

5. What is the line of authority within your organization? To whom do you report? Who reports directly to you? (If appropriate, draw diagram or request copy of organization chart.)

6. What is the division of responsibility between yourself (School Food Service Director) and the cafeteria managers?

School Food Service Director responsible for: _____

Cafeteria managers responsible for: _____

7. Which of the following functions is your office directly responsible for and which ones are other offices responsible for? To the extent other offices are responsible, indicate which ones.

Functions	Responsibility of:	
	School Food Service Director	Other Offices (specify)

- school food procurement
- menu planning
- school food employment records
- processing applications for free and reduced price meals

10. Were there any issues that came up after your district was selected to participate in the SBPP but prior to implementation?

____ Yes

____ No

Issues: _____

TRAINING AND ORIENTATION

Next I would like to ask some questions regarding how you prepared for implementation of the pilot program, recognizing that the selection process left very little time for preparation.

11. Was it possible to provide the district's food service workers with training or orientation regarding universal-free school breakfasts?

____ Yes

____ No

12. If training/orientation was provided:

- What was its general nature?
- Which staff members took part?
- About how much time was devoted to it?
- Who conducted the training or orientation?
- Has it been possible to provide "refresher" training or orientation? If so, how often?

Looking back on the training or orientation that was provided, are there topics that you now feel should have been included but weren't or topics that you now feel should have received more emphasis? If so, what are they?

_____ Yes

_____ No

Topics: _____

13. Is continuing staff support available? If so, from whom and in what form?

_____ Yes

_____ No

From whom: _____

In what form: _____

PROGRAM PROMOTION

Now, I have a few questions about how the program was promoted.

14. How was the SBPP initially explained to the students and their families?

In what form was it communicated?

_____ letter sent home

_____ mention of program in school newsletter

_____ verbally explained at back-to-school program

_____ other (please explain) _____

To whom was it directed?

_____ students

_____ parents

_____ community

_____ other (please specify) _____

Was the same information provided in both treatment schools and control schools about the regular breakfast program?

_____ Yes
_____ No

15. Has there been any follow-up publicity of the program since it was first announced at (or near) the beginning of the school year?

How:

Where:

How frequently:

Is this different for the control schools?

_____ Yes
_____ No

16. Are there any special methods used to encourage student participation in the universal-free breakfast program or the regular breakfast program? If so, what are they (e.g., announcement in morning, roving mascot, reminders sent to parents, etc.)? Have the methods of promotion changed since the program began? Have they changed over the past year?

_____ Yes
_____ No

Method	<u>Changes in promotion method</u>	
	Since the program began	Over the past year

17. Looking back, is there anything you would do differently to promote the program at the outset, if you had it to do over again?

BREAKFAST SETTING AND COMPOSITION

Now I have a few questions about the breakfasts – where they are eaten, how they are planned, and their composition.

18. Who determines where breakfast is eaten? Is this the same for “control” and “treatment” schools?

<p>Control Schools</p> <p><input type="checkbox"/> School Food Service Director</p> <p><input type="checkbox"/> Principal</p> <p><input type="checkbox"/> Cafeteria Manager</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p>	<p>Treatment Schools</p> <p><input type="checkbox"/> School Food Service Director</p> <p><input type="checkbox"/> Principal</p> <p><input type="checkbox"/> Cafeteria Manager</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p>
--	--

19. What is the number of schools taking part in the project by where breakfast is eaten:

Breakfast setting	Control schools	Treatment schools
Cafeteria		
Classroom		
Combination: cafeteria & classroom		
Other		

20. What, if any, issues or problems have arisen regarding the choice of breakfast setting?

21. In those schools where breakfasts are eaten in the classroom (if any), were there any particular problems? If there were, please explain.

Yes

No

Problems: _____

What was the reaction of the teachers in whose classrooms breakfasts were eaten?

- Strong opposition
- Slight opposition
- Neutral
- Slight support
- Strong support

In those schools where breakfast is served in the cafeteria, who is generally responsible for supervision? Have there been any particular supervisory problems or issues associated with the SBPP?

22. Who determines the composition of the breakfast that is served?

- School Food Service Director
- Principal
- Cafeteria Manager
- Other (please specify) _____

23. Do you involve students in food selection or menu planning?

- Yes
- No

24. Is the same breakfast menu offered in "treatment" and "control" schools?

- Yes
- No

If NO, what are there differences? Why are there differences?

What: _____

Why: _____

If NO, whose decision is it to serve different breakfasts in treatment and control schools?

25. What menu planning system(s) is used in the district?

- Nutrient Standard
- Assisted Nutrient Standard
- Enhanced Food-Based
- Traditional Food-Based
- Combination above choices (please explain) _____
- Other (please explain) _____

When was this system implemented? _____ (year)

Is the same system used in all schools in the district?

- Yes
 - No (Explain) _____
- _____

What has been your experience with this menu planning system from the standpoint of:

	Extremely positive	Positive	Neutral	Negative	Extremely negative
Meeting nutritional objectives					
Ease of operation					
Acceptance by food service staff					
Acceptance of meals by students					

PROGRAM IMPACT

Finally, I would like to ask a few questions about possible impacts of the universal-free school breakfast program.

26. Has implementation of universal-free school breakfast required any changes in staffing levels within the district? If so, what are they? (Probe for numbers)

___ Yes

___ No

Changes required: _____

Has it required any changes in the workload of existing staff? If so, what are they? (probe for numbers)

___ Yes

___ No

Changes required: _____

27. What is your perception of the impact that universal-free school breakfast has had on program participation this school year? (probe for numbers)

___ Strong impact

___ Moderate impact

___ Small impact

___ No impact

___ Don't know

28. What is your perception of the level of revenue and costs associated with school breakfast this school year compared to the same period last school year? (probe for numbers)

Revenue:

___ Increased

___ Decreased

___ Remained relatively constant

___ Don't know

Costs:

___ Increased

___ Decreased

___ Remained relatively constant

___ Don't know

What is your perception of the net effect of any changes that might have occurred in these measures?

29. How do overall revenue and operating costs for the first six months of School Year 2000-01 compare to those for the same period in School Year 1999-2000? (probe for numbers)

Revenue:

- Increased
 Decreased
 Remained relatively constant
 Don't know

Costs:

- Increased
 Decreased
 Remained relatively constant
 Don't know

Are revenue and costs associated with breakfasts allocated separately from those of other meals?

- Yes
 No

Are revenue and cost records maintained independently for each school?

- Yes
 No

30. What has been the attitude of the following individuals towards the SBPP?

	Extremely positive	Positive	Neutral	Negative	Extremely negative
food service staff					
teachers					
administrators					
school board					
students					
parents					
custodial staff					

ADVICE FOR OTHERS

31. Is there any particular advice that you would offer other SFA directors planning to implement universal-free school breakfasts in their districts?

32. What sources of information or forms of support have been of most help in implementing universal-free school breakfast?

Sample materials provided by study evaluators

The experience of others (e.g. Maryland and Minnesota)

Support and/or active involvement by:

principals

cafeteria managers

teachers

parents

Other (please specify) _____

33. What have been the greatest challenges in implementing universal-free school breakfast?

34. As you look ahead to the next school year, what (if any) changes in the way school breakfast programs (regular or universal-free) are being implemented do you anticipate? (If necessary, encourage respondent to speculate.)

Thank you for participating in this interview.

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PRINCIPAL GUIDE (TREATMENT SCHOOLS)

**ANNOTATED GUIDE FOR
SCHOOL PRINCIPAL INTERVIEW
(TREATMENT SCHOOLS)**

Date: _____

School District: _____

School Name: _____

Respondent - Name: _____

- Position: _____

- Telephone: _____

Interviewer: _____

BACKGROUND

I would like to begin by asking some background questions about this school and the nature of your involvement of the School Breakfast Program.

1. How long have you been the principal of this school?

_____ years

_____ new this year

2. How long have you been involved with the School Breakfast Program (SBP) in this or other schools?

_____ years

3. How long has the SBP been offered in this school?

_____ years or began in 19____

4. What role do you play in administering or overseeing operation of the SBP? Do you determine:

	<u>Yes</u>	<u>No</u>
When breakfast is served?	___	___
How much time is allotted for eating breakfast?	___	___
Where breakfast is served?	___	___

To the extent you are responsible for these decisions, what are the key factors guiding your decisions?

- ___ Minimizing time not spent on classroom teaching
- ___ Ensuring kids have time for nutritious breakfast
- ___ Keeping teachers happy
- ___ Making effective use of limited space
- ___ Avoiding messing up the classrooms
- ___ Other (specify) _____

5. What is the nature and frequency of your working relationship with the District School Food Director? With the School Cafeteria Manager?

District School Food Director

Nature of relationship:

- ___ all contact with food service through school cafeteria manager
- ___ personal contact to resolve food service issues
- ___ periodic written communications
- ___ other (specify) _____

Frequency:

- ___ at least monthly
- ___ at least quarterly
- ___ at least annually
- ___ never/almost never

School Cafeteria Manager

Nature of relationship:

- ___ participation in staff meetings
- ___ regular oral or written reports
- ___ to resolve issues
- ___ no relationship
- ___ other (specify) _____

Frequency:

- ___ daily
- ___ weekly
- ___ monthly
- ___ never/almost never

9. What is the current enrollment in this school and what have been the trends in enrollment over the past five years? (Probe for specific rates of change and for reasons for unusually high rates of change.)

What is the current rate of student turnover? How is this measured? (Probe for measured rates of turnover.)

Method of measuring student turnover: _____

10. How many classroom teachers are currently employed by this school?

About what rate of annual staff turnover have you experienced in the last five years? (Probe for measured rates of turnover.)

Method of measuring staff turnover: _____

11. Does this school offer any enrichment programs in addition to the prescribed curriculum? If so, describe.

_____ Yes

_____ No

If YES, Describe: ___ basic skills development (reading, math, science)
 ___ tutoring and homework assistance
 ___ language instruction
 ___ other (specify)

If YES, are there differences in these programs compared to last year?

_____ Yes

_____ No

If YES, why were these programs adopted?

improve test scores at parents' suggestion
 at teachers' suggestion other (specify) _____

Are extra-curricular programs available?

Yes
 No

If YES, what types?

sports student government other (specify) _____
 musical clubs _____

Does the school provide an after-school snack program?

Yes
 No
 Don't know

12. Have you noticed any change in the incidence of disciplinary problems or other disruptions this school year as compared to previous years?

Yes
 No

IMPLEMENTATION OF UNIVERSAL-FREE SCHOOL BREAKFAST

Now I would like to ask some questions about universal-free school breakfasts and the decisions that were made during their initial implementation.

13. Were you involved in the district's decision to participate in the School Breakfast Pilot Project (SBPP)?

- Yes
- No

If YES, what factors were instrumental in coming to the decision to participate?

- increase program participation
- provide students access to a nutritious breakfast
- improve students' academic performance
- improve student behavior and attendance; reduce tardiness
- other (specify) _____

14. In what ways have you been involved in implementation of the SBPP in your school? Probe for information regarding:

- discussions with principals of other schools
- working with the school food service director
- working with the cafeteria manager
- working with teachers
- contact with students and/or parents
- promotional activities.

15. How much autonomy was the school granted in determining how universal-free breakfast was implemented?

- Full autonomy
- Substantial autonomy
- Partial autonomy
- Very little autonomy
- No autonomy

Which elements were determined by the district and which elements were determined by the school?

	<u>District</u>	<u>School</u>
1. Menu	_____	_____
2. Where breakfast is served	_____	_____
3. When breakfast is served	_____	_____
(other elements, please list)		
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

16. For those elements that were determined at the school level, who participated in the decision-making process?

- _____ Principal
- _____ Cafeteria manager
- _____ Teachers
- _____ Custodians
- _____ Students
- _____ Others _____

What considerations were important to the decision?

- _____ teaching time _____ bus schedule _____ other (specify) _____
- _____ space limitations _____ food preparation and service _____
- _____ custodial service _____ breakfast supervision

If teachers were involved, how were they involved and what (if any) concerns did they raise?

How involved?

- _____ represented on formal committee
- _____ informally consulted
- _____ represented by Teachers' Union
- _____ other (specify) _____

Concerns?

- _____ loss of time for preparation _____ mess in the classroom
- _____ additional responsibility _____ precluded by contract
- _____ other (specify) _____

17. Were training/orientation sessions held regarding universal-free school breakfast?

Yes

No

If YES, did you or a representative from your office attend?

Yes

No

Don't know

19. What, if any, changes did implementation of universal-free school breakfast have on the workload and/or scheduling requirements of:

	Workload and/or scheduling requirements:		
	Increased	Decreased	Did not change
Teachers	_____	_____	_____
Cafeteria workers	_____	_____	_____
Office staff	_____	_____	_____
Custodial staff	_____	_____	_____
Bus drivers	_____	_____	_____
Volunteers	_____	_____	_____
Others_____	_____	_____	_____

20. What, if any, changes in administrative reporting requirements occurred as a result of implementing universal-free school breakfast?

Administrative reporting requirements:

- ___ Increased
- ___ Decreased
- ___ Did not change

What effect did this have on staff time?

- ___ Increased
- ___ Decreased
- ___ Did not change

On other costs? (Probe for details)

21. Do you perceive any overall change in student attitude or behavior following implementation of universal-free school breakfast? Do you perceive any change in the rate of tardiness or attendance? In the incidence of disciplinary problems? (Probe for numbers, if they are available.)

Student attitude and behavior overall has:

- Improved
- Become worse
- Not changed

Rate of attendance has:

- Improved
- Become worse
- Not changed

Rate of tardiness has:

- Improved
- Become worse
- Not changed

Incidence of disciplinary problems has:

- Improved
- Become worse
- Not changed

22. In the past, has there been a stigma associated with participation in the School Breakfast Program?

- Yes
- No

If YES, has implementation of universal-free school breakfast had any effect?

- Yes
- No

If YES, in what ways?

23. What is the attitude of the major stakeholders toward universal-free school breakfast?

	Extremely positive	Positive	Neutral	Negative	Extremely negative
Teachers					
Administrators					
School food workers					
Students					
Parents					
Custodial staff					

24. Looking back, do you have any suggestions for principals in other schools that might implement universal-free school breakfast in the future?

25. Looking ahead to the next school year, do you anticipate any changes in how universal-free school breakfast will be implemented in this school?

_____ Yes

_____ No

If YES, describe.

Thank you for participating in this interview.

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PRINCIPAL GUIDE (CONTROL SCHOOLS)

**ANNOTATED GUIDE FOR
SCHOOL PRINCIPAL INTERVIEW
(CONTROL SCHOOLS)**

Date: _____

School District: _____

School Name: _____

Respondent - Name: _____

- Position: _____

- Telephone: _____

Interviewer: _____

BACKGROUND

I would like to begin by asking some background questions about this school and the nature of your involvement of the School Breakfast Program.

1. How long have you been the principal of this school?

_____ years

_____ new this year

2. How long have you been involved with the School Breakfast Program (SBP) in this or other schools?

_____ years

3. How long has the SBP been offered in this school?

_____ years or began in 19____

4. What role do you play in administering or overseeing operation of the SBP? Do you determine:

	<u>Yes</u>	<u>No</u>
When breakfast is served?	___	___
How much time is allotted for eating breakfast?	___	___
Where breakfast is served?	___	___

To the extent you are responsible for these decisions, what are the key factors guiding your decisions?

- ___ Minimizing time not spent on classroom teaching
- ___ Ensuring kids have time for nutritious breakfast
- ___ Keeping teachers happy
- ___ Making effective use of limited space
- ___ Avoiding messing up the classrooms
- ___ Other (specify) _____

5. What is the nature and frequency of your working relationship with the District School Food Director? With the School Cafeteria Manager?

- | | |
|--|---|
| <p>Nature of relationship:</p> <ul style="list-style-type: none"> ___ all contact with food service through school cafeteria manager ___ personal contact to resolve food service issues ___ periodic written communications ___ other (specify) _____ | <p>Frequency:</p> <ul style="list-style-type: none"> ___ at least monthly ___ at least quarterly ___ at least annually ___ never/almost never |
|--|---|

School Cafeteria Manager

- | | |
|---|--|
| <p>Nature of relationship:</p> <ul style="list-style-type: none"> ___ participation in staff meetings ___ regular oral or written reports to resolve issues ___ no relationship ___ other (specify) _____ | <p>Frequency:</p> <ul style="list-style-type: none"> ___ daily ___ weekly ___ monthly ___ never/almost never |
|---|--|

6. Were there any unusual events during last school year (1999-2000) that might have affected school operation or academic achievement?

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> ___ Yes ___ No | <p>If YES, what were they (briefly describe circumstances)?</p> <ul style="list-style-type: none"> ___ prolonged school closing ___ school consolidation | <ul style="list-style-type: none"> ___ adopted new curricula ___ changed start time ___ other (specify) |
|---|--|--|

7. Have there been any unusual events or major program changes thus far in School Year 2000-01?

- Yes If YES, what were they (briefly describe circumstances)?
- No prolonged school closing adopted new curricula
- school consolidation changed start time
- other (specify)

8. How representative is this school of other schools in the district?

- Very representative
- Somewhat representative
- Not at all representative
- Don't know

To the extent this school is NOT representative of other schools in the district, how would you characterize the differences? (probe for differences in income levels, demographic characteristics, teacher-student ratios, curriculum, grade categories, afterschool care, etc.)

9. What is the current enrollment in this school and what have been the trends in enrollment over the past five years? (Probe for specific rates of change and for reasons for unusually high rates of change.)

What is the current rate of student turnover? How is this measured? (Probe for measured rates of turnover.)

Method of measuring student turnover: _____

10. How many classroom teachers are currently employed by this school?

About what rate of annual staff turnover have you experienced in the last five years? (Probe for measured rates of turnover.)

Method of measuring staff turnover: _____

11. Does this school offer any enrichment programs in addition to the prescribed curriculum? If so, describe.

_____ Yes

_____ No

If YES, describe: _____ basic skills development (reading, math, science)

_____ tutoring and homework assistance

_____ language instruction

_____ other (specify)

If YES, are there differences in these programs compared to last year?

_____ Yes

_____ No

If YES, why were these programs adopted?

_____ improve test scores

_____ at parents' suggestion

_____ at teachers' suggestion

_____ other (specify) _____

Are extra-curricular programs available?

_____ Yes

_____ No

If YES, what types?

_____ sports

_____ student government

_____ other (specify) _____

_____ musical

_____ clubs

Does the school provide an after-school snack program?

_____ Yes

_____ No

_____ Don't know

12. Have you noticed any change in the incidence of disciplinary problems or other disruptions this school year as compared to previous years?

Yes

No

IMPLEMENTATION OF THE SBP

Now I would like to ask some questions about the School Breakfast Program and its operation in the school.

13. In what ways are you involved in the operation of the SBP in your school? Probe for information regarding:

- ___ discussions with principals of other schools
- ___ working with the district school food director
- ___ working with the cafeteria manager
- ___ working with teachers
- ___ contact with students and/or parents
- ___ promotional activities

14. How much autonomy was the school granted in determining how the SBP was implemented?

- ___ Full autonomy
- ___ Substantial autonomy
- ___ Partial autonomy
- ___ Very little autonomy
- ___ No autonomy

Which elements were determined by the district and which elements were determined by the school?

	<u>District</u>	<u>School</u>
1. Menu	_____	_____
2. Where breakfast is served	_____	_____
3. When breakfast is served	_____	_____
(other elements, please list)		
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

15. For those elements that were determined at the school level, who participated in the decision-making process?

- Principal
- Cafeteria manager
- Teachers
- Custodians
- Students
- Others _____

What considerations were important to the decision?

- teaching time bus schedule other (specify) _____
- space limitations food preparation and service _____
- custodial service breakfast supervision

If teachers were involved, how were they involved and what (if any) concerns did they raise?

How involved?

- represented on formal committee
- informally consulted
- represented by Teachers' Union
- other (specify) _____

Concerns?

- loss of time for preparation mess in the classroom
- additional responsibility precluded by contract
- other(specify) _____

16. Are training/orientation sessions held regarding the SBP?

- Yes
- No

If "YES", do you or a representative from your office attend?

- Yes
- No
- Don't know

18. Do you perceive any overall change in student attitude or behavior this year as compared to last school year? Do you perceive any changes in the rate of tardiness or attendance? In the incidence of disciplinary problems? (Probe for numbers, if available.)

Student attitude and behavior overall has:

- ___ Improved
- ___ Become worse
- ___ Not changed

Rate of attendance has:

- ___ Improved
- ___ Become worse
- ___ Not changed

Rate of tardiness has:

- ___ Improved
- ___ Become worse
- ___ Not changed

Incidence of disciplinary problems has:

- ___ Improved
- ___ Become worse
- ___ Not changed

19. Among the students in this school, do you perceive that there is a stigma associated with participation in the SBP?

- ___ Yes
- ___ No

If "YES", do you perceive any change in this attitude? If so, in what ways and for what reasons?

- ___ Yes
- ___ No

If "YES," reasons: _____

20. What is the attitude of major stakeholders toward the SBP?

	Extremely positive	Positive	Neutral	Negative	Extremely negative
Teachers					
Administrators					
School food workers					
Students					
Parents					
Custodial staff					

21. Looking ahead to the next school year, do you anticipate any changes in how the SBP will be implemented in this school?

____ Yes

____ No

If "YES," describe: _____

Thank you for participating in this interview.

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CAFETERIA MANAGER GUIDE

ANNOTATED GUIDE FOR SCHOOL CAFETERIA MANAGER INTERVIEW

Date: _____

School District: _____

School Name: _____

Respondent - Name: _____

- Position: _____

- Telephone: _____

Interviewer: _____

BACKGROUND

I would like to begin by asking you a few background questions about your involvement in the School Breakfast Program.

1. How long have you been in your present position at this or another school?

_____ years

_____ new this year

2. How long have you been involved with the operation of the School Breakfast program (SBP)?

_____ years

3. What has been your overall experience with the SBP in past years? Has the SBP operated relatively smoothly?

_____ Yes

_____ No

What, if any, problems have you encountered?

_____ low participation

_____ program perceived as a welfare program

_____ scheduling conflicts (i.e., with bus and class schedules)

_____ staffing problems

_____ Other (specify) _____

4. About how many breakfasts are you currently serving on a typical day?

5. About how many breakfasts did you serve on a typical day last school year?

6. Have there been any unusual events or circumstances that have affected the operation of the cafeteria during last school year (SY1999-2000)? (e.g. renovations, use of cafeteria for instruction space, etc.) During the current school year (SY2000-01)?

7. What aspects of the SBP are you directly responsible for:
(Check all that apply)
- ___ purchasing food
 - ___ ordering food
 - ___ menu planning
 - ___ food preparation
 - ___ serving
 - ___ record keeping
 - ___ hiring staff
 - ___ other (please specify) _____

OPERATION OF THE SBP

Now I would like to ask a few questions about how the breakfast program is implemented in this school.

8. Did you and/or your staff have an opportunity to participate in any SBP training programs this school year?
- ___ Yes
 - ___ No

If YES, what was the nature of the training? How much time was devoted to it? Who provided it? What is your assessment of its value?

Type of training	Time devoted	Training was provided by	Assessment of its value (excellent, good, no opinion, poor, or waste of time)

9. What menu planning system is being used in this school?

- Nutrient Standard
- Assisted Nutrient Standard
- Enhanced Food-Based
- Traditional Food-Based
- Don't know
- Other (please explain)

PROMOTION OF THE SBP:

10. In what ways is the school breakfast program publicized? (probe for flyers, media-newspaper and/or tv, menus sent home, website, etc)

<u>How</u>	<u>Where</u>	<u>How frequently</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were there any special efforts made to promote the program this school year?

(FOR TREATMENT SCHOOLS: How was the new program explained to students and their families?)

- letter sent home with students
 - mention of program in school newsletter
 - verbally explained at back-to-school program
 - other (please explain) _____
- _____

11. Where is breakfast served? Where is it eaten?

Served:

- on school bus
- school lobby/holding area
- cafeteria
- multi-purpose room
- hallway
- classroom
- other (please specify)

Eaten:

- On school bus
- school lobby/holding area
- cafeteria
- multi-purpose room
- hallway
- classroom
- other (please specify)

Is this the same location as last school year?

- Yes
- No

If NO, where was breakfast served last year?

If eaten in the CAFETERIA:

What is the seating capacity?

_____ students

Is this capacity a constraint?

- Yes
- No

Who supervises the children during breakfast service? Does this represent a change from last year? Have there been any problems or issues regarding supervision?

- Who:
- food service staff
 - teachers
 - teacher assistants
 - custodians

- parent volunteers
- Other (specify) _____

- Represent change from last year? Yes
- No

- Problems or Issues: Yes
- No

If yes, specify: _____

Is breakfast served after school starts?

_____ Yes

_____ No

If YES, what procedure is used for moving students through the cafeteria?

For breakfast eaten in the CLASSROOM: what are the mechanics of delivery, serving, trash removal, and record keeping, and who is responsible for each task?

	Mechanics - How is task carried out?	Group/individual responsible
Food delivery		
Serving of food		
Trash removal		
Record keeping		

12. If eaten in the CLASSROOM, have there been any particular problems? (probe for inadequate number of people to help distribute food to rooms, inability to keep food warm, slow removal of trash, etc.)

_____ Yes

_____ No

If YES, what are they?

_____ lack of help distributing food to rooms

_____ hard to keep food warm

_____ trash removal

_____ cleaning up spillage

_____ teacher resistance

_____ poor recordkeeping

Problems:

13. During what time period is breakfast served?

____:____ to ____:____

How much time is allotted?

_____ minutes

Is the time allotted for breakfast part of the school day?

____ Yes

____ No

If NO, how much initiative is required by students to eat a school breakfast?

____ Significant initiative

____ Moderate initiative

____ Little initiative

____ No initiative

____ Do not know/No opinion

MEALS OFFERED

14. Is an identical breakfast served to all participants (with the exception of children with special dietary requirements)?

____ Yes

____ No

____ Generally, but with exceptions

Is offer vs. serve available?

____ Yes

____ No

Is a la carte offered to participating children?

Yes

No

If YES, what foods are offered?

milk

juice

any entrée item

other (specify) _____

15. Are hot meals served?

Yes

No

If YES, with what frequency?

times a week

something hot is offered everyday, but there is always an alternative cold choice

other (specify) _____

16. Did the composition of the breakfasts that are served change in any way this school year? If so, in what ways and why? (Probe for things like change in number of options or in the frequency of hot meals.)

Change in breakfast composition:

Yes

No

If YES, how and why? _____

17. Are foods available from other on-campus sources (e.g. vending machines, school stores, etc.) during periods of breakfast service?

___ Yes

___ No

If YES, what foods are available?

___ milk

___ juice

___ other (specify) _____

IMPACT OF THE UNIVERSAL-FREE BREAKFAST PROGRAM
(TREATMENT SCHOOLS ONLY)

18. Did implementation of universal-free school breakfast change the workload of the cafeteria staff? If so, to what degree and why? (Probe for estimates of the magnitude of change.)

___ Yes

___ No

If YES, indicate number of hours/week prior to and with universal-free school breakfast.

prior to universal-free school breakfast: _____ hours/week

with universal-free school breakfast: _____ hours/week

Was it necessary to hire additional staff? (If "YES," probe for numbers.)

___ Yes

___ No

Do volunteers or teachers-aides assist in serving or supervising breakfast service?

___ Yes

___ No

If YES, how many person-hours in a typical week?

___ hours

19. Where are the breakfasts prepared?

- School cafeteria
- Central kitchen
- Outside vendor
- Combination
- Other (specify) _____

Did the location change with implementation of universal-free school breakfast?

- Yes
- No

If YES, why? _____

20. Did the staff and/or the methods of preparation change with implementation of universal-free school breakfast?

- Yes
- No

If YES, how? _____

Were any additional expenditures incurred as a result of implementing universal-free school breakfast (e.g. for purchasing additional milk coolers or for additional trash removal)?

- Yes
- No

If YES, describe including approximate dollar expenditure.

21. Did the time of breakfast service change with implementation of universal-free school breakfast?

Yes

No

If YES, how and why? _____

22. Were there any changes in administrative reporting requirements that occurred as a result of universal-free school breakfast?

Yes

No

If YES, how did they affect cafeteria staff? _____

23. Have you noticed any changes in student attitude toward the breakfast program as a result of universal-free school breakfast?

Student attitude has become:

Substantially more positive

More positive

No change in attitude

More negative

Substantially more negative

Don't know

Do you detect any difference in the relative magnitude of plate waste following implementation of universal-free school breakfast?

Plate waste has:

Increased

Decreased

Not changed

24. What is the attitude of the cafeteria staff toward the SBP?

- Very Positive
- Positive
- Neutral
- Negative
- Very negative

Has this attitude changed in any way with implementation of universal-free school breakfast?

- Yes, the attitude of the cafeteria staff is now:
 - Much more positive
 - More positive
 - Neutral
 - More negative
 - Much more negative
- No

25. Were there any special challenges associated with implementing universal-free school breakfast that you did not anticipate or that were especially difficult?

Special challenges: _____

26. Looking ahead to the next school year, do you anticipate any changes in how universal-free school breakfast is implemented in this school?

- Yes
- No

If YES, describe anticipated changes.

(FOR TREATMENT SCHOOLS)
Thank you for participating in this interview.

CHANGES IN THE SBP
(CONTROL SCHOOLS ONLY)

27. Have there been any changes this school year in any of the following characteristics of the SBP and, if so, in what way did they change and why:

	Change	Why has this changed?
<p>→</p> <p>Workload of the cafeteria staff</p>	<p>___ increase ___ decrease ___ no change</p>	
<p>→</p> <p>Breakfast preparation time</p>	<p>___ increase ___ decrease ___ no change</p>	
<p>→</p> <p>Serving time</p>	<p>___ increase ___ decrease ___ no change</p>	
<p>→</p> <p>Administrative reporting requirements</p>	<p>___ increase ___ decrease ___ no change</p>	
<p>→</p> <p>Student attitude toward the breakfast program</p>	<p>___ more pos. ___ more neg. ___ no change</p>	
<p>→</p> <p>Plate waste</p>	<p>___ increase ___ decrease ___ no change</p>	

28. How would you describe the overall attitude of the cafeteria staff toward the SBP? Has it changed in any way over the past year?

Cafeteria staff attitude toward the SBP is:

- Very Positive
- Positive
- Neutral
- Negative
- Very negative

The attitude this year is:

- More positive than it was last year.
- More negative than it was last year.
- Unchanged

29. Looking ahead to the next school year, do you anticipate any changes in how the SBP is implemented in this school?

- Yes
- No

If YES, describe anticipated changes.

Thank you for participating in this interview.

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TEACHER GUIDE

ANNOTATED GUIDE FOR TEACHER INTERVIEW

Date: _____

School District: _____

School Name: _____

Respondent - Name: _____

- Telephone: _____

- Position (include grade): _____

Interviewer: _____

BACKGROUND

I will begin with two or three background questions before turning to school meals in general and then to school breakfasts in particular.

1. What grade do you teach?

How many children are in your class?

2. For how many years have you been teaching in elementary schools?

____ years

____ new to elementary schools this year

How many years in this school?

____ years

____ new to this school this year

ATTITUDE TOWARD SCHOOL MEALS

Now I have a couple of general questions about your view of school meals programs.

3. To what extent do you believe that the overall meals program (lunch and breakfast) in this school “contributes to,” “detracts from” or “has no effect on” the learning process? Why?

_____ contributes to
_____ detracts from
_____ has no effect

Reasons:

4. How do you feel about the importance of breakfast in preparing a child to learn?

_____ Very important
_____ Important
_____ Slightly important
_____ Unimportant
_____ No opinion

DIRECT INVOLVEMENT IN THE SBP

Now we turn to the school breakfast program as it operates in this school. All remaining questions are related to school breakfast or its possible impacts.

5. Is breakfast presently served and/or eaten in your classroom?

_____ Yes
_____ No

If YES, questions a-g; if NO, question h only.

- a. Does this represent a change from last year?

_____ Yes
_____ No

If YES, where was breakfast served/eaten last year? _____

b. Is it part of the school day or does it precede the school day?

- Part of school day
 Precedes school day

c. How much time is allotted for breakfast?

minutes

Is this time used for anything other than eating breakfast?

- Yes
 No

If YES, for what? _____

d. What role do you play in:

serving? major
 minor
 none

cleaning-up? major
 minor
 none

record-keeping? major
 minor
 none

e. What effect does this have on the time you devote to:

classroom preparation? major reduction
 minor reduction
 little or no effect

classroom instruction? major reduction
 minor reduction
 little or no effect

f. What is your overall opinion of serving/eating breakfast in the classroom?

- Very positive
- Positive
- Neutral
- Negative
- Very negative

g. What problems, if any, have arisen as a result of serving in the classroom?

- spillage (major/ minor)
- trash removal
- reduction in instruction time
- time required for record-keeping
- other (specify) _____

If breakfast is NOT served/eaten in the classroom:

h. How would you feel about having school breakfasts served in your classroom?

- Strongly supportive
- Supportive
- Neutral
- Opposed
- Strongly opposed

IMPACT OF THE SBP/SBPP

6. Have you noticed if there is a stigma associated with eating breakfast at school among the children in your school?

- Yes
- No

If "YES," have you noticed any change this school year?

- Yes
- No

If YES, in what ways?

- increased stigma
- decreased stigma
- change in nature of the stigma (explain)

7a. Have you noticed any overall change in student attitude or behavior this school year?

- Greatly improved
- Slightly improved
- No change
- Slightly declined
- Greatly declined

7b. Are you aware of any changes in the rate of tardiness? Rate of attendance? In the incidence of disciplinary problems? In visits to the school nurse?

Rate of tardiness has:

- Greatly improved
- Slightly improved
- No change
- Slightly declined
- Greatly declined

The incidence of disciplinary problems has:

- Greatly increased
- Slightly increased
- Not changed
- Slightly decreased
- Greatly decreased

Rate of attendance has:

- Greatly improved
- Slightly improved
- No change
- Slightly declined
- Greatly declined

Visits to the school nurse have:

- Greatly increased
- Slightly increased
- Not changed
- Slightly decreased
- Greatly decreased

8. What is your overall opinion of the School Breakfast Program?

- Extremely positive
- Positive
- Neutral
- Negative
- Extremely negative

Thank you for participating in this interview.

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CUSTODIAN GUIDE

ANNOTATED GUIDE FOR SCHOOL CUSTODIAN INTERVIEW

Date: _____

School District: _____

School Name: _____

Respondent - Name: _____

- Position: _____

- Telephone: _____

Interviewer: _____

1. How long have you been employed as a school custodian?

_____ years

_____ new this year

2. How many custodians (including yourself) are assigned to this school?

_____ (number)

3. What is the nature of custodial involvement in preparing for and cleaning-up after breakfast service? (Probe for details)

_____ setting-up (breaking down tables & chairs)

_____ trash removal

_____ supervision of breakfast service

_____ cleaning floors

_____ other (specify)

4. Has either the nature or level of custodial involvement in the breakfast service been any different this school year compared to last school year? If so, in what ways and with what effect on your workload?

Different than last year?

_____ Yes

_____ No

If YES, in what ways?

- reduced use of cafeteria
- increased use of cafeteria
- increased volume of trash
- removing trash from more locations
- other (specify) _____

What effect on workload:

- increase
- decrease
- no effect

5. Approximately how much time is spent by custodial staff on breakfast-related tasks on a typical day? Does this differ from the time requirements last year? If so, approximately how much time was required last year?

_____ hours

Different from last year?

- Yes
- No

If YES, time required last year?

_____ hours

TREATMENT SCHOOLS ONLY

6. Has the School Breakfast Pilot Project that was implemented in this school at the beginning of this school year affected your work in ways other than those we have already discussed? If so, please describe.

- Yes
- No

If YES, describe:

7. Do you feel that the school breakfast program this past school year has been a positive, neutral, or negative experience for the school and its students?

- positive
- negative
- neutral

Thank you for participating in this interview.



TEACHER SCHOOL CLIMATE SURVEY

School ID Label

This survey is being conducted to learn how teachers feel about their schools. Your input is very valuable to our better understanding the School Breakfast Program. The purpose of this questionnaire is to gather your opinions and perceptions of your school's overall climate for teaching and learning. Only a few teachers from each school are being asked to complete this survey, so your response is very important. We estimate it will take about 5 minutes to complete the survey. All responses are kept strictly confidential and will not be linked back to any individual teacher. If you have any questions, please call Abt's toll-free number: 1-800-xxx-xxxx.

Thank you very much for your time and cooperation.

The Evaluation of the School Breakfast Pilot Project is being conducted for the:

Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22302

By:

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

Spring, 2001

Instructions:

Circle one number for your response to each statement below.

Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements.

	Strongly Agree	Somewhat agree	Somewhat disagree	Strongly disagree
1. The principal knows what kind of school he or she wants and has communicated it to the staff.	1	2	3	4
2. There is a great deal of cooperative effort among the staff members.	1	2	3	4
3. I am generally satisfied with being a teacher at this school.	1	2	3	4
4. Parents are actively involved in this school's programs.	1	2	3	4
5. The community served by this school is supportive of its goals and activities.	1	2	3	4
6. Order and discipline are maintained satisfactorily in the building.	1	2	3	4
7. Routine duties and paperwork interfere with my job of teaching.	1	2	3	4
8. Students have difficulties when the morning lessons start because they are hungry.	1	2	3	4
9. Parents are kept informed about school activities.	1	2	3	4

To what extent is each of the following a problem in your school? Indicate whether it is a serious problem, a moderate problem, a minor problem, or not a problem in your school.

	Serious Problem	Moderate Problem	Minor Problem	Not a Problem
10. Student tardiness	1	2	3	4
11. Student absenteeism	1	2	3	4
12. Physical conflicts among students	1	2	3	4
13. Vandalism of school property	1	2	3	4
14. Student disrespect of teachers	1	2	3	4
15. Student apathy	1	2	3	4
16. Students come to school unprepared to learn	1	2	3	4
17. Poor student health	1	2	3	4

Please complete each of the following statements.

	Very Positive	Somewhat Positive	Somewhat Negative	Very Negative
18. Student attitude towards academic achievement in this school is:	1	2	3	4
19. General teacher morale in this school is:	1	2	3	4
20. Student regard for school property is:	1	2	3	4

Please indicate whether you feel each of the following statements is true, generally true, generally not true, or not true.

	True	Generally True	Generally Not True	Not True
21. I have a scheduled mid-morning "snack break" for my students.	1	2	3	4
22. Students in my class are fully alert in the hour before lunch.	1	2	3	4
23. Our school has a strong sense of "community" or "family."	1	2	3	4
24. I am able to use the time when students are eating breakfast as "teachable time" with them.	1	2	3	4
25. The time needed for students to eat school breakfast cuts down on instructional time.	1	2	3	4

STUDENT FOCUS GROUP MODERATOR'S GUIDE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0505. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

(Note: This guide is intended to suggest a logic to the discussion order, as well as to identify key areas of exploration. Priorities of the group, however, will likely cause variations from this guide. Language used by the moderator will be appropriate to the age and maturity of the respondents.)

I. INTRODUCTION

A. Explain group process and purpose.

1. Introduce self.
2. Purpose of group...

We're here today to talk about something you all know a lot about – eating breakfast both in and out of school. The people who set up the breakfast program in schools want to know what students your age think of this program. You may or may not participate in the School Breakfast Program but you probably know other kids who do. By “participating in the program”, I mean _____ (INSERT APPROPRIATE EXPLANATION FOR TREATMENT/ CONTROL SCHOOL). You may have also heard things about the breakfast program at your school.

We think that you'd know best what students your age think of the breakfast program and what they'd like/dislike about it. Since we couldn't talk to everyone in your class, we've picked you to speak for all the students your age. You are the only _____ graders (INSERT GRADE) that we are talking to in _____ (INSERT LOCATION), so your opinion is very important.

I want you to know that I have nothing to do with your School Breakfast Program, or any other meal programs at your school so I want you to feel free to say what you really think. There are no right or wrong answers. Everyone's opinion is very important – that's why we are meeting as a group. We expect that you might have different opinions from one another. If we thought you were all going to have the same opinion on everything, we would have only talked to one of you.

- B. Explain ground rules...
 1. Talk one at a time.
 2. Talk as loud as I do.
 3. No side conversations. It's very important to hear everything that everyone has to say. We don't want to miss anything.
 4. Explain audio taping.
 5. Explain anonymity.
- C. Student introductions...

Even though you probably all know each other, I'd like to go around and have you tell me a few things about yourself: Your name; how old you are; your grade; and, who else lives at home besides you.

II. WARM UP: BREAKFAST OPTIONS

- A. Tell me how you feel about eating breakfast. Is this an important meal or one that you can skip if you are in a hurry?
- B. Tell me all the different ways you could have breakfast during the school week. (LIST)

(PROBE...)

 1. Eat breakfast at home.
 2. Bring breakfast from home to eat at school.
 3. Buy something on the way to school to eat on the way/at school.
 4. Eat the school breakfast.
- C. How do you/other kids at your school decide what to do for breakfast during the school week?
 1. Specifically, what/who influences your decisions? (PROBE: PARENTS, SIBLINGS, FRIENDS, CHOICE OF MENU ITEMS)

III. GENERAL PERCEPTIONS ABOUT THE SCHOOL BREAKFAST PROGRAM

- A. What kind of breakfast program does your school have? How does it work? Imagine that I was a new kid at your school and I didn't know anything about the breakfast program. Tell me everything that I'd need to know if I wanted to get the school breakfast. (PROBE IF HAVE TO PAY FULL, REDUCED, FREE FOR SOME/ALL)
 1. Has the breakfast program at your school changed at all since last year? If so, in what ways?

(IF CHANGED, ASK...)

2. What do you think of this/these change(s)? Do they make the breakfast program seem better/worse/no different? Why?

B. Now let's talk a little more about the breakfast at your school. We know that in your school, breakfast is available for the students. (FOR TREATMENT SCHOOL, SAY...) All the students in your school can get breakfast for free/ (FOR CONTROL SCHOOL, SAY...) Some students can get breakfast for free, some can get it for less than the full price, and others have to pay full price for the school breakfast.

1. First of all, let's talk about how students find out about the breakfast program. Do students know that they can get breakfast for free (TREATMENT)/ for free or at a reduced price (CONTROL)?

(PROBE...)

- Suppose I was a new kid at your school; how would I find out about the breakfast program?
 - What, if anything, does the school do to let you know about the breakfast program?
 - Does your school make it sound like something students your age would want? Why/why not?
 - Do you think your school should be doing anything else to let students know about the breakfast program? What should they do to help kids/parents know about it?
2. How does the school let you know what you can get/what's available for breakfast?
- Do you have any choice in what you can get? (IF YES, ASK...) What kinds of choices do you have? Are there some things you get to pick and others that you don't?
3. What do you/other kids at your school think of the breakfast program?
- What have you heard about it from other students?
 - What do they say are the good/best things about it? What are the bad/worst things about it?
 - Has anyone noticed any changes in the School Breakfast Program since last year? If so, what?

4. Does your school have a lunch program?
 - Do you think that kids feel differently about participating in the breakfast and lunch programs? That is, do they think one is better/worse to participate in than the other? If so, why do you think that is?

IV. EVALUATION OF SPECIFIC MEAL COMPONENTS

Now I'd like to talk about the breakfast program in more detail. I'd like to learn more about how it works and what you think of it.

A. Operations/Procedure

1. When/what time is breakfast served at your school? (PROBE: BEFORE/AFTER SCHOOL STARTS)
 - How do you/other kids feel about the time when breakfast is served? Is it a good time, or is there a better time?

(IF BETTER, ASK...)
 - What time would be better? Why?
 - Does breakfast cut into anything else that you'd rather be doing? If so, what? (PROBE: BEFORE SCHOOL PLAY TIME)
 - Are students who have to travel to school either by bus or some other way, able to eat the breakfast offered at school?
 - Do you think more students would eat the school breakfast if it was offered at a different time? If so, what's the best time?
 - And, how much time do you have for breakfast at school? Is it enough time to get the breakfast and eat it? If not, how much time do you need?
 - Do you think some students eat breakfast at home and then also eat breakfast at school? If yes, why?
2. Where is breakfast served at your school? (PROBE: CAFETERIA/CLASSROOM/OTHER)
 - How do you feel about where they serve breakfast at school? Is it a good place or not? Why? Would someplace else be better? If so, where/why?
 - Do you think more students would eat the school breakfast if it was served in the classroom/cafeteria? Why?

(FOR CONTROL SCHOOL, ASK...)

3. Do all students pay the same amount of money for the same breakfast at school, or do some kids pay more/less than others? (PROBE: FREE, REDUCED, FULL PRICE)
 - How does the cafeteria staff know what to charge a student?
 - Do kids ever tell you about any problems with this? If so, what are they? How would you change it to make it better?
 - Why do you think the school wants to give kids breakfast for free or at a reduced price?

4. Does everyone know who gets a meal for free and who gets it at a reduced cost? (IF YES, ASK...)
 - How do they know?
 - Does that ever cause any problems? Do you think there are any kids who don't take the free/reduced-price breakfast because other kids know who they are?

(FOR TREATMENT SCHOOL, ASK...)

- How do kids feel about your school offering all kids free breakfast?
- Why do you think the school wants to give kids breakfast for free?
- What do you think are the best things about all kids being able to get free breakfast at school? Anything bad about it?

B. Food Quality and Variety

1. What do you/other students think of the food served in the breakfast program?

(PROBE...)

- How does it look?
 - How does it smell?
 - How does it taste?
 - What do you think of the kinds of food you can get? Are there enough different things to choose from that you like?
 - What do you think of the amount of food that they give you? Is it just right/too little/too much?
2. Is there any other food that you can get for breakfast at your school that is not served as part of the breakfast program? (PROBE: VENDING MACHINES)

(IF YES, ASK...)

- Is the food served in the breakfast program different in any way from the other food you can get at school for breakfast? If so, how is it different?
3. How does the food in the School Breakfast Program compare to the food you can have for breakfast at home?
- Is one better than the other? Which one/how is it better?

(IF ANY STUDENTS PURCHASE BREAKFAST OUTSIDE OF SCHOOL, ASK...)

- How does the food in the School Breakfast Program compare to what you can buy outside of school? Better or worse? How?
4. Which are the best breakfasts at your school?
- Do you know of/have you heard about any school breakfast foods that kids won't eat? Which ones?
5. If you could be in charge of the School Breakfast Program, how would you change the foods so more kids would want to eat the breakfasts served at school?
- If they made these changes, do you think more kids would participate in the School Breakfast Program?

C. Image and Attitude

Now I'd like to get a better idea of the way that kids feel who eat the school breakfast and the way that kids feel who don't eat the school breakfast. We're going to use cartoons to help us do this. (DISPLAY SET OF 12 - 15 CARTOONS.)

Each of these cartoons shows a character with an expression on his face that shows his feelings. We don't know for sure what his feelings are, but we can guess by his face. As a group, I'd like you to look through these cartoons and separate them into two piles: one pile that you think shows the feelings a kid has who eats the school breakfast; and, one pile that you think shows the feelings a kid has who doesn't eat the school breakfast. You can put as many or as few cartoons in each pile as you want.

1. Let's look at the cartoons that fit with the feelings of kids who eat the school breakfast. (DISPLAY CARTOONS.)

- Let's quickly go through each cartoon so you can tell me what the character is feeling in each of them. (JOT FEELINGS DOWN ON POST-ITS SO THAT THE GROUP CAN SEE ALL THE FEELINGS THEY HAVE ASSOCIATED WITH THE CARTOONS IN THIS PILE.)
 - Why do kids who eat the school breakfast feel these ways? (PROBE: IMPACT OF FOOD; PROCESS OF GETTING THE BREAKFAST; WHERE SERVED; TIME SERVED; COST)
2. Which one cartoon is the best example of how a kid feels who eats the school breakfast? Decide as a group. (AS TIME ALLOWS, REPEAT FOR OTHER CARTOONS CONSIDERED TO BE "BEST" EXAMPLES.)

(AFTER THE CARTOON HAS BEEN SELECTED, ASK...)

- Why did you select this cartoon? Describe the character's feelings here.
- (IF FEELINGS ARE NEGATIVE, ASK...) What would have to be different about the school breakfast for the cartoon character to feel better?
- (IF FEELINGS ARE POSITIVE, ASK...) Could anything change about the school breakfast program to make the cartoon character feel even better? If so, what should change?

(REPEAT Q.1 AND Q.2 ABOVE FOR PILE OF CARTOONS PORTRAYING FEELINGS ASSOCIATED WITH KIDS WHO DON'T EAT THE SCHOOL BREAKFAST. THEN ASK...)

3. What's the biggest difference between the ways the cartoon character feels when he does eat the school breakfast and the ways he feels when he doesn't eat it?

V. WRAP-UP/SUMMARY

We've just talked about the School Breakfast Program and why you think kids your age do and don't like it. The people in charge of this program would like to get more students your age to eat the school breakfast. Let's make a list for them of all the reasons why students your age don't want to eat the school breakfast and what we can do to make it better. (EXPLORE OPEN, THEN PROBE)

A. Tell me again, what if anything, makes breakfast at your school different this year than it was last year? Is this better or worse? Why?

(FOR THE CONTROL SCHOOL, ASK...)

B. Do you think that more students would participate in the breakfast program if the meals were free for everybody? Why/why not?

(FOR ALL SCHOOLS, ASK...)

C. Would more students eat the school breakfast if more teachers ate breakfast in school with their students? Why/why not?

END/THANK YOU

Evaluation of the School Breakfast Pilot Project

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0505. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collected.

Student Survey

CHILD NAME _____
CHILD ID _____

NOTE: WORDS AND PHRASES IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO THE INTERVIEWERS AND WILL NOT BE READ TO RESPONDENTS.

I'm going to ask you some questions about what you do in the morning, and more questions about what you may eat at school for breakfast and lunch. This will only take a few minutes.

1. Is there a grownup at home in the morning when you are getting ready for school?
YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 8

2. Do you usually have something to eat at home in the morning before you go to school?
YES..... 1
NO..... 2
REFUSED..... 7
DON'T KNOW..... 8

Now I want to ask you about your school and the breakfast you may eat at your school.

3. How did you first find out that you could eat breakfast at school? MARK ALL THAT APPLY.
PARENTS..... 01
TEACHER OR SCHOOL STAFF..... 02
POSTERS OR SIGNS AT SCHOOL 03
FRIENDS OR SIBLINGS TOLD ABOUT BREAKFAST..... 04
SAW OTHER KIDS EATING BREAKFAST AT SCHOOL..... 05
OTHER (SPECIFY) _____..... 06
DIDN'T KNOW BREAKFAST IS SERVED AT SCHOOL..... 07
REFUSED..... 97
DON'T KNOW..... 98

4. Do you ever eat breakfast served at school?

- YES..... 1 SKIP TO Q5A OR Q5B
- NO..... 2 ASK Q4A
- REFUSED..... 7 SKIP TO Q5A OR Q5B
- DON'T KNOW..... 8 SKIP TO Q5A OR Q5B

4A. Why don't you eat breakfast at school? MARK ALL THAT APPLY.

- DON'T LIKE TO EAT BREAKFAST..... 01
- ALREADY ATE BREAKFAST AT HOME 02
- DON'T HAVE TIME TO EAT BREAKFAST AT SCHOOL..... 03
- DON'T LIKE TO GO WHERE BREAKFAST IS SERVED
AT SCHOOL 04
- FRIENDS DON'T EAT SCHOOL BREAKFAST 05
- DON'T LIKE THE FOOD SERVED..... 06
- EAT BREAKFAST AT DAYCARE..... 07
- EAT BREAKFAST AT A STORE, RESTAURANT,
OR IN CAR ON THE WAY TO SCHOOL 08
- DON'T FEEL HUNGRY 09
- OTHER (SPECIFY) _____..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

5A. IF CHILD IS IN GRADES 2-3, ASK: How do you feel about school breakfast? SHOW CARD AND READ ALOUD TO CHILD. MARK FACE INDICATED BY CHILD.

Like it...1



It is OK...2



Don't like it...3



- REFUSED..... 7
- DON'T KNOW..... 8

5B. IF CHILD IS IN GRADE 4 OR HIGHER, ASK: How do you feel about school breakfast?
 READ LIST. MARK RESPONSE INDICATED BY CHILD.

- Like it..... 1
- It is OK, or 2
- Don't like it..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

6. Did you usually eat school breakfast last year? (CLARIFY FOR CHILD, IF NEEDED: Usually means did you get school breakfast more than just once or twice a week last year.)

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

7. Do you eat breakfast at school more this year than last year, less this year than last year, or about the same as last year?

- MORE THIS YEAR 1 ASK 7A
- LESS THIS YEAR 2 SKIP TO Q8
- ABOUT THE SAME..... 3 SKIP TO Q8
- REFUSED..... 7 SKIP TO Q8
- DON'T KNOW..... 8 SKIP TO Q8

7A. Why do you eat school breakfast more this year than last year? MARK ALL THAT APPLY.

- MORE FRIENDS EAT BREAKFAST THIS YEAR..... 01
- THE FOOD IS BETTER THIS YEAR THAN LAST YEAR..... 02
- BREAKFAST COSTS LESS/IS FREE THIS YEAR 03
- DON'T HAVE TO GET TO SCHOOL EARLY TO EAT BREAKFAST THIS YEAR 04
- BREAKFAST IS SERVED IN CLASSROOM THIS YEAR..... 05
- PARENTS WANT ME TO 06
- OTHER (SPECIFY) _____..... 07
- REFUSED..... 97
- DON'T KNOW..... 98

I also want to ask you a few questions about the lunch served at school.

8. Do you ever eat lunch served at school?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

9A. IF CHILD IS IN GRADES 2-3, ASK: How do you feel about school lunch? SHOW CARD AND MARK FACE INDICATED BY CHILD.

Like it...1

It is OK...2

Don't like it...3



- REFUSED..... 7
- DON'T KNOW..... 8

9B. IF CHILD IS IN GRADE 4 OR HIGHER, ASK: How do you feel about school lunch? READ LIST. MARK RESPONSE INDICATED BY CHILD.

- Like it 1
- It is OK, or 2
- Don't like it..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

CLOSING: Those are all of the questions I want to ask you. Thank you for answering my questions.

EVALUATION OF THE SCHOOL BREAKFAST PILOT PROJECT

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Parent Survey

NOTE: WORDS AND PHRASES IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO THE INTERVIEWERS AND WILL NOT BE READ TO RESPONDENTS.

RESPONDENT NAME _____
 CHILD NAME _____
 CHILD ID _____

I am going to ask you questions about your household, (CHILD), and the School Breakfast Program at (CHILD)'s school. All information that you share with us is confidential. We will be using this information to find out more about the School Breakfast Program. This study is being conducted for the U.S. Department of Agriculture and is voluntary. This should only take about fifteen minutes of your time.

A. ENTER GENDER OF RESPONDENT _____

First, I am going to ask you about (CHILD)'s eating habits and the food served at (his/her) school. ASK PARENT TO REFER TO CARD ABOUT WHERE CHILD ATE BREAKFAST WHEN ANSWERING QUESTIONS 1 – 4.

1. During the past week, Monday through Friday, did (CHILD) ever have something to eat at home before going to school?

- YES.....1
- NO.....2 SKIP TO Q 3
- REFUSED.....7 SKIP TO Q 3
- DON'T KNOW.....8 SKIP TO Q 3

1A. On which days of the week did (he/she) have something to eat at home before going to school? On... READ DAYS OF THE WEEK AND RECORD A RESPONSE FOR EACH.

- EVERYDAY 1 SKIP TO Q2
- NO DAYS..... 2 SKIP TO Q2

	YES	NO	REFUSED	DON'T KNOW
a. Monday?	1	2	7	8
b. Tuesday?	1	2	7	8
c. Wednesday?	1	2	7	8
d. Thursday?	1	2	7	8
e. Friday?	1	2	7	8

2. Do you, some other adult, or an older child usually fix or supervise breakfast for (CHILD) at home?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

3. During the past week, Monday through Friday, did (CHILD) ever have breakfast served at school?

- YES.....1
- NO.....2 SKIP TO Q 4
- NOT AWARE BREAKFAST IS SERVED3
- REFUSED.....7 SKIP TO Q 4
- DON'T KNOW.....8 SKIP TO Q 4

3A. On which days of the week did (he/she) eat breakfast at school? On... READ DAYS OF THE WEEK AND RECORD A RESPONSE FOR EACH.

- EVERY DAY1 SKIP TO Q4
- NO DAYS.....2 SKIP TO Q3B

	YES	NO	NOT IN SCHOOL	REFUSED	DON'T KNOW
a. Monday?	1	2	3	7	8
b. Tuesday?	1	2	3	7	8
c. Wednesday?	1	2	3	7	8
d. Thursday?	1	2	3	7	8
e. Friday?	1	2	3	7	8

3B. IF NO TO ANY DAY IN Q3A, ASK: Was (CHILD) in school on (READ ONLY DAYS OF THE WEEK WITH A "NO" RESPONSE IN Q3A).

	YES	NO	REFUSED	DON'T KNOW
a. Monday?	1	2	7	8
b. Tuesday?	1	2	7	8
c. Wednesday?	1	2	7	8
d. Thursday?	1	2	7	8
e. Friday?	1	2	7	8

4. During the past week (on the days (CHILD) went to school) did (he/she) ever have breakfast somewhere else like at a before-school child care program, a restaurant or store, or in the car?

- YES.....1
- NO.....2 SKIP TO Q 5
- REFUSED.....7 SKIP TO Q 5
- DON'T KNOW.....8 SKIP TO Q 5

4A. On which days of the week did (he/she) eat breakfast somewhere else? On... READ DAYS OF THE WEEK AND RECORD A RESPONSE FOR EACH.

- EVERY DAY1 SKIP TO Q5
- NO DAYS.....2 SKIP TO Q5

	YES	NO	REFUSED	DON'T KNOW
a. Monday?	1	2	7	8
b. Tuesday?	1	2	7	8
c. Wednesday?	1	2	7	8
d. Thursday?	1	2	7	8
e. Friday?	1	2	7	8

IF Q3A = YES FOR 0, 1, OR 2 DAYS AND CHILD WAS IN SCHOOL, ASK Q5. OTHERWISE, SKIP TO Q6.

5. Which of the following reasons describe why (CHILD) did not eat breakfast more frequently at school last week? READ LIST. MARK ALL THAT APPLY. PROBE: "IS THAT A REASON."

	YES	NO	REFUSED	DON'T KNOW
a. Your child does not like to eat breakfast?	1	2	7	8
b. Your child did not want to eat the food served at school on certain days?	1	2	7	8
c. Your child does not like the food served at school in general?	1	2	7	8
d. Your child prefers to eat at home?	1	2	7	8
e. You prefer to have your child eat at home?	1	2	7	8

ASK Q5f AND Q5g ONLY IF Q3A = NO FOR ALL DAYS. OTHERWISE, SKIP TO Q5h.

f. Your child does not know that breakfast is available?	1	2	7	8
g. You did not believe that your child was eligible to participate in the School Breakfast Program?	1	2	7	8
h. Are there any other reasons why (CHILD) did not eat breakfast more frequently at school last week? IF YES, SPECIFY _____	1	2	7	8

6. Now I would like to ask you your opinions about breakfast in general and about the school breakfast served at (CHILD)'s school. After hearing each statement, please tell me if you **strongly agree, agree somewhat, disagree somewhat, or strongly disagree** with the statement. READ ALL STATEMENTS. MARK INDICATED ANSWER.

	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	RE- FUSED	DON'T KNOW
a. Breakfast is an important part of a child's daily food intake.	4	3	2	1	7	8
b. The school breakfast is a well-balanced meal.	4	3	2	1	7	8
c. School breakfasts should only be available for low-income families.	4	3	2	1	7	8
d. Children like the school breakfasts.	4	3	2	1	7	8
e. I receive enough information about the School Breakfast Program.	4	3	2	1	7	8
f. School breakfasts are served at a convenient time and place.	4	3	2	1	7	8
g. It is easy to participate in the School Breakfast Program.	4	3	2	1	7	8
h. School breakfast gives all children an opportunity to eat breakfast.	4	3	2	1	7	8

Now I would like to ask you about the lunch that is served at (CHILD)'s school.

7. How many days in the past week, Monday through Friday, did (CHILD) have the school lunch?

0 TIMES	0
1 TIME.....	1
2 TIMES	2
3 TIMES	3
4 TIMES	4
5 TIMES	5
REFUSED.....	7
DON'T KNOW.....	8

8. I would like to ask you about lunch in general and about the school lunch at (CHILD)'s school. After hearing each statement, please tell me if you **strongly agree**, **agree somewhat**, **disagree somewhat**, or **strongly disagree** with the statement. READ ALL STATEMENTS. MARK INDICATED ANSWER.

	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	RE- FUSED	DON'T KNOW
a. Lunch is an important part of a child's daily food intake.	4	3	2	1	7	8
b. The lunch served at school is a well-balanced meal.	4	3	2	1	7	8
c. School lunches should only be available for low-income families.	4	3	2	1	7	8
d. Children like the school lunches.	4	3	2	1	7	8
e. I receive enough information about the school lunch program.	4	3	2	1	7	8
f. School lunches are served at a convenient time and place.	4	3	2	1	7	8
g. It is easy to participate in the school lunch program.	4	3	2	1	7	8
h. School lunch gives all children an opportunity to eat lunch.	4	3	2	1	7	8

Now, I want to ask you some questions about (CHILD).

9. In the past week, how often has anyone in your family done the following things with (CHILD)? Would you say never, one or two times, or three or more times in the last week?

	NEVER	1-2 TIMES	3+ TIMES
a. Read to or with (him/her)...	1	2	3
b. Helped (him/her) with homework...	1	2	3
c. Talked with (him/her) about school activities...	1	2	3

10. Is there a quiet place for (CHILD) to study in your home?

YES.....	1
NO.....	2
REFUSED.....	7
DON'T KNOW.....	8

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

- Excellent 1
- Very good 2
- Good 3
- Fair..... 4
- Poor..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

12. Compared with 12 months ago, that is, this time last year, would you say (CHILD)'s health is better now, worse now, or about the same?

- BETTER 1
- WORSE 2
- ABOUT THE SAME..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

13. Does (CHILD) have an impairment or health problem that has lasted, or is expected to last, 12 months or longer?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

14. Now, I would like you to answer these questions about (CHILD)'s behaviors and emotions. (HAND PARENT THE FORM SHOWN BELOW. ASK PARENT TO COMPLETE IN WRITTEN FORM.)

Please indicate for each statement whether it applies to (CHILD) never, sometimes, or often.

My child...	NEVER	SOMETIMES	OFTEN	REFUSED	DON'T KNOW
a. Feels sad, unhappy	1	2	3	7	8
b. Feels hopeless	1	2	3	7	8
c. Is down on self	1	2	3	7	8
d. Worries a lot	1	2	3	7	8
e. Seems to be having less fun	1	2	3	7	8
f. Fidgety, unable to sit still	1	2	3	7	8
g. Daydreams too much	1	2	3	7	8
h. Is distracted easily	1	2	3	7	8
i. Has trouble concentrating	1	2	3	7	8
j. Acts as if driven by a motor	1	2	3	7	8
k. Fights with other children	1	2	3	7	8
l. Does not listen to rules	1	2	3	7	8
m. Does not understand other people's feelings	1	2	3	7	8
n. Teases others	1	2	3	7	8
o. Blames others for his/her troubles	1	2	3	7	8
p. Refuses to share	1	2	3	7	8
q. Takes things that do not belong to him/her	1	2	3	7	8

Now I want to ask you some questions about you and your household.

15. In what year were you born? _____

16. What is your relationship to (CHILD)? READ LIST.

- Parent 1
- Parent's spouse or partner 2
- Grandparent 3
- Other relative 4
- Legal Guardian 5
- Other (SPECIFY) _____ 6

17. How many people live in your household, including yourself?

ENTER NUMBER

- REFUSED..... 7 SKIP TO Q18
- DON'T KNOW..... 8 SKIP TO Q18

17A. Of these, how many are adults? Adults include anyone 18 and older.

ENTER NUMBER

- REFUSED..... 7
- DON'T KNOW..... 8

17B. How many children live in your household?

ENTER NUMBER

- REFUSED..... 7
- DON'T KNOW..... 8

IF 17A = 1, SKIP TO Q20.

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

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

19. Is there another adult living in your household, besides your spouse or partner, who helps you with your children?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

20. Are you currently working full-time, part-time, or not working? (IF NEEDED: Full-time means working 30 or more hours per week.)

- FULL-TIME 1
- PART-TIME 2
- NOT WORKING 3
- REFUSED..... 7
- DON'T KNOW..... 8

21. Are you currently attending school?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

IF YES TO Q20 OR Q21, ASK Q 22.

22. Approximately how many hours a week are you usually (in school (or) at work)? IF YES TO BOTH Q20 AND Q21 THEN READ: This number refers to time spent both in school and at work. Is it...

- Less than 20 hours 1
- At least 20 but less than 40 hours 2
- At least 40 but less than 60 hours 3
- 60 hours or more 4
- REFUSED..... 7
- DON'T KNOW..... 8

IF YES TO Q18, ASK Q23 THROUGH Q25; OTHERWISE SKIP TO Q26.

23. Is your partner or spouse currently working full-time, part-time, or not working? (IF NEEDED: Full-time means working 30 or more hours per week.)

- FULL-TIME 1
- PART-TIME 2
- NOT WORKING 3
- REFUSED..... 7
- DON'T KNOW..... 8

24. Is your partner or spouse currently attending school?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

IF YES TO Q23 OR Q24, ASK Q25. IF NOT, SKIP TO Q 26.

25. Approximately how many hours a week is your partner or spouse usually (in school (or) at work)? READ: This number refers to time spent both in school and at work. Is it...

- Less than 20 hours 1
- At least 20 but less than 40 hours 2
- At least 40 but less than 60 hours 3
- 60 hours or more 4
- REFUSED..... 7
- DON'T KNOW..... 8

26. We would like your best estimate of your total annual household income in the year 2000 before taxes. Please include all forms of income, including wages, salaries, interest, dividends, and other forms of income such as Social Security, SSI or TANF.

26A. Is your total household income less than \$50,000?

- YES..... 1 ASK Q26B
- NO..... 2 ASK Q26C
- REFUSED..... 7 SKIP TO Q27
- DON'T KNOW..... 8 SKIP TO Q27

26B. IF LESS THAN \$50,000, HAND CARD #1... Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income.

- A. LESS THAN \$5,000? 01
- B. \$5,000 TO LESS THAN \$10,000 02
- C. \$10,000 TO LESS THAN \$15,000 03
- D. \$15,000 TO LESS THAN \$20,000 04
- E. \$20,000 TO LESS THAN \$25,000 05
- F. \$25,000 TO LESS THAN \$30,000 06
- G. \$30,000 TO LESS THAN \$40,000 07
- H. \$40,000 TO LESS THAN \$50,000 08
- REFUSED 97
- DON'T KNOW 98

26C. IF GREATER THAN \$50,000, HAND CARD #2... Here is a list of income categories, in increasing amounts. Tell me the letter that represents your household's income.

- A. \$50,000 TO LESS THAN \$60,000 01
- B. \$60,000 TO LESS THAN \$70,000 02
- C. \$70,000 TO LESS THAN \$80,000 03
- D. \$80,000 TO LESS THAN \$90,000 04
- E. \$90,000 TO LESS THAN \$100,000 05
- F. \$100,000 OR MORE 06
- REFUSED 97
- DON'T KNOW 98

27. Are you of Hispanic or (Latino/Latina) origin?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

28. What is your race? You may choose more than one. READ LIST. MARK ALL THAT APPLY.
- American Indian or Alaska Native 1
 - Asian 2
 - African American or Black..... 3
 - Native Hawaiian or Other Pacific Islander 4
 - White..... 5
 - Other (SPECIFY)_____ 6
 - REFUSED..... 7
 - DON'T KNOW..... 8
29. Is (CHILD) of Hispanic or (Latino/Latina) origin?
- YES..... 1
 - NO..... 2
 - REFUSED..... 7
 - DON'T KNOW..... 8
30. Which of the following do you consider (CHILD) to be? You may choose more than one. READ LIST. MARK ALL THAT APPLY.
- American Indian or Alaska Native 1
 - Asian 2
 - African American or Black..... 3
 - Native Hawaiian or Other Pacific Islander 4
 - White..... 5
 - Other (SPECIFY)_____ 6
 - REFUSED..... 7
 - DON'T KNOW..... 8
31. What is the last grade or highest level of education you completed? READ LIST.
- 8th grade or less 01
 - Some high school..... 02
 - High school graduate or GED..... 03
 - Some college or technical school..... 04
 - Associates degree..... 05
 - College graduate 06
 - Graduate school or professional training 07
 - REFUSED..... 97
 - DON'T KNOW..... 98

IF YES TO Q18, ASK Q32; OTHERWISE SKIP TO Q33.

32. What is the last grade or highest level of education your spouse or partner completed? READ LIST.

8th grade or less	01
Some high school.....	02
High school graduate or GED.....	03
Some college or technical school.....	04
Associates degree.....	05
College graduate	06
Graduate school or professional training	07
REFUSED.....	97
DON'T KNOW.....	98

These next questions are about the food eaten in your household in the last 12 months, since (CURRENT MONTH) of last year, and whether you were able to afford the food you need.

33. Which of these statements best describes the food eaten in your household in the last 12 months: 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 SEE INSTRUCTION BELOW
- ENOUGH BUT NOT ALWAYS THE **KINDS** OF FOOD WE WANT 2 ASK Q33B
- SOMETIMES **NOT ENOUGH** TO EAT 3 ASK Q33A
- OFTEN** NOT ENOUGH 4 ASK Q33A
- REFUSED 7 SKIP TO Q34
- DON'T KNOW 8 SKIP TO Q34

IF Q33 = 1 AND HOUSEHOLD INCOME IS **ABOVE** TWICE THE POVERTY THRESHOLD (SEE GRID BELOW), **SKIP TO CLOSING**; IF Q33 = 1 AND HOUSEHOLD INCOME IS **BELOW** TWICE THE POVERTY THRESHOLD (SEE CHART BELOW), OR Q26A, B OR C IS DON'T KNOW OR REFUSED, ASK **Q34**.

Poverty Threshold Measure: Ask Q 34 IF		
IF HOUSEHOLD SIZE IS:	AND ANSWER TO 26B IS...	OR ANSWER TO 26C IS ...
1	01 to 04	-
2	01 to 05	-
3	01 to 06	-
4	01 to 07	-
5	01 to 07	-
6	01 to 08	-
7	-	01
8	-	01
9	-	01 to 02
10	-	01 to 02

33A. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why **you** don't always have enough to eat. READ LIST. MARK ALL THAT APPLY. PROBE: "IS THIS A REASON WHY YOU DON'T HAVE ENOUGH TO EAT?"

	YES	NO	REFUSED	DON'T KNOW
a. Not enough money for food	1	2	7	8
b. Not enough time for shopping or cooking	1	2	7	8
c. Too hard to get to the store	1	2	7	8
d. On a diet				
e. No working stove available	1	2	7	8
g. Not able to cook or eat because of health problems	1	2	7	8

33B. Here are some reasons why people don't always have the quality or variety of food they want. For each one, please tell me if that is a reason why **you** don't always have the kinds of food you want to eat. READ LIST. MARK ALL THAT APPLY.

	YES	NO	REFUSED	DON'T KNOW
a. Not enough money for food	1	2	7	8
b. Kinds of food (I/we) want not available	1	2	7	8
c. Not enough time for shopping or cooking	1	2	7	8
d. Too hard to get to the store	1	2	7	8
e. On a special diet	1	2	7	8

IF Q17A = 1 (SINGLE ADULT IN HOUSEHOLD), USE “I,” “MY,” AND “YOU” IN PARENTHEICALS; OTHERWISE, USE “WE,” “OUR,” AND “YOUR HOUSEHOLD;” IF UNKNOWN OR AMBIGUOUS, USE PLURAL FORMS.

34. 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 (CURRENT MONTH).

The first statement is “(I/We) worried whether our food would run out before (I/we) got money to buy more.” Was that **often** true, **sometimes** true, or **never** true for your household in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON’T KNOW..... 8

35. “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 your household in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON’T KNOW..... 8

36. “We couldn’t afford to eat balanced meals.” Was that **often**, **sometimes**, or **never** true for your household in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON’T KNOW..... 8

IF Q17B = 1 (SINGLE CHILD IN HOUSEHOLD), USE “CHILD” IN PARENTHETICALS;
OTHERWISE, USE “CHILDREN.”

37. “(I/We) relied on only a few kinds of low-cost food to feed (my/our) (child/children) because (I was/we were) running out of money to buy food.” Was that **often**, **sometimes**, or **never true** for your household in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON’T KNOW..... 8

38. “(I/We) couldn’t feed (my/our) (child/children) a balanced meal, because (I/we) couldn’t afford that.” Was that **often**, **sometimes**, or **never true** for your household in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON’T KNOW..... 8

IF RESPONSE = 1 OR 2 TO ANY ONE OF QUESTIONS 34 – 38 (i.e., “often true” or “sometimes true”) OR Q33 = 3 OR 4, THEN CONTINUE; OTHERWISE, SKIP TO CLOSING.

39. “(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 your household in the last 12 months?

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON’T KNOW..... 8

40. In the last 12 months, since last (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..... 2 SKIP TO Q41
- REFUSED..... 7 SKIP TO Q41
- DON’T KNOW..... 8 SKIP TO Q41

40A. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- ALMOST EVERY MONTH 1
- SOME MONTHS BUT NOT EVERY MONTH 2
- ONLY 1 OR 2 MONTHS 3
- REFUSED..... 7
- DON'T KNOW..... 8

41. 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..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

42. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

43. In the last 12 months, did you lose weight because you didn't have enough money for food?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

IF RESPONSE = 1 TO ANY ONE OF QUESTIONS 39 THROUGH 43, THEN CONTINUE;
OTHERWISE, SKIP TO CLOSING.

44. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- YES 1
- NO..... 2 SKIP TO Q45
- REFUSED..... 7 SKIP TO Q45
- DON'T KNOW..... 8 SKIP TO Q45

44A. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- ALMOST EVERY MONTH 1
- SOME MONTHS BUT NOT EVERY MONTH 2
- ONLY 1 OR 2 MONTHS 3
- REFUSED..... 7
- DON'T KNOW..... 8

45. 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..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

46. 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..... 2 SKIP TO Q47
- REFUSED..... 7 SKIP TO Q47
- DON'T KNOW..... 8 SKIP TO Q47

46A. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- ALMOST EVERY MONTH 1
- SOME MONTHS BUT NOT EVERY MONTH 2
- ONLY 1 OR 2 MONTHS 3
- REFUSED..... 7
- DON'T KNOW..... 8

47. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

- YES 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

48. 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..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

CLOSING: Those are all of the questions I have for you. Thank you for your time.

INTERVIEWER NAME (PRINT): _____

DATE: _____

LOCATION OF INTERVIEW (CHECK ONE):

HOME ____

SCHOOL ____

OTHER (SPECIFY): _____



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TEACHER MAIL-IN CHILD BEHAVIOR SURVEY

Child ID Label

This survey is to learn about children's behavior in the classroom. Only a few children from each school are participating in this study, so your response is very important. We estimate it will take about 6 minutes to complete this survey about the child whose name appears on the front page of this survey. If you have any questions, please call Abt's toll-free number: 1-866-366-8413. You may return the survey to your school liaison.

Thank you very much for your time and cooperation.

The Evaluation of the School Breakfast Pilot Project is being conducted for the:

Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive
Alexandria, Virginia 22302

By:

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

Spring, 2001

Conner's Teacher Rating Scale – Revised (S)

Because of copyright restrictions, the Conners' Teacher Rating Scale –Revised (short form) cannot be posted. For more information, or to obtain a copy of the CTRS-R(s), please contact Multi-Heath Systems, Inc.

www.mhs.com

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North Tonawanda, NY 14120-2060
(800) 456-3003

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Toronto, ON M2H 2M6
(800) 268-6011

International:

+ 1-416-492-2627 or 888-540-4484

Effortful Control

For each statement below, circle a number – ranging from Extremely Untrue of this Child (1) to Extremely True of this Child (7) – that best represents your feelings about the child named on the front page of the survey.

	EXTREMELY UNTRUE OF THIS CHILD							EXTREMELY TRUE OF THIS CHILD
1. When practicing an activity, has a hard time keeping her/his mind on it.	1	2	3	4	5	6	7	
2. Is hard to get his/her attention when s/he is concentrating on something.	1	2	3	4	5	6	7	
3. Can wait before entering new activities if s/he is asked to.	1	2	3	4	5	6	7	
4. Can easily shift from one activity to another.	1	2	3	4	5	6	7	
5. Will move from one task to another without completing any of them.	1	2	3	4	5	6	7	
6. Has difficulty waiting in line.	1	2	3	4	5	6	7	
7. Has a lot of trouble stopping an activity when called to do something else.	1	2	3	4	5	6	7	
8. Is good at following instructions.	1	2	3	4	5	6	7	
9. When drawing or coloring in a book, shows strong concentration skills.	1	2	3	4	5	6	7	
10. Has an easy time leaving recess or lunch to come back to class.	1	2	3	4	5	6	7	
11. Has trouble sitting still when s/he is told to (at movies, lessons etc.).	1	2	3	4	5	6	7	
12. Sometimes doesn't seem to hear me when I talk to him/her.	1	2	3	4	5	6	7	
13. When working on a task, becomes very involved in what s/he is doing, and can work for long periods.	1	2	3	4	5	6	7	
14. Approaches places s/he has been told are dangerous slowly and cautiously.	1	2	3	4	5	6	7	

Effortful Control (continued)

For each statement below, circle a number – ranging from Extremely Untrue of this Child (1) to Extremely True of this Child (7) – that best represents your feelings about the child named on the front page of the survey.

	EXTREMELY UNTRUE OF THIS CHILD							EXTREMELY TRUE OF THIS CHILD
15. Is easily distracted when listening to a story or someone talking.	1	2	3	4	5	6	7	
16. Can easily stop an activity when s/he is told “no”.	1	2	3	4	5	6	7	
17. Sometimes becomes absorbed in a picture book and looks at it for a long time.	1	2	3	4	5	6	7	

This is the end of the survey. Thank you for your time!