

Appendix AO

Pretest Protocol for 2 Items in SNAP Participant Survey

English Only



OMB Approval No. 0584-XXXX
Expiration Date: XX/XX/20XX

Food and Shopping

Protocol:

Approach SNAP Participant who approaches the market to exchange SNAP EBT for tokens to shop at the market.

1. Would you be willing in helping us test two questions about the types of fruits and vegetables that you usually purchase? This will take 15 minutes or less of your time and your responses will help us improve the way these questions are asked to consumers about their fruit and vegetable purchase habits.

IF NO, thank the participant for their time.

IF YES, we are developing a survey to understand people's fruit and vegetable purchase behaviors. Please answer these two questions (give the respondent the survey page and pen).

When respondent has finished the survey, ask them:

- a. Did you have any difficulty in answering the questions? If yes, what was the problem?
 - i. Did the grid format pose any difficulty?
- b. How easy or difficult was it to answer the types (canned, fresh, frozen, dried) of fruits and vegetables? What made it easy/difficult?
- c. What time frame were you thinking of when you answered these questions?
- d. Were there any fruits/vegetables that you purchase often but are not included in this list?
 - i. Which ones were these? (how many) – and how often did you buy these?
- e. Were there any fruits and vegetables on the list that you did not buy?
 - i. If yes, how did you respond to these items?
- f. Do you have any other comments on completing these questions? If yes, please tell me.

Those are all the questions I have for you today. Thank you for time.

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 number. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SHOPPING FOR FRUITS AND VEGETABLES

When you purchased vegetables, what kinds did you usually purchase? SELECT ALL THAT APPLY

Vegetable	Type			
	Canned	Fresh	Frozen	Dried
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you purchased fruits, what kinds did you usually purchase? SELECT ALL THAT APPLY

Fruit	Type			
	Canned	Fresh	Frozen	Dried
Oranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches/Nectarines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>