Smarter Breakfast Project POST survey

Start of Block: Default Question Block

Q1 This is the Smarter Breakfast Project POST Survey (End of the project survey)  
   
 The purpose of this survey or interview is to learn about your school breakfast program and its involvement in the Smarter Breakfast Project. Participation in this study is voluntary. If you complete this survey, your responses and school name may be used in future presentations or articles. You will have the opportunity to review and edit any information that is shared about your responses or school before it is publicized. You can choose to not answer any questions you do not want to answer and/or you can stop at any time. Your participation is valuable to help Montana Team Nutrition to understand your school meals program and design Smarter Lunchrooms/Breakfast interventions and efficient data collection tools for your school. This study is funded by USDA Team Nutrition.  
   
 If you have questions, please contact Molly Stenberg, Montana Team Nutrition, at phone 406-994-7217 or email stenberg@montana.edu 

Q2 Please enter your name

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Q3 Please enter your school name

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Q4 What changes (Smarter Breakfast strategies selected from the Breakfast Scorecard) did you make in your school breakfast program?

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Q5 How did you measure the effectiveness of each of the Smarter Breakfast Program strategies?

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Q6 In your opinion was the project successful?

* Yes - please explain (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No- please explain (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7 Based upon your hands-on experience with this project, did the project **increase student's selection of fruits** at breakfast?

* Yes (1)
* No (2)

Q8 Based upon your hands-on experience with this project, did the project **increase student's selection of vegetables** at breakfast?

* Yes (1)
* No (2)

Q9 Based upon your hands-on experience with this project, did the project **increase student's selection of white milk** at breakfast?

* Yes (1)
* No (2)

Q10 Did this project increase the number of students participating in your school breakfast program?

* Yes (1)
* No (2)

Q14 Did you try any new recipes as part of this project?

* Yes - please list the recipes you would serve again (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)

Q15 Did you or your Smarter Breakfast team lead any taste tests?

* Yes (1)
* No (2)

Q11 List any challenges you or your staff faced in implementing Smarter Breakfast strategies. Please be specific.

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Q18 Did you involve school staff or students in this Smarter Breakfast Project?

* Yes - If yes, please list the team members who participated in your Smarter Breakfast Project. (such as: student, teacher, SNAP Educator, Extension Agent, Parent, other. If student, please list as student (name not required) and grade level). (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)

Q12 Did this project increase your level of collaboration with school staff, students, and community members to promote your school breakfast program or to assist with food or nutrition education activities?

* Yes - please describe (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)

Q13 Are you interested in continuing to implement Smarter Breakfast strategies in the future?

* Yes (1)
* No (2)

Q17 Please share your thoughts and/or experiences in using the Smarter Breakfast Scorecard.   
 Was it a useful tool?  
 Was it simple to complete?  
 Were the strategies listed reasonable to implement?  
 Did the Breakfast Scorecard help you enhance your breakfast program?  
 General feedback

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Q16 Based upon your experience, do you have any overall comments or advice about the Smarter Breakfast Project to share with other schools?

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Q19 Please provide a brief description of how you spent the $250.00 in project funding.  The grant funds should be spent in entirety by June 30, 2019.

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Q20 Thank you for your participation in this project.     
We appreciate the opportunity to learn from you and your staff!    
 Sincerely,  
 Montana Team Nutrition   
 Molly Stenberg, 406-994-7217, stenberg@montana.edu 

End of Block: Default Question Block