

# Food & Fitness

**School Health Policies and Practices Questionnaire**

**Part 1**

**2014**

A Study Supported by the Robert Wood Johnson Foundation

# Instructions

Thank you for participating in this important study of school policies and practices. If your school includes grades higher than 5th grade, please answer the questions with regard to only the elementary school grades (K-5th) at your school. It may be helpful to consult with teachers or other staff at your school to assist you in answering some of the questions.

***Your answers are confidential. We will never release your name or your school's name to the public.***

## ***Part 1 (this booklet)***

- Asks about characteristics of your school, including school practices and policies relevant to student health.
- A school administrator is best suited to answer Part 1.

## ***Part 2 (separate yellow section)***

- Asks about the foods and beverages available to students at your school.
- The food service manager at your school may be best suited to answer Part 2.

***Please answer all questions based on the 2013-2014 school year.***

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**This section is about lunch-related practices at your school.**

10. How long does each student have to eat lunch, not including recess? If lunch is combined with recess, please estimate how many minutes are generally set aside for lunch for **3rd grade** students: \_\_\_\_\_ minutes

11. Please indicate the timing of lunch in relation to mid-day recess, for 3rd grade students:

*PLEASE SELECT ONE ANSWER*

- 3rd grade students have lunch and then go directly out for recess
- 3rd grade students have recess and then come in for lunch
- 3rd grade students do not have recess directly prior to or after lunch
- Varies by class

**In 2013 the USDA announced pending standards for foods and beverages sold to students through vending machines, school stores/ snack bars, and á la carte at lunch (but not items sold in the USDA meals programs). These standards are likely to go into effect in the 2014-15 school year. This section asks about those “Smart Snacks in Schools” standards.**

12. To what extent are you familiar with the USDA’s updated standards?

*PLEASE SELECT ONE ANSWER*

Not at all	A little	Somewhat	A lot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. To what extent have you started to align your school practices with the standards?

*PLEASE SELECT ONE ANSWER*

Have already made changes	Planning changes for next year	Have started to discuss	Don’t know	Not applicable, don’t sell snack foods or beverages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This section is about other food related practices at your school.**

14. Please indicate whether any posters or other advertisements for the following products are currently posted in the cafeteria or in other locations at your school:

*PLEASE CHECK ALL THAT APPLY*

	In the cafeteria (or where students eat)	Anywhere else
Milk	<input type="checkbox"/>	<input type="checkbox"/>
Fruit and/or vegetables	<input type="checkbox"/>	<input type="checkbox"/>

15. Is there any advertising for food products/brands (e.g., candy, drinks, restaurants) on the exterior or interior of school buses that transport students to and from school?

*PLEASE SELECT ONE ANSWER*

- Yes, exterior
- Yes, interior
- Both exterior and interior
- None

16. Does your school have any school-wide policies regarding the nutritional quality of items sold for PTA fundraisers or other school fundraisers?

- Yes
- No → **Please go to #18**
- N/A, no fundraising → **Please go to #18**

17. If yes, which types of restrictions do you have?

*PLEASE CHECK ALL THAT APPLY*

- No Foods of Minimal Nutritional Value (soda, hard candy, gum) allowed for fundraisers
- No soda/soft drinks allowed for fundraisers
- No food products allowed for fundraisers
- Only healthy foods allowed
- Other \_\_\_\_\_

18. Does your school ever participate in (or conduct) the following types of physical activity-based fundraising events?

*PLEASE CHECK ALL THAT APPLY*

- Walk-a-thon
- Jump Rope for Heart
- Other (please describe): \_\_\_\_\_

19. Please indicate how frequently your school participates in the following types of fundraising activities at which students are able to consume foods and beverages:

	# of times per school year
Bake sale where students/parents can purchase items	_____
Ice cream social/dinner/pizza night at school	_____
Sponsored fundraiser at local restaurant (e.g., pizza night)	_____

20. Does your school participate in the Box Tops for Education program?

- Yes
- No → **Please go to the next page**

21. If yes, approximately how much money did your school earn from the program last year (during the 2012-13 school year)?

\$ \_\_\_\_\_

22. Please indicate whether any of the following practices occur at your school.

PLEASE CHECK ONE BOX ON EACH ROW

	No	Yes, it is up to the teacher	Yes, but it is discouraged
Food (e.g., candy) is used as a reward for good academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (e.g., candy) is used as a reward for good behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food coupons are used as an incentive for students (e.g., "Book-It" pizza party for reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom lessons involve candy (i.e., mathematics using M&M candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Are there any policies limiting sugar-sweetened items (e.g., candy, cupcakes, cookies) from being served or brought in either at *snack time* or for *parties* during the school day? If no snack time or parties, please check N/A.

PLEASE CHECK ONE BOX ON EACH ROW

	No policy	Decision is up to each teacher	Sweetened items discouraged school-wide	Sweetened items prohibited school-wide	N/A, no parties or snacktime
Snack time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birthday parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Does your school currently have a garden (fruit and/or vegetable) that students participate in?

Yes  No

25. During the school day, do students have access to working drinking fountains in any of the following locations?

PLEASE CHECK ALL THAT APPLY

- In cafeteria  In hallways near classrooms  
 Near cafeteria  Gymnasium/locker rooms  
 Other locations at school  None available

## Section C: Physical Education and Physical Activity

This section is about physical education at your school.

1. Are *elementary* school students at your school required to take physical education?  
 No  Yes → Please indicate which grades.

PLEASE CHECK ALL THAT APPLY

K	1st	2nd	3rd	4th	5th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please provide the following information about scheduled physical education class (excluding recess) during a typical week for *3rd grade* students:

How many days per week is PE conducted? \_\_\_\_\_ days

How many minutes is each PE class? (If none, enter "0") \_\_\_\_\_ minutes

3. What is the average student-to-teacher ratio for *3rd grade* PE classes?

\_\_\_\_\_ # of students per teacher

4. Please indicate which, if any, of the following issues have been barriers to implementing or maintaining regular physical education classes in your school:

PLEASE CHECK ALL THAT APPLY

- Lack of necessary staff  
 Inadequate indoor facilities/equipment  
 Inadequate outdoor facilities  
 Competing demands for teaching other subject areas  
 Standardized testing in other subject areas  
 Physical education is not a high priority for district administrators  
 No state or district policies requiring PE  
 Financial constraints  
 Other: \_\_\_\_\_  
 No barriers

5. Is student physical fitness measured for students in elementary grades?

PLEASE SELECT ONE ANSWER

Yes, for students in all elementary grades	Yes, for students in some grades only	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are any of the following assessments used in physical education programming?

*PLEASE CHECK ALL THAT APPLY*

- FITNESSGRAM® (including tests such as the PACER)  
 Presidential Physical Fitness Test  
 AAHPERD Sport Skills Test  
 PE Metrics (NASPE)  
 Written tests of student knowledge regarding physical activity/movement  
 Use of pedometers/accelerometers for assessing physical activity

7. Is a standardized research-based PE curriculum (e.g., CATCH, SPARK) used at your school?

- No  Yes → Please specify: \_\_\_\_\_  
 Don't know

### This section is about physical education staffing at your school.

8. Currently, how many physical education teachers are employed at your school? Please provide a response as percentage full-time equivalents (i.e., one full-time teacher = 100% FTE; one full-time and one half-time teacher = 150% FTE).

\_\_\_\_\_ total % full-time equivalent(s)

9. Do physical education staff at your school have any of the following credentials?

*PLEASE CHECK ALL THAT APPLY*

- State certification/licensure  
 Director of Physical Activity (DPA) certification from NASPE  
 Youth sport coaching certification (e.g., ASEP)  
 Other (please specify): \_\_\_\_\_

10. Are physical education teachers at your school required to earn continuing education credits on physical education topics?

- Yes  No → Please go to #13  Don't know → Please go to #13

11. How many hours of continuing education (professional development) on physical education topics do physical education teachers receive each year?

\_\_\_\_\_ hours per school year

12. Does your school or district provide financial support for physical education teachers' professional development (i.e., CEU registration, conferences)?

- Yes  No  Don't know

13. Is there a school budget specifically for physical education equipment and supplies, and if yes, how much is allocated annually?

- Yes \$ \_\_\_\_\_ per year  No  Don't know

### This section is about recess at your school.

14. Please provide the following information about scheduled recess during a typical week for 3rd grade students:

How many days per week does the typical 3rd grade student have recess? \_\_\_\_\_ days per week

How many times per day does the typical 3rd grade student have recess? \_\_\_\_\_ times per day

(or if it varies, please specify): \_\_\_\_\_

What is the total number of minutes per day of recess for the typical 3rd grade student? \_\_\_\_\_ total minutes per day

(or if it varies, please specify): \_\_\_\_\_

15. If your school does not have regularly-scheduled recess, please indicate which of the following are reasons why not:

*PLEASE CHECK ALL THAT APPLY*

- Inadequate resources (staffing, facilities, etc.)  
 Competing time demands for academics  
 Other: \_\_\_\_\_

16. Is recess typically offered outside or inside?

*PLEASE SELECT ONE ANSWER*

- Outside  Inside

17. What is the typical student-to-supervisor ratio during recess?

\_\_\_\_\_ # students per supervisor

18. What is the total number of students present outside on the playground during a typical recess period?

\_\_\_\_\_ # students

19. Are recess supervisors trained specifically in strategies for encouraging students to be more physically active during recess?

- Yes  No  Don't know



At some schools, students can participate in organized out-of-school time programming. These before- or after-school programs may include childcare, sports, arts, or academic activities and can be sponsored by a variety of groups such as the school district or outside organizations (e.g., Parks and Recreation departments, YMCA). Some programs operate through the entire school year (e.g., daily after-school childcare), whereas other have a limited duration (e.g., a 10-week art course). The following questions ask separately about full school-year and shorter programs.

29. Do any **full school-year** out-of-school time programs operate at your school?

Yes  No → **Please go to #34**

30. During what times of day?

Before school  After school

31. Who runs these programs?

*PLEASE CHECK ALL THAT APPLY*

The school district or the school

YMCA

Parks and Recreation department

Other (please specify): \_\_\_\_\_

32. On average, approximately how many students from your school participate in these full school-year programs on any given day? \_\_\_\_\_ # students

33. To your knowledge, do these programs have any written policies regarding nutrition and/or keeping children physically active? If yes, please describe:  
\_\_\_\_\_

34. Do any **shorter** out-of-school time programs operate at your school?

Yes  No → **Please go to #39 on the next page**

35. During what times of day?

Before school  After school

36. Who runs these programs?

*PLEASE CHECK ALL THAT APPLY*

The school district or the school

YMCA

Parks and Recreation department

Other (please specify): \_\_\_\_\_

37. On average, approximately how many students from your school participate in these programs on any given day? \_\_\_\_\_ # students

38. To your knowledge, do these programs have any written policies regarding nutrition and/or keeping children physically active? If yes, please describe:  
\_\_\_\_\_

**This section is about school facilities and shared use of facilities.**

39. In general, how adequate do you think each of the following facilities are at your school for meeting the needs of students?

*PLEASE CHECK ONE BOX ON EACH ROW*

	Not very adequate	Adequate	Very Adequate	Not available
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing/sports fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Are outside organizations and/or individuals allowed to use any school grounds or indoor facilities for physical activity or sports programs outside of school hours?

*PLEASE CHECK ALL THAT APPLY*

	Yes, organizations	Yes, individuals	No
Indoor facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor facilities/school grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. If outside organizations use school facilities, please indicate which organizations:

*PLEASE CHECK ALL THAT APPLY*

School-sponsored or school-affiliated groups

YMCA/YWCA

Parks and Recreation department

Boys and Girls Clubs of America

Athletic organizations or other recreation programs (e.g., soccer, little league)

Other (please specify): \_\_\_\_\_

42. To what extent are the following issues barriers to shared use of school facilities?

*PLEASE CHECK ONE BOX ON EACH ROW*

	Not at all	Somewhat	Very much
Liability or legal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of adequate facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing expenses (i.e., paying for staff to unlock the building)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities costs (light, heat, A/C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime/safety/possible damage to facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of community interest/demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities not available due to conflicting needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



43. During what times of day are *indoor* facilities (e.g., gymnasium) used by outside organizations or individuals?

PLEASE CHECK ALL THAT APPLY

- Weekdays after school  
 Weekday evenings  
 Weekdays before school  
 Summer vacations/school breaks  
 Weekends
  Not available for shared use

**This section is about students walking and biking to school.**

44. What is the average distance that the typical 3rd grade student travels (via school bus, walking/biking, car) to attend school:

PLEASE SELECT ONE ANSWER

- Less than 1 mile       1 mile to less than 3 miles  
 3 miles to less than 5 miles       5+ miles       Don't know

45. How far away from the school do 3rd grade students have to live in order to be eligible for bus transportation?

\_\_\_\_\_ miles       Don't know

46. Has the distance for eligibility for student busing changed in the past three years?

PLEASE SELECT ONE ANSWER

- Decreased       Increased       Stayed the same       Don't know

47. Are there ever exceptions made to the distance required for busing eligibility for students who live on "hazardous routes"?

PLEASE SELECT ONE ANSWER

- Yes       No       Don't know

48. Does your school have any crossing guards at nearby intersections?

- Yes       No

49. Are students allowed to walk or bike to school?

PLEASE CHECK ONE BOX ON EACH ROW

	No	Yes, in certain grades	Yes, in all grades
Allowed to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowed to bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. About what percentage of students in your school would you estimate walk or bike from home to school on an average school day?

\_\_\_\_\_ % of students

51. Does your school have bike racks for students to park and lock their bikes while at school? If yes, approximately how much storage capacity is available?

PLEASE SELECT ONE ANSWER

- No bike racks       1 to 20 bikes       21 to 50 bikes       more than 50 bikes

52. Please indicate to what extent each of the following barriers may prevent 3rd grade students from walking/biking to school:

PLEASE CHECK ONE BOX ON EACH ROW

	Not at all	To a little extent	To some extent	To a great extent	To a very great extent
School is too far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bike racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No crossing guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Does your school participate in the Safe Routes to School program?

- Yes       No

54. If yes, does your school have a designated Safe Routes to School coordinator (a parent/staff volunteer or paid position)?

- Yes, a volunteer       Yes, a paid position       No

55. Does your school organize a regular walk to school or bike to school day and if so, how often?

PLEASE SELECT ONE ANSWER

- No       Once per year       A few times per year       Monthly       Weekly

56. Does a regular "walking school bus" program (i.e., where volunteers chaperone a group of students) exist for any students at your school and if so, how often?

PLEASE SELECT ONE ANSWER

- No       A few times a year       A few times a month       Most days       Every day

## Section D: Wellness Policies

**This section asks about the Wellness Policy provision of the National School Lunch Act that was passed in 2004.**

1. Are you familiar with the wellness policy developed by your school district?

Yes       No → **Please go to #4 on the right side of the page**

2. Has your school district or school designated one or more persons to have operational responsibility for ensuring that the wellness policy is implemented?

*PLEASE CHECK ANY THAT APPLY*

- Yes, the **school district** has designated a person  
 Yes, the **school** has designated a person  
 No  
 Don't know

3. Is your school required to report to your district regarding implementation of any of the following components as part of your local wellness policy? Please note that although these may be required to be reported for other mechanisms/purposes, we are specifically interested in whether you are also required to report on these items for district wellness policy reporting purposes.

*PLEASE CHECK ONE BOX ON EACH ROW*

	Yes	No	Don't know
Number of minutes of physical education instruction required at each grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of minutes of nutrition education instruction required at each grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student participation in school meal programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue from sale of food or beverages in school-sponsored fundraisers or other school-sponsored venues outside of school meal programs (e.g., vending, school store, a la carte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for increased physical activity during the school day, outside of physical education and recess (e.g., classroom physical activity breaks, free time physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC's School Health Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FitnessGram or other physical fitness assessment results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Mass Index (BMI) of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your school district or school have an ongoing health advisory council, wellness council, or an advisory group that makes recommendations regarding nutrition and/or exercise for students?

*PLEASE SELECT ONE ANSWER*

- Yes, at the school level only       Don't know  
 Yes, at the district level only  
 Yes, at both the school and district levels  
 No

**These questions are about other activities to promote student health.**

5. At present, is formal classroom instruction offered to elementary students in your school on...

*PLEASE CHECK ONE BOX ON EACH ROW*

	Yes	No	Don't know
Nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity, exercise, and health related fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Body mass index is a measure of overweight based on height and weight. Does your school measure students' body mass index?

*PLEASE SELECT ONE ANSWER*

Never	Selected grades only	Annually for all students
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

↓  
If yes, are the results sent to parents?

Yes       No

7. Has your school been certified as a USDA HealthierUS School at the Bronze, Silver, Gold, or Gold Award of Distinction level?

*PLEASE SELECT ONE ANSWER*

Yes       No       Don't know

8. Has your school been designated as an Alliance for a Healthier Generation Healthy School Program at the Bronze, Silver, Gold, or Platinum level?

*PLEASE SELECT ONE ANSWER*

Yes       No       Don't know

9. To what extent do you agree with the following statement? "Schools can play a role in addressing childhood obesity."

*PLEASE SELECT ONE ANSWER*

Strongly Agree       Agree       Disagree       Strongly Disagree

This section will be removed after we receive the questionnaire and will be kept separately to maintain confidentiality.

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### ***Contributing Respondents***

In the space below, please write the **role or title** (e.g., principal, health teacher) of the individual who contributed the majority of information used in completing Part 1 of the questionnaire, as well as any other individuals who assisted with completion of the questionnaire.

Please *do not write the names* of these individuals here.

#### ***Primary Respondent's Role/Title:***

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#### ***Additional Respondents' Roles/Titles:***

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### ***Honorarium***

You are free to endorse the honorarium check that was attached to this survey to another person or institution, by writing "Pay to the order of..." on the back of the check and signing it.

Instead, if you wish to have a new check issued, please return the original check with this completed questionnaire.

If you need a replacement check, please indicate how the check should be made payable:

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Address where the replacement check should be sent:

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Please be sure to return both Part 1 and Part 2 in the pre-paid envelope provided.

If you have any questions or need another return envelope, please contact us at (312) 355-2388 or at [foodandfitness@uic.edu](mailto:foodandfitness@uic.edu)

Our mailing address is:

Bridging the Gap  
Institute for Health Research and Policy  
1747 W. Roosevelt Road, #558  
Chicago, IL 60608

**UIC**

UNIVERSITY  
OF ILLINOIS  
AT CHICAGO

# Food & Fitness

## SCHOOL HEALTH POLICIES & PRACTICES QUESTIONNAIRE PART 2

**2014**

### *Food and Beverage Policies and Practices*

We encourage your Food Service Manager or cafeteria staff to complete this section if possible.

All the information that you provide will be kept completely confidential, with no disclosure of your name or your school's name.

This section asks about food and beverages available to **students** in your school during the 2013-2014 school year.

When this section is completed, please mail it back to the University of Illinois at Chicago, along with Part 1.  
If you need another pre-paid return envelope, please email us at [foodandfitness@uic.edu](mailto:foodandfitness@uic.edu)

Thank you for your help!

## Part 2: Food and Beverage Policies and Practices, 2013-2014

1. Please indicate your role at this school:

*PLEASE SELECT ONE ANSWER*

- Cafeteria or food service manager  
 Food service staff  
 Principal/assistant principal/administrator  
 Other (please specify): \_\_\_\_\_

2. Does the food service manager at this school have any of the following credentials?

*PLEASE CHECK ALL THAT APPLY*

- Registered Dietitian (RD)  
 Dietetic Technician, Registered (DTR) credential  
 Certified Dietary Manager (CDM) credential  
 School Nutrition Association credential or certification  
 Food safety or nutrition training by a credentialing agency or state  
 Other credentials (please specify): \_\_\_\_\_  
 Not applicable, no food service professionals employed at this school

3. Which of the following kitchen facilities are available at your school?

*PLEASE SELECT ONE ANSWER*

- Full-service kitchen (i.e., ovens, refrigerators, stove)  
 Partial kitchen (i.e., warming oven or microwave only)  
 No kitchen

4. Who provides the food service at this school?

*PLEASE CHECK ALL THAT APPLY*

- School system food service  
 Food service management company (e.g., Sodexo, Preferred Meals)  
 Other (please specify): \_\_\_\_\_

5. On a typical day, about what percent of elementary students (grades K-5):

	% students
...eat lunch offered by your school	_____
...bring their own lunch	_____
...other (please explain): _____	_____
<i>(please make sure answers sum to 100%) →</i>	100%

6. During a typical week, on how many days (if any) are students at your school offered food from each of the following sources? Enter "0" if none.

	# of days per week
Pizza places	_____
Sandwich or sub shops	_____
Fast food chains	_____
Other food establishment	_____

7. Does your school currently incorporate any locally-produced food (e.g., fruits, vegetables, meat, dairy) into the meals offered at school (through, for example, a "farm-to-cafeteria," "farm-to-school," or other program)?

- Yes                       No

8. Does your school participate in the USDA-sponsored Team Nutrition program?

- Yes                       No                       Don't know



If yes, which Team Nutrition resources are used?

*PLEASE CHECK ALL THAT APPLY*

- Nutrition education materials (posters, activities, games)  
 Lesson plans  
 Food buying guide and menu planning assistance  
 Training grants to support staff training/continuing education  
 Other Team Nutrition mini-grants  
 Other (please specify): \_\_\_\_\_

9. Does your school use any other resources for improving the food environment (meals, competitive foods and/or beverages) and/or nutrition education programs in your school?

- Yes                       No                       Don't know



If yes, from whom are the resources obtained?

*PLEASE CHECK ALL THAT APPLY*

- School district  
 State (e.g., state Superintendent or Department of Education)  
 Alliance for a Healthier Generation  
 United States Department of Agriculture (USDA)  
 Other (please specify): \_\_\_\_\_

10. To what extent has your school or school district set *food or beverage prices* (in vending machines, stores, a la carte) with the intent of encouraging students to eat healthier foods (e.g., fruits, vegetables, low-fat foods) and/or beverages (e.g., bottled water, low-fat milk) instead of less-healthy foods and beverages?

PLEASE SELECT ONE ANSWER

Not at all	A little	Some	A lot	Don't know	N/A- school or district don't set the prices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Which (if any) of the following criteria impacts your choice of snack foods and beverages sold in vending machines, stores/snack bars or à la carte?

PLEASE CHECK ALL THAT APPLY

- Total fat
- Saturated fat
- Trans fat
- Sodium
- Sugar

12. The Healthy, Hunger-Free Kids Act of 2010 required schools to provide free, potable drinking water for students during lunchtime, starting in the 2011-12 school year. Please indicate which (if any) of the following strategies your school has used to meet this requirement.

PLEASE CHECK ALL THAT APPLY

- Existing drinking fountains in cafeteria
- Installed new drinking fountains in cafeteria
- Water dispenser/pitcher and cups (in the food line)
- Water dispenser/pitcher and cups (elsewhere in the cafeteria)
- Water dispenser/pitcher but no cups (students bring water bottles)
- Other - please describe: \_\_\_\_\_
- Free, potable drinking water is not available

13. Compared to this time last year (spring 2013), how many students at your school typically purchase (whether they eat it or not) the **school lunch** offered through the USDA-reimbursable National School Lunch Program (whether it is purchased at full/reduced-price or free)?

PLEASE CHECK ONE BOX ONLY

- A lot more students
- Slightly more students
- About the same
- Slightly fewer students
- A lot fewer students
- Don't know

14. Has the percentage of food in **lunches** that students typically consume each day changed since this time last year?

PLEASE CHECK ONE BOX ONLY

- Students are eating a lot more of the food
- Students are eating slightly more of the food
- About the same
- Students are eating slightly less of the food
- Students are eating a lot less of the food
- Don't know

15. Compared to this time last year do your school lunches offer less, the same, or more of the following items?

	Less	Same	More
<i>Amount</i> of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Variety</i> of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowfat dairy products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of entrée options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Has your school used any of the following strategies to promote healthier lunches during the past year?

	Never	Once or twice	Often
Student taste tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student advisory groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking club/demonstrations/classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotional signage or events in cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (Facebook, Twitter, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with PTA or parent groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about the availability of various foods and beverages in specific venues. If your school does not have that venue, you will skip to the next one. Please be careful to answer about the venue that is the focus of each question.

### ***VENDING MACHINES - BEVERAGES***

17. Does your school have **beverage vending machines** available to *elementary* students?

Yes     No → **please go to page 5**



Please indicate whether the following beverages are available to elementary students from vending machines in your school.

*PLEASE CHECK ONE BOX ON EACH ROW*

	<b>No</b>	<b>Yes</b>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>
Regular soft drinks (e.g., Coke, Pepsi, Dr. Pepper, Sprite)	<input type="checkbox"/>	<input type="checkbox"/>
Diet soft drinks (e.g., Diet Coke, Diet Pepsi, Diet Dr. Pepper, Diet Sprite)	<input type="checkbox"/>	<input type="checkbox"/>
Other no-calorie or very low-calorie beverages (e.g., Crystal Light Lemonade, Propel Fitness Water, Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks (e.g., Gatorade, Powerade)	<input type="checkbox"/>	<input type="checkbox"/>
“Light” juices (e.g., Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks that are not 100% fruit juice and that are high in calories (e.g., Hawaiian Punch, Sunny Delight, Hi-C)	<input type="checkbox"/>	<input type="checkbox"/>
Sweetened iced tea or coffee (e.g., Snapple or Lipton teas, Starbucks Frappuccino)	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g., Monster, Rockstar)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Milks</b>	<b>No</b>	<b>Yes</b>
Non-fat (skim) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>
Non-fat (skim) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>
Whole or 2% milk, including flavored or unflavored milk	<input type="checkbox"/>	<input type="checkbox"/>

18. At what times are *vending machines* available for elementary students to purchase beverages?

*PLEASE CHECK ALL THAT APPLY*

- Before classes begin in the morning  
 During school hours (but not when meals are being served)  
 During school lunch periods  
 After school



## VENDING MACHINES - FOOD

19. Does your school have *food vending machines* available to *elementary* students?

Yes     No → **please go to page 6**



Please indicate whether the following foods are available to elementary students from vending machines in your school.

*PLEASE CHECK ONE BOX ON EACH ROW*

	No	Yes
Candy	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, cakes, pastries, or other sweetened baked goods that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> cookies, cakes, pastries, or other low-fat sweetened baked goods	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks that are <b>not low in fat</b> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> salty snacks, such as pretzels, baked chips, or other <i>low-fat</i> chips	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream or frozen yogurt that is <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>
Granola bars that are made from <i>whole grains</i> (e.g., Nutri-Grain)	<input type="checkbox"/>	<input type="checkbox"/>
Energy bars (e.g., PowerBar)	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/>
Cheese sticks that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> cheese sticks	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit (e.g., dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables (e.g., carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/>
Pre-made main course salads (e.g., chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>

20. At what times are *vending machines* available for elementary students to purchase food?

*PLEASE CHECK ALL THAT APPLY*

- Before classes begin in the morning  
 During school hours (but not when meals are being served)  
 During school lunch periods  
 After school

***SCHOOL/STUDENT STORE and/or SNACK BARS/CARTS  
BEVERAGES***

21. Does your school have *school stores or snack bars* available to *elementary* students?

Yes     No → **please go to page 7**

↓

Please indicate whether the following beverages are available to elementary students from stores/snack bars machines in your school.

*PLEASE CHECK ONE BOX ON EACH ROW*

	<b>No</b>	<b>Yes</b>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>
Regular soft drinks (e.g., Coke, Pepsi, Dr. Pepper, Sprite)	<input type="checkbox"/>	<input type="checkbox"/>
Diet soft drinks (e.g., Diet Coke, Diet Pepsi, Diet Dr. Pepper, Diet Sprite)	<input type="checkbox"/>	<input type="checkbox"/>
Other no-calorie or very low-calorie beverages (e.g., Crystal Light Lemonade, Propel Fitness Water, Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks (e.g., Gatorade, Powerade)	<input type="checkbox"/>	<input type="checkbox"/>
“Light” juices (e.g., Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks that are not 100% fruit juice and that are high in calories (e.g., Hawaiian Punch, Sunny Delight, Hi-C)	<input type="checkbox"/>	<input type="checkbox"/>
Sweetened iced tea or coffee (e.g., Snapple or Lipton teas, Starbucks Frappuccino)	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g., Monster, Rockstar)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Milks</b>	<b>No</b>	<b>Yes</b>
Non-fat (skim) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>
Non-fat (skim) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>
Whole or 2% milk, including flavored or unflavored milk	<input type="checkbox"/>	<input type="checkbox"/>

22. At what times are *stores/snack bars* available for elementary students to purchase beverages?

*PLEASE CHECK ALL THAT APPLY*

- Before classes begin in the morning  
 During school hours (but not when meals are being served)  
 During school lunch periods  
 After school

***SCHOOL/STUDENT STORE and/or SNACK BARS/CARTS  
FOOD***

23. Does your school have *school stores or snack bars* that are available to *elementary* students?

Yes     No → **please go to page 8**



Please indicate whether the following foods are available to elementary students from stores/snack bars in your school.

*PLEASE CHECK ONE BOX ON EACH ROW*

	<b>No</b>	<b>Yes</b>
Candy	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, cakes, pastries, or other sweetened baked goods that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> cookies, cakes, pastries, or other low-fat sweetened baked goods	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks that are <b>not low in fat</b> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> salty snacks, such as pretzels, baked chips, or other <i>low-fat</i> chips	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream or frozen yogurt that is <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>
Granola bars that are made from <i>whole grains</i> (e.g., Nutri-Grain)	<input type="checkbox"/>	<input type="checkbox"/>
Energy bars (e.g., PowerBar)	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/>
Cheese sticks that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> cheese sticks	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit (e.g., dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables (e.g., carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/>
Pre-made, main course salads (e.g., chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>

24. At what times are *school stores or snack bars* available for elementary students to purchase foods?

*PLEASE CHECK ALL THAT APPLY*

- Before classes begin in the morning  
 During school hours (but not when meals are being served)  
 During school lunch periods  
 After school

## SCHOOL LUNCH MEAL - BEVERAGES

25. Does your school offer a **school lunch meal** to *elementary* students?

Yes     No → **please go to page 9**



Please indicate how often the following beverages are available to elementary students with the lunch meal (not à la carte) in your school.

<i>PLEASE CHECK ONE BOX ON EACH ROW</i>	Never	Some days	Most or every day
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular soft drinks (e.g., Coke, Pepsi, Dr. Pepper, Sprite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet soft drinks (e.g., Diet Coke, Diet Pepsi, Diet Dr. Pepper, Diet Sprite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other no-calorie or very low-calorie beverages (e.g., , Propel Fitness Water, Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks (e.g., Gatorade or Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Light” juices (e.g., Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks that are not 100% fruit juice and that are high in calories (e.g., Hawaiian Punch, Sunny Delight, Hi-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweetened iced tea or coffee (e.g., Snapple or Lipton teas, Starbucks Frappuccino)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g., Monster, Rockstar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Milks</b>	<b>Never</b>	<b>Some days</b>	<b>Most or every day</b>
Non-fat (skim) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-fat (skim) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole or 2% milk, including flavored or unflavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOOL LUNCH MEAL - FOOD

26. Does your school offer a **school lunch meal** to *elementary* students?

Yes     No → **please go to page 10**



Please indicate how often the following food items are available to elementary students with the lunch meal (not à la carte) in your school.

*PLEASE CHECK ONE BOX ON EACH ROW*

	Never	Some days	Most or every day
Candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, cakes, pastries, or other sweetened baked goods that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> cookies, cakes, pastries, or other <i>low-fat</i> sweetened baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks that are <b>not low in fat</b> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> salty snacks, such as pretzels, baked chips, or other <i>low-fat</i> chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream or frozen yogurt that is <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese sticks that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> cheese sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried potatoes (including reheated French fries or tater tots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables (excluding potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit (e.g., dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains (e.g., wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-made, main course salads (e.g., chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Healthier" pizza (e.g., whole-wheat crust, lower-fat cheese and/or toppings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## À LA CARTE - BEVERAGES

**À la carte items are any foods or beverages that are not included as part of the school lunch or breakfast meal provided for the USDA “National School Lunch Program” or “School Breakfast Program” prices. Examples of à la carte items are milk only, single items from the lunch meal, or snack items.**

27. Does your school offer **à la carte** service at lunch time to *elementary* students?

Yes     No → **please go to page 11**

↓

Please indicate how often the following food items are available to elementary students in your school **à la carte at lunch**.

<i>PLEASE CHECK ONE BOX ON EACH ROW</i>	Never	Some days	Most or every day
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular soft drinks (e.g., Coke, Pepsi, Dr. Pepper, Sprite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet soft drinks (e.g., Diet Coke, Diet Pepsi, Diet Dr. Pepper, Diet Sprite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other no-calorie or very low-calorie beverages (e.g., Crystal Light Lemonade, Propel Fitness Water, Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks (e.g., Gatorade or Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Light” juices (e.g., Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks that are not 100% fruit juice and that are high in calories (e.g., Hawaiian Punch, Sunny Delight, Hi-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweetened iced tea or coffee (e.g., Snapple or Lipton teas, Starbucks Frappuccino)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy drinks (e.g., Monster, Rockstar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milks	Never	Some days	Most or every day
Non-fat (skim) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-fat (skim) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) unflavored (white) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole or 2% milk, including flavored or unflavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## À LA CARTE - FOOD

28. Does your school offer **à la carte** service at lunch time to *elementary* students?

Yes     No → **please go to the bottom of the page**



Please indicate how often the following food items are available to elementary students in your school **à la carte at lunch**.

<i>PLEASE CHECK ONE BOX ON EACH ROW</i>	Never	Some days	Most or every day
Candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies, cakes, or other sweetened baked goods that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> cookies, cakes, pastries, or other <i>low-fat</i> sweetened baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty snacks that are <b>not low in fat</b> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> salty snacks, such as pretzels, baked chips, or other <i>low-fat</i> chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream or frozen yogurt that is <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crackers that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are made from <i>whole grains</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread sticks, rolls, bagels, pita bread, or other bread products that are <b>not whole grain</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese sticks that are <b>not low in fat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Low-fat</i> or <i>non-fat</i> cheese sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried potatoes (including reheated French fries or tater tots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables (excluding potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit (e.g., dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains (e.g., wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-made, main course salads (e.g., chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Healthier" pizza (e.g., whole-wheat crust, lower-fat cheese and/or toppings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your assistance!**

Please mail this back to us (along with Part 1 of the survey) in the pre-paid envelope provided.