

# Food & Fitness

**School Health Policies and Practices Questionnaire**

**Part 1**

**2008**

A Study Supported by the Robert Wood Johnson Foundation

# Instructions

Thank you for participating in this important study of school policies and programs.

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. You may wish to consult with others in 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 and school district, including school 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, if you have one, may be best suited to answer Part 2.

*Please answer all questions based on the 2007-2008 school year.*

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**Part 1: Section A  
General Characteristics and Resources**

- About how many students are enrolled in your school for the 2007-08 year?  
\_\_\_\_\_ total # of enrolled students
- What is the average **3rd grade** class size (# students per classroom) at your school?  
\_\_\_\_\_ # of students per 3rd grade classroom
- About what percent of students at your school belong to each of the following racial/ethnic groups?
 

a. White/not Hispanic	_____ %
b. African American/Black	_____ %
c. Hispanic or Latino	_____ %
d. Native American	_____ %
e. Asian/Pacific Islander	_____ %
f. Other	_____ %
- Please indicate what time classes begin and end each day at your school:  

Start time: _____ : _____ AM	End time: _____ : _____ PM
HR      MINS	HR      MINS
- Does your school qualify for Title 1 funding?     Yes     No
- About what percent of students in your school are eligible/certified to receive a **free or reduced** cost lunch as part of the USDA reimbursable National School Lunch Program (regardless of whether they actually eat it)? \_\_\_\_\_ % of students  

**Don't know**

What percent are eligible for a **reduced** lunch? \_\_\_\_\_ % students   

What percent are eligible for a **free** lunch? \_\_\_\_\_ % students
- Please indicate whether the following staff work at your school (including staff shared among multiple schools in your district).
 

	<b>No</b>	<b>Yes, part time at school or shared among district</b>	<b>Yes, full time at school</b>
a. Physical education coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical education teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Food service coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dietitian/nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health educator (dedicated specifically to health issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 1: Section B  
School Meal Programs**

**This section is about USDA reimbursable breakfast at your school.**

- Does your school participate in the USDA reimbursable School Breakfast Program?
   
 Yes     No → **Please go to #4**
- On a typical day, about how many students at your school eat the USDA reimbursable School Breakfast offered by your school...
 

...at <b>Full-price</b>	_____ #		<b>Don't know</b>
...at <b>Reduced-price</b>	_____ #		<input type="checkbox"/>
...for <b>Free</b>	_____ #		<input type="checkbox"/>
- What is the...
 

... full price charged for breakfast?	\$ _____
... reduced price charged for breakfast?	\$ _____

**Please go to #5**
- If your school does not participate in the USDA reimbursable School Breakfast Program, please indicate why not.
 

*PLEASE CHECK ALL THAT APPLY*

  - Too few eligible students
  - Lack of interest among students/families
  - Program too costly
  - School starts too late to serve breakfast
  - School lacks facilities to serve breakfast
  - School lacks staff to serve breakfast
  - Other – please explain: \_\_\_\_\_

**This section is about USDA reimbursable lunch at your school.**

- Does your school participate in the USDA reimbursable National School Lunch Program?
   
 Yes     No → **Please go to #8**

6. On a typical day, about how many students at your school eat the USDA-reimbursable lunch at your school...

		<b>Don't know</b>
...at <b>Full-price</b>	_____ #	<input type="checkbox"/>
...at <b>Reduced-price</b>	_____ #	<input type="checkbox"/>
...for <b>Free</b>	_____ #	<input type="checkbox"/>

7. What is the...

... full price charged for lunch? \$ \_\_\_\_\_

... reduced price charged for lunch? \$ \_\_\_\_\_

**Please go to #9**

8. If your school does not participate in the USDA reimbursable National School Lunch Program, please indicate why not.

*PLEASE CHECK ALL THAT APPLY*

- Too few eligible students
- Lack of interest among students/families
- Program too costly
- School lacks facilities to serve lunch
- School lacks staff to serve lunch
- Other – please explain: \_\_\_\_\_

**This section is about competitive and other foods sold at school (i.e., non-USDA reimbursable meals).**

9. Does your school offer students any **breakfast** options other than a USDA reimbursable breakfast (i.e., a la carte items, vending, snack bars or stores)?

- No → **Please go to #11**
- Yes → Please describe: \_\_\_\_\_

10. On a typical day, about how many students at your school eat this **breakfast**?  
\_\_\_\_\_ # of students

11. Does your school offer students any **lunch** options other than a USDA reimbursable lunch (i.e., a la carte items, vending, snack bars or stores)?

- No → **Please go to #13**
- Yes → Please describe: \_\_\_\_\_

12. On a typical day, about how many students at your school eat this **lunch**?  
\_\_\_\_\_ # of students

13. Are any of these foods sold/offered at your school?

*PLEASE CHECK ALL THAT APPLY*

- Fast food restaurants (e.g., McDonalds, Taco Bell, KFC)
- Sandwich or sub shop (e.g., Subway, Quiznos)
- Pizza (e.g., Pizza Hut, Papa John's, Domino's, Round Table)
- Local food establishment (e.g., not a fast food company)

14. If yes to any of the above, how many days per week are any of the above types of commercial foods sold/offered?

\_\_\_\_\_ days per week

15. How long does each lunch period last (if variable duration, please indicate how long the shortest lunch period lasts)?

\_\_\_\_\_ minutes

16. At what time of day does lunch service begin and end (if multiple lunch periods, please indicate the start time of the earliest period during the day, and the end time of the last period):

Start Time: \_\_\_\_\_ AM/PM End Time: \_\_\_\_\_ AM/PM

17. 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 to 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

18. Where do students usually eat lunch?

*PLEASE SELECT ONE ANSWER*

- Dedicated cafeteria (not regularly used for other activities)
- Multi-purpose room
- Gymnasium
- Classroom
- Outdoors
- Other—Please specify: \_\_\_\_\_

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

19. During this school year, has your school district or school provided (in written materials or online) information to **elementary** students/parents on the nutrition content of foods available at school?

No     Yes

20. 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**

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

*PLEASE CHECK ONE BOX FOR EACH ROW*

	<u>No</u>	<u>Yes, it is up to the teacher</u>	<u>Yes, but it is discouraged</u>
a. Food (e.g., candy) is used as a reward for good academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food (e.g., candy) is used as a reward for good behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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"/>
d. Classroom lessons involve candy (i.e., mathematics using M&M candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Students are allowed to keep water bottles at their desks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Foods are regularly allowed in class (other than at snack time, parties or events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Beverages other than water are regularly allowed in class (other than at snack time, parties or special events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. 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*

	<u>In the cafeteria (or where students eat)</u>	<u>Anywhere else (inside/outside the school or on school buses)</u>
a. Soft drinks	<input type="checkbox"/>	<input type="checkbox"/>
b. Fast food	<input type="checkbox"/>	<input type="checkbox"/>
c. Candy	<input type="checkbox"/>	<input type="checkbox"/>
d. Milk	<input type="checkbox"/>	<input type="checkbox"/>
e. Fruit and/or vegetables (e.g., 5-a-day)	<input type="checkbox"/>	<input type="checkbox"/>
f. Sports and/or physical activities (e.g., VERB, Jump Rope for Heart)	<input type="checkbox"/>	<input type="checkbox"/>

23. Are there school-wide policies regarding the nutritional quality of items sold for:

a. PTA fundraisers?

No     Yes – please describe: \_\_\_\_\_

b. Other school fundraisers?

No     Yes – please describe: \_\_\_\_\_

**These questions ask about policies regarding the nutritional quality of snacks and foods served in the classroom, whether school-supplied or brought from home.**

24. Please indicate whether any of the following grades have a regularly-scheduled snack time during the school day.

*PLEASE CHECK ALL THAT APPLY*

                     
**K**    **1st**    **2nd**    **3rd**    **4th**    **5th**

25. Are there any policies limiting sugar-sweetened items (e.g., candy, cupcakes, cookies) from being served or brought in at snacktime?

Yes, school-wide policy     Yes, in some classes     No

26. Are there any policies limiting sugar-sweetened items (e.g., candy, cupcakes, cookies) from being served or brought in at school parties (e.g., birthdays, holidays)?

Yes, school-wide policy     Yes, in some classes     No

**These questions ask about school gardens and “farm-to-cafeteria” programs.**

27. Does your school currently have a garden (fruit and/or vegetable) that students participate in?  
 No  Yes
28. If yes, please indicate all garden-related activities that your students have the opportunity to participate in:  
 Garden club (e.g., planting, tending, or harvesting from the garden)  
 Kitchen classroom (e.g., cooking or eating food grown in the garden)  
 Curriculum (use of the garden to teach different subjects)  
 Other: \_\_\_\_\_
29. Does your school currently participate in any “Farm to Cafeteria” programs that incorporate or offer locally produced food into meals offered at school?  
 No  Yes

**Part 1: Section C  
 Student Physical Education and Physical Activity**

**This section is about physical education classes 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*
- |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>K</b>                 | <b>1st</b>               | <b>2nd</b>               | <b>3rd</b>               | <b>4th</b>               | <b>5th</b>               |
2. Please provide the following information about scheduled physical education class (excluding recess) during a typical week for **3rd grade** students:
- a. How many days per week is PE scheduled? \_\_\_\_\_ days
- b. How many minutes is each PE class?  
 (If none, enter “0”) \_\_\_\_\_ minutes
- c. Approximately how many minutes of PE class time are students active (i.e., time not dressing or waiting) \_\_\_\_\_ minutes
3. What is the average student-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  
 Physical education is not a high priority for district administrators  
 No state or district policies requiring PE  
 Financial constraints  
 Other: \_\_\_\_\_  
 No barriers

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

5. Please provide the following information about scheduled recess during a typical week for **3rd grade** students:
- a. How many days per week does the typical **3rd grade** student have recess? \_\_\_\_\_ days per week
- b. How many times per day does the typical **3rd grade** student have recess? \_\_\_\_\_ times per day  
 OR if varies, please specify: \_\_\_\_\_
- c. What is the total number of minutes per day of recess for the typical **3rd grade** student? \_\_\_\_\_ total minutes per day  
 OR if varies, please specify: \_\_\_\_\_
6. 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: \_\_\_\_\_
7. Please indicate whether any of the the following activities/games are banned at your school during recess:  
*PLEASE CHECK ALL THAT ARE BANNED*
- Tackle football  
 Tag  
 Dodgeball  
 Other: \_\_\_\_\_

**This section is about additional physical activity and fitness practices at your school.**

8. Does your school do any of the following to encourage physical activity among students in **elementary** grades?

*PLEASE CHECK ALL THAT APPLY*

- Intramural Team Sports (e.g., soccer, baseball, basketball)
- Extramural Team Sports (e.g., soccer, baseball, basketball)
- School-sponsored after-school physical activities
- Sports & Rec/Park District-sponsored after school programs at school
- Nontraditional physical education activities (e.g., yoga, kick-boxing) to make physical education enjoyable
- Participate in the President’s Challenge Physical Activity & Fitness Awards
- Provide opportunities during the school day for organized physical activities such as walking or running laps at recess (excluding physical education class)
- Participate in national “Walk to School” or “Bike to School” events/programs
- Organize a “walking school bus” where children walk to school together
- Participate in the Safe Routes to School initiative or a similar program

9. Please indicate whether each of the following statements are true for your school.

*PLEASE SELECT ONE ANSWER ON EACH ROW*

	No	Yes, it is up to the teacher	Yes, but it is discouraged
a. Students are allowed to voluntarily stay inside during recess (e.g. go to the library instead)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Students are kept inside during recess as punishment for poor behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Students are kept inside during recess to complete schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical activity (running laps, push-ups) is used as punishment for poor behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*PLEASE SELECT ONE ANSWER ON EACH ROW*

	Not very Adequate	Adequate	Very Adequate	N/A
a. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Playing fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are height, weight, body mass index (a measure of overweight) and fitness measured for **elementary** students at your school? If measured, is this information sent to parents?

	<u>Measured?</u>			<u>Sent to parents?</u>	
	<u>Never</u>	<u>Selected grades only</u>	<u>Annually for all students</u>	<u>Yes</u>	<u>No</u>
Measure students’ height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure students’ weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculate students’ body mass index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess student physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

12. Are students allowed to bike to school?

- No                       Yes, in certain grades                       Yes, all students

13. 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

14. 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
a. School is too far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Traffic danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bad weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. No bike racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. No crossing guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

## Part 1: Section D Wellness Policies

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

1. Has your school district or school established a school wellness policy that addresses student nutrition and/or physical activity issues?

*PLEASE CHECK ANY THAT APPLY*

- Yes, the school district has established a policy  
 Yes, the school has established its own policy  
 (independently or in conjunction with the district)  
 No  
 Don't know

2. Has your school district or school developed explicit goals/plans/guidelines designed to promote student wellness through the following activities:

*PLEASE CHECK ONLY ONE BOX ON EACH ROW*

	Yes, we have developed	We are currently developing	No, not yet	Don't know
a. Goals for nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Goals for physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Guidelines for reimbursable school meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nutrition guidelines for non-reimbursable foods and beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Plans for evaluation and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other school-based activities designed to promote wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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

4. Has your school district or school involved any of the following participants in the development of the school wellness policy?

*PLEASE CHECK ALL THAT APPLY*

- Parents  Don't know  
 Students  
 School nurse  
 School food personnel  
 School board members  
 School administrators  
 Other members of the public  
 Other school personnel--please specify: \_\_\_\_\_

**The next questions are about other school activities that promote student health.**

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

*PLEASE CHECK ONLY ONE BOX*

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

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

	No	Yes	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"/>

7. Please indicate to what extent you agree with the following statements.

*PLEASE SELECT ONE ANSWER ON EACH ROW*

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I am concerned about students at this school being overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parents of students at this school have expressed an interest in participating in improving nutrition practices at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents of students at this school have expressed an interest in participating in improving physical activity practices at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Part 1: Section E National Food and Beverage Agreements

In May of 2006 the Alliance for a Healthier Generation (a partnership of the American Heart Association and the William J. Clinton Foundation) reached an agreement with the American Beverage Association, Coca-Cola, PepsiCo, and Cadbury Schweppes, to limit portion sizes and caloric content of beverages offered to students during the regular and extended school day. A set of “School Beverage Guidelines” was adopted under the agreement.

1. Have you heard of the Alliance for a Healthier Generation’s “School Beverage Guidelines”?
 

Yes, quite a bit       Yes, some       No
  
2. Has your school or school district decided to adopt the “School Beverage Guidelines” recommended under the agreement?
 

Yes       No       Don’t know
  
3. Has your school implemented these “School Beverage Guidelines”?
 

No → **Please go to #5**  
 No, but we are planning to implement them → **Please go to #5**  
 Yes, we are in the process of implementing them  
 Yes, we have implemented them
  
4. Please indicate in which of the following venues you are currently implementing these Guidelines and the extent of your implementation.
 

*CHECK ONE BOX ON EACH LINE*

	<u>Not at all</u>	<u>In Part</u>	<u>Fully</u>	<u>Don’t Know</u>	<u>N/A</u>
a. Vending machine <u>beverages</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Beverages</u> in the school/student store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Snack bars/carts <u>beverages</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. À la carte <u>beverages</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
5. Is your school district or school implementing or planning to implement any other guidelines concerning the portion size, caloric content, or other features of beverages in your school?
 

No       Yes → Please specify: \_\_\_\_\_
  
6. In the past year, have you reduced the standard serving size for beverages offered to students in your school (e.g. from 20 ounce containers to 8 or 12 ounce containers)?
 

No       Yes → Please provide a brief description: \_\_\_\_\_

In October 2006, the Alliance for a Healthier Generation also reached an agreement with the Campbell Soup Company, Dannon, Kraft Foods, Mars, and PepsiCo relating to the nutritional content of competitive foods sold in schools to students (competitive foods include all foods, including snack foods, sold in schools other than through the federally subsidized school food programs). A set of “Nutritional Guidelines for Competitive Foods” was adopted under the agreement. The next few questions ask about these and other nutrition guidelines.

7. Have you heard of the Alliance for a Healthier Generation’s “Nutritional Guidelines for Competitive Foods”?
 

Yes, quite a bit       Yes, some       No
  
8. Has your school or school district decided to adopt these “Nutritional Guidelines for Competitive Foods”?
 

Yes       No       Don’t know
  
9. Has your school implemented these “Nutritional Guidelines for Competitive Foods”?
 

No → **Please go to #11**  
 No, but we are planning to implement them → **Please go to #11**  
 Yes, we are in the process of implementing them  
 Yes, we have implemented them
  
10. Please indicate in which of the following venues you are currently implementing these Guidelines and the extent of your implementation:
 

*CHECK ONE BOX ON EACH LINE*

	<u>Not at all</u>	<u>In Part</u>	<u>Fully</u>	<u>Don’t Know</u>	<u>N/A</u>
a. Vending machine <u>foods</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Foods</u> in the school/student store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Snack bars/carts <u>foods</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. À la carte <u>foods</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
11. Is your school district or school implementing or planning to implement any other guidelines concerning the portion size, caloric content, or other features of foods in your school?
 

No       Yes → Please specify: \_\_\_\_\_

## Part 1: Section F Vending Machines

**These questions are about the sale of beverages (but not food items) in vending machines to elementary school students in your school.**

1. Does your school have vending machines that ever sell beverages to:

	<u>Yes</u>	<u>No</u>
Staff	<input type="checkbox"/>	<input type="checkbox"/>
Students above elementary grades	<input type="checkbox"/>	<input type="checkbox"/>
Students in <b>elementary</b> grades	<input type="checkbox"/>	<input type="checkbox"/> → <b>If no, please go to #10</b>

2. At what times are these machines available to elementary students?

*PLEASE CHECK ALL THAT APPLY*

- Before school  
 At mealtimes  
 Other times during school  
 After school

3. How much total revenue does your school receive annually from beverages sold in vending machines?

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

**These questions are about vending machine contracts with beverage distributors.**

4. Does your school or school district have a contract with a soft drink bottler or beverage distributor, such as Coca-Cola, Pepsi-Cola, or Cadbury-Schweppes, giving the company *exclusive* rights to sell beverages at your school?

Yes       No → **Please go to #7**

5. Is this an agreement between the soft drink bottler/beverage distributor and...

*PLEASE SELECT ONE ANSWER*

- ...the school only?                       Don't know  
 ...the school district only?  
 ...both the school and the school district?

6. Has this agreement been renegotiated in the past year?

Yes       No                       Don't know

7. Does your school or school district receive incentives, such as cash awards or donations of equipment, supplies, or other donations, once total beverage receipts exceed a specified amount?

Yes       No       Don't know

8. Who has a major "say" in deciding what beverages are offered in vending machines at your school?

*PLEASE CHECK ALL THAT APPLY*

- The soft drink bottler or vending company  
 The school  
 The school district  
 The state  
 Other—please specify: \_\_\_\_\_

9. Who primarily sets the prices for the beverages that are offered in vending machines at your school?

*PLEASE SELECT ONE ANSWER*

- A soft drink bottler or vending company  
 The school  
 The school district  
 Other—please specify: \_\_\_\_\_

**These questions are about food items (but not beverages) sold in vending machines to elementary school students in your school.**

10. Does your school have vending machines that ever sell food to:

	<u>Yes</u>	<u>No</u>
Staff	<input type="checkbox"/>	<input type="checkbox"/>
Students above elementary grades	<input type="checkbox"/>	<input type="checkbox"/>
Students in <b>elementary</b> grades	<input type="checkbox"/>	<input type="checkbox"/> → <b>If no, please go to Page 10</b>

11. At what times are these machines available to elementary students?

*PLEASE CHECK ALL THAT APPLY*

- Before school  
 At mealtimes  
 Other times during school  
 After school

12. How much total revenue does your school receive annually from food sold in vending machines?

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

### Part 1: Section G

1. Are there any significant activities currently underway at this school, or school district, to promote wellness, healthier eating and drinking practices, and/or increased physical activity among students?

No       Yes → Please briefly describe.

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### Contributing Respondents

In the space below, please write the **role or title** 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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**THANK YOU VERY MUCH!!**

This section will be removed as soon as we receive the completed questionnaire and will be kept separately from the responses to the questionnaire in order to maintain confidentiality.

### **Honorarium**

You are free to endorse your honorarium check over 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 with the completed questionnaire.

Please list here how the replacement check should be made payable:

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Please give the address where the replacement check should be sent:

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### **Mailing Instructions**

- Place ***both parts*** of the questionnaire in the enclosed, stamped USPS Priority Mail envelope.
- Peel the strip and seal the envelope.
- Place the envelope in your outgoing US mail.

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

### **Additional Comments**

If you have any additional comments, please write them below:

## Part 2: Food and Beverage Policies and Practices

These questions ask about food and beverages available to students in your school. All the information that you provide will be kept completely confidential, with no disclosure of your name or your school's name.

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*The Food Service Manager may be best able to answer these questions.*

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1. 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

2. At what level are decisions about menus and food service made?

*PLEASE CHECK ALL THAT APPLY*

- At the school level  
 At the district level  
 External contractor  
 Other – please describe: \_\_\_\_\_

3. Please indicate which menu planning system is used in your school.

*PLEASE CHECK ALL THAT APPLY*

- Nutrient Standard Menu Planning (NuMenus)  
 Assisted Nutrient Standard Menu Planning (Assisted NuMenus)  
 Traditional food-based menu planning  
 Enhanced food-based menu planning  
 Any other menu planning (please describe): \_\_\_\_\_  
 Don't know

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

- Yes       No       Don't know

5. 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: \_\_\_\_\_

6. Does your school have any policies (written procedures or guidelines shared with students and staff) that address the following specific nutrition qualities of food and drink items sold or served at school:

*PLEASE SELECT ONE ANSWER ON EACH ROW*

<u>Food</u>	<u>No</u>	<u>Yes</u>
Fat content	<input type="checkbox"/>	<input type="checkbox"/>
Sugar content	<input type="checkbox"/>	<input type="checkbox"/>
Sodium content	<input type="checkbox"/>	<input type="checkbox"/>
Calories	<input type="checkbox"/>	<input type="checkbox"/>
Portion size	<input type="checkbox"/>	<input type="checkbox"/>

### Beverages

Sugar content	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine content	<input type="checkbox"/>	<input type="checkbox"/>
Portion size	<input type="checkbox"/>	<input type="checkbox"/>
Availability of free drinking water	<input type="checkbox"/>	<input type="checkbox"/>

### Milk

Fat content	<input type="checkbox"/>	<input type="checkbox"/>
Calorie content	<input type="checkbox"/>	<input type="checkbox"/>
Sugar content	<input type="checkbox"/>	<input type="checkbox"/>

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

### VENDING MACHINES – Beverages

If your school does not have **beverage vending machines** available to **elementary** students, please check here  and **go to the top of page 3**.

7. Please indicate whether the following **beverages** are available to elementary students from **vending machines** in your school. For each item that is available, please indicate when it is available by all checking the appropriate boxes to the right of the arrow.

(PLEASE CHECK ALL THAT APPLY).

	Vending machine Item available?		Before classes begin in the morning	During school hours when meals are not being served	During school lunch periods	After school
	No	Yes →				
a. Bottled water	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Regular soft drinks (such as Coke, Pepsi, or Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diet soft drinks (such as Diet Coke, Diet Pepsi, or Diet Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other no-calorie or very low-calorie beverages (such as Crystal Light Lemonade, Propel Fitness Water, or Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sports drinks (such as Gatorade or Powerade)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. “Light” juices (such as Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fruit drinks that are not 100% fruit juice and that are high in calories (such as Hawaiian Punch, Sunny Delight, or Hi-C)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Low-fat (1%) or non-fat (skim) milk, including low-fat flavored milk	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Whole or 2% milk, or flavored milk	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VENDING MACHINES - Food

If your school does not have **food vending machines** available to elementary students, please check here  and **go to the top of page 4**.

8. Please indicate whether the following **food items** are available to **elementary** students from **vending machines** in your school. For each item that is available, please indicate when it is available by checking all the appropriate boxes to the right of the arrow.

(PLEASE CHECK ALL THAT APPLY.)

	Item available?		Before classes	During school	During school	After
	No	Yes	begin in the morning	hours when meals are not being served	lunch periods	school
a. Candy	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Salty snacks that are <i>not low in fat</i> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cookies, crackers, cakes, or other baked goods that are <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <i>Low-fat</i> cookies, crackers, cakes, pastries, other <i>low-fat</i> baked goods	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ice cream or frozen yogurt that is <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet, or <i>low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sandwiches	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other fruit (such as dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Vegetables (such as carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOOL/STUDENT STORE and/or SNACK BARS/CARTS - Beverages

If your school does not have school/student stores or snack bars/carts selling beverages to elementary students, please check here  and go to page 5.

9. Please indicate whether the following beverages are available to elementary students from any school/student store or snack bars/carts in your school. For each item that is available, please indicate when it is available by checking all the appropriate boxes to the right of the arrow.

(PLEASE CHECK ALL THAT APPLY.)

	Item available?		Before classes	During school	During school	After
	No	Yes	begin in the morning	hours when meals are not being served	lunch periods	school
a. Bottled water	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Regular soft drinks (such as Coke, Pepsi, or Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diet soft drinks (such as Diet Coke, Diet Pepsi, or Diet Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other no-calorie or very low-calorie beverages (such as Crystal Light Lemonade, Propel Fitness Water, or Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sports drinks (such as Gatorade or Powerade)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. "Light" juices (such as Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fruit drinks that are not 100% fruit juice and that are high in calories (such as Hawaiian Punch, Sunny Delight, or Hi-C)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Low-fat (1%) or non-fat (skim) milk, including low-fat flavored milk	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Whole or 2% milk, or flavored milk	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SCHOOL/STUDENT STORE and/or SNACK BARS/CARTS - Food

If your school does not have any **school/student store** or **snack bars/carts** selling **food** to elementary students, please check here  and go page 6.

10. Please indicate whether the following **food items** are available to **elementary** students from any **school/student stores** or **snack bars/carts** in your school. For each item that is available, please indicate when it is available by checking the appropriate boxes to the right of the arrow.

(PLEASE CHECK ALL THAT APPLY.)

	Item available?		Before classes	During school	During school	After
	No	Yes	begin in the morning	hours when meals are not being served	lunch periods	school
a. Candy	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Salty snacks that are <i>not low in fat</i> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cookies, crackers, cakes, or other baked goods that are <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <i>Low-fat</i> cookies, crackers, cakes, pastries, other <i>low-fat</i> baked goods	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ice cream or frozen yogurt that is <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet, or <i>low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sandwiches	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Deep-fried fries (including fries that are just reheated)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other fruit (such as dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Vegetables (such as carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOOL LUNCH MEAL - Beverages

If your school does not offer a **school lunch meal** to elementary students, please check here  and **go to the top of page 8**.

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

(PLEASE CHECK ONE BOX ON EACH LINE.)

	Never	Some days	Most or every day
a. Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Regular soft drinks (such as Coke, Pepsi, or Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diet soft drinks (such as Diet Coke, Diet Pepsi, or Diet Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other no-calorie or very low-calorie beverages (such as Crystal Light Lemonade, Propel Fitness Water, or Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sports drinks (such as Gatorade or Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. "Light" juices (such as Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fruit drinks that are not 100% fruit juice and that are high in calories (such as Hawaiian Punch, Sunny Delight, or Hi-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Low-fat (1%) or non-fat (skim) milk, including low-fat flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Whole or 2% milk, or flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOOL LUNCH MEAL - Food

If your school does not offer a **school lunch meal** to elementary students, please check here  and **go to the top of page 8**.

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

(PLEASE CHECK ONE BOX ON EACH LINE.)

	Never	Some days	Most or every day
a. Candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Salty snacks that are <i>not low in fat</i> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <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"/>
d. Cookies, crackers, cakes, or other baked goods that are <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <i>Low-fat</i> cookies, crackers, cakes, pastries, other <i>low-fat</i> baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ice cream or frozen yogurt that is <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet, or <i>low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Deep-fried fries (including fries that are just reheated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other fruit (such as dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Vegetables (such as carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Whole grains (such as wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Pre-made, main course salads (such as chef's salad)	<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.**

If your school does not offer an **à la carte** lunch service to **elementary** students, please check here  and **go to question 15 on page 9.**

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

(PLEASE CHECK ONE BOX ON EACH LINE.)

	Never	Some days	Most or every day
a. Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Regular soft drinks (such as Coke, Pepsi, or Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diet soft drinks (such as Diet Coke, Diet Pepsi, or Diet Dr. Pepper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other no-calorie or very low-calorie beverages (such as Crystal Light Lemonade, Propel Fitness Water, or Fruit <sub>2</sub> O)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 100% fruit or vegetable juice with no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sports drinks (such as Gatorade or Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. “Light” juices (such as Minute Maid Light Orange Juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fruit drinks that are not 100% fruit juice and that are high in calories (such as Hawaiian Punch, Sunny Delight, or Hi-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Low-fat (1%) or non-fat (skim) milk, including low-fat flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Whole or 2% milk, or flavored milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## À LA CARTE - Food

If your school does not offer an **à la carte** lunch service to elementary students, please check here  and **go to #15**.

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

(PLEASE CHECK ONE BOX ON EACH LINE.)

	Never	Some days	Most or every day
a. Candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Salty snacks that are <i>not low in fat</i> , such as regular potato chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <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"/>
d. Cookies, crackers, cakes, or other baked goods that are <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <i>Low-fat</i> cookies, crackers, cakes, pastries, other <i>low-fat</i> baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ice cream or frozen yogurt that is <i>not low in fat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <i>Low-fat</i> or <i>fat-free</i> ice cream, frozen yogurt, sherbet, or <i>low-fat</i> or <i>non-fat</i> yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Deep-fried french fries (including fries that are just reheated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other fruit (such as dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Vegetables (such as carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Whole grains (such as wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please write in the title or role, **not the name**, of the person(s) who completed this segment of the questionnaire on food and nutrition:

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