

Food & Fitness

School Health Policies and Practices Questionnaire

Part 1

2007

A Study Supported by the Robert Wood Johnson Foundation

Instructions

Thank you for participating in this important study of school policies and programs related to nutrition, physical activity, and obesity. Unless otherwise noted, please answer the questions based on the 2006-2007 school year. 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.

Part 1 (This white booklet)

- Asks about characteristics of your school and school district, including school policies relevant to obesity. This part includes sections on school characteristics, school and district food policies and programs, fitness and physical activity, and wellness policies.
- A school administrator is best suited to answer Part 1.
- *Please be sure to complete the Honorarium Information on page 15.*

Part 2 (Separate yellow section)

- Part 2 (yellow sheets) contains questions 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.

Your answers are confidential. We will never release your name or your school's name to the public, nor will we tell anyone else what you say about the policies and practices at your school.

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

This section is about general characteristics of your school.

1. What is the average 3rd grade class size at your school?

_____ # of students

2. Please indicate what time classes begin and end each day at your school:

Start time :	End time:
____:____AM	____:____PM
HRS MIN	HRS MIN

3. Does your school qualify for Title 1 funding?

Yes No

4. Does your school subscribe to Channel One?

Yes No

5. Please indicate whether the following staff work at your school (including staff shared among multiple schools in your district).

	No	Yes, part time at school or shared among district	Yes, full time at school
a. Physical education coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical education teachers	<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 Food Policies and Programs**

This section is about breakfast at your school.

1. Does your school participate in the USDA reimbursable School Breakfast Program?

Yes No → **Please go to #4**

2. On a typical day, about what percent of students at your school eat the USDA reimbursable School Breakfast offered by your school...

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

3. What is the...

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

Please go to #5.

4. 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: _____

5. Does your school offer students any breakfast options other than the USDA reimbursable School Breakfast Program?

No → **Please go to #8**
 Yes → Please describe: _____

6. On a typical day, about what percent of students at your school eat this breakfast?

_____ %

7. What is the average daily price charged per student for this breakfast?

\$ _____

The following questions ask about lunch at your school.

8. Does your school participate in the USDA reimbursable National School Lunch Program?

Yes No → **Please go to #12**

9. 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)?

		<u>Don't know</u>
Free lunch:	_____ % students	<input type="checkbox"/>
Reduced-price lunch:	_____ % students	<input type="checkbox"/>

10. On a typical day, about what percent of students at your school eat the USDA-reimbursable lunch at your school...

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

11. What is the...

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

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

Please go to #13

12. 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: _____

13. Does your school offer students any lunch options other than a USDA reimbursable National School Lunch Program?

No → **Please go to #16**

Yes → Please describe: _____

14. On a typical day, about what percent of students at your school eat this lunch?

_____ %

15. What is the average daily price charged per student for this lunch?

\$ _____

16. Are any of these foods served at your school?

PLEASE CHECK ALL THAT APPLY

- Traditional fast food restaurants (“burger and fries” such as McDonalds, Burger King, Wendy’s, White Castle)
- Mexican fast food restaurant (e.g., Taco Bell, Taco Johns)
- Fried chicken (e.g., KFC)
- Sandwich or sub shop (e.g., Subway, Quiznos)
- Pizza (e.g., Pizza Hut, Papa John’s, Domino’s, Round Table)
- Another major chain? Please specify: _____
- Local food establishment (e.g., not a fast food company)

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

_____ days per week

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

_____ minutes

19. 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

20. Please indicate the timing of lunch in relation to mid-day recess:

PLEASE SELECT ONE ANSWER

- Students have lunch and then go directly out to recess in all grades
- Students have recess and then come in for lunch in all grades
- Students do not have recess directly prior to or after lunch
- Varies by class/grade

21. 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: _____

These questions ask about food related practices at your school.

22. During this school year, has your school district or school provided (in written materials or online)...

Yes **No**

- a. ...information to students on the nutrition and caloric content of foods available to them?
- b. ...information to parents on the nutrition and caloric content of foods available to students?

23. To what extent has your school or school district set food 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 discouraging them from eating less healthy foods?

PLEASE SELECT ONE ANSWER

- Not at all A little Some A lot Don't know
-

24. To what extent has your school or school district set beverage prices (in vending machines, stores, a la carte) with the intent of encouraging students to drink healthier beverages (e.g., bottled water, low-fat milk, sugar-free beverages) and/or discouraging them from drinking less healthy beverages?

PLEASE SELECT ONE ANSWER

- Not at all A little Some A lot Don't know
-

25. 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 (inside/outside the school or on school buses)
Soft drinks	<input type="checkbox"/>	<input type="checkbox"/>
Fast food	<input type="checkbox"/>	<input type="checkbox"/>
Candy	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>
Fruit and/or vegetables (e.g., 5-a-day)	<input type="checkbox"/>	<input type="checkbox"/>
Sports and/or physical activities (e.g., VERB, Jump Rope for Heart)	<input type="checkbox"/>	<input type="checkbox"/>

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

PLEASE CHECK ONE BOX FOR EACH ROW

	No	Yes, it is up to the teacher	Yes, but it is discouraged
a. Teachers use food (e.g., candy) as a reward for good academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teachers use food (e.g., candy) 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"/>

27. Are there school-wide policies regarding the nutritional quality of items sold as school fundraisers?

- Yes – please describe: _____
- No

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

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

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

3a. What is the average physical education class size for 3rd graders?

_____ students

3b. Are PE class sizes regularly increased (e.g., doubled or combined)?

No Yes

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: _____

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** is recess scheduled? _____ days

b. How many **times per day** is recess scheduled? _____ times per day

OR if varies, please specify: _____

c. What is the **total number of minutes** per day for recess? _____ total minutes

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

- No staff available to monitor students
- Inadequate playground/outdoor facilities
- Danger from outdoor hazards (e.g., neighborhood crime)
- Competing time demands for academics
- Recess is not a high priority for district administrators
- Other: _____

7. Please indicate whether the following activities/games are allowed or banned at your school during recess:

PLEASE SELECT ONE ANSWER ON EACH ROW

	<u>Allowed</u>	<u>Not Allowed</u>
Football	<input type="checkbox"/>	<input type="checkbox"/>
Jump rope	<input type="checkbox"/>	<input type="checkbox"/>
Tag	<input type="checkbox"/>	<input type="checkbox"/>
Dodgeball	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

This section is about students walking and biking to school.

8. Are students allowed to bike to school?

No Yes, in certain grades Yes, all students

9. About what percentage of 3rd grade students in your school would you estimate walk or bike from home to school on an average school day?

_____ % of 3rd grade students

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

PLEASE CIRCLE ONE NUMBER ON EACH ROW

	<i>Not at all</i>	<i>To a little extent</i>	<i>To some extent</i>	<i>To a great extent</i>	<i>To a very great extent</i>
School is too far away	1	2	3	4	5
Traffic danger	1	2	3	4	5
Bad weather	1	2	3	4	5
Crime	1	2	3	4	5
Lack of sidewalks	1	2	3	4	5
No bike racks	1	2	3	4	5
No crossing guards	1	2	3	4	5
Other, please specify:	1	2	3	4	5

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

11. 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

	<u>Not very Adequate</u>	<u>Adequate</u>	<u>Very Adequate</u>	<u>N/A Do not have</u>
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing 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"/>

12. How often are height, weight, body mass index (a measure of overweight) and fitness measured for students in elementary grades (K-5) at your school? If measured, is this information sent to parents?

	<u>How often measured?</u>			<u>Sent to parents?</u>	
	<u>Never</u>	<u>Selected Only Grades</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"/>
Student physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PLEASE SELECT ONE ANSWER ON EACH ROW

	<u>Yes</u>	<u>No</u>
a. Students are allowed to voluntarily stay inside during recess (e.g. go to the library instead)	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate indoor recreation facilities are available during inclement weather (i.e., multi-purpose room, gym)	<input type="checkbox"/>	<input type="checkbox"/>
c. Teachers at this school keep students inside during recess as punishment for poor behavior	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers at this school keep students inside during recess to complete schoolwork	<input type="checkbox"/>	<input type="checkbox"/>
e. Teachers at this school use physical activity (running laps, push-ups) as punishment for poor behavior	<input type="checkbox"/>	<input type="checkbox"/>

14. 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)
- Individual Sports (e.g., skiing, mountain biking)
- School-sponsored after-school physical activities
- Sports & Rec/Park District-sponsored after school programs at school
- Unsupervised after-school use of outdoor facilities
- Unsupervised after-school use of indoor physical fitness facilities
- 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

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

- Yes No Don't know

6. 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
 Students
 Teachers
 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.

7a. Does your school district or school have a 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
 Yes, at the district level only
 Yes, at both the school and district levels
 No

7b. If Yes, during the past 12 months about how many times has this group met?

PLEASE CHECK ONLY ONE BOX

- None
 Once or twice
 Three or more times
 Don't know

8. At present in your **school district**, is formal classroom instruction offered on...

- | | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
|--|--------------------------|--------------------------|--------------------------|
| a. Nutrition and dietary behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical activity, exercise, and health related fitness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

PLEASE SELECT ONE ANSWER ON EACH ROW

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
a. I am concerned about students at this school being overweight	1	2	3	4
b. I am interested in encouraging students at this school to consume more nutritious foods and beverages	1	2	3	4
c. I am interested in encouraging students at this school to get more exercise and physical activity than they do now	1	2	3	4
d. Schools can play a role in addressing the problem of childhood obesity	1	2	3	4
e. Parents of students at this school have expressed an interest in participating in improving nutrition and/or physical activity practices at your school	1	2	3	4
f. Keeping children physically active helps them to perform better in other classroom activities and academics	1	2	3	4

10. Are there any significant activities currently underway at this school, or school district, to promote student wellness, other than those described in previous sections?

- No Yes → Please briefly describe:

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 → **Please go to #7**
2. Has your school district adopted the Alliance for a Healthier Generation’s School Beverage Guidelines?
 Yes No Don’t know
3. Has your school implemented the “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 → **Please go to #4**
 Yes, we have implemented them → **Please go to #4**

4. Please indicate in which of the following venues you are currently implementing the “School Beverage Guidelines” and the extent of your implementation.

CHECK ONE BOX ON EACH LINE

	<u>Not</u>	<u>In</u>	<u>Fully</u>	<u>Don’t</u>	<u>N/A</u>
	<u>at all</u>	<u>Part</u>	<u>Fully</u>	<u>Know</u>	<u>N/A</u>
a. Vending machine <u>beverages</u>	<input type="checkbox"/>				
b. <u>Beverages</u> in the school/student store	<input type="checkbox"/>				
c. Snack bars/carts <u>beverages</u>	<input type="checkbox"/>				
d. À la carte <u>beverages</u>	<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 → **Please go to #11**
8. Has your school district adopted the Alliance for a Healthier Generation’s Nutritional Guidelines for Competitive Foods?
 Yes No Don’t know
9. Has your school implemented the “Nutritional Guidelines for Competitive Foods”?
 No → **Please go to #11**
 No, but we are planning to implement them → **Please go to #11**
 Yes, we in the process of implementing them → **Please go to #10**
 Yes, we have implemented them → **Please go to #10**

10. Please indicate in which of the following venues you are currently implementing the “Nutritional Guidelines” and the extent of your implementation:

CHECK ONE BOX ON EACH LINE

	<u>Not</u>	<u>In</u>	<u>Fully</u>	<u>Don’t</u>	<u>N/A</u>
	<u>at all</u>	<u>Part</u>	<u>Fully</u>	<u>Know</u>	<u>N/A</u>
a. Vending machine <u>foods</u>	<input type="checkbox"/>				
b. <u>Foods</u> in the school/student store	<input type="checkbox"/>				
c. Snack bars/carts <u>foods</u>	<input type="checkbox"/>				
d. À la carte <u>foods</u>	<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 (6+)	<input type="checkbox"/>	<input type="checkbox"/>
Students in elementary grades (K-5)?	<input type="checkbox"/>	<input type="checkbox"/>

→ **If no, please go to #10 on the next page.**

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, PepsiCo, or Cadbury-Schweppes (Dr. Pepper), giving the company *exclusive* rights to sell beverages at your school?

Yes No → **Please go to # 8**

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

PLEASE SELECT ONE ANSWER

- ...the school only?
 ...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: _____

The next 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 (6+)	<input type="checkbox"/>	<input type="checkbox"/>
Students in elementary grades (K-5)?	<input type="checkbox"/>	<input type="checkbox"/> → If no, please go to page 15.

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?

\$ _____

The next questions are about food vending contracts.

13. Does any company (e.g. a vending machine company or soft drink bottler) have an exclusive contract to sell food items in vending machines at your school?

Yes No → **Please go to # 17**

14. Is this an agreement between the vending company/soft drink bottler and...

PLEASE SELECT ONE ANSWER

...the school only?
 ...the school district only?
 ...both the school and the school district?

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

Yes No Don't know

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

Yes No Don't know

17. Who has a major "say" in deciding what foods 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: _____

18. Who primarily sets the prices for the foods 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: _____

Thank you very much!
Please be sure to complete the last page.

This page intentionally left blank.

This sheet 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.

Contributing Respondents

In the space below, please write the **roles or titles** of any individuals who contributed a significant amount of information used in completing this survey. Please **do not write the names** of these individuals here.

Respondents' Roles/Titles:

_____	_____
_____	_____
_____	_____

Honorarium Check Information

To whom should the honorarium check be **made payable**?

Name:

To whom should the honorarium check be **sent**?

Name:

Address:

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 call Steve Du Bois at (312) 413-8906 or e-mail him at duboiss@uic.edu.

Additional Comments

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

UIC

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OF ILLINOIS
AT CHICAGO

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.

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

1. On a typical day, for **lunch**, about what percent of your elementary students (grades K-5) ...
- a. ...eat lunch offered by your school? _____%
 - b. ...bring their own lunch? _____%
 - c. ...go home for lunch? _____%
 - d. ...buy lunch from vending machines, school store, snack bars/carts, or a la carte? _____%
 - e. ...other? _____%

Please explain: _____

2. 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

3. 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: _____

4. 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)
- Enhanced food-based menu planning
- Traditional food-based menu planning
- Any other menu planning: _____

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

- Yes No Don't know

6. 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)
- Major food company (e.g., Burger King, Pizza Hut)
please specify: _____
- Local food establishment (e.g., local pizza or sub shop)
please specify: _____

7. Does your school have any policies (written procedures or guidelines shared with students and staff) that address the nutrient quality of food and drink items sold or served in the following ways:

PLEASE SELECT ONE ANSWER ON EACH ROW

	No	Yes	N/A
In the school cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In school vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In school stores/snack carts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sold as fundraisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brought by parents into the cafeteria from restaurants	<input type="checkbox"/>	<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 (K-5) students, please check here and go to the top of page 3.

8. Please indicate whether the following **beverages** are available to elementary (K-5) 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 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 ₂ 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"/>

9. Would you say that at least 50% of the **beverage** choices offered in your **vending machines** are water or other no-calorie or low-calorie options?

Yes No Don't know

10. What is the most common serving size of the **soft drinks** available to students in your **vending machines**?

_____ ounces No soft drinks are available

VENDING MACHINES - Food

If your school does not have **food vending machines** available to elementary (K-5) students, please check here and **go to the top of page 4.**

11. Please indicate whether the following **food items** are available to elementary (K-5) 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 begin in the morning	During school hours when meals are not being served	During school lunch periods	After school
	No	Yes				
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, or 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. 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"/>
j. 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"/>
k. 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"/>
l. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. 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"/>
n. 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"/>

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 (K-5) students, please check here and **go to page 5.**

12. Please indicate whether the following **beverages** are available to elementary (K-5) 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 ₂ 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"/>

13. Would you say that at least 50% of the **beverage** choices offered in your **school/student store or snack bars/carts** are water or other no-calorie or low-calorie options?

Yes No Don't know

14. What is the most common serving size of the **soft drinks** available to students in your **school/student store or snack bars/carts**?

_____ ounces No soft drinks are available

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 (K-5) students, please check here and **go to page 6**.

15. Please indicate whether the following **food items** are available to elementary (K-5) 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 all the appropriate boxes to the right of the arrow.

(PLEASE CHECK ALL THAT APPLY)

	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. 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, or 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. 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"/>
j. 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"/>
k. 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"/>
l. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. 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"/>
n. 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"/>

SCHOOL LUNCH MEAL - Beverages

If your school does not offer a **school lunch meal** to elementary (K-5) students, please check here and **go to the top of page 8**.

16. Please indicate how often the following **beverages** are available to elementary (K-5) 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 ₂ 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"/>

17. Would you say that at least 50% of the **beverage** choices offered in your **school lunch meal** are water or other no-calorie or low-calorie options?

Yes No Don't know

18. What is the most common serving size of the **soft drinks** available to students in your **school lunch meal**?

_____ ounces No soft drinks are available

SCHOOL LUNCH MEAL - Food

19. Please indicate how often the following **food items** are available to elementary (K-5) 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, or 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. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Deep-fried fries (including fries that are just reheated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other fruit (such as dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vegetables (such as carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Whole grains (such as wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

À LA CARTE - Beverages

If your school does not offer an **à la carte** lunch service to elementary (K-5) students, please check here and **go to question 24 on page 9.**

20. Please indicate how often the following **beverages** are available to elementary (K-5) 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 ₂ 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"/>

21. Would you say that at least 50% of the **beverage** choices offered **à la carte** are water or other no-calorie or low-calorie options?

Yes No Don't know

22. What is the most common serving size of the **soft drinks** available to students **à la carte**?

_____ ounces No soft drinks available

À LA CARTE - Food

23. Please indicate how often the following **food items** are available to elementary (K-5) 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, or 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. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Deep-fried fries (including fries that are just reheated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other fruit (such as dried or canned fruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vegetables (such as carrot sticks or celery sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Whole grains (such as wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. 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:

Thank you very much for your assistance!