

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 2009-2010 school year.

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

1. About how many students are enrolled in your school for the 2009-2010 year?
_____ total # of enrolled students
2. What is the average **3rd grade** class size (# students per classroom) at your school?
_____ # of students per 3rd grade classroom
3. 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 _____%

4. Please indicate what time classes begin and end each day for elementary students:

Start time: _____:_____AM End time: _____:_____PM
 HR MINS HR MINS

5. Does your school qualify for Title 1 funding? Yes No
6. 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 eligible for **Reduced** lunch Not applicable, no USDA lunch

_____ % of students eligible for **Free** lunch Don't know

OR

_____ TOTAL, % students eligible for Free/Reduced lunch

7. Please indicate whether the following staff work at your school (including staff shared among multiple schools in your district).
PLEASE CHECK ONE BOX ON EACH ROW

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

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

1. The USDA's Fresh Fruit and Vegetable Program (FFVP) provides reimbursement to selected elementary schools for providing fresh fruits and vegetables to students during the school day separately from the lunch or breakfast meal. Does your school participate in the FFVP?
 Yes No Don't know

This section is about USDA reimbursable breakfast at your school.

2. Does your school participate in the USDA reimbursable School Breakfast Program?
 Yes No → **Please go to #5**
3. On a typical day, about how many students at your school eat the USDA reimbursable School Breakfast offered by your school...

...at Full-price	_____ #	<input type="checkbox"/> Don't know
...at Reduced-price	_____ #	<input type="checkbox"/>
...for Free	_____ #	<input type="checkbox"/>
4. For USDA breakfast, what is the...

... full price charged for breakfast?	\$ _____	<input type="checkbox"/> Breakfast is free for all students
... reduced price charged for breakfast?	\$ _____	

Please go to #6

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: _____
- None of the above

6. 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)?
 Yes No

This section is about USDA reimbursable lunch at your school.

7. Does your school participate in the USDA reimbursable National School Lunch Program? Yes No → **Please go to #10**

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

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

9. For USDA lunch, what is the...
 ... full price charged for lunch? \$ _____
 ... reduced price charged for lunch? \$ _____

Lunch is free for all students

Please go to #11

10. 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: _____
- None of the above

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

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

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

PLEASE SELECT ONE ANSWER

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

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

13. 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 (e.g., calories, % fat, trans fat, % sugars, etc.) of foods available at school?

PLEASE CHECK ALL THAT APPLY

- Yes, for school lunch meals
- Yes, for non-lunch items or competitive foods (e.g., a la carte, stores, vending)
- No
- Don't know

14. 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

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

15. 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, fast food, or 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"/>

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

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

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

PLEASE CHECK ALL THAT APPLY

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

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

PLEASE CHECK ONE BOX ON EACH ROW

	No	Yes, it is up to the teacher	Yes, but it is discouraged
Food (e.g., candy) is used as a reward for good academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (e.g., candy) is used as a reward for good behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food coupons are used as an incentive for students (e.g., "Book-It" pizza party for reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom lessons involve candy (i.e., mathematics using M&M candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students are allowed to keep water bottles at their desks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foods are regularly allowed in class (other than at snack time, parties or events)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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

PLEASE CHECK ALL THAT APPLY

- Cafeteria Elsewhere at school
 Gymnasium/locker rooms No drinking fountains

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

- Yes No → **Please go to #22**

21. 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: _____

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

- Yes No

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

23. 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

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

PLEASE CHECK ONE BOX ON EACH ROW

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

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"/>
K	1st	2nd	3rd	4th	5th

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

How many <u>days per week</u> is PE conducted?	_____ days
How many <u>minutes</u> is each PE class? (If none, enter "0")	_____ minutes
For approximately <u>what percent</u> of each PE class time are students engaged in moderate to vigorous physical activity (i.e., actually moving, not dressing or waiting)	_____ %

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

5. Are newly-hired P.E. teachers required to...

	Yes	No	Don't know
have undergraduate or graduate training in PE or a related field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be certified, licensed, or endorsed by the state in physical education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
earn continuing education credits on physical education topics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- No Yes → Please specify: _____
- Don't know

This section is about recess at your school.

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

How many <u>days per week</u> does the typical 3rd grade student have recess?	_____ days per week
How many <u>times per day</u> does the typical 3rd grade student have recess?	_____ times per day
OR if varies, please specify: _____	
What is the <u>total number of minutes</u> per day of recess for the typical 3rd grade student?	_____ total minutes per day
OR if varies, please specify: _____	

8. 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: _____

9. 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: _____

10. Which of the following types of facilities/equipment are available to students at your school during recess?

PLEASE CHECK ALL THAT APPLY

- Playground equipment
- Playing/sports fields
- Balls
- Jump ropes or hula hoops
- Other: _____

11. Some schools offer activity breaks during school hours. Does your school provide students opportunities to be physically active during the school day, other than in PE and recess?

- Yes No → **Please go to #14 on the next page**

12. If yes, please briefly describe these breaks: _____

13. About how many minutes per week are 3rd grade students physically active in these breaks? _____ minutes/week

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

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

PLEASE CHECK ALL THAT APPLY

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

15. 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
- Nontraditional physical education activities (e.g., yoga, kick-boxing)
- Participate in the President’s Challenge Physical Activity & Fitness Awards or a similar program
- 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

16. In general, how adequate do you think each of the following facilities are at your school for meeting the needs of students? PLEASE CHECK ONE BOX ON EACH ROW

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

17. Please indicate whether each of the following statements are true for your school. PLEASE CHECK ONE BOX ON EACH ROW

	<u>No</u>	<u>Yes, it is up to the teacher</u>	<u>Yes, but it is discouraged</u>
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"/>
Students are kept inside during recess as a consequence of poor behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students are kept inside during recess to complete schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity (running laps, push-ups) is used as a technique for managing poor student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Does your school systematically measure the following aspects of student health, for **elementary** students? If measured, are the results sent to parents?

PLEASE CHECK TWO BOXES ON EACH ROW (ONE FOR EACH SECTION)

	<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"/>
Assess student PE knowledge and skills	<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.

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

PLEASE CHECK ONE BOX ON EACH ROW

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

20. 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

21. 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

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

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 ONE BOX ON EACH ROW

	<u>Yes, we have developed</u>	<u>We are currently developing</u>	<u>No, not yet</u>	<u>Don't know</u>
Goals for nutrition education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goals for physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidelines for reimbursable school meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition guidelines for non-reimbursable foods and beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans for evaluation and implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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. Is your school required to report to your district regarding implementation of any of the following components as part of your local wellness policy? Please note that although these may be required to be reported for other mechanisms/purposes, we are specifically interested in whether you are also required to report on these items for district wellness policy reporting purposes.

PLEASE CHECK ONE BOX ON EACH ROW

	<u>Yes</u>	<u>No</u>	<u>N/A, no wellness policy</u>
Number of minutes of physical education instruction required at each grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of minutes of nutrition education instruction required at each grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student participation in school meal programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue from sale of food or beverages in school-sponsored fundraisers or other school-sponsored venues outside of school meal programs (e.g., vending, school store, a la carte)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for increased physical activity during the school day, outside of physical education and recess (e.g., classroom physical activity breaks, free time physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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...

PLEASE CHECK ONE BOX ON EACH ROW

	<u>No</u>	<u>Yes</u>	<u>Don't know</u>
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"/>

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/Dr. Pepper Snapple, 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 N/A, no beverages sold at school
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 the Alliance Guidelines and the extent of your implementation.

PLEASE CHECK ONE BOX ON EACH ROW

	<u>Not at all</u>	<u>In Part</u>	<u>Fully</u>	<u>Don’t Know</u>	<u>N/A</u>
Vending machine <u>beverages</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Beverages</u> in the school/student store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack bars/carts <u>beverages</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 the Alliance Guidelines and the extent of your implementation:

PLEASE CHECK ONE BOX ON EACH ROW

	<u>Not at all</u>	<u>In Part</u>	<u>Fully</u>	<u>Don’t Know</u>	<u>N/A</u>
Vending machine <u>foods</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Foods</u> in the school/student store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack bars/carts <u>foods</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

PLEASE CHECK ONE BOX FOR EACH ROW

	<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 elementary grades	<input type="checkbox"/>	<input type="checkbox"/>	→ If no, please go to #9

2. 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.

3. 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/Dr. Pepper Snapple, giving the company *exclusive* rights to sell beverages at your school?

Yes No → **Please go to #7**

4. 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?

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

Yes No Don't know

6. 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

7. 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: _____

8. 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.

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

PLEASE CHECK ONE BOX FOR EACH ROW

	<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 elementary grades	<input type="checkbox"/>	<input type="checkbox"/>	→ If no, please go to Page 10

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

\$ _____

**Part 1: Section G
Other Activities**

1. Is your school certified as a USDA HealthierUS School at the:

PLEASE CHECK ONLY ONE:

- Bronze level
- Silver level
- Gold level
- Gold level of distinction
- Not certified as a USDA HealthierUS School
- Don't know

2. Has your school been designated as an Alliance for a Healthier Generation Healthy School Program at the:

PLEASE CHECK ONLY ONE:

- Bronze level
- Silver level
- Gold level
- Platinum level
- Not designated as an Alliance for a Healthier Generation Healthy School
- Don't know

3. 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.

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:

Additional Respondents' Roles/Titles:

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 the honorarium check that was attached to this survey to another person or institution, by writing “Pay to the order of...” on the back of the check and signing it.

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

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

Address where the replacement check should be sent:

Mailing Instructions

- Place ***both parts*** of the questionnaire in the enclosed, stamped USPS Priority Mail 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

Additional Comments

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

Part 2: Food and Beverage Policies and Practices, 2009-2010

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, about what percent of your elementary students (grades K-5)...

a. ... eat lunch offered by your school? _____%

b. ... bring their own lunch? _____%

c. ... other? _____%

please explain: _____

2. 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: _____

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

**# of days
per week**

Pizza places	_____
Sandwich or sub shops	_____
Fast food chains	_____
Other food establishment	_____

4. 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

5. 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

6. 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: _____

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

Yes No Don't know

8. Does your school have any written policies, procedures, or guidelines that address the following specific nutrition qualities of food and drink items sold or served other than in the USDA school breakfast and lunch? Include items sold in vending, snack carts, school stores, or a la carte:

PLEASE SELECT ONE ANSWER ON EACH ROW

	No	Yes
Food <input type="checkbox"/> N/A, no food sold/served		
Fat content	<input type="checkbox"/>	<input type="checkbox"/>
Sugar content	<input type="checkbox"/>	<input type="checkbox"/>
Sodium content	<input type="checkbox"/>	<input type="checkbox"/>
Calorie content	<input type="checkbox"/>	<input type="checkbox"/>
Portion size	<input type="checkbox"/>	<input type="checkbox"/>
Milk <input type="checkbox"/> N/A, no milk sold/served		
Fat content	<input type="checkbox"/>	<input type="checkbox"/>
Calorie content	<input type="checkbox"/>	<input type="checkbox"/>
Sugar content	<input type="checkbox"/>	<input type="checkbox"/>
Beverages other than milk <input type="checkbox"/> N/A, no beverages sold/served		
Sugar content	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine content	<input type="checkbox"/>	<input type="checkbox"/>
Portion size	<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 page 3**.

9. 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 checking all 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		
	No	Yes		hours when meals are not being served	During school lunch periods	After 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, white	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Low-fat (1%) or non-fat (skim) milk, flavored	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 2% milk, white	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 2% milk, flavored	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole milk, white	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Whole milk, flavored	<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 page 4**.

10. 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 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. 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"/>
k. 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"/>
l. 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"/>
m. 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.

11. 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 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, white	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Low-fat (1%) or non-fat (skim) milk, flavored	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 2% milk, white	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 2% milk, flavored	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole milk, white	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Whole milk, flavored	<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 to page 6**.

12. 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 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
	<u>No</u>	<u>Yes</u>				
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. 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. Fried potatoes (including reheated French fries or tater tots)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 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"/>
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)	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. 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 page 7**.

13. 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 ROW

	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. Nonfat (skim) milk, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Nonfat (skim) milk, flavored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Low-fat (1%) milk, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Low-fat (1%) milk, flavored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. 2% milk, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. 2% milk, flavored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Whole milk, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Whole milk, flavored	<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 page 8**.

14. 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 ROW

	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. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fried potatoes (including reheated French fries or tater tots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Vegetables (excluding potatoes)	<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. 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 page 9**.

15. 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 ROW

	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, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Low-fat (1%) or non-fat (skim) milk, flavored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 2% milk, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 2% milk, flavored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole milk, white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Whole milk, flavored	<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 #17 at the bottom of this page.**

16. 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 ROW

	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. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fried potatoes (including reheated French fries or tater tots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Vegetables (excluding potatoes)	<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. 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"/>

17. 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:
