

ID#: |_|_|_|_|_|_|_|_|_|_|

Name of School: _____

SFA: _____

City and State: _____

OMB Clearance Number: 0584-0527

Expiration Date: XX/XX/XXXX

School Nutrition Dietary Assessment Study

Principal Survey

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

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Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0527). Do not return the completed form to this address.

INSTRUCTIONS

- Please answer all of the questions.
- Unless you see the words MARK ALL THAT APPLY after a question, please mark only one answer for each question.
- If you have any questions about the study or about completing this survey, please do not hesitate to contact Annalee Kelly by phone at 1-xxx-xxx-xxxx or email akelly@mathematica-mpr.com

The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will be kept confidential and will not be disclosed to anyone but analysts conducting this study, except as otherwise required by law.

Participation is completely voluntary. Choosing not to participate will not affect your employment or your district's participation in school meal programs in any way.

We thank you for your cooperation and participation in this very important study.

FOR ASSISTANCE CALL TOLL FREE: 1-xxx-xxx-xxxx

SCHOOL MEAL POLICIES

1. Where do students eat school breakfast?

MARK ALL THAT APPLY

- 1 No breakfast program
 - 2 Cafeteria or other indoor/outdoor food service area
 - 3 School buses
 - 4 Classrooms
 - 5 Outdoors
 - 6 Other (*Specify*)
-

2. Are all students scheduled to have a lunch period every day?

- 1 Yes → **Go to Q.3**
- 0 No

2a. Why do some students not have a lunch period?

MARK ALL THAT APPLY

- 1 Take extra credit class instead
 - 2 Take remedial class instead
 - 3 Take class only available during scheduled lunch
 - 4 Schedule does not include lunch period
 - 5 Other (*Specify*)
-

3. Are all students required to go to the cafeteria or food service area (indoor or outdoor) during their lunch period?

- 1 Yes → **Go to Q.5**
- 0 No

4. Where may students go during their lunch period?

MARK ALL THAT APPLY

- 1 Food service area/cafeteria or other area where meals are served
 - 2 Classroom but only with teacher permission
 - 3 Classrooms open to students during lunch period
 - 4 Library
 - 5 Gym
 - 6 Computer lab or media center
 - 7 Outside, on campus
 - 8 Other designated area on campus, such as hallways, student commons
 - 9 Anywhere on campus
 - 10 Off-campus/home
 - 11 Other (*Specify*)
-

4a. What grades are allowed to go off-campus during their lunch period?

0 None → **Go to Q.5**

MARK ALL THAT APPLY

- | | | |
|----------------------------------|------------------------------|--------------------------------|
| P <input type="checkbox"/> Pre K | 4 <input type="checkbox"/> 4 | 9 <input type="checkbox"/> 9 |
| K <input type="checkbox"/> K | 5 <input type="checkbox"/> 5 | 10 <input type="checkbox"/> 10 |
| 1 <input type="checkbox"/> 1 | 6 <input type="checkbox"/> 6 | 11 <input type="checkbox"/> 11 |
| 2 <input type="checkbox"/> 2 | 7 <input type="checkbox"/> 7 | 12 <input type="checkbox"/> 12 |
| 3 <input type="checkbox"/> 3 | 8 <input type="checkbox"/> 8 | |

4b. Which of the following off-campus food sources are close enough for students to walk or drive to during lunch?

- 1 Fast food restaurants
- 2 Other restaurants, cafeterias, or diners
- 3 Supermarkets, convenience stores, or other stores
- 4 Off-campus lunch wagons or push carts
- 5 Home or home of relative or friend
- 6 Other food sources (*Specify*)

5. Are students who do not bring or buy lunch allowed to be in the area where students eat lunch?

- 1 Yes
- 0 No
- 2 Some are, some aren't

6. Does your school have rules or written policies about when students may buy a la carte foods, that is, foods other than a reimbursable meal or milk?

- 1 Yes
- 2 Rules for some students
- 0 No, students may buy a la carte foods under any circumstances → **Go to Q.7**

6a. What are those rules? A la carte foods may be purchased . . .

MARK ALL THAT APPLY

- 1 when a student takes a reimbursable meal
- 2 when a student brings lunch from home
- 3 after a student has eaten their meal (whether reimbursable or brought from home)
- 4 when all students have had the opportunity to take a reimbursable meal
- 5 other restriction (*Specify*)

7. Are students allowed to visit other tables during meal times?

- 1 Yes
- 0 No
- 2 Some are, some aren't

7a. Are students who go to the area where students eat lunch allowed to leave after a certain point during their lunch period, for example, after the first 15 minutes, or do they have to stay for the full lunch period?

- 1 Yes, all students may leave → **Go to Q.8**
- 2 Yes, some students may leave
- 0 No, all students must stay in the area for the full period **Go to Q.9**

7b. Which grades are allowed to leave after a set period of time?

MARK ALL THAT APPLY

- | | | |
|----------------------------------|------------------------------|--------------------------------|
| P <input type="checkbox"/> Pre K | 4 <input type="checkbox"/> 4 | 9 <input type="checkbox"/> 9 |
| K <input type="checkbox"/> K | 5 <input type="checkbox"/> 5 | 10 <input type="checkbox"/> 10 |
| 1 <input type="checkbox"/> 1 | 6 <input type="checkbox"/> 6 | 11 <input type="checkbox"/> 11 |
| 2 <input type="checkbox"/> 2 | 7 <input type="checkbox"/> 7 | 12 <input type="checkbox"/> 12 |
| 3 <input type="checkbox"/> 3 | 8 <input type="checkbox"/> 8 | |

8. Are any students who go to the area where students eat lunch allowed to leave *at any time* during their lunch period?

- 1 Yes, all students may leave at any time → **Go to Q.9**
- 2 Yes, some students may leave at any time (either with or without special permission)
- 0 No, all students must stay in the area for full period → **Go to Q.9**

8a. Which grades are allowed to leave **at any time**?

MARK ALL THAT APPLY

- | | | |
|----------------------------------|------------------------------|--------------------------------|
| P <input type="checkbox"/> Pre K | 4 <input type="checkbox"/> 4 | 9 <input type="checkbox"/> 9 |
| K <input type="checkbox"/> K | 5 <input type="checkbox"/> 5 | 10 <input type="checkbox"/> 10 |
| 1 <input type="checkbox"/> 1 | 6 <input type="checkbox"/> 6 | 11 <input type="checkbox"/> 11 |
| 2 <input type="checkbox"/> 2 | 7 <input type="checkbox"/> 7 | 12 <input type="checkbox"/> 12 |
| 3 <input type="checkbox"/> 3 | 8 <input type="checkbox"/> 8 | |

9. Are other school activities, such as pep rallies, club meetings, bake sales or other fundraisers, or tutoring sessions ever scheduled during meal times (breakfast or lunch)?

- 1 Yes
- 0 No → **Go to Q.10**

(If no breakfast (Q.1 = 1), go to Q.9b)

9a. On average, how often are the following types of activities scheduled during the **breakfast** period? MARK ONE RESPONSE FOR EACH ACTIVITY

	Every day	3-4x Per Week	1-2x Per Week	Less Than 1x Per Week or Never
Pep rallies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Club meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Tutoring sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Bake sales	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other fundraisers that include sweet or salty snack foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Fundraisers that include pizza or other types of food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other (<i>Specify</i>) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

9b. On average, how often are the following types of activities scheduled during the **lunch** period? MARK ONE RESPONSE FOR EACH ACTIVITY

	Every day	3-4x Per Week	1-2x Per Week	Less Than 1x Per Week or Never
Pep rallies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Club meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Tutoring sessions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Bake sales	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other fundraisers that include sweet or salty snack foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Fundraisers that include pizza or other types of food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
Other (<i>Specify</i>) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>

(If responding for a high school, go to Q.12)

10. Does your school have recess?

- 1 Yes
0 No → **Go to Q.12**

10a. Do any students have recess immediately before lunch?

- 1 Yes
0 No → **Go to Q.11**

10b. Which grades have recess immediately before lunch?

MARK ALL THAT APPLY

- | | | | |
|----------------------------|-------|----------------------------|---|
| P <input type="checkbox"/> | Pre K | 5 <input type="checkbox"/> | 5 |
| K <input type="checkbox"/> | K | 6 <input type="checkbox"/> | 6 |
| 1 <input type="checkbox"/> | 1 | 7 <input type="checkbox"/> | 7 |
| 2 <input type="checkbox"/> | 2 | 8 <input type="checkbox"/> | 8 |
| 3 <input type="checkbox"/> | 3 | 9 <input type="checkbox"/> | 9 |
| 4 <input type="checkbox"/> | 4 | | |

11. Do any students have recess immediately after lunch?

- 1 Yes
0 No → **Go to Q.11b**

11a. Which grades have recess immediately after lunch?

MARK ALL THAT APPLY

- | | | | |
|----------------------------|-------|----------------------------|---|
| P <input type="checkbox"/> | Pre K | 5 <input type="checkbox"/> | 5 |
| K <input type="checkbox"/> | K | 6 <input type="checkbox"/> | 6 |
| 1 <input type="checkbox"/> | 1 | 7 <input type="checkbox"/> | 7 |
| 2 <input type="checkbox"/> | 2 | 8 <input type="checkbox"/> | 8 |
| 3 <input type="checkbox"/> | 3 | 9 <input type="checkbox"/> | 9 |
| 4 <input type="checkbox"/> | 4 | | |

11b. Are students allowed to go out to recess before the official end of their lunch period?

- 1 Yes
0 No → **Go to Q.12**

11c. Are there any rules about when students can go out to recess?

- 1 Yes
0 No → **Go to Q.12**

11d. Please describe these rules.

12. Does your school have enough serving lines or stations to serve all students during the first half of each lunch period?

- 1 Yes
0 No

VENDING MACHINES

13. Where are vending machines available to students in your school or on the school grounds?

MARK ALL THAT APPLY

- 0 No vending machines for → students **Go to Q.15**
- 1 Food service area(s) (indoor or outdoor area(s) where meals are served/eaten)
- 2 Other indoor area(s)
- 3 Other outside areas (on school grounds)

13a. Approximately how many **beverage** machines are there in your school or on the school grounds?

- 1 1 to 5
- 2 6 to 25
- 3 More than 25

13b. Not counting machines that sell only milk, 100% juice, or water, when can students use the **beverage machines** outside of the food service area?

MARK ALL THAT APPLY

- 1 No other beverage machines outside of _____ food service area
- 2 Before school
- 3 During breakfast
- 4 During school hours, before lunch
- 5 During lunch
- 6 After lunch, before end of last regular class
- 7 After last regular class
- 8 Other (*Specify*)
-

13c. Are beverage sales in your school covered by a "pouring rights" contract (that is, a long-term contract with a beverage company that establishes the company as a sole source vendor for beverages in the school)? Count beverages sold by school food service as well as those sold in vending machines or other venues not controlled by school food service.

- 1 Yes
- 0 No
- d Don't know

13d. When can students use the **snack machines** or other machines containing **snack foods** outside of the food service area?

MARK ALL THAT APPLY

- 1 No machines with snack foods outside _____ of the food service area
- 2 Before school
- 3 During breakfast
- 4 During school hours, before lunch
- 5 During lunch
- 6 After lunch, before end of last regular class
- 7 After last regular class
- 8 Other (*Specify*)
-

13e. Who receives revenue or profit from vending machines in your school? Include all machines, regardless of location or type.

MARK ALL THAT APPLY

- 1 School
- 2 School food service **only** → *Go to Q.15*
- 3 District
- 4 School food service and other school/district departments
- 5 Student organization (student council/clubs/ activities)
- 6 Student marketing/business class/club
- 7 Parent organization
- 8 Athletic department
- 9 Other (*Specify*)

d Don't know

14. Approximately how much net income does your school or the district receive from vending machines anywhere in the school or on the school grounds (per year, month, or week)? Do not include any income that goes to school food service only.

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 Other (*Specify*)

o School or district gets no income from vending machines

d Don't know

SCHOOL STORE/SNACK BAR

15. Do you have a school store that sells foods or beverages (including snack foods)?

- 1 Yes
- 0 No → Go to Q.16

15a. What days of the week is the school store usually open?

MARK ALL THAT APPLY

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Various or no set schedule

15b. When is the store usually open to students?

MARK ALL THAT APPLY

- 1 Before school
- 2 During breakfast
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of regular last class
- 6 After last regular class

15c. Who is responsible for the school store?

MARK ALL THAT APPLY

- 1 School food service
- 2 Principal
- 3 Athletic department
- 4 Student or parent organization/club
- 5 Other school department (*Specify*)

6 Other (*Specify*)

d Don't know

15d. Who receives income from the school store?

MARK ALL THAT APPLY

- 1 School
- 2 School food service **only** → **Go to Q.16**
- 3 District
- 4 School food service and other school/district departments
- 5 Student organization (student council/clubs/ activities)
- 6 Student marketing/business class/club
- 7 Parent organization
- 8 Athletic department
- 9 Other (*Specify*)
-

d Don't know

15e. Approximately how much total net income is generated from the school store (per year, month, or week)? Do not include income that goes to school food service.

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 Other (*Specify*)
-

0 No income generated from school store

d Don't know

16. Outside of the food service area, do you have a school snack bar (that is, a place that prepares or serves food but does not offer reimbursable meals)?

- 1 Yes
- 0 No → **Go to Q.17**

16a. What days of the week is the snack bar open?

MARK ALL THAT APPLY

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Various or no set schedule

16b. When is the snack bar usually open to students?

MARK ALL THAT APPLY

- 1 Before school
- 2 During breakfast
- 3 During school hours, before lunch
- 4 During lunch
- 5 After lunch, before end of regular last class
- 6 After last regular class

16c. Who receives the income from the snack bar?

MARK ALL THAT APPLY

- 1 School
- 2 School food service **only** → **Go to Q.17**
- 3 District
- 4 School food service and other school/district departments
- 5 Student organization (student council/clubs/ activities)
- 6 Student marketing/business class/club
- 7 Parent organization
- 8 Athletic department
- 9 Other (*Specify*)

d Don't know

16d. Approximately how much total net income is generated from the snack bar (per year, month, or week)? Do not include income that goes to school food service.

\$ PER

- 1 Year
- 2 Month
- 3 Week
- 4 Other (*Specify*)

0 No income generated from snack bar

d Don't know

Definition:

NUTRITION EDUCATION AND PROMOTION/WELLNESS

17. Have you heard about USDA's Team Nutrition Initiative?

- 1 Yes
 0 No → **Go to Q.18**

17a. Have your teachers used USDA's Team Nutrition materials for students or parents?

- 1 Yes
 0 No

18. Is your school participating in any national, state, or local nutrition/wellness initiatives, other than the development/implementation of a school district wellness policy?

- 1 Yes
 0 No → **Go to Q.19**
 d Don't know → **Go to Q.19**

18a. Which initiatives is your school involved in?

MARK ALL THAT APPLY

- 1 Team Nutrition
 2 Healthy Schools Program (Alliance for a Healthier Generation)
 3 Steps to a Healthier US (Centers for Disease Control and Prevention program)
 4 Healthy Kids Challenge
 5 PE4Life
 6 CATCH (Coordinated Approach to Child Health)
 7 Game On! The Ultimate Wellness Challenge (Action for Healthy Kids)
 8 ReCharge! Energizing Afterschool (Action for Healthy Kids)
 9 Healthy Eating by Design (Robert Wood Johnson Foundation)
 10 Active Living by Design (Robert Wood Johnson Foundation)
 11 Healthy Kids Healthy Communities (Robert Wood Johnson Foundation)
 12 HealthierUS School Challenge
 13 Other (*Specify*)
-

19. Does your school have a requirement that students receive nutrition education in class?

- 1 Yes
 0 No → **Go to Q.20**

19a. Does this nutrition education requirement apply to all students?

- 1 Yes → **Go to Q.19c**
- 0 No

19b. To which grades does it apply?

MARK ALL THAT APPLY

- | | | |
|----------------------------------|------------------------------|--------------------------------|
| P <input type="checkbox"/> Pre K | 4 <input type="checkbox"/> 4 | 9 <input type="checkbox"/> 9 |
| K <input type="checkbox"/> K | 5 <input type="checkbox"/> 5 | 10 <input type="checkbox"/> 10 |
| 1 <input type="checkbox"/> 1 | 6 <input type="checkbox"/> 6 | 11 <input type="checkbox"/> 11 |
| 2 <input type="checkbox"/> 2 | 7 <input type="checkbox"/> 7 | 12 <input type="checkbox"/> 12 |
| 3 <input type="checkbox"/> 3 | 8 <input type="checkbox"/> 8 | |

19c. How much nutrition education do students receive in class?

HOURS MINUTES

- 1 Per week
- 2 Per month
- 3 Per year

20. Does your school include required, structured physical education classes for students?

- 1 Yes
- 0 No → **Go to Q.21**

20a. Do students take physical education classes throughout the year or only for a portion of the year?

- 1 Throughout the year → **Go to Q.20c**
- 2 Only for a portion of the year

20b. Do students take physical education classes for . . .

- 1 One quarter of the school year?
- 2 One semester or half the school year?
- 3 Some other amount of time? (*Specify*)

20c. (When students are taking physical education classes,) what is the average number of minutes per week that physical education is provided to students in each grade?

Grade	Minutes Per Week
P. Pre K	_ _
K. K	_ _
1. 1st	_ _
2. 2nd	_ _
3. 3rd	_ _
4. 4th	_ _
5. 5th	_ _
6. 6th	_ _
7. 7th	_ _
8. 8th	_ _
9. 9th	_ _
10. 10th	_ _
11. 11th	_ _
12. 12th	_ _

21. Does your school regularly provide students with opportunities for physical activity outside of physical education classes, but during school hours?

- 1 Yes
- 0 No → Go to Q.22

21a. What is the average number of minutes per week that students get opportunities for physical activity, outside of physical education classes?

--	--	--

MINUTES PER WEEK

22. What kinds of activities do you use to provide opportunities for physical activity?

MARK ALL THAT APPLY

- 1 Recess
- 2 Staff-led walks
- 3 Aerobic/active “stretch breaks”
- 4 Faculty-led games/activities
- 5 Free play in gymnasium/on playing fields
- 6 Other (*Specify*)

23. Does your school **district** have a wellness policy?

1 Yes

0 No

d Don't Know

→ Go to Q.24

23a. To what degree does your school implement the district's wellness policy?

1 Fully implement

2 Implement some of it

3 Implement only a little

4 Don't implement at this time

23b. Do you or anyone else in your school participate in a local wellness committee at the district level?

1 Yes

0 No

24. Does your school have its own wellness policy?

1 Yes

0 No

(If Q.23 and Q.24 are NO or DK, go to Q.28)

25. Does your school have a designated wellness coordinator?

1 Yes

0 No → Go to Q.26

25a. Does this person have another job at the school?

1 Yes

0 No → Go to Q.25c

25b. What is this person's title?

TITLE: _____

(Go to Q.25d)

25c. Is the wellness coordinator a paid or volunteer position?

1 Paid

2 Volunteer

25d. How many hours per week does this person spend on wellness-related activities?

		HOURS PER WEEK
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26. Following is a list of potential wellness policy components. For each, please indicate whether the component is addressed in your district or school wellness policy and, if so, the extent to which the wellness policy requirements have been implemented in your school.

	MARK ONE RESPONSE FOR EACH				
	Addressed in Policy and Fully Implemented	Addressed in Policy and Partially Implemented	Still Being Planned	Not Addressed in Policy	Don't Know
Nutrition education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Physical education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Daily physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Nutrition guidelines for foods sold outside of school meals (a la carte sales, vending machines, school stores)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Use of food or food coupons as student rewards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Access to competitive foods during school hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Minimum amount of time for students to eat lunch	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Staff wellness program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Parent involvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Community involvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Plan for measuring implementation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
Plan for measuring impact	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

27. Following is a list of factors that can strengthen implementation of district or school wellness policies or present barriers to implementation. Please rate how each factor has influenced implementation of the wellness policy in your school: same comment as above.

MARK ONE RESPONSE FOR EACH						
	Greatly Strengthened	Somewhat Strengthened	Neutral	Somewhat of a Barrier	Substantial Barrier	Don't Know
Attitude of district administrators	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Attitude of teachers/other school staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Attitude of parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Attitude of students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
District/school leadership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
District/school priorities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Expertise of district/school staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Availability of local champion/leader	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Vendor flexibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Financial impact	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
Other (<i>Specify</i>)						
_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>

SCHOOL CHARACTERISTICS

28. Is your school a charter school?

1 Yes

0 No

29. As of October 1 of the current school year, what was the total enrollment at your school?

STUDENTS

29a. Are the school meal programs *unavailable* to any of these students, for example part-day kindergarteners or students who actually attend school in a different location?

1 Yes

0 No → **Go to Q.30**

29b. For how many students are the school meal programs not available?

STUDENTS

30. What is the average daily attendance at your school?

STUDENTS

OR

PERCENT

31. What time do the school doors open for students?

: AM

32. When does the first school bus usually arrive at school?

: AM

0 No school buses in the AM → **Go to Q.34**

33. When does the last school bus usually arrive at school in the morning?

: AM

0 No school buses in the AM

34. What time does the first class of the day usually start?

: AM

35. We would like to have someone on your staff complete a more detailed two-part form about the different sources of foods and beverages at your school. This will take a half hour on average, depending on the number of different sources. We will send this person a small monetary gift as a thank you for completing the form. This should be someone who is detail oriented and could provide information in a methodical fashion, such as a teacher, counselor, or administrator. It does not need to be someone in the food service department.

35a. What is the name of the person we should contact?

35b. What is their title?

35c. What is their email address?

35d. What is their phone number?

Thank you for taking the time to complete this survey. We greatly appreciate your assistance.

