

F3. GROUPS 2, 3—PRINCIPAL SURVEY

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

Name of School: _____

SFA: _____

City and State: _____



OMB Clearance Number: 0584-xxxx

Expiration Date: xx/xx/xxxx

School Nutrition and Meal Cost Study

Principal Survey

February 6, 2014

Sponsored by:

U.S. Department of Agriculture
Food and Nutrition Service

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



INSTRUCTIONS

- Please answer all of the questions.
- If you have any questions about the study or about completing this survey, please do not hesitate to contact the study team by phone at 1 xxx-xxx-xxxx (toll-free) or email xxx@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 not be disclosed in identifiable form without your consent.

Under the Healthy, Hunger-Free Kids Act of 2010, participation in this study is mandatory. We thank you for your cooperation and participation in this very important study.

SCHOOL CHARACTERISTICS AND SCHOOL MEAL POLICIES

1. **What grades are included in your school?**

|_|_| to |_|_| (RANGE: Pre-K [PK] to 12)

2. **What is the average daily attendance at your school?**

|_|_|_|_| STUDENTS

OR

|_|_|_| PERCENT

3. **Does your school participate in the School Breakfast Program (SBP)?**

1 Yes

0 No

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

1 Yes

0 No → GO TO Q.5

4a. **For how many students is lunch unavailable? If offered, for how many students is breakfast unavailable?**

|_|_|_|_| STUDENTS FOR WHOM LUNCH IS UNAVAILABLE

|_|_|_|_| STUDENTS FOR WHOM BREAKFAST IS UNAVAILABLE

0 School does not participate in the School Breakfast Program

5. **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.6

0 No

5a. 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*)

If students may go off-campus/home, go to Q.5b. Otherwise, go to Q.6.

5b. Which of the following off-campus food sources are close enough for students to walk or drive to during lunch?

MARK ALL THAT APPLY

- 1 Fast food restaurants
- 2 Other restaurants, cafeterias, or diners
- 3 Supermarkets, convenience stores, or other stores
- 4 Off-campus lunch wagons, food trucks, or push carts not operated by the school meals program
- 5 Home or home of relative or friend
- 6 Other food sources (*specify*)

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

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

8a. 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
- 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 the full period

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 School Breakfast Program (Q.3=0), 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
a. Pep rallies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Club meetings.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tutoring sessions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Bake sales.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. 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"/>
f. 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"/>
g. 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
a. Pep rallies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Club meetings.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Tutoring sessions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Bake sales.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	0 <input type="checkbox"/>
e. 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"/>
f. 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"/>
g. 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.13.

10. Does your school have recess?

- 1 Yes
0 No → GO TO Q.13

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

- 1 Yes
0 No

11. Do any students have recess immediately after lunch?

- 1 Yes
0 No → GO TO Q.12

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

- 1 Yes
0 No → GO TO Q.12

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

- 1 Yes
0 No → GO TO Q.12

11c. Which of the following rules does your school use about when students can go out to recess?

MARK ALL THAT APPLY

- 1 Students may leave after a specified time interval
2 Students must eat lunch first
3 Students are dismissed in a group
4 Rules vary by grade
5 Teachers/lunchroom staff have discretion
6 Adult supervision must be available
7 Other (*specify*)

12. Among students who have recess, on average how many minutes of recess do they receive per day?

|__|__| MINUTES PER DAY

VENDING MACHINES

13. Does your school offer competitive foods and beverages to students through beverage or snack vending machines? *Competitive foods and beverages are items that are not part of a reimbursable meal.*

MARK ONE PER ROW

	YES	NO
a. Beverage vending machine(s).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Snack vending machine(s).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If no beverage or snack vending machines (Q.13a=0 and Q.13b=0), go to Q.17.

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

MARK ALL THAT APPLY

- 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)

14a. Approximately how many beverage machines are there in your school or on the school grounds?

|_|_| BEVERAGE MACHINES

- 0 No beverage vending machines → GO TO Q.15

14b. How many of these beverage machines sell only milk, 100% juice, or water?

|_|_|

14c. Not counting machines that sell only milk, 100% juice, or water, when can students use beverage machines inside the food service area? When can students use beverage machines outside of the food service area?

MARK ALL THAT APPLY FOR EACH LOCATION

	INSIDE THE FOOD SERVICE AREA	OUTSIDE OF THE FOOD SERVICE AREA
a. No other machines with beverages in area.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Before school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. During breakfast.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. During school hours, before lunch.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. During lunch.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. After lunch, before end of last regular class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. After last regular class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

15. Approximately how many snack machines are there in your school or on the school grounds?

|__|__| SNACK MACHINES

o No snack vending machines → GO TO Q.16

15a. When can students use snack machines or other machines containing snack foods inside the food service area? When can students use snack machines outside of the food service area?

MARK ALL THAT APPLY FOR EACH LOCATION

	INSIDE THE FOOD SERVICE AREA	OUTSIDE OF THE FOOD SERVICE AREA
a. No machines with snack foods in area.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Before school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. During breakfast.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. During school hours, before lunch.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. During lunch.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. After lunch, before end of last regular class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. After last regular class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

16. 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
- 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

SCHOOL STORES, SNACK BARS, AND FOOD CARTS/KIOSKS

17. Does your school have a school store that sells foods or beverages (including snack foods)? Outside of the food service area, do you have a snack bar, food cart/kiosk or other place that prepares or serves food but does not offer reimbursable meals?

MARK ONE PER ROW

- a. School store(s).....
- b. Snack bar(s) or food cart(s)/kiosk(s).....

	YES	NO
a.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If no school stores, snack bars, or food carts/kiosks (Q.17a=0 and Q.17b=0), go to Q.20.

18. 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
- n No school store → GO TO Q.19

18a. 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

18b. 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
- d Don't know
- 5 Other school department (*specify*)

- 6 Other (*specify*)

18c. Who receives revenue or profit from the school store?

MARK ALL THAT APPLY

- 1 School
- 2 School food service only
- 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

19. What days of the week is the snack bar/food cart/kiosk open?

MARK ALL THAT APPLY

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Various or no set schedule
- 7 No snack bar/food cart → GO TO Q.20

19a. When is the snack bar/food cart/kiosk 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

19b. Who receives revenue or profit from the snack bar/food cart/kiosk?

MARK ALL THAT APPLY

- 1 School
- 2 School food service only
- 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

NUTRITION EDUCATION AND PROMOTION/WELLNESS

20. Does your school participate in USDA's Team Nutrition initiative?

- 1 Yes
0 No
d Don't know
- GO TO Q.21

20a. In which of the following Team Nutrition activities has your school participated in the past year?

MARK ALL THAT APPLY

- 1 Designated a Team Nutrition School Leader
2 Received training or technical assistance on the *Dietary Guidelines for Americans* and/or MyPlate
3 Received training or technical assistance for foodservice personnel to enable them to prepare and serve nutritious, appealing meals
4 Shared successful strategies or programs with other schools
5 Distributed Team Nutrition materials to teachers, students, or parents
6 Accessed Team Nutrition curriculum or best practices resources such as the Healthy Meals Resource System or the Best Practices Sharing Center
7 Reinforced nutrition education messages through initiatives in the food service area
8 Incorporated nutrition education messages across the curriculum
9 Conducted school-wide events to promote nutrition (for example, a school garden project, nutrition fair, or school play)
10 Assigned home activities to reinforce nutrition education messages
11 Scheduled community programs or events to promote nutrition and physical activity
12 Sought media coverage for Team Nutrition activities
13 Received funds under a Team Nutrition mini-grant through your State Child Nutrition agency

20b. What is your school required to do as part of its involvement in Team Nutrition?

MARK ALL THAT APPLY

- 1 Foodservice staff participate in Team Nutrition training
2 Teachers participate in Team Nutrition training
3 Document Team Nutrition activities
4 Report Team Nutrition activities to the State Child Nutrition agency
5 Make Team Nutrition fiscal reports available to the State Child Nutrition agency or USDA

21. Has your school submitted an application for a HealthierUS School Challenge (HUSSC) award?

- 1 Yes
0 No → GO TO Q.22

21a. What is the status of your application?

MARK ONE ONLY

- 1 Decision is pending
- 2 Received Bronze Award
- 3 Received Silver Award
- 4 Received Gold Award
- 5 Received Gold of Distinction Award
- 6 School was not certified for an award

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

- 1 Yes
 - 0 No
 - d Don't know
- GO TO Q.23

22a. In which of the following initiatives is your school involved?

MARK ALL THAT APPLY

- 1 5-A-Day
 - 2 Healthy Schools Program (Alliance for a Healthier Generation)
 - 3 Healthy Kids Challenge
 - 4 PE4Life
 - 5 CATCH (Coordinated Approach to Child Health)
 - 6 Game On! The Ultimate Wellness Challenge (Action for Healthy Kids)
 - 7 Fuel Up to Play 60
 - 8 Students Taking Charge (Action for Healthy Kids)
 - 9 Active Living by Design (Robert Wood Johnson Foundation)
 - 10 Healthy Kids Healthy Communities (Robert Wood Johnson Foundation)
 - 11 School Food FOCUS (WK Kellogg Foundation)
 - 12 Other (*specify*)
-

23. Does your school incorporate nutrition or agriculture-based education or activities into the curriculum?

MARK ONE PER ROW

- a. Nutrition education or activities.....
- b. Agriculture-based education or activities.....

YES	NO
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>

If no nutrition or agriculture-based education or activities (Q.23a=0 and Q.23b=0), go to Q.25.

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

- 1 Yes
- 0 No → GO TO Q.25

24a. Does this nutrition education requirement apply to all students?

- 1 Yes
- 0 No

24b. On average, how much nutrition education do students receive in class?

|_|_| HOURS

OR

|_|_| MINUTES

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

25. Does your school include structured physical education classes for students?

- 1 Yes, and it is a requirement
- 2 Yes, but it is not required
- 0 No, school does not offer PE to any students → GO TO Q.26

25a. Do students take physical education classes daily?

- 1 Yes, all students
- 2 Yes, some students
- 0 No

25b. Do students take physical education classes throughout the year or only for a portion of the year?

- 1 Throughout the year → GO TO Q.25d
- 2 Only for a portion of the year

25c. Do students take physical education classes for . . .

- 1 One quarter of the school year?
- 2 One semester or half the school year?
- 0 Some other amount of time?

25d. What is the average amount of time that students spend in physical education classes per week?

|_|_|_| MINUTES PER WEEK

26. Including recess, 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.27

26a. What kinds of activities do you use to provide opportunities for physical activity during school hours? *Please do not include intramural sports or athletics programs that occur outside of school hours in your response.*

MARK ALL THAT APPLY

- 1 Recess
 - 2 Staff-led walks
 - 3 Aerobic/active “stretch breaks” or “play breaks” between classes
 - 4 Classroom “brain breaks” that include physical activity during class
 - 5 Faculty-led games/activities
 - 6 Free play in gymnasium/on playing fields
 - 7 Physically active classes other than physical education (for example, dance, marching band, or shop class)
 - 8 Military-based programs (for example, National Guard or Reserve Officers’ Training Corps)
 - 9 Other (*specify*)
- _____

26b. What is the average number of minutes per week that students get opportunities for physical activity during school hours, outside of physical education classes?

|_|_|_| MINUTES PER WEEK

27. Does your school offer intramural sports or athletics programs or clubs before or after school hours?

- 1 Yes
- 0 No → GO TO Q.28

27a. What is the average number of minutes per week that students get opportunities for intramural sports or athletics programs or clubs before or after school hours?

|_|_|_| MINUTES PER WEEK

28. Does your school have a wellness policy in addition to the district wellness policy?

- 1 Yes
 - 0 No
 - d Don't know
- GO TO END

28a. Do you or anyone else in your school participate in a local wellness committee at the district level?

- 1 Yes
- 0 No

29. Does your school have a designated wellness coordinator?

- 1 Yes
- 0 No → GO TO Q.30

29a. Does this person have another job at the school?

- 1 Yes
- 0 No → GO TO Q.29c

29b. What is this person's other job at the school?

MARK ONE ONLY

- 1 School administrator
 - 2 School nurse
 - 3 Foodservice staff
 - 4 Other nutrition professional
 - 5 Health, physical education, or nutrition teacher
 - 6 Coach or athletic director
 - 7 Other teacher
 - 8 Other (*specify*)
-

29c. Is the wellness coordinator a paid or volunteer position?

- 1 Paid
- 2 Volunteer

30. Following is a list of potential and required wellness policy components. For each, please indicate whether the component is addressed in your school wellness policy and, if so, the extent to which the school wellness policy components have been implemented.

SELECT ONE RESPONSE PER ROW

	ADDRESSED IN SCHOOL POLICY AND FULLY IMPLEMENTED	ADDRESSED IN SCHOOL POLICY AND PARTIALLY IMPLEMENTED	STILL BEING PLANNED	NOT ADDRESSED IN SCHOOL POLICY	DON'T KNOW
a. Nutrition education.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Nutrition promotion.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Physical education (PE).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Daily physical activity (outside of PE).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. 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"/>
f. Restrictions on the 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"/>
g. 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"/>
h. 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"/>
i. Staff wellness program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Parent involvement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Community involvement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
l. Plan for measuring implementation of the policy, including the extent in compliance with the policy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Plan for describing the progress made towards attaining the goals of the policy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Plan for informing the public about the wellness policy content and implementation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

Thank you for taking the time to complete this survey.

We greatly appreciate your assistance.