F7. Principal survey (GROUPS 2 & 3)

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**School Nutrition and Meal Cost Study-II**



OMB Control Number: 0584-XXXX

Expiration Date: XX/XX/XXXX

***Principal Survey***

**Sponsored by:**

U.S. Department of Agriculture  
Food and Nutrition Service

|  |  |  |  |
| --- | --- | --- | --- |
| Load Variable | Variable Name | Description | Values |
| SCHOOL LEVEL | SCHOOL CCD | Elementary, Middle, High | E, M, H |
| SCHOOL NAME |  |  |  |
| ENROLLMENT |  |  |  |



According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All information will be kept private under the Privacy Act to the extent allowed by law. 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 Service, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

|  |
| --- |
| programmer:  entry conditions are based on whether school level is elementary, Middle, or High School. The sample load file WILL INCLUDE THE VARIABLE LEVELCCD with values of E, M, and H. |

|  |
| --- |
| LOGIN SCREEN |

**Welcome to the School Nutrition and Meal Cost Study-II Principal Survey!**

Username: Password:

* To access the survey, please enter your user name and password in the boxes above.
* If you have any questions about the study or about completing this survey, please contact the study team by email at xxx@xxx.com or by phone at xxx-xxx-xxxx (toll-free).

|  |
| --- |
| INSTRUCTIONS SCREEN |

**Instructions**

* Under the Richard B. Russell National School Lunch Act, cooperation with this study is required. We thank you for your cooperation and participation in this very important study.
* The information you provide will be used only for statistical purposes. Your responses will not be disclosed in identifiable form without your consent.
* Please answer all of the questions.
* You may complete the survey all at once or save your responses and return at a later time.
* Please use the buttons and links on each page to move through the survey. Using “Enter” or your browser’s “Back” function may cause errors.
* If you are returning to finish your saved survey, you will return to the point where you left off.
* This survey is intended for the school principal but can be completed by any staff member who is very familiar with the school’s policies related to food service and nutrition education.

If you have any questions about the study or about completing this survey, please contact the study team by email at xxx@xxx.com or by phone at xxx-xxx-xxxx (toll-free).

VERIFICATION SCREEN

|  |
| --- |
| ALL |

A. We will be asking you questions about [FILL SCHOOL NAME]. If this is not the name of your school, please call XXX-XXX-XXXX.

|  |
| --- |
| ALL |

B. Please enter your name, phone number, and email address so we can contact you if we have any questions about the survey.

First Name Last Name

(STRING 20) (STRING 20)

Phone Number

(Phone number format: (XXX) XXX-XXXX)

Email Address

(STRING 40)

|  |
| --- |
| SOFT CHECK: IF B=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

**SCHOOL CHARACTERISTICS AND SCHOOL MEAL POLICIES**

|  |
| --- |
| ALL |

1. What grades are included in your school?

PROGRAMMER: DROP-DOWN 1 RANGE: PRE-K TO 12; DROP-DOWN 2 RANGE: K TO 12

| | | to | | |

|  |
| --- |
| SOFT CHECK: IF Q1=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |
| SOFT CHECK: IF DROP-DOWN 2 < DROP-DOWN 1: **The second grade selection should be greater than or equal to the first grade selection. Please correct your response and continue.** |

|  |
| --- |
| IF enrollment data available in sample load |
| FILL school name and enrollment from pre-load |

1a. Our records show that the total enrollment of [NAME OF SCHOOL] is [ENROLLMENT]. Is that right?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| IF enrollment data unavailable in sample load OR 1a = 0 |
| FILL school from pre-load |

1b. What is the total enrollment at [NAME OF SCHOOL]?

TOTAL STUDENT ENROLLMENT

(RANGE 1-9,999)

|  |
| --- |
| SOFT CHECK: IF Q1b >1,000: **You entered that total enrollment at [NAME OF SCHOOL] is [FILL]. Please confirm or correct your response to continue.** |

|  |
| --- |
| ALL |

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

*Please enter the number of students OR percent of students enrolled.*

PROGRAMER: MAKE RESPONSE OPTIONS EXCLUSIVE SO RESPONDENTS CANNOT ENTER BOTH A NUMBER AND A PERCENTAGE.

| | | | | STUDENTS

OR

| | | | PERCENT

|  |
| --- |
| SOFT CHECK: IF Q2 NUMBER OF STUDENTS>ENROLLMENT FROM 1A OR 1B: **Please enter a number of students less than the [FILL ENROLLMENT FROM 1A OR 1B] enrolled in your school.** |

|  |
| --- |
| ALL |

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

1 🔾 Yes

0 🔾 No

|  |
| --- |
| HARD CHECK: IF Q3=NO RESPONSE: **Your response to this question is important. Please provide a response to continue.** |

|  |
| --- |
| ALL |

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

1 🔾 Yes

0 🔾 No

|  |
| --- |
| SOFT CHECK: IF Q4=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q4=1 |

4a. For how many students is lunch unavailable?

| | | | | STUDENTS FOR WHOM LUNCH IS UNAVAILABLE (RANGE: 0-5,000)

|  |
| --- |
| SOFT CHECK: IF Q4a > ENROLLMENT FROM 1A OR 1B: **Please enter a number of students less than the [FILL ENROLLMENT FROM 1A OR 1B] enrolled in your school.** |

|  |
| --- |
| Q3=1 AND Q4=1 |

4b. For how many students is breakfast unavailable?

| | | | | STUDENTS FOR WHOM BREAKFAST IS UNAVAILABLE (RANGE: 0-5,000)

|  |
| --- |
| SOFT CHECK: IF Q4a > ENROLLMENT FROM 1A OR 1B: **Please enter a number of students less than the FILL ENROLLMENT FROM 1A OR 1B] enrolled in your school.** |

|  |
| --- |
| ALL |

5. Are all students required to go to the cafeteria or food service area (indoor or outdoor) for at least part of their lunch period?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| Q5=0 |

5a. Where may students go during their lunch period?

**SELECT 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)*

(STRING 255)

|  |
| --- |
| Q5a=10 |

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

**SELECT 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)*

(STRING 255)

|  |
| --- |
| ALL |

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, for all students

2 🔾 Yes, for some students

3 🔾 No rules; students may buy a la carte foods under any circumstances

4 🔾 School does not have a la carte foods

|  |
| --- |
| Q6=1 OR 2 |

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

**SELECT 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

6 □ When students have a positive account balance

7 □ When students have parent permission

5 □ Other restriction *(specify)*

(STRING 255)

|  |
| --- |
| ALL |

**7. Are students who go to the cafeteria or food service area during their lunch period required to stay there for the full lunch period?**

1 🔾 Yes, all students must stay for the full lunch period

2 🔾 No, some students may leave (either with or without special permission)

3 🔾 No, any student may leave

|  |
| --- |
| Q7=2 or 3 |

**8. When are students allowed to leave the cafeteria or food service area during the lunch period?**

1 🔾 After a certain point (for example, after the first 15 minutes or when they have finished eating)

2 🔾 At any time during the lunch period

|  |
| --- |
| Q9=1 |

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

1 🔾 Yes

0 🔾 No

|  |
| --- |
| SOFT CHECK: IF Q9=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q3=1 and Q9=1 |

9a. On average, how often are the following types of activities scheduled during the breakfast period?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE FOR EACH ACTIVITY | | | |
|  | EVERY DAY | 3-4X PER WEEK | 1-2X PER WEEK | LESS THAN 1X PER WEEK OR NEVER |
| a. Tutoring sessions | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Club meetings | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Fundraisers selling ready-to-eat foods like pizza, snacks, or other foods | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Bake sales | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Fundraisers selling foods not intended for consumption in school, like frozen pizza or cookie dough | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Other (specify) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| (STRING 255) |  |  |  |  |

|  |
| --- |
| SOFT CHECK: IF Q9a\_a=NO RESPONSE … Q9a\_e=NO RESPONSE (missing for any response besides Other): **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| ALL |

9b. On average, how often are the following types of activities scheduled during the lunch period?

PROGRAMMER: CODE ONE PER ROW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE FOR EACH ACTIVITY | | | |
|  | EVERY DAY | 3-4X PER WEEK | 1-2X PER WEEK | LESS THAN 1X PER WEEK OR NEVER |
| a. Tutoring sessions | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Club meetings | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Fundraisers selling ready-to-eat foods like pizza, snacks, or other foods | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Bake sales | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Fundraisers selling foods not intended for consumption in school, like frozen pizza or cookie dough | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Pep rallies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Other (specify) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| (STRING 255) |  |  |  |  |

|  |
| --- |
| SOFT CHECK: IF Q9b\_a=NO RESPONSE OR Q9b\_b=NO RESPONSE OR…Q9b\_f=NO RESPONSE (missing for any response besides Other): **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| All |

**10. Does your school use block scheduling?**

1 🔾 Yes

0 🔾 No

|  |
| --- |
| LEVELCCD=E oR M |

11. Does your school have recess?

1 🔾 Yes

0 🔾 No  **GO TO Q13**

|  |
| --- |
| Q11=1 and LEVELCCD= E OR M |

12. Do any students have recess immediately before lunch?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| Q11=1 and LEVELCCD= E OR M |

12a. Do any students have recess immediately after lunch?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| Q11=1 and LEVELCCD = E OR M |

12b. Are students allowed to go out to recess before the official end of their lunch period?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| q11=1 and LEVELCCD= E OR M |

12c. Are there any rules about when students can go out to recess?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| Q11=1 and (LEVELCCD = E OR M) AND Q12c=1 |

12d. Which of the following rules does your school use about when students can go out to recess?

**SELECT 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)*

(STRING 255)

|  |
| --- |
| Q11=1 and LEVELCCD= E OR M |

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

| | | MINUTES PER DAY (RANGE: 0 – 60)

**VENDING MACHINES**

|  |
| --- |
| ALL |

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

PROGRAMMER:CODE ONE PER ROW

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE PER ROW | |
|  | YES | NO |
| a. Beverage vending machine(s) | 1 🔾 | 0 🔾 |
| b. Snack vending machine(s) | 1 🔾 | 0 🔾 |

|  |
| --- |
| SOFT CHECK: IF Q13\_a or Q13\_b=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q13\_a=1 or Q13\_b=1 |

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

**SELECT 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)

|  |
| --- |
| Q13\_a=1 |

14a. Not counting machines that sell only milk, 100% juice, or water, when can students use beverage machines? Please indicate if machines are available both inside or outside the food service area.

PROGRAMMER: CODE ALL THAT APPLY

PROGRAMMER: make option a (no other machines in area) an exclusive response BY COLUMN; no other responses IN A COLUMN should be allowed if option a is selected

**SELECT ALL THAT APPLY FOR EACH LOCATION**

|  |  |  |
| --- | --- | --- |
|  | INSIDE THE FOOD SERVICE AREA | OUTSIDE OF THE FOOD SERVICE AREA |
| a. Not applicable. All machines sell only milk, 100% juice, or water. | 1 □ | 2 □ |
| b. Before school | 1 □ | 2 □ |
| c. During breakfast | 1 □ | 2 □ |
| d. During school hours, before lunch | 1 □ | 2 □ |
| e. During lunch | 1 □ | 2 □ |
| f. After lunch, before end of last regular class | 1 □ | 2 □ |
| g. After last regular class  *After last regular class is defined as any time* ***30 minutes after*** *the end of the official school day* | 1 □ | 2 □ |
| h. Other *(specify)* | 1 □ | 2 □ |
| (STRING 255) |  |  |

|  |
| --- |
| SOFT CHECK: IF Q14a COLUMN 1=NO RESPONSE OR Q14a COLUMN 2=NO RESPONSE: **Your response to this question is important. Please provide a response for each location and continue.** |

|  |
| --- |
| Q13\_b=1 |

15. When can students use snack machines or other machines containing snack foods? Please indicate whether machines are available both inside or outside the food service area.

programmer: code all that apply

programmer: make option a (not applicable) an exclusive response by column; no other responses in the column should be allowed if option a is selected.

**SELECT ALL THAT APPLY FOR EACH LOCATION**

|  |  |  |
| --- | --- | --- |
|  | INSIDE THE FOOD SERVICE AREA | OUTSIDE OF THE FOOD SERVICE AREA |
| a. Not applicable. No machines with snack foods in this area. | 1 □ | 2 □ |
| b. Before school | 1 □ | 2 □ |
| c. During breakfast | 1 □ | 2 □ |
| d. During school hours, before lunch | 1 □ | 2 □ |
| e. During lunch | 1 □ | 2 □ |
| f. After lunch, before end of last regular class | 1 □ | 2 □ |
| g. After last regular class  *After last regular class is defined as any time* ***30 minutes after*** *the end of the official school day* | 1 □ | 2 □ |
| h. Other *(specify)* | 1 □ | 2 □ |
| (STRING 255) |  |  |

|  |
| --- |
| SOFT CHECK: IF Q15 COLUMN 1=NO RESPONSE OR Q15 COLUMN 2=NO RESPONSE: **Your response to this question is important. Please provide a response for each location and continue.** |

|  |
| --- |
| Q13\_a=1 or Q13\_b=1 |

16. Who receives revenue or profit from vending machines in your school? Include all machines in your school or on the school grounds, regardless of location or type.

**SELECT ALL THAT APPLY**

1 □ School food service

2 □ The school or departments other than the school food service

3 □ District departments other than the school food service

4 □ Student organization (student council/clubs/activities)

5 □ DECA or a business or marketing department/class

6 □ Parent organization

7 □ Other *(specify)*

(STRING 255)

d □ Don’t know *[PROGRAMMER: Make this response option exclusive.]*

**SCHOOL STORES, SNACK BARS, AND FOOD CARTS/KIOSKS**

|  |
| --- |
| ALL |

17. Does your school have a school store that sells foods or beverages (including snack foods)?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| SOFT CHECK: IF Q17=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q17=1 |

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

**SELECT ALL THAT APPLY**

1 □ Monday

2 □ Tuesday

3 □ Wednesday

4 □ Thursday

5 □ Friday

6 🔾 Various or no set schedule

|  |
| --- |
| Q17=1 |

18a. When is the store usually open to students?

**SELECT ALL THAT APPLY**

1 □ Before school

2 □ During breakfast

3 □ During school hours, before lunch

4 □ During lunch

5 □ After lunch, before end of last regular class

6 □ After last regular class *(any time* ***30 minutes after*** *the end of the official school day)*

|  |
| --- |
| Q17=1 |

18b. Who is responsible for the school store?

**SELECT ALL THAT APPLY**

1 □ School food service

2 □ Principal

3 □ Athletic department

4 □ Student club

5 □ Parent organization

6 □ DECA or a business or marketing department/class

7 □ School culinary arts program

8 □ Other school department *(specify)*

(STRING 255)

9 □ Other (*specify*)

(STRING 255)

d □ Don’t know *[PROGRAMMER: Make this response option exclusive]*

|  |
| --- |
| Q17=1 |

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

**SELECT ALL THAT APPLY**

1 □ School food service

2 □ The school or departments other than the school food service

3 □ District departments other than the school food service

4 □ Student organization (student council/clubs/activities)

5 □ DECA or a business or marketing department/class

6 □ School culinary arts program

7 □ Parent organization

8 □ Other *(specify)*

(STRING 255)

d □ Don’t know *[PROGRAMMER: Make this response option exclusive.]*

|  |
| --- |
| SOFT CHECK: IF 18c=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| ALL |

18d. 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?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| SOFT CHECK: IF Q18d=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q18d=1 |

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

**SELECT ALL THAT APPLY**

1 □ Monday

2 □ Tuesday

3 □ Wednesday

4 □ Thursday

5 □ Friday

6 □ Various or no set schedule

|  |
| --- |
| Q18d=1 |

19a. When is the snack bar/food cart/kiosk usually open to students?

**SELECT ALL THAT APPLY**

1 □ Before school

2 □ During breakfast

3 □ During school hours, before lunch

4 □ During lunch

5 □ After lunch, before end of last regular class

6 □ After last regular class. *After last regular class is defined as any time 30 minutes after the end of the official school day.*

|  |
| --- |
| Q18d=1 |

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

**SELECT ALL THAT APPLY**

1 □ School food service

2 □ School departments other than the school food service

3 □ District departments other than the school food service

4 □ Student organization (student council/clubs/activities)

5 □ DECA or a business or marketing department/class

6 □ School culinary arts program

7 □ Parent organization

8 □ Other *(specify)*

*(STRING 255)*

d □ Don’t know  *[PROGRAMMER: Make this response option exclusive]*

**NUTRITION EDUCATION AND PROMOTION/WELLNESS**

|  |
| --- |
| ALL |

20. In which of the following national, state, or local nutrition or wellness initiatives is your school involved? Please exclude district or school wellness policies.

**SELECT ALL THAT APPLY**

1 □ Healthy Schools Program (Alliance for a Healthier Generation)

2 □ Fuel Up to Play 60

3 □ Fruits and Veggies – More Matters

4 □ Healthy Kids Challenge

5 □ CATCH (Coordinated Approach to Child Health)

6 □ Game On! The Ultimate Wellness Challenge (Action for Healthy Kids)

7 □ USDA’s Team Nutrition

8 □ USDA’s Farm to School Program

9 □ Carol M. White Physical Education Program (PEP)

10 □ FitnessGram

11 □ Jump Rope for Heart (American Heart Association)

12 □ School, district, or community nutrition or wellness initiative

13 □ Other (*specify*)

*(STRING 255)*

□ None, our school does not participate in any national, state, or local nutrition/wellness initiatives other than a district or school wellness policy [PROGRAMMER: *Make this response option exclusive*]

|  |
| --- |
| ALL |

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

PROGRAMMER: CODE ONE PER ROW

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE PER ROW | |
|  | YES | NO |
| a. Nutrition education or activities | 1 🔾 | 0 🔾 |
| b. Agriculture-based education or activities | 1 🔾 | 0 🔾 |

|  |
| --- |
| SOFT CHECK: IF Q21\_a or Q21\_b=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q21\_a=1 |

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

1 🔾 Yes

0 🔾 No

|  |
| --- |
| SOFT CHECK: IF Q22=NO RESPONSE: **Your response to this question is important. Please provide a response and continue.** |

|  |
| --- |
| Q22=1 |

23. Does this nutrition education requirement apply to all students?

1 🔾 Yes

0 🔾 No

|  |
| --- |
| Q21\_a=1 |

24. On average, how much nutrition education do students receive in class? Please answer in either hours or minutes, then select the time frame for your response below.

PROGRAMMER: DO NOT ALLOW BOTH HOURS AND MINUTES TO BE RECORDED.

| | | | HOURS (RANGE 0-999)

OR

| | | | MINUTES (RANGE 0-999)

1 🔾 Per week

2 🔾 Per month

3 🔾 Per year

|  |
| --- |
| SOFT CHECK: IF entered minutes or hours for Q24 without selecting week, month, or year: **Please select whether students received [FILL] [hours/minutes] per week, month or year.** |

|  |
| --- |
| ALL |

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

1 🔾 Yes, and it is a requirement for some or all grade levels

2 🔾 Yes, but it is not required for any grade level

0 🔾 No, school does not offer physical education to any students

|  |
| --- |
| Q25=1 OR 2 |

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

1 🔾 Throughout the year

2 🔾 One semester or half the school year

3 🔾 One quarter of the school year

4 🔾 Some other amount of time

|  |
| --- |
| Q25=1 or 2 |

27. When students take physical education, on average, how much time do they spend in physical education classes each week?

*Please answer in either hours OR minutes.*

PROGRAMMER: DO NOT ALLOW BOTH HOURS AND MINUTES TO BE RECORDED.

| |. | | | HOURS (RANGE 0.00-8.00)

OR

| | | | MINUTES (RANGE 0-480)

|  |
| --- |
| ALL |

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

1 🔾 Yes

0 🔾 No

d 🔾 Don’t know

|  |
| --- |
| SUBMIT screen |



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***Thank you for completing the School Nutrition and Meal Cost Study-II Principal Survey!***

Please review and print a copy of your responses by clicking here. If you are satisfied with your responses, please click on the submit button below. Once you submit your survey, you will not be able to make any additional changes. If you need to correct anything, please contact the help desk at XXXX@xxxx.com or xxx-xxx-xxxx (toll-free) for assistance.

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| screen to display if someone tries to log in to a submitted survey |



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Thank you for your interest in completing the School Nutrition and Meal Cost Study-II Principal Survey. Someone from your school submitted the survey on [date]. If you believe you are getting this message in error, please contact the help desk at XXXX@xxxx.com or xxx-xxx-xxxx (toll-free) for assistance.

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