

Food & Fitness

School Health Policies and Practices Questionnaire

Part 1

2013

A Study Supported by the Robert Wood Johnson Foundation

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 2012-2013 school year.

This section is about USDA reimbursable lunch at your school.

6. Does your school participate in the USDA reimbursable National School Lunch Program? Yes No → **Please go to #9**

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

...at Full-price	_____ #	<input type="checkbox"/>
...at Reduced-price	_____ #	<input type="checkbox"/>
...for Free	_____ #	<input type="checkbox"/>

8. For USDA lunch, what is the...

... full price charged for lunch? \$ _____
(write 0 if lunch is free for all students)

... reduced price charged for lunch? \$ _____
(write 0 if lunch is free for reduced-price eligible students)

Please go to #10

9. 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.

10. 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

11. 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.

12. 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"/>					
Not at all	A little	Some	A lot	Don't know	N/A- school or district don't set the prices

13. 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)
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"/>

14. 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 #16** N/A, no fundraising → **Please go to #16**

15. 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 _____

16. Please indicate how frequently your school participates in the following types of fundraising activities at which students are able to consume foods and beverages:

	# of times per school year
Bake sale where students/parents can purchase items	_____
Ice cream social/dinner/pizza night at school	_____
Sponsored fundraiser at local restaurant (e.g., pizza night)	_____

17. 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

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

- Yes No → **Please go to #20**

19. If yes, please indicate all garden-related activities that your students have the opportunity to participate in:

PLEASE CHECK ALL THAT APPLY

- 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: _____

20. 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.

21. Are there any policies limiting sugar-sweetened items (e.g., candy, cupcakes, cookies) from being served or brought in either at snack time or for parties during the school day? If no snack time 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"/>					
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 days per week does the typical **3rd grade** student have recess? _____ days per week

How many times per day does the typical **3rd grade** student have recess? _____ times per day

OR if varies, please specify: _____

What is the total number of minutes 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. Many schools hold recess outside, weather permitting. Some provide students one recess period, while others schedule several recess periods throughout the day. Please answer the following questions considering the typical recess period (lunch recess if provided, otherwise, another time of day):

What is the typical number of adult supervisors present? _____

What is the typical number of students present at any given time? _____

Is recess typically offered outside or inside? (check one) outside inside

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
- Games like 4-square, hop-scotch, or maps painted on the pavement or ground
- Other: _____

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

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**

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

13. About how many minutes per week are 3rd grade students physically active in these breaks (not including PE and recess)? _____ minutes/week

14. 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*

	Not very adequate	Adequate	Very adequate	Not available
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"/>

15. 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

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

16. If outside organizations use school facilities, please indicate which organizations:

PLEASE CHECK ALL THAT APPLY

- School-sponsored or school-affiliated groups
- YMCA
- Parks and Recreation department
- Athletic organizations or other recreation programs (e.g., soccer or little league)
- Other, please specify: _____

17. 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
 - Provide active learning opportunities by incorporating physical activity into existing lessons (e.g., having children spell words by jumping on a mat with letters, counting while doing jumping jacks, etc.)
 - 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

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 & skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. 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"/>

This section is about students walking and biking to school.

20. What is the average distance that the typical 3rd grade student travels (via school bus, walking/biking, car) to attend school:
- Less than 1 mile
 - 1 mile to less than 3 miles
 - 3 miles to less than 5 miles
 - 5+ miles
 - Don’t know

21. 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"/>

22. 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

23. 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. Are you familiar with the wellness policy developed by your school district?

Yes No → **Please go to page 8**

2. 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

3. 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>Don't know</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"/>
CDC's School Health Index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FitnessGram or other physical fitness assessment results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Mass Index (BMI) of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about other school activities that promote student health.

4. 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

5. 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"/>

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. To what extent do you agree with the statement: "Schools can play a role in addressing childhood obesity."

PLEASE CHECK ONLY ONE:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

4. 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** (e.g., principal, health teacher) 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 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:

UIC

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Part 2: Food and Beverage Policies and Practices, 2012-2013

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. 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

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

- Yes No Don't know

7. If yes, which Team Nutrition resources are used?

PLEASE CHECK ALL THAT APPLY

- Nutrition education materials (posters, activities, games)
- Lesson plans
- Food buying guide and menu planning assistance
- Training grants to support staff training/continuing education
- Other Team Nutrition mini-grants
- Other - please describe: _____

8. Does your school use any other resources for improving the food environment (meals, competitive foods and/or beverages) and/or nutrition education programs in your school?

- Yes No Don't know

9. If yes, from whom are the resources obtained?

PLEASE CHECK ALL THAT APPLY

- School district
- State (e.g., state Superintendent's Office or Department of Education)
- Alliance for a Healthier Generation
- United States Department of Agriculture (USDA)
- Other - please describe: _____

10. 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

-
- Not at all A little Some A lot Don't know N/A- school or district don't set the prices**

11. The Healthy, Hunger-Free Kids Act of 2010 required schools to provide free, potable drinking water for students during lunchtime, starting in the 2011-12 school year. Please indicate which--if any--of the following strategies your school has used to meet this requirement.

PLEASE CHECK ALL THAT APPLY

- Existing drinking fountains in cafeteria
- Installed new drinking fountains in cafeteria
- Water dispenser/pitcher and cups (in the food line)
- Water dispenser/pitcher and cups (elsewhere in the cafeteria)
- Water dispenser/pitcher but no cups (students bring water bottles)
- Other - please describe: _____
- Free, potable drinking water is not available

New USDA standards for school meals took effect starting at the beginning of the 2012-13 school year, setting requirements about fruit and vegetable availability, whole grain products, fat and sodium content, and other meals characteristics. Please answer the following questions specifically about changes you have seen since the beginning of the 2012-13 school year.

12. Compared to this time last year (spring 2012), how many students at your school typically purchase (whether they eat it or not) the **school lunch** offered through the USDA-reimbursable National School Lunch Program (whether it is purchased at full/reduced-price or free)?

PLEASE CHECK ONE BOX ONLY

- A lot more students
- Slightly more students
- About the same
- Slightly fewer students
- A lot fewer students
- Not applicable, no NSLP
please go to page 3
- Don't know

13. Among the students who purchase **lunch** through the NSLP, about what percentage of the food on their plates do students typically consume?

_____ %

14. Has the percentage of food in **lunches** that students typically consume each day changed since this time last year?

PLEASE CHECK ONE BOX ONLY

- Students are eating a lot more of the food
- Students are eating slightly more of the food
- About the same
- Students are eating slightly less of the food
- Students are eating lot less of the food
- Don't know

15. Please indicate to what extent you agree with each statement.

PLEASE CHECK ONE ON EACH ROW

	Strongly Disagree	Disagree	Agree	Strongly Agree
Students generally seem to like the new school lunch	1	2	3	4
At first, students complained about the new lunches	1	2	3	4
Few students complain about the new lunches	1	2	3	4
Most students don't seem concerned about the changes in the school lunches	1	2	3	4

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 4**.

16. 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 5**.

17. 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	During school		After school
	No	Yes	begin in the morning	hours when meals are not being served	During school lunch periods	
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 6.

18. 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 7**.

19. 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
	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. 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"/>
n. 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 8**.

20. 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 9**.

21. 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. Whole grains (such as wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Pizza (if offered, please also specify how often types below are available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Regular pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) "Healthier" pizza (e.g., whole-wheat crust, lower-fat cheese and/or toppings)	<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 10**.

22. 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 #24 at the bottom of this page.**

23. 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. Whole grains (such as wheat bread or brown rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Two or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Salad bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Pre-made, main course salads (such as chef's salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Pizza (if offered, please also specify how often types below are available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Regular pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) "Healthier" pizza (e.g., whole-wheat crust, lower-fat cheese and/or toppings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please write in the title or role, **not the name**, of the person(s) who completed this segment of the questionnaire on food and nutrition:
