
Measuring the Food and Activity Environments in Primary and Intermediate Schools

Part A: School Details

School Name: _____

1. Please state your school decile ranking: _____
2. How many teaching staff are employed at your school? _____
3. How many staff are women? _____
4. How many staff are men? _____

5. Please provide an indication of the age range of the staff in your school.
Next to each of the age groups listed below, please indicate the approximate number of staff in each age group.

20 - 30 Years

31 - 40 Years

41 - 50 Years

50 Years plus

6. Does your school have a nutrition/school food policy?
(Please tick) Yes No

If Yes: please attach a copy

7. How effective has your policy been in promoting healthy eating?
(Please circle)

Very effective Moderately effective Has had no effect

8. Does your school have a physical activity/physical education policy?
(Please tick) Yes No

If Yes: please attach a copy

9. How effective has your policy been in increasing participation in physical activity in your school?(Please circle)

Very effective Moderately effective Has had no effect

Part B: School Facilities

10. Does your school have a gymnasium or hall which is used for Physical Education?

(Please tick)

Yes

No

11. How large is the gymnasium or hall? Please indicate the size by stating the approximate number of badminton courts which could fit inside the gym.

 courts

12. How many fields does your school have. Please indicate the field space available by stating the approximate number of rugby, soccer or hockey pitches that could fit in the space?

 pitches

13. How many tennis courts or equivalent hard surface space is there for games in your school?

 courts

14. Please rate how wet weather reduces physical activity levels during physical education classes. (Please tick)

• Hardly at all, we have excellent under cover facilities

• A little, we have adequate facilities for most classes

• Somewhat, we do not have enough facilities for all of our classes

• Enormously, we have no facilities for indoor activities

15. Are students allowed to use school sports or physical education equipment at lunch time? (Please circle)

All students

Some students

No students

16. Is the gymnasium/hall open for student use before and after school and during lunch? (please tick)

Before or after school

Lunch times

All of these times

Not at all

No Gym

Part C: Issues in Your School

17. Rate the importance of the following health issues in your school.

When rating, please use the following ranking system:

1 = very important; 3 = average importance; 5 = not important

	<small>very important</small> 1	2	<small>average importance</small> 3	4	<small>not important</small> 5
Alcohol use					
Physical in-activity					
Children with insufficient food					
Obesity					
Smoking					
Self esteem					
Bullying					
Drug use					
Other (Please state)					

18. Does your school have a daily fitness programme?

(Please tick)

Yes

No

Please define your daily fitness programme.

How many hours each week would students be involved in physical activity during Physical Education? hours

19. Rate the importance of the following subjects in relation to their importance for funding in your school

When rating, please use the following ranking system:

1 = very important; 3 = average importance; 5 = not important

	<small>very important</small> 1	2	<small>average importance</small> 3	4	<small>not important</small> 5
English					
Science					
Home Economics					
Technology					
Health					
Mathematics					
Social Studies					
Physical Education					
Art					
Music					

20. What co-curricular physical activities are offered by your school? *(Please tick if offered, and list number of students participating in activity)*

Aerobics	<input type="checkbox"/>	Number: <input type="text"/>
Athletics	<input type="checkbox"/>	Number: <input type="text"/>
Basketball	<input type="checkbox"/>	Number: <input type="text"/>
Cricket	<input type="checkbox"/>	Number: <input type="text"/>
Cycling	<input type="checkbox"/>	Number: <input type="text"/>
Dance	<input type="checkbox"/>	Number: <input type="text"/>
Dragon Boating	<input type="checkbox"/>	Number: <input type="text"/>
Golf	<input type="checkbox"/>	Number: <input type="text"/>
Gymnastics	<input type="checkbox"/>	Number: <input type="text"/>
Hockey	<input type="checkbox"/>	Number: <input type="text"/>
Netball	<input type="checkbox"/>	Number: <input type="text"/>
Rowing	<input type="checkbox"/>	Number: <input type="text"/>
Rugby League	<input type="checkbox"/>	Number: <input type="text"/>
Rugby Union	<input type="checkbox"/>	Number: <input type="text"/>
Skiing	<input type="checkbox"/>	Number: <input type="text"/>
Soccer	<input type="checkbox"/>	Number: <input type="text"/>
Softball	<input type="checkbox"/>	Number: <input type="text"/>
Swimming	<input type="checkbox"/>	Number: <input type="text"/>
Tennis	<input type="checkbox"/>	Number: <input type="text"/>
Water Polo	<input type="checkbox"/>	Number: <input type="text"/>
Yachting	<input type="checkbox"/>	Number: <input type="text"/>

Other Please specify: _____

21. How many staff participate in co-curricular sports in your school?

22. Please rate the following statements to indicate how they apply in your school, by circling the most appropriate statement

"Physical activity is high on our list of priorities in this school."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

"Our school has adequate facilities for students to be physically active, regardless of the weather."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

"The management team of our school encourages student and staff participation in physical activity."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

"Our staff are committed to, and support physical activity and extra-curricular activities."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

"Nutrition is high on our list of priorities in this school."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

"The management team of our school support the provision of healthy foods through the school canteen or lunch order service."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

"Our school canteen or lunch order service provides mainly foods with high nutritional value."

Strongly Agree *Agree* *Neutral* *Disagree* *Strongly disagree*

Part D: The Tuckshop/Canteen/School Lunch Order Service

23. What type of food service/canteen/lunch order service does your school provide? (*Please tick*)

School run for profit

Contractors run for profit

Not for profit service to the students

No food service

24. What percentage of children purchase lunch at your school?

Never

 %

1 - 2 times per week

 %

3 - 4 times per week

 %

Daily

 %

25. Please complete the following chart to show which foods are sold in your school, the price they cost, and the amounts sold each week.

Food item	Price	Quantity Sold Weekly
Filled Rolls		
Sandwiches		
Pies		
Sausage Rolls		
Hot Chips		
Scones and Muffins		
Doughnuts or Cream Buns		
Cakes and Biscuits		
Potato Chips		
Fresh Fruit		
Yoghurt or Dairy Food		
Soft Drinks		
Milk		
Fruit Juice		

26. Which of the following describes your canteen/tuckshop or lunch order service? (please tick)

- Purpose built canteen/lunchroom with adequate facilities for food preparation.
- Canteen/lunchroom with inadequate facilities and limited space for food preparation.
- A space in the school where food is delivered and distributed from, no facilities provided.

27. Are food products used for fundraising in your school? (Please tick)

(Please tick) Yes No

28. If yes, please indicate what types of food products are sold for fundraising?

- Chocolate
- Pizzas
- Pies
- Sweets
- Fast food days (supplied by fast food chains)
- Other (please indicate) _____

29. How many vending machines are there in your school?

30. Please indicate which of the following types of foods are sold in the vending machines in your school. (please tick)

- Soft drinks
- Fruit juice
- Flavoured milk
- Crisps
- Chocolate and sweets
- Other (please state) _____

*Thank you very much for taking the time to complete this questionnaire.
Please return in the enclosed stamped self addressed envelope
or fax to 09 571 9190*