

**Office Use Only:**  
 Method of Data Collection:  
 1  In-person interview  
 2  Phone interview  
 3  Mailed survey

ID Number:  
 | | | | | | | | | |  
 14

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Date: | | | | / | | | | / | | | | 30

## Principal Survey

### I. PRACTICES & POLICIES

**A. Which of the following practices (what your students and staff are allowed to do on a regular basis) does your school allow?**

#### 1. Students are allowed to ...

	Yes	No
a. Have food in the classroom.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Have beverages in the classroom.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Have food in school hallways.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Have beverages in school hallways.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Bring food (or have parents bring food) into the cafeteria from local fast food restaurants.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Leave school grounds during lunch.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Leave school grounds during other periods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Use indoor physical facilities for recreation outside school hours.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Use outdoor physical facilities for recreation outside school hours.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Use school equipment for recreation outside school hours.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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#### 2. Teachers and other school staff ...

	Yes	No
a. Use food as rewards or incentives for students.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Use food coupons as rewards or incentives for students.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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#### 3. Chocolate, candy and high-fat baked goods are used in ...

	Yes	No
a. Classroom fundraising.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. School-wide fundraising.	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Fundraising by school sports teams and/or clubs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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**B. Does your school have any policies (written procedures or guidelines shared with students and staff) that address the nutrient quality of food and drink items ...**

**4. Sold in ...**

a. School vending machines?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> We don't have vending machines.	52
b. School stores?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> We don't have a school store.	
c. Classroom fundraising?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> We don't use food for fundraising.	
d. School-wide fundraising?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> We don't use food for fundraising.	
e. Other fundraising (Girl Scouts, sports teams, clubs)?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> We don't permit other fundraising.	56

**5. Offered (without cost) to students ...**

a. As incentives and rewards?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No		57
b. By school staff?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No		
c. During school gatherings (parties, assemblies)?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No		59

**6. Sold during school sporting events?** 1  Yes 2  No 60

**7. Available for faculty/staff during meetings?** 1  Yes 2  No 61

*Go to next page.*

**8. Does your school have any policies (written procedures or guidelines shared with students and staff) regarding ...**

- |   |                                |                               |    |
|---|--------------------------------|-------------------------------|----|
| a. Students leaving school grounds during the school day?                                 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 62 |
| b. Students or parents bringing food into the cafeteria from local fast food restaurants? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |    |
| c. Food and beverage advertisements on school grounds?                                    | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 64 |

**9. Does your school have any policies (written procedures or guidelines shared with students and staff) that address whether ...**

- |  |                                |                               |   |    |
|--|--------------------------------|-------------------------------|---|----|
| a. Students earn grades for required PE classes?                       | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> No required PE | 65 |
| b. PE grades count the same as for other classes?                      | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> No required PE |    |
| c. All PE teachers are certified PE specialists?                       | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> No required PE |    |
| d. Students can substitute PE classes with other classes (ROTC, band)? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> No required PE | 68 |

**10. Does your school have any policies (written procedures or guidelines shared with students and staff) about providing ...**

- |  |                                |                               |                                       |    |
|--|--------------------------------|-------------------------------|---------------------------------------|----|
| a. Interscholastic (competitive) sports teams and activity programs? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 69 |
| b. Intramural (non-competitive) sports teams and activity programs?  | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know |    |
| c. An activity bus (sometimes called a late bus)?                    | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 71 |

*Go to next page.*

**II. HEALTH/WELLNESS COUNCILS**

**11. Does your SCHOOL DISTRICT have a health or wellness advisory council?**

1  Yes

2  No

*Go to Question 17, page 6*

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**12. How long has the council existed?**

1  This is the first year

2  1-2 years

3  3-4 years

4  More than 4 years

5  Don't know

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**13. How often does the council meet?**

1  Weekly

2  Monthly

3  Every quarter

4  Twice a year

5  Annually

6  Other (please specify): \_\_\_\_\_|\_|\_|

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**14. Is your school represented on the council?**

1  Yes

2  No

**14a. Who is on the council? (Check all that apply.)**

1  Principal(s)

1  School nurse(s)

1  Teacher(s)

1  Food Service Staff

1  Parent(s)

1  Student(s)

1  Guidance Counselor(s)

1  Other, please specify: \_\_\_\_\_|\_|\_|

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*Go to Question 15, next page.*

*Go to Question 15, next page.*

**15. Has the council addressed food-related policies at your school?**

1  Yes →

2  No  
3  Don't know

**15a. Please mark the school food-related polices addressed:  
(Check all that apply.)**

- 1  Food/Beverages sold in school vending machines
- 1  Food/Beverages sold in school store(s)
- 1  Food/Beverages sold in fundraising efforts
- 1  Food/Beverages offered to students as incentives and rewards
- 1  Food/Beverages sold during school sporting events
- 1  Food/Beverages available during faculty/staff meetings
- 1  Food/Beverage advertisements on school grounds
- 1  Students leaving school grounds during the school day
- 1  Students or parents bringing food into the cafeteria from local fast food restaurants
- 1  Other, please specify: \_\_\_\_\_|\_|\_|

*Go to Question 16, below.*

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**16. Has the council addressed policies related to physical activity at your school?**

1  Yes →

2  No  
3  Don't know

**16a. Please mark the school physical activity-related polices addressed: (Check all that apply.)**

- 1  Students earning grades for required PE classes
- 1  PE grades counting the same as for other classes
- 1  All PE teachers being certified PE specialists
- 1  Students substituting PE classes for other classes (ROTC, band)
- 1  Interscholastic (competitive) sports teams and activity programs
- 1  Intramural (non-competitive) sports teams and activity programs
- 1  Activity busing (late busing)
- 1  Other, please specify: \_\_\_\_\_|\_|\_|

*Go to Question 17, next page.*

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*Go to Question 17, next page.*

**17. Does your SCHOOL have a health or wellness advisory council?**

1  Yes

2  No

→ **Go to Question 23, page 8**

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**18. Who is on the council? (Check all that apply.)**

1  Principal(s)

1  School nurse(s)

1  Teacher(s)

1  Food Service Staff

1  Parent(s)

1  Student(s)

1  Guidance Counselor(s)

1  Other, please specify: \_\_\_\_\_|\_\_\_\_|\_\_\_\_|

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**19. How long has the council existed?**

1  This is the first year

2  1-2 years

3  3-4 years

4  More than 4 years

5  Don't know

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**20. How often does the council meet?**

1  Weekly

2  Monthly

3  Every quarter

4  Twice a year

5  Annually

6  Other, please specify: \_\_\_\_\_|\_\_\_\_|\_\_\_\_|

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***Go to next page.***

**21. Has the council addressed food-related policies at school?**

1  Yes →

2  No

3  Don't know

**21a. Please mark the school food-related polices addressed: (Check all that apply.)**

- 1  Food/Beverages sold in school vending machines
- 1  Food/Beverages sold in school store(s)
- 1  Food/Beverages sold in fund raising efforts
- 1  Food/Beverages offered to students as incentives and rewards
- 1  Food/Beverages sold during school sporting events
- 1  Food/Beverages available during faculty/staff meetings
- 1  Food/Beverages advertisements on school grounds
- 1  Student leaving school grounds during the school day
- 1  Students or parents bringing food into the cafeteria from local fast food restaurants
- 1  Other, please specify: \_\_\_\_\_|\_|\_|

*Go to Question 22, below*

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**22. Has the council addressed policies related to physical activity?**

1  Yes →

2  No

3  Don't know

**22a. Please mark the school physical activity-related polices addressed: (Check all that apply.)**

- 1  Students earning grades for required PE classes
- 1  PE grades counting the same as for other classes
- 1  All PE teachers being certified PE specialists
- 1  Students substituting PE classes with other classes (ROTC, band)
- 1  Interscholastic (competitive) sports teams and activity programs
- 1  Intramural (non-competitive) sports teams and activity programs
- 1  Activity busing (late busing)
- 1  Other, please specify: \_\_\_\_\_|\_|\_|

*Go to Question 23, next page.*

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*Go to Question 23, next page.*

**III. PHYSICAL EDUCATION**

**23. How many quarters, trimesters, or semesters are students in your school required to take PE? If there is more than one set of requirements based on grade-level in your school, please answer based on the highest grade-level where PE is required. (Please choose the ONE most appropriate unit for your school.)**

- 1  Quarter(s)      |\_\_|\_\_|
- 2  Trimester(s)    |\_\_|\_\_|
- 3  Semester(s)        |\_\_|\_\_|

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**24. On average, how many minutes of PE per week are required per quarter, trimester, or semester?**

|\_\_|\_\_|\_\_| Minutes per week per quarter, trimester, semester

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**25. Does your school have any practices regarding...**

	Yes	No	Don't Know
a. The use of physical activity as a punishment strategy for inappropriate behavior (making students run laps or do push-ups as a consequence of inappropriate behavior)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Withholding PE class as a punishment strategy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. The maximum student-to-teacher ratio for PE classes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. The provision of individualized physical activity/fitness plans?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. The provision of opportunities to participate in community physical activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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**26. What best describes the student-to-teacher ratio for PE classes at your school?**

Between...

- 1  10/1 to 19/1
- 2  20/1 to 29/1
- 3  30/1 to 39/1
- 4  40/1 or greater

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**27. What best describes the student-to-teacher ratio for the majority of other classes at your school?**

Between...

- 1  10/1 to 19/1
- 2  20/1 to 29/1
- 3  30/1 to 39/1
- 4  40/1 or greater

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**28. How many of the following indoor and outdoor facilities are present on school grounds at your school?**

**Indoor Facilities**

a. Weight training facility	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
b. Fitness center	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
c. Indoor pool	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
d. Multi-purpose room	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
e. Gym	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

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**Outdoor Facilities**

f. Outdoor basketball court	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
g. Softball/baseball field	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
h. Soccer field	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
i. Football field	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
j. Track	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
k. Tennis court	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
l. Other field/court/playground	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

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**29. Weather permitting, approximately what proportion of students walk or bike to school regularly (e.g., at least twice per week)?**

- 01  None
- 02  1-9%
- 03  10-19%
- 04  20-29%
- 05  30-39%
- 06  40-49%
- 07  50-59%
- 08  60-69%
- 09  70-79%
- 10  80-89%
- 11  90-99%
- 12  All

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**30. Which of the following are barriers to students walking or bicycling to school? (Check all that apply.)**

- 1  There are no barriers to students walking or bicycling to school
- 1  Fearful for personal safety due to crime (i.e., assault, robbery, etc.)
- 1  Lack of sidewalks
- 1  No secure place for bicycles at school
- 1  Traffic
- 1  Weather conditions
- 1  Distance
- 1  Other

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#### IV. SCHOOL MEALS PROGRAM

**31. Does this school participate in the United States Department of Agriculture Reimbursable National School Lunch Program?**

- 1  Yes
- 2  No

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**32. Who provides the food service at this school? (Check all that apply.)**

- 1  School system food service
- 1  Food service management company
- 1  Major food company (e.g., Burger King, Pizza Hut, etc.)
- 1  Local food establishment (e.g., local pizza or sub shop)

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**33. Does your district provide financial support to the food service program or require it to be self-sustaining?**

- 1  District provides financial support
- 2  Required to be self-sustaining



**33a. If so, what percentage of the program's total funding is provided by the district?**

\_\_\_\_|\_\_\_\_|\_\_\_\_| %

*Go to Question 34, below.*

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**34. What is your average daily participation (ADP) in school-sponsored USDA-regulated reimbursable lunch as a percent of enrollment?**

\_\_\_\_|\_\_\_\_|\_\_\_\_| %

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**35. On an average day, what percentage of the students enrolled at this school purchase any food items in the cafeteria? Do not include items in vending machines and school stores.**

\_\_\_\_|\_\_\_\_|\_\_\_\_| %

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**36. Do any commercial food vendors (e.g., Pizza Hut, Taco Bell, Subway) offer food as part of the lunch service?**

- 1  Yes
- 2  No (*Go to Question 38, next page.*)

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**37. If yes, what is offered? (Check all that apply.)**

- 1  Traditional ("burger-and-fries") fast food restaurant, such as McDonalds, Burger King, Arby's, Wendy's, White Castle
- 1  Mexican fast food restaurant, such as Taco Bell, Taco Johns, Chipotle
- 1  Fried chicken, such as Kentucky Fried Chicken
- 1  Sandwich or sub shop, such as Subway, Panera, Quiznos
- 1  Pizza, such as Pizza Hut, Papa Johns, Davannis

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**V. VENDING MACHINES**

**38. How many vending machines (including soda) are accessible to students at the school?**

|\_|\_|\_|

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No vending machines accessible to students —————> *Go to Question 44, next page.*

**39. What are your weekly sales from all vending machines? (Round to the nearest whole dollar.)**

\$ |\_|\_|\_|\_|\_|\_|\_|\_|

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**40. Which of the following groups receive funds from vending machine sales at the school? Please consider only those vending machines that are accessible to students. (Check all that apply.)**

- School food service program
- School administration
- Athletic department
- School clubs
- Soft drink bottler (Coke, Pepsi, etc)
- Other, please specify: \_\_\_\_\_|\_|\_|\_|

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	Yes	No	Don't know
<b>41. Does your district have a contract with a soft drink bottler, such as Coca-Cola, Pepsi-Cola, or Dr. Pepper, to sell soft drinks at schools in your district?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>42. Are there soft drink machines at the school owned by soft drink companies, for which your district/school receives a percentage of sales?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>43. Does your district/school receive incentives (e.g., cash rewards, donations of equipment, supplies, or other donations) from a soft drink bottler based on sales?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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**VI. ADVERTISEMENTS**

<b>44. Do soft drink advertisements exist in the following locations?</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>N/A</b>
a. In the cafeteria	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
b. On vending machines ( <i>if applicable</i> )	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. In school buildings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
d. On school grounds, including on the outside of school buildings, on playing fields, or other areas of campus	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
e. On school buses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
f. In school newspapers, public address system, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

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**45. Do any other food or beverage advertisements exist in the cafeteria?**

1  Yes

2  No →

3  Don't know →

*Go to Question 47, next page.*

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**46. If yes, please check the foods and/or beverages advertised.**

**Food**

- 1  No Food Advertisements
- 1  Fruits
- 1  Vegetables
- 1  Baked Goods (e.g., Cookies/Doughnuts/Granola Bars)
- 1  Fast Food (e.g., Taco Bell, Pizza Hut)
- 1  Salty Snacks
- 1  Candy/Candy Bars
- 1  Other, please specify: \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

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**Beverages**

- 1  No Beverage Advertisements
- 1  100% fruit juice
- 1  Water
- 1  Milk
- 1  Other sweetened drinks
- 1  Other, please specify: \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

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**47. Do any other food or beverage advertisements exist in the following locations?**      **Yes**      **No**      **Don't Know**      **N/A**

a. On vending machines ( <i>if applicable</i> )	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	251
b. In school buildings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
c. On school grounds, including on the outside of school buildings, on playing fields, or other areas of campus	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
d. On school buses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
e. In school newspapers, public address system, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		255

**48. Please check the types of foods/beverages advertised.**

**Food**

- 1  No Food Advertisements
- 1  Fruits
- 1  Vegetables
- 1  Baked Goods (e.g., Cookies/Doughnuts/Granola Bars)
- 1  Fast Food (e.g., Taco Bell, Pizza Hut)
- 1  Salty Snacks
- 1  Candy/Candy Bars
- 1  Other, please specify: \_\_\_\_\_|\_\_\_\_|\_\_\_\_\_

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**Beverages**

- 1  No Beverage Advertisements
- 1  100% fruit juice
- 1  Water
- 1  Milk
- 1  Other sweetened drinks
- 1  Other, please specify: \_\_\_\_\_|\_\_\_\_|\_\_\_\_\_

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**49. Does your school subscribe to Channel One?**

- 1  Yes
- 2  No
- 3  Don't know

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## VII. STUDENT CLUBS

**50. On average, how often do clubs offer food items for sale to students at the school during the school day?**

- 1  Daily
- 2  More than once a week
- 3  Once a week
- 4  Once every two weeks
- 5  Once a month
- 6  Less than once a month
- 7  Never

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**51. Which of the following foods are sold to students through club sales at the school during the school day? (Check all that apply.)**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Chocolate candy                  | 1 <input type="checkbox"/> Chips (potato, corn, taco)                  |
| 1 <input type="checkbox"/> Non-chocolate candy              | 1 <input type="checkbox"/> Soft drinks, sports drinks, or fruit drinks |
| 1 <input type="checkbox"/> Baked goods, not low in fat      | 1 <input type="checkbox"/> Pizza                                       |
| 1 <input type="checkbox"/> Low-fat baked goods              | 1 <input type="checkbox"/> Subs/hoagies                                |
| 1 <input type="checkbox"/> 100% fruit or vegetable juice    | 1 <input type="checkbox"/> Fruits or vegetables                        |
| 1 <input type="checkbox"/> Slushies                         |  |
| 1 <input type="checkbox"/> Other, please specify: _____ _ _ |  |
| 1 <input type="checkbox"/> None of the above                |  |

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**52. Do club food sales ever occur in the cafeteria during lunchtime?**

- 1  Yes
- 2  No
- 3  Don't know
- 4  We don't have club food sales

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## VIII. DEMOGRAPHICS

**53. What is your gender?**

- 1  Male
- 2  Female

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**54. What is your current job title?**

- 1  Principal
- 2  Associate/Assistant Principal
- 3  Other, please specify: \_\_\_\_\_|\_|\_|

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**55. How many years have you served in this position?**

- 1  Less than 1 year
- 2  1-5 years
- 3  6-10 years
- 4  More than 10 years

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