

School: \_\_\_\_\_

# TEENS Assessment Principal Interview

Date: \_\_\_\_\_

Respondent: \_\_\_\_\_

Completed by: \_\_\_\_\_

Check one:  Principal  
 Assistant Principal

Consent Form

The first questions are about activities or programs in your school during the 199\_\_ - 199\_\_ school year. When you answer these questions, please think about anything that happened during this school year (199\_\_ - 199\_\_).

1. Were any student assemblies held during the 199\_\_ - 199\_\_ school year in which speakers addressed food and health-related topics?

Yes  No  (go to Q. 3)

2. How many student assemblies were there in which speakers addressed the following topics?

Reducing fat in diet	_____	Preventing cancer	_____
Eating more fruits and vegetables	_____	Preventing heart disease	_____
General nutrition	_____	Maintaining ideal body weight	_____
Physical activity	_____		

3. Did your school have any special activities related to health promotion campaigns on the following topics:

National Nutrition Month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5-A-Day Fruit and Vegetables?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart disease prevention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer prevention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other health campaigns? (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Were there any health-related staff in-service programs over the 199\_\_-199\_\_ school year?

Yes  No  (go to Q. 6)

5. How many health-related staff in-service programs were there over the 199\_\_-199\_\_ school year on the following topics?

Reducing fat in diet	_____	Preventing cancer	_____
Eating more fruits and vegetables	_____	Preventing heart disease	_____
General nutrition	_____	Maintaining ideal body weight	_____
Physical activity	_____		

6. Are you aware of any efforts made during the past year to change the content of school meals?

Yes  No



If yes, was an effort made to:

- |                                   |                              |                             |                                     |
|-----------------------------------|------------------------------|-----------------------------|-------------------------------------|
| - reduce fat content?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| - increase fruits and vegetables? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| - other (specify)                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
- 

7. Are you aware of any efforts during the past year made to:

Increase the availability of fruit:

- |                            |                              |                             |  |
|----------------------------|------------------------------|-----------------------------|--|
| - in the cafeteria?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the a la carte line?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the vending machines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A (no machines) <input type="checkbox"/> |

Increase the availability of vegetables:

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| - in the cafeteria?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the a la carte line?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the vending machines? (SKIP IF N/A <input type="checkbox"/> ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

Increase the availability of lower-fat snacks:

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| - in the cafeteria?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the a la carte line?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| - in the vending machines? (SKIP IF N/A <input type="checkbox"/> ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

8. Are you aware of any special promotions (e.g., posters, table-tents, etc.) during the past year promoting:

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| - fruits?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - vegetables?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - lower-fat snacks? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9. Has there been any major school restructuring in the past year?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Classroom size reduction                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Schools merging or splitting            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Move to year-round schools              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Change in starting time for students    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Site-based management/shared governance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Major school renovations                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (specify)                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
-

The next questions are about food-related policies in your school. For these questions, please keep the following definition in mind.

**Definition: Food-Related Policies** are any school policies that deal with control of foods or beverages available to the student before, during, or after school, outside of the school meal pattern lunch.

10. Does your school have any written school food-related policies? (If written, obtain copy or name of contact person for follow-up).

Yes  No

11. Does your school have any informal (unwritten) food-related policies?

Yes  No

12. We have some questions about specific school policies:

a. Are students allowed to have food in the classroom? Yes  No

b. Are students allowed to have beverages in the classroom? Yes  No

c. Are students allowed to have snacks in the hallways? Yes  No

d. Are students allowed to have beverages in the hallways? Yes  No

e. Are food or food coupons used as rewards or incentives for students? Yes  No

f. Are there any policies regarding pop on the school grounds? Yes  No

↳ If yes, what are the policies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Generally, how closely do you think these policies are followed on a scale of 1-5, with 1 being not at all and 5 being completely?

Not at all	Somewhat	Completely		
1	2	3	4	5

14. Do you have classroom fund-raising that includes food sales? Yes  No

If yes: How often?  Weekly  Monthly  Quarterly  Other \_\_\_\_\_

15. Do you have school-wide fund-raising that includes food sales? Yes  No  (go to Q. 17)

If yes: How often?  Weekly  Monthly  Quarterly  Other \_\_\_\_\_



