

# Methodology To Evaluate Outcomes of the Team Nutrition Initiative in Schools

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## **Abstract**

This project develops a data collection methodology to evaluate outcomes of Team Nutrition, a voluntary USDA school-based initiative to promote nutrition education, healthy eating, and physical activity. The project uses information technology to collect high-quality data while decreasing respondent and investigator burden and lowering costs of collecting and analyzing evaluation data. Seven data collection instruments were developed: Five collect information from school personnel, one collects information from students, and the seventh is an on-site observation of the school environment. The instruments are being pilot-tested in one State, but because Team Nutrition is a national initiative, the methodology could be useful to other States.

**Keywords:** National School Lunch Program, Team Nutrition, Child Nutrition Programs, food assistance programs, evaluation, Food Assistance and Nutrition Research Program, FANRP, ERS, USDA

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## **Executive Summary**

Team Nutrition is an initiative of the USDA's Food and Nutrition Service (FNS) to support USDA Child Nutrition Programs such as the National School Lunch Program and the School Breakfast Program through nutrition education, training and technical assistance for school foodservice personnel, and school and community support for healthy eating and physical activity. Team Nutrition is a voluntary initiative, and schools choose for themselves the extent to which they implement Team Nutrition activities.

The purpose of this project was to develop a data collection methodology to evaluate the implementation of the Team Nutrition initiative in schools and the outcomes associated with its implementation. An important feature of the project is the use of information technology to decrease respondents' and investigators' burden while improving data integrity. Use of technology should also lower costs of collecting and analyzing evaluation data. In the interests of efficiency and of obtaining information comparable to national data sources, items for the data collection instruments were obtained or adapted from several national questionnaires and surveys and from published research studies. The questionnaire items were reviewed for content and face validity by a panel of expert reviewers. Development of the questionnaires involved rewording for clarity, reformatting to fit the web-based survey approach employed in this study, reordering the items of each questionnaire into a logical sequence, and reducing items and length of the questionnaire without changing the content.

A total of seven data collection instruments were developed, five targeting administration and other school personnel, such as principals, teachers, coaches, district foodservice directors and cafeteria managers. One questionnaire was developed to obtain information from students. The student questionnaire was administered in two parts; one assessing student nutrition knowledge and the other assessing attitudes and behaviors. The seventh data collection instrument is an on-site observation of the school environment to be conducted by a member of the research or evaluation team. Although the instruments are being pilot-tested in one state (Louisiana), the methodology could be used by other states seeking to evaluate their implementation of Team Nutrition.

## **Introduction**

This report describes the development of a data collection methodology for a state-level evaluation of outcomes associated with Team Nutrition, an initiative of the USDA Food and Nutrition Service (FNS) in support of the Child Nutrition Programs. The goal of Team Nutrition is to improve children's lifelong eating and physical activity habits by using the principles of the Dietary Guidelines for Americans and USDA food guidance. Team Nutrition is implemented through provision of the following three behavior-oriented strategies: 1) training and technical assistance for Child Nutrition food service professionals to help them serve meals that look good, taste good and meet nutrition standards; 2) multifaceted, integrated nutrition education for children and their parents to build skills and motivation for children to make healthy food and physical activity choices as part of a healthy lifestyle; and 3) support for healthy eating and physical activity by involving school administrators and other school and community partners. Six communication channels are utilized. These include: 1) foodservice initiatives, 2) classroom activities, 3) school-wide events, 4) home activities, 5) community programs and events, and 6) media events and coverage. These channels offer a comprehensive network for delivering consistent nutrition messages to children and their caretakers which will educate them about the importance of healthy eating and reinforce the messages through a variety of sources.

Schools may enroll as Team Nutrition Schools in a database maintained by FNS, and schools in all 50 states, the District of Columbia and the U.S. territories have done so (Fox, Hamilton and Lin, 2004). Since 2002, USDA has received about \$10 million annually to support Team Nutrition activities; State child nutrition agencies compete to receive Team Nutrition grants to support state and local activities (Fox, Hamilton, and Lin, 2004). In 2005, 21 states received Team Nutrition Training grants (FNS, 2006); however, the limited and uncertain Federal funding available from such grants may affect the extent to which Team Nutrition is implemented in schools.

Evaluation of Team Nutrition is challenging because it is a multifactorial approach to nutrition education and promotion that encompasses school foodservice, classroom education, and other school activities, such as extracurricular sports activities. The initiative aims to affect change at both the school and child level. However, schools that elect to participate in Team Nutrition have considerable flexibility in the extent to which they implement the initiative, the

activities they implement, and the personnel involved in implementation. As a result, evaluation requires collection of considerable information, usually from more than one information source within a school. The purpose of this project was to develop data collection methods that capture the range of necessary information, while using information technology to decrease respondent burden. Use of technology should also lower costs of collecting and analyzing evaluation data. While this project is specific to a single state (Louisiana), findings may be useful to other states seeking to assess Team Nutrition implementation and the effects of implementation.

### **Background**

School-based nutrition initiatives, with access to a large number of students, have the potential to influence children's development of healthy food consumption practices that reduce diet-related risks of chronic diseases later in life. The principal approach to promoting nutrition among school-aged children has been through school-based educational efforts and government regulated child nutrition programs such as the National School Lunch and School Breakfast programs.

The National School Lunch and Breakfast programs provide free meals in participating schools for those students whose family income is below 130% of the federal poverty guidelines. Those students whose family income is between 131% and 185% are eligible for reduced price meals. Full price students pay a higher price, although schools receive a small federal subsidy for those students. During the 2003 fiscal year (FY), an average of 28.3 million children participated in the lunch program each day, and an average of 8.4 million children participated in the breakfast program each day (USDA, 2004). The public investment in Federal school-based nutrition programs is considerable, with the FY 2003 spending for the National School Lunch program at \$7.2 billion and spending for the National School Breakfast program at \$1.6 billion (USDA, 2004).

To the extent that meals offered to and consumed by children meet up-to-date nutrition standards, school-based nutrition programs provide an opportunity to improve children's nutrition and health. USDA regulations, revised as part of the School Meal Initiative (SMI) of the mid-1990s, require the lunch to provide one-third of the Recommended Dietary Allowances for protein, calcium, iron, vitamin A, and vitamin C, and to meet standards for fat and saturated fat based on the Dietary Guidelines for Americans. The School Nutrition Dietary Assessment Study II found that, in school year 1998-99, less than one-fourth of the served school lunch

meals met current fat and saturated fat standards (no more than 30% of calories from fat with less than 10% from saturated fat). Schools were more successful with breakfast meals, with the majority serving breakfasts meeting the fat and saturated fat standards (Fox, 2001).

Recognizing that simply publishing a regulation is not enough to change children's diets, USDA's Food and Nutrition Service (FNS) developed Team Nutrition to support the School Meals Initiative for Healthy Children. Team Nutrition was conceptualized as a multifactorial approach to nutrition promotion that could encompass promotion strategies based in the cafeteria, classroom, school-based physical activity, and potentially other factors contributing to what has been called a "healthy school nutrition environment" (FNS, 2000). This initiative was developed to provide training and technical assistance to foodservice personnel, with skill-based knowledge to provide healthy meals that appeal to children and meet the Dietary Guidelines for Americans.

The Team Nutrition Initiative includes curricula for various age groups. For example, three curricula "Food and Me," "Food Time," and "Food Works" were developed for different elementary school grade levels (FNS, 1995). The "yourSELF kit" is a curriculum that encourages middle school children to make smart choices about eating and physical activity (FNS, 1998).

Evaluation of outcomes of the Team Nutrition initiative, focusing primarily on what schools are doing to promote better nutrition and physical activity, is essential to assessing its role in achieving SMI goals. However, assessment of Team Nutrition presents some challenges. First, because of the voluntary nature of the initiative, limited funding, and lack of enforceable requirements for implementation, the quality and extent of the implementation of the initiative varies across schools, according to the Team Nutrition coordinator in our target state of Louisiana (A. Carroll, personal communication, July 1, 2003). For example, in Louisiana 100% of both public and parochial schools have signed up as Team Nutrition partner schools (<http://www.fns.usda.gov/tn/Database/index.htm>), but active involvement varies considerably. Therefore, one cannot assume that because a school is identified as a Team Nutrition school, specific activities are carried out. Assessment of the nature and extent of activities conducted is essential.

Given the multifactorial approach taken by Team Nutrition, researchers must consider the complexity of evaluation, and the detailed data needed from multiple informants to adequately describe implementation of the initiative. At the same time, multiple questionnaires are costly, and excessive demand on respondents may decrease response rate. Therefore, a

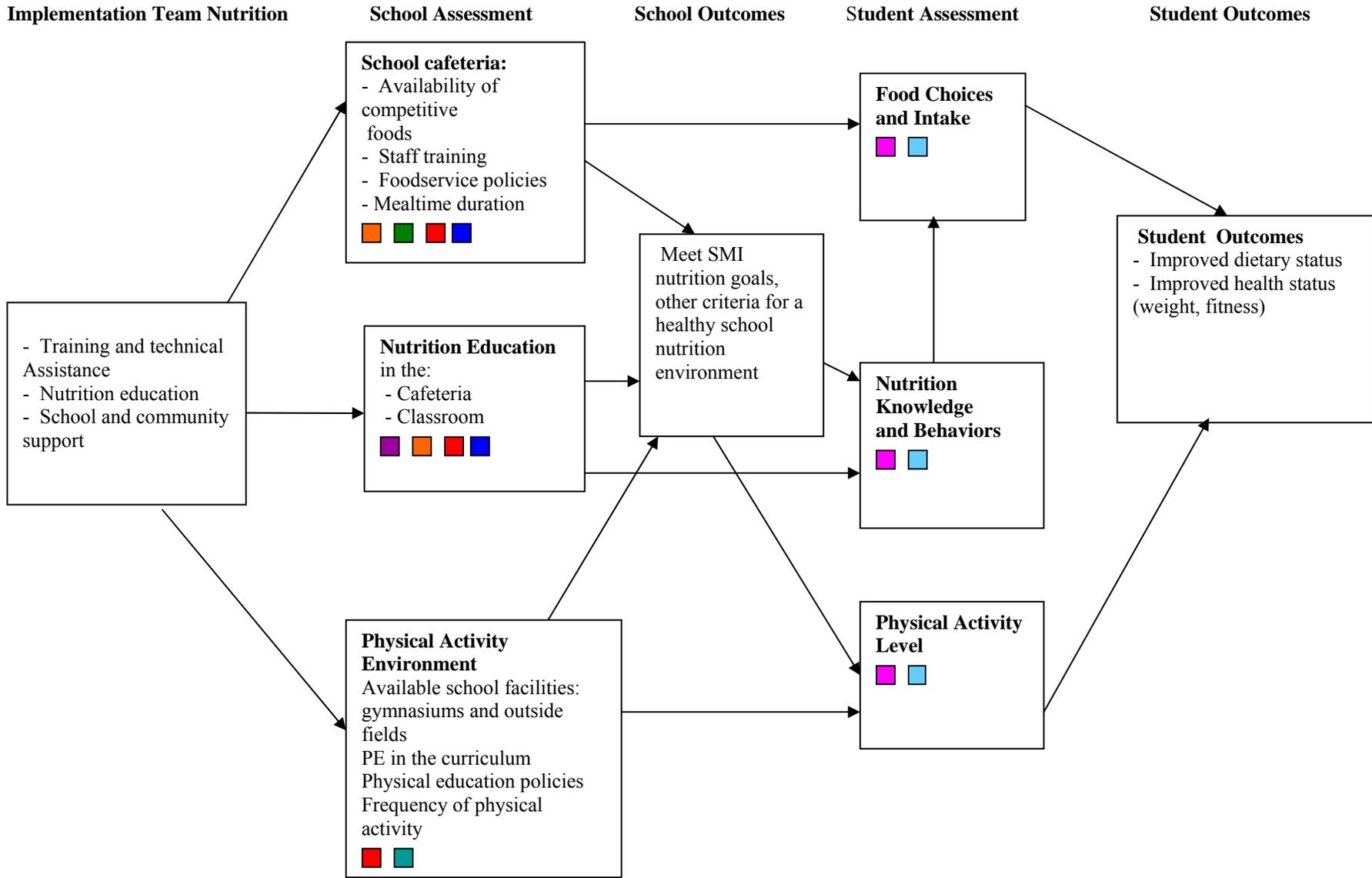
purpose of this project was to investigate the feasibility of using technology-assisted methods of data collection whenever possible. This approach included web-based questionnaires and use of handheld personal computers (also known as Personal Data Assistants or PDAs). Feasibility considerations included quality of data obtained, preferences of respondents, and cost-effectiveness of data collection compared to traditional methods.

### **Conceptual Framework for Study Design**

The impact of Team Nutrition is conceptualized as operating through independent effects of intervention changes in school foodservice, nutrition education, physical activity, and school policy and environmental factors that promote healthy lifestyle (e.g., existence of a school health committee; cafeteria with adequate space and other appealing characteristics). In addition, evaluation of the Team Nutrition Pilot indicated that having multiple channels of intervention created a mutually reinforcing effect (FNS, 1998). In statistical terms, this could be considered an interaction effect. Figure 1 illustrates our conceptual framework, with arrows indicating direct effects of individual aspects of Team Nutrition implementation on student behavior, as well as indirect effects that occur through promotion of an overall healthy school environment.

Two levels of outcomes are conceptualized. First, creation of an overall healthy school environment can be considered a school-level outcome that could be monitored to assess the success of policy implementation. Student-level outcomes of improved diet and health would be the second, and ultimately most important level of outcome.

**Figure 1 Conceptual Model of a Healthy School Environment Assessment**



**Key: Questionnaires used for assessment**

-  School Health Policies and Environment
-  School Nutrition and Observation/Cafeteria Manager Interview
-  Foodservice District Questionnaire
-  School Foodservice Questionnaire
-  Student Food Knowledge Questionnaire
-  Physical Education Questionnaire
-  Teacher Questionnaire
-  Student Dietary Habits, Physical Activity Behavior, and Weight Perception

## **Methodology**

To evaluate implementation of Team Nutrition in schools and implementation impacts, we sought to develop measures that would answer the following questions:

- To what extent have schools adopted and implemented school policies that promote healthy eating and physical activity, including the integration of nutrition education in the classroom or in the cafeteria?
- To what extent have schools accessed the resources and training they need to achieve success?
- To what extent have the school and community fostered an environment that supports healthy eating and physical activity?
- For those schools enrolled as Team Nutrition schools but not implementing, what are the barriers for implementing each Team Nutrition strategy?
- Which schools are high, low, or non-implementers of Team Nutrition strategies, and what are the characteristics of the schools categorized as high implementers?
- Is there any relationship between the level of implementation of Team Nutrition strategies such as food service training, nutrition education, and community involvement, and the healthy food choices and physical activity opportunities available to students? (School-level outcome)
- Do students know the basic recommendations of the Dietary Guidelines for Americans and USDA Food Guidance (source documents for Team Nutrition education messages)?
- Are students making healthy choices as recommended by these source documents?
- Are students physically active on a regular basis, as recommended by Dietary Guidelines for Americans?
- Is there a relationship between Team Nutrition implementation and student diet and health-related knowledge, attitudes, and behaviors? (Student-level outcomes)

## **Questionnaire Development**

To collect the information to answer these research questions, a total of seven data collection instruments were developed. One set of questionnaires targets administrative and other school personnel, such as principals, teachers, coaches, district foodservice directors and

cafeteria managers. These five questionnaires were developed for self-administered, web-based administration.

To obtain student information, one questionnaire was developed. The questionnaire was administered in two parts, one assessing student nutrition knowledge, and the second assessing attitudes and behaviors. Both were designed to be administered via handheld personal computers. The seventh data collection instrument is an on-site observation of the school environment to be conducted by a member of the research or evaluation team.

In the interest of efficiently obtaining information comparable to national data sources, items for the questionnaires and observation form were obtained or adapted from several national questionnaires and surveys and published research studies, including three measures developed by the Centers for Disease Control and Prevention (CDC): the School Health Index (SHI) (CDC, 2000), School Health Policies and Programs Study (SHPPS) 2000 (CDC, 2000), and the Youth Risk Behavior Surveillance Survey (CDC, 2003). Also consulted were instruments developed for the Team Nutrition Pilot Study (FNS, 1998); SHAPE California 2001 (Shaping Health as Partners in Education) (Health & Education Communication Consultants, 2001); the Diet and Health Knowledge Survey 1994-1996 (USDA, 1996); and a nutrition teaching self-efficacy scale developed by Brenowitz & Tuttle (2003).

The criteria for item selection from the original questionnaires were based on how well the item addressed the study questions. These original instruments formed a sound foundation for the current work. However, given the new evaluation context and data collection approach, it was considered necessary to assess selected items for appropriateness, clarity, validity, and reliability in the context of this study. Items were reviewed to identify those most relevant to the purposes of the evaluation. In addition, the source questionnaires and surveys were designed for interview or paper-and-pencil administration; wording and formatting that might have suited those approaches needed to be reconsidered for appropriateness and clarity in the context of a web survey (Couper, 2006).

The questionnaire items were reviewed for content and face validity by a panel of expert reviewers. Development of the questionnaires involved eliminating compound questions, reformatting, rewording, and reordering the items for a logical sequence in the new data collection instruments, and reducing items and length of the questionnaire without changing the desired content. Revisions were made with the target population in mind, with emphasis on cognitive level, clarity, and response burden. It was also necessary to consider the effects of any change in mode of question administration. For example, the original instruments may have

been interviewer-administered or used a paper-and-pencil format. In some cases, the formats that work well for these administration methods may be less appropriate for web-based surveys (Couper, 2006). Descriptions of the data collection instruments developed for this project and examples of how questions for each instrument were developed are presented in the following sections.

### Content Validity

Content validity is the ability of the questionnaire items to accurately assess the intended information (Townsend et al., 2003). Questionnaire items were reviewed twice for content validity by a panel of experts representing related areas such as: nutrition, physical and health education, school foodservice, middle school family and consumer sciences education, and administration (school principal) (see the Acknowledgements section for a full list of expert panelists).

### Face Validity

Face validity is defined as the use of appropriate wordings for the audience of interest, with an adequate focus on variables of interest (Ott, Larson, & Mendenhall, 1983). Thus, face validity is critical to ensuring that questions are understood in the manner intended by the researcher. Each questionnaire was reviewed for face validity by a wide range of individuals who represented the target groups: students, school foodservice managers and directors, middle school family and consumer sciences teachers, physical education coaches, and human subject review experts. Each questionnaire was assessed for the overall validity on a scale of 1 to 5 (with 5 indicating the highest level) in relation to: comprehensiveness, adequacy, meaningfulness, format, content, and clarity. The questionnaires scored an average of 3 during the first peer review, but improved to an average of 4.5 during the final peer review.

Terminology related to revision followed Babbie's (2001) guidelines for asking questions and questionnaire construction to improve clarity, reduce ambiguity, and revise compound and value-laden items. Each questionnaire was further revised based on reviews. Each completed questionnaire, in its final wording, is listed in Appendices A - H. Below are some important findings from the revision process.

### School Health Policies and Environment Questionnaire

This questionnaire was adapted from two sources, Children's Health Through a Comprehensive Nutrition Approach: An Evaluation of Nutrition Education, developed for use in SHAPE California (Health and Education Communication Consultants, 2001) and the School Health Index, Module 1, Middle and High School (CDC, 2000). The questionnaire has two main sections. The first section assesses the use of Team Nutrition middle school curriculum and resources by the school, the policies that guide nutrition instruction, and the administrator's perception of the importance of nutrition instruction in the school.

The second section assesses school policies regarding physical education practices, sale of competitive foods, and types of foods associated with fundraising efforts. This section of the questionnaire has two parts. The first part assesses the enforcement of the written policies, the adequacy and availability of the physical activity facilities, the use of physical activity as punishment, and substitution of physical education with other courses. The second part examines school policies on the sale of competitive food, such as location and content of vending machines or snack bars, and the use of non-nutritive items for school fundraising efforts.

The questionnaire was revised to eliminate compound questions by breaking down multiple-part questions into simpler questions and responses. In addition, questions were reformatted to include tables, and items were reworded accordingly. For example, Table 1 shows an original question considered compound in that at least three questions are asked at once: existence of a representative committee, meeting times per year, and types of programs overseen. The question was revised by subdividing into four different questions with appropriate response categories for each question and the original question was reworded and reformatted.



### School Nutrition and Environment Observation/Cafeteria Manager Interview

This questionnaire was adapted from SHAPE California (2001). The questionnaire has two major sections, an on-site observation by the researcher and a structured interview of the cafeteria manager.

The on-site observation assesses the physical appearance of the cafeteria, including the availability of healthy messages in the cafeteria, adult supervision during lunch, and the duration of the lunch period. The researcher also observes the types of foods offered in the cafeteria, including snack bars, soft drinks, vending machines, a la carte selections, and any other competitive foods.

The cafeteria manager interview assesses the foodservice manager's perspective on students' food preferences and eating behaviors, the foodservice manager's involvement with students' nutrition education, and continued education efforts for the foodservice staff. The questionnaire was revised to narrow the focus to specific topics as demonstrated in Table 2. To evaluate the appearance of the cafeteria, the revised question included three categories for evaluating the appearance of the cafeteria environment. Similarly, the original question about supervision at lunch was more general, while the revised question provides specific response options.

Table 2. Examples of Revision to Provide More Specific Response Options

Original Question	Revised Question															
<p><i>Example 1</i> Is the cafeteria an appealing place to eat? <i>Please specify:</i> (Yes or No answer)</p>	<p><b>1.0 Is the cafeteria an appealing place to eat in relationship to:</b></p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Yes</b></th> <th style="text-align: center;"><b>No</b></th> </tr> </thead> <tbody> <tr> <td>Enough space for the number of students?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Color (Are the colors pleasant?)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Noise level (Is noise level controlled by a chaperon/teacher?)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	Enough space for the number of students?	<input type="checkbox"/>	<input type="checkbox"/>	Color (Are the colors pleasant?)	<input type="checkbox"/>	<input type="checkbox"/>	Noise level (Is noise level controlled by a chaperon/teacher?)	<input type="checkbox"/>	<input type="checkbox"/>			
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<p><i>Example 2</i> Who is in the cafeteria at lunchtime?</p>	<p><b>2.0 Who supervises the children during lunch?</b></p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Yes</b></th> <th style="text-align: center;"><b>No</b></th> </tr> </thead> <tbody> <tr> <td>Classroom Teachers</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Foodservice staff</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Room parents</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	Classroom Teachers	<input type="checkbox"/>	<input type="checkbox"/>	Foodservice staff	<input type="checkbox"/>	<input type="checkbox"/>	Room parents	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		
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Room parents	<input type="checkbox"/>	<input type="checkbox"/>														
Other _____																

### Food Service District Questionnaire

This questionnaire was adapted from the CDC School Health Policies and Programs Study (SHPPS, 2000). This questionnaire is specific to the policies at the district level and investigates techniques used to prepare food in the schools, including menu modifications such as reducing sugar and salt and steaming vegetables and the policies on competitive food sales. The qualifications and credentials of the foodservice director are assessed, including the certifications required for a newly hired director.

For the purposes of this study, the sequence of questions in the original document was changed with some words revised to meet the purposes of the study. For example, the term “junk food” is not used in USDA food guidance documents; the revised question specified foods high in fat and sugar, as demonstrated in Table 3. As a result of regrouping and eliminating some items, the questionnaire was reduced from 56 questions and a length of 25 pages to 45 questions and a length of 11 pages.

Table 3. Examples of Revision for Redefined Terminology

Original Question	Revised Question																
<p>33. We recognize that the level of detail contained in policies or rules on “junk foods” varies across districts. For example, rules on when these foods can be offered to students, where the foods are available in the school, and what types of food are permitted might be specified by policies adopted by your district.</p> <p>Is there additional information on the policies or rules on “<u>junk foods</u>” that you can provide?</p> <p>Yes No</p>	<p><b>33.0 Are there policies or rules regarding offering foods that provide calories primarily through fats in relationship to:</b></p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><b>Yes</b></th> <th style="text-align: center;"><b>No</b></th> <th style="text-align: center;"><b>Don’t Know</b></th> </tr> </thead> <tbody> <tr> <td>When these foods can be offered to students</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Where the foods are available in the school</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Types of foods permitted in the school district</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		<b>Yes</b>	<b>No</b>	<b>Don’t Know</b>	When these foods can be offered to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where the foods are available in the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Types of foods permitted in the school district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Types of foods permitted in the school district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

### School Food Service Questionnaire

This questionnaire was adapted from the School Food Service Questionnaire of the CDC School Health Policies and Programs Study (SHPPS), 2000 (CDC, 2000). The questionnaire is similar to the district foodservice questionnaire but is specific to the individual school’s policies. Items in the questionnaire assess food preparation methods, student nutrition activities, and the qualifications and credentials of the school foodservice manager. The questionnaire has four main parts. The first part assesses food preparation practices, such as reheating or cooking from scratch, and modifying menus. The second part assesses foods offered to students, including a la carte selections and competitive foods. In the third part, items assess the involvement of the foodservice staff in nutritional activities with the students in the cafeteria or classroom. The last section assesses the cafeteria manager’s credentials and education background.

Changes to the original survey include reduction of items, as well as rewording and reformatting of items and response choices. Overall, the questionnaire was reduced from the original 72 items and 26-page length to 41 items and 10-page length. An example of item reduction without changing the content is shown in Table 4.

Table 4. Examples of Item Reduction and Reformatting

Original Question	Revised Question															
1. Does this school offer breakfast to students? Yes..... 1 No..... 2	<b>3.0 Does this school offer the following foodservices to <u>students</u>?</b> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>A la carte breakfast items (<b>A la carte is defined as food items sold in addition to the unitized, reimbursable meal during regular meal service</b>)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>A la carte lunch items</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (please specify): _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	A la carte breakfast items ( <b>A la carte is defined as food items sold in addition to the unitized, reimbursable meal during regular meal service</b> )	<input type="checkbox"/>	<input type="checkbox"/>	A la carte lunch items	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
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A la carte lunch items	<input type="checkbox"/>	<input type="checkbox"/>														
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>														
2. Does this school offer a la carte breakfast items to students? Yes..... 1 No..... 2																
3. Does this school offer lunch to students? Yes..... 1 No..... 2																

In another example, Table 5 shows how a compound question with a single answer was broken down into three specific questions and responses.

Table 5. Examples of Revision of Compound Question

Original Question	Revised Question												
43. During the past 12 months, have students visited the cafeteria to learn about food safety, food preparation, or other nutrition-related topics?  Yes..... 1 No..... 2	<b>22.0 During the past 12 months, have students visited the cafeteria to learn about the following:</b> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Food safety</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Food preparation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other nutrition-related topics? (please specify): _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Food safety	<input type="checkbox"/>	<input type="checkbox"/>	Food preparation	<input type="checkbox"/>	<input type="checkbox"/>	Other nutrition-related topics? (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No											
Food safety	<input type="checkbox"/>	<input type="checkbox"/>											
Food preparation	<input type="checkbox"/>	<input type="checkbox"/>											
Other nutrition-related topics? (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>											

### Physical Education Questionnaire

This questionnaire was adapted from the CDC School Health Policies and Programs Study (SHPPS, 2000). The survey has two major sections that assess physical activity programs and policies. In the first section, items assess whether or not the school follows specific guidelines, such as state or national guidelines for physical education policies. Items also assess the school's physical education curriculum goals and objectives. The second section assesses the school's policy on required physical education, including intramural and competitive sports.

The length of the questionnaire was reduced from 111 items and 39 pages to 55 items and 14 pages. Numerous items were reformatted into tabular form with answer columns indicating responses “Yes” or “No”, providing a structural and visual consistency that is important to web survey design, as the partial question demonstrates in Table 6.

Table 6. Examples of Formatting Revision

Original Question	Revised Question															
<p>68. This card lists different intramural or physical activity clubs that might be offered to students at this school. Which of these are offered to <u>girls</u> at this school? MARK ALL THAT APPLY</p> <p>Aerobics..... 1 Badminton..... 2</p> <p>69. This card lists different intramural or physical activity clubs that might be offered to students at this school. Which of these are offered to <u>boys</u> at this school? MARK ALL THAT APPLY</p> <p>Aerobics..... 1 Badminton..... 2</p>	<p><b>44.0 Which of these intramural or physical activity clubs (clubs are defined as participatory) are offered to both boys and girls, only boys, only girls, or neither at this school?</b></p> <table> <thead> <tr> <th></th> <th><b>Boys &amp; Girls</b></th> <th><b>Only Boys</b></th> <th><b>Only Girls</b></th> <th><b>Neither</b></th> </tr> </thead> <tbody> <tr> <td>Aerobics (e.g., step or low-impact)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Badminton</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		<b>Boys &amp; Girls</b>	<b>Only Boys</b>	<b>Only Girls</b>	<b>Neither</b>	Aerobics (e.g., step or low-impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Boys &amp; Girls</b>	<b>Only Boys</b>	<b>Only Girls</b>	<b>Neither</b>												
Aerobics (e.g., step or low-impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

### Teacher Questionnaire

This questionnaire was designed for family and consumer sciences and health education teachers. The content and items were adapted from different sources, including SHAPE California (Health and Education Communications Consultants, 2001), the Team Nutrition Initiative Pilot Study Teachers’ Pretest Questionnaire (FNS, 1998), a Nutrition-Teaching Self-Efficacy Scale for Elementary School use, developed by Brenowitz & Tuttle (2003), and researcher-developed questions pertaining to demographics.

The questionnaire has three main sections. The first section assesses teachers’ gender, age, years of teaching experience, and educational background. The second section assesses aspects of classroom nutrition instruction such as how often nutrition is taught in the classroom, what resources are used to teach nutrition in the classroom (e.g., Team Nutrition materials), nutrition curriculum guidelines, and educational sources used for staff development. The last section of the questionnaire measures the teacher’s perceptions and outcome expectations for nutrition instruction.

Items used in the teacher's questionnaire were revised as necessary to provide more specific responses, as shown in Table 7.

Table 7. Example of Question Revision for More Specific Responses

Original Question	Revised Question	Yes	No
Do you teach nutrition as a: stand-alone topic____, OR as part of the health, science or home economics curriculum____?	3.0 Do you teach nutrition as a stand-alone topic?	<input type="checkbox"/>	<input type="checkbox"/>
	3.1 Do you teach nutrition as part of health education?	<input type="checkbox"/>	<input type="checkbox"/>
	3.2 Do you teach nutrition as part of science education	<input type="checkbox"/>	<input type="checkbox"/>
	3.3 Do you teach nutrition as part of family & consumer sciences education?	<input type="checkbox"/>	<input type="checkbox"/>

In addition, questions were revised to assure data standardization. For example, a teacher would have answered the original question in Table 8 differently depending on the time of year s/he completed the questionnaire. The revised question reflects the number of hours taught in a year regardless of the time of questionnaire completion. Converting to an open-ended response allows collection of more precise data, and the variable is continuous instead of categorical, allowing more choices for statistical analysis.

Table 8. Example of Revision for Standardization of Responses

Original Question	Revised Question
<p><u>Thus far this school year</u>, about how many hours have you spent teaching nutrition to your students (<u>do not</u> include time you plan on teaching nutrition)?</p> <p>None <input type="checkbox"/></p> <p>1 to 2 hours <input type="checkbox"/></p> <p>3 to 5 hours <input type="checkbox"/></p> <p>6 to 10 hours <input type="checkbox"/></p> <p>More than 10 hours <input type="checkbox"/></p>	<p>18.0 <u>During the school year</u>, about how many on average hours do you spend teaching nutrition to your students (do not include time you plan on teaching nutrition)?</p> <p>None <input type="checkbox"/></p> <p>Please write your response:_____</p>

### Student Questionnaire

This questionnaire was largely taken from various sources, including the Team Nutrition Pilot Study (Student Questionnaire) (FNS, 1998) and the CDC Youth Risk Behavior Survey (CDC, 2003). The investigators developed additional questions; these questions pertained to demographics and student food knowledge relating to identification of food groups and serving sizes. In addition, questions were obtained from USDA's Diet and Health Knowledge Survey (DHKS) 1994-1996 (USDA, 1996). The DHKS was originally used with adults; therefore, pretesting for appropriateness with students was especially important.

This questionnaire targeted middle school students to investigate nutritional knowledge, dietary and physical activity behaviors, and weight perception. Based on comments by reviewers and middle school teachers on the length of the questionnaire, it was divided into two separate questionnaires in consideration of the students' cognitive level and attention span. The questionnaires were administered using handheld computers. The handheld computers were also used to assess point of consumption data over a two-day period. The handheld computers were programmed with animated interactions, a feature that can enhance the completion rate of the questionnaire and appeal to preadolescents who are familiar with technological devices such as GameBoy and Playstation Portable. The two parts of the student questionnaire are discussed below.

#### *Student Food Knowledge Questionnaire Day 1*

The first section of the questionnaire begins with demographics, including gender, race, and age. The second section of the questionnaire deals with food knowledge. The questions are designed to test student knowledge of the food groups, serving sizes, nutrients, and diet-related health problems. Formatting changes were made for clarity and to reduce the number of items, as shown in Table 9.

Table 9. Examples of Revision of Student Questionnaire Item

Original Question	Revised Question																		
<p>Have you heard about any health problems caused by (BEHAVIOR)?</p> <p style="text-align: center;"><b>BEHAVIOR</b></p> <p>a. Eating too much fat?  YES.....1  NO.....2</p> <p>What health problems are these?  Any other problems?</p> <p>The respondent is asked to circle behaviors coded from 01 to 17 that are linked to this behavior. A code of 00 is to specify other diseases/problems</p>	<p>7.0 Which of the following health problems are associated with the following dietary behavior? Match the health problem listed below with the associated dietary behavior by circling the number of the health problem in the space provided. (For example, eating too much sugar can cause tooth problems. (05))</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><b>DIETARY BEHAVIOR</b></th> <th style="text-align: center;"><b>Number</b></th> <th style="text-align: left;"><b>Health Problem</b></th> </tr> </thead> <tbody> <tr> <td>a. Eating too much salt or sodium</td> <td style="text-align: center;">01 02 03 04 05</td> <td>01-Osteoporosis</td> </tr> <tr> <td>b. Not eating enough calcium</td> <td style="text-align: center;">01 02 03 04 05</td> <td>02-Heart Disease and stroke</td> </tr> <tr> <td>c. Eating too much cholesterol and saturated fats</td> <td style="text-align: center;">01 02 03 04 05</td> <td>03-Obesity</td> </tr> <tr> <td>d. Eating too much sugar</td> <td style="text-align: center;">01 02 03 04 05</td> <td>04-High Blood Pressure</td> </tr> <tr> <td>e. Eating too many calories</td> <td style="text-align: center;">01 02 03 04 05</td> <td>05-Tooth problems</td> </tr> </tbody> </table>	<b>DIETARY BEHAVIOR</b>	<b>Number</b>	<b>Health Problem</b>	a. Eating too much salt or sodium	01 02 03 04 05	01-Osteoporosis	b. Not eating enough calcium	01 02 03 04 05	02-Heart Disease and stroke	c. Eating too much cholesterol and saturated fats	01 02 03 04 05	03-Obesity	d. Eating too much sugar	01 02 03 04 05	04-High Blood Pressure	e. Eating too many calories	01 02 03 04 05	05-Tooth problems
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Questions were revised to reflect common foods familiar to middle school students, as shown in Table 10. For example, reviewers felt seventh graders might not be familiar with loin pork chops or pork spare ribs but would be familiar with both grilled chicken and fried chicken strips.

Table 10. Examples of Revision for Familiar Items

Original Question	Revised Question
<p>Which has <u>more fat</u></p> <p>Loin pork chops, or...1  Pork spare ribs.....2  The same.....3  Don't know.....8</p>	<p><b>6.2. Based on your knowledge, which of the following food choices has more fat? SELECT your answer.</b></p> <p>Grilled chicken <input type="checkbox"/></p> <p>Fried chicken strips <input type="checkbox"/></p> <p>The same <input type="checkbox"/></p> <p>Don't Know <input type="checkbox"/></p>

*Student Dietary Habits, Physical Activity Behavior and Weight Perception, Day 2*

The first section of the Day 2 Student Questionnaire begins with two questions about weight perception. The second part contains nine questions relating to physical activity behavior, including physical education class, sports team participation, weekend physical activity, and hours spent watching television per day. The last part of the questionnaire contains questions about the students' dietary habits. Questions focus on the number of servings per food group, student participation in nutritional activities (e.g., taste testing new foods), and parental

involvement in talking about nutrition. Formatting changes were made for clarity and to reduce the number of items, as shown in Table 11.

Table 11. Examples of Revision for Formatting

Original Question	Revised Question*
<p>During the past 30 days, did you exercise to lose weight or to keep from gaining weight? A. Yes B. No</p> <p>During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight? A. Yes B. No</p> <p>During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight? A. Yes B. No</p> <p>During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.) A. Yes B. No</p>	<p><b>3.0 Which, if any, of the following activities have you engaged in during the past 30 days in an effort to lose or maintain weight? SELECT all that apply.</b></p> <p>Exercise <input type="checkbox"/></p> <p>Eat less food, fewer calories, or foods low in fat <input type="checkbox"/></p> <p>Go without eating for 24 hours or more (also called fasting) <input type="checkbox"/></p> <p>Take diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products such as Slim Fast.) <input type="checkbox"/></p> <p>Vomit <input type="checkbox"/></p> <p>Take laxatives <input type="checkbox"/></p> <p>Other: (please specify) <input type="checkbox"/></p>

\*Asking questions on potentially harmful weight control practices, such as fasting, using diet pills, powders, or liquids without a doctor's advice, vomiting, or taking laxatives, may be sensitive, and should be discussed and approved by the appropriate Institutional Review Board before administering these questions.

### Use of Web-Based Data Collection Methodology

Five of the questionnaires—those intended for completion by school system employees—were designed to be taken as web surveys (i.e. on Internet world wide web). The use of web-based methods of collecting data is time-efficient and convenient for both the users and the investigators. Transmission of web-based data is free and instant as contrasted with the paper format that needs stamps, posting, and transfer time. Furthermore, collecting survey data through Internet technology allows the data to be collected, analyzed, and dispersed without going through the cumbersome process typically associated with other data collection methodologies. With most American schools now having some form of Internet access, this methodology may be particularly useful for school-based data collections.

Although the student questionnaire can be administered as a pen and paper questionnaire, this project made use of handheld computers to collect point of consumption data from the students. The use of the handheld computer method will facilitate collection of food consumption data in Real Time, avoiding a lapse in memory that can occur when the data are obtained after the students leave the cafeteria.

The goal of the web-based methodology is to design a system by which to gain meaningful, complete information from a variety of professionals involved in Team Nutrition delivery and/or food and health programs, activities or policies in public schools. That questions are understandable and useful is extremely important, as discussed above. Also, the data submission process must be protected such that unauthorized access is restricted. The web-based method will help protect the data from contamination by false entries and, depending on the survey topic, may be important for confidentiality reasons. Web-based approaches should increase completion rate, thus preventing missing data that can affect statistical results.

#### Project Implementation

Six surveys were converted from a paper form into HTML (Hypertext Markup Language) and PHP (Hypertext Preprocessor). The main purpose for using PHP as the server-side language was to make use of Louisiana Tech's Apache/PHP web server and the attached MySQL database. While the present solution poses few, if any, advantages over a comparable Microsoft/Active Server Page solution, it uses the most readily available resource. Each survey was broken down into individual questions and each question then stored in a separate file. This configuration allows for the responder to answer one question at a time, and not feel overwhelmed by the size of the survey.

At the beginning of each question, the previous question's responses are stored in session variables for security purposes. This allows responders to navigate away from the survey, and when they return, any information they have already entered for that session is still available. This capability prevents responders from feeling pressured to complete the survey in one sitting.

At the end of a given survey, all the session variables are passed into an INSERT statement for a MySQL database. Thus, there is only one command run on the database for a complete submission. This method is time efficient and eliminates the costs normally associated with collecting data on paper. Reading data into a database can potentially be superior to manual data entry. For instance, there is no longer the need to key in data, removing the possibility of human error. In addition, the online questionnaires have been thoroughly tested, which reduces the possibility of errors and improves the effectiveness of data collection.

To protect the data from unauthorized submissions, a responder must enter an ID and a password. The ID is the same for any given survey, but the password can be changed periodically. The password is maintained and distributed by the principal investigator. The ID/password are submitted via a HTML form and checked against a stored value in a PHP file. This PHP file could be the first page of a given survey. For instance, if responders try to open a certain survey, they are presented with an ID and password request. If the ID and password match the stored values, they may begin the survey; otherwise they are rejected from the system.

To protect the completeness of the data, each page of the survey ensures that no valid question is left blank. Questions of the form “Other”, obviously may be left blank. This checking is performed with JavaScript functions. If any valid question is left blank, respondents are unable to continue the survey.

Once the survey database is complete, district and/or school identification codes can be used to augment questionnaire data with information from databases such as the National Center for Educational Statistics’ Common Core Database (CCD), which includes school- and district-level data for every public school in the United States, including free-and reduced-price participation in the USDA National School Lunch Program (NCES, 2006), U.S. Census data, or administrative data available at the state or district level. Addition of such data could expand evaluation opportunities.

### **Summary**

The purpose of this project was to develop a methodology to evaluate the outcomes of the Team Nutrition initiative in schools. Team Nutrition is a voluntary nutrition education component of USDA’s School Nutrition Programs that receives limited funding through a competitive grant process (Fox, Hamilton, and Lin, 2004). Schools that elect to participate in Team Nutrition have considerable flexibility in the extent to which they implement the initiative, the activities they implement, and the personnel involved in implementation. As a result, evaluation requires collection of considerable information, usually from more than one information source within the school.

In the interest of efficiently obtaining information comparable to national data sources, items for the questionnaires and observation form were obtained or adapted from several national questionnaires and surveys and from published research studies, including the CDC’s School Health Index (SHI) (CDC, 2000), the School Health Policies and Programs Study (SHPPS) 2000

(CDC, 2000); and Youth Risk Behavior Surveillance Survey (CDC, 2003), as well as the Team Nutrition Pilot Study (FNS, 1998); SHAPE California 2001 (Health and Education Communication Consultants, 2001); the Diet and Health Knowledge Survey 1994-1996 (USDA, 1996); and a nutrition teaching self-efficacy scale for elementary teachers developed by Brenowitz & Tuttle, 2003.

The criteria for item selection from the original questionnaires were based on how well the item addressed the study questions. The questionnaire items were reviewed for content and face validity by a panel of expert reviewers. Development of the questionnaires involved eliminating compound questions, rewording for clarity, reformatting, reordering the items of each questionnaire into a logical sequence, and reducing items and length of the questionnaire without changing the desired content. Revisions were made with the target population in mind, with emphasis on cognitive level, clarity, and response burden.

The questions intended for completion by school system employees were designed to be taken as web surveys (i.e. on the Internet world wide web). The use of web-based methods of collecting data is time-efficient and convenient for both the users and the investigators. Transmission of web-based data is free and instant contrasted with paper formats that need stamps, posting, and transportation time. Furthermore, collecting survey data through Internet technology allows the data to be collected, analyzed, and dispersed without going through the cumbersome process typically associated with other data collection methodologies.

Although the student questionnaire can be administered as a pen and paper questionnaire, this project made use of handheld computers to collect point of consumption data from the students. The use of the handheld computer method facilitated collection of food consumption data in Real Time, avoiding a lapse in memory that can occur when the data are obtained after the students leave the cafeteria.

A total of seven data collection instruments were developed. Five target administration and other school personnel, such as principals, teachers, coaches, district foodservice directors and cafeteria managers. The Foodservice District questionnaire is a 40-item instrument that is specific to the policies of the schools in that district and provides information as to what food types are available during the school day. The 21-item School Policies and Procedures questionnaire, completed by the school administrator, focuses on the school's nutrition policies and curriculum. The School Physical Education questionnaire is a 50-item survey addressing areas of physical activities, programs and policies. The Teacher questionnaire is a 19-item instrument focusing on the nutrition topics taught and the confidence level of the teachers when

delivering the information. The School Foodservice Manager questionnaire is a 46-item instrument specific to the school's policies, including the sale of competitive foods within that school. The School Nutrition Environment and Observation, conducted by the research or evaluation team, is a 25-item instrument focusing specifically on the school environment, including the appearance of the cafeteria, presence of vending machines, and prevalence of healthy nutrition messages throughout the school.

The Student Food Knowledge questionnaire is a 35-item instrument developed for personal handheld computers that is administered in two parts and that focuses on five specific areas: knowledge of the Food Guide Pyramid, obesity related health risks and diseases, dietary habits, physical activity behavior and weight perception. This instrument is one of the most essential components of this multidisciplinary approach because assesses the student's own food knowledge and dietary habits, giving greater understanding to possible effects of a healthy school environment.

Seeking out previous survey data collection instruments to use as models was a major feature of our approach. It may add to the value of the project by increasing the generalizability of the method. Although this study is being pilot-tested in Louisiana, the researchers used national data collection sources as much as possible in developing each question. As a result, the data collected may be more comparable to other state- and national data collections. Use of national sources also increases the likelihood that the questionnaires could be used by other states seeking to evaluate their implementation of Team Nutrition. Other states have developed evaluation questionnaires for use in assessing their implementation of Team Nutrition and/or aspects of the school nutrition environment; these questionnaires may also be useful to other researchers (Michigan, 2003; Missouri, 2005; Iowa, 2005; Idaho, undated).

## **Conclusions**

Currently, all the questionnaires developed through this project are being pre-tested for on-line and handheld usage through a grant from USDA-Cooperative State, Research, Education, and Extension Service (CSREES).<sup>1</sup> Participants will indicate whether they find the response

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<sup>1</sup> USDA-CSREES Contract/Grant/Agreement No: 2004-35215-14264 Assess the Effect of the School Environment and Food System on Nutrition Knowledge, Food Choices, Physical Activity, and Weight Status Among School-aged Children. Mary Murimi Ph.D., RD. LDN. GRANT YR: 2004

burden reasonable. The pre-test was administered in nine randomly selected schools representing the state of Louisiana. A total of 127 seventh grade students, 103 teachers, 19 foodservice personnel and 20 administrators participated in the study. Based on the pilot-test, this method is time efficient, and should be inexpensive for statewide data collection. For example, data were collected from the teachers, administrators and foodservice personnel an hour after the first e-mail was sent to our target population. Two weeks later a simple e-mail reminder was all that was needed to get completed surveys from our sample. Only one project coordinator was needed to make sure the data were complete and entered.

The data collected will be used to test the reliability and validity of the questionnaires. Until this information is available, it is impossible to make definitive statements about the value of the methods that have been developed. Nevertheless, lessons learned from the design and implementation of the project may be useful to others seeking to evaluate implementation of Team Nutrition and its impacts. The lessons described below also may offer insights and broadly useful implications to others seeking to evaluate initiatives that, like Team Nutrition, are national in scope yet vary considerably in local implementation.

#### Lessons Learned:

Some important lessons were learned in the process of developing these instruments. This process demonstrated that it is essential to:

- Understand the overall concepts guiding the initiative, but also recognize the considerable site-specific variation in implementation. While USDA School Meal Programs can be assumed to have at least some standard elements (e.g., milk will be served with all breakfasts and lunches), the voluntary nature of the Team Nutrition Initiative means that no assumptions can be made about the elements of the initiative that have been implemented or the manner in which they have been implemented. Therefore, school-based assessment of Team Nutrition is necessary. Otherwise, researchers have difficulty attributing their results to the theoretical framework of the initiative versus the extent to which Team Nutrition model activities were actually implemented and the manner in which they were implemented.
- Identify key informants before collecting data. As mentioned previously, Team Nutrition is a voluntary initiative and different states and even schools within the state have different Team Nutrition leaders and differ in the involvement of school staff (e.g. teachers, foodservice workers, school nurses, etc). Because of the voluntary nature of the

initiative, it is imperative to identify the team nutrition leaders and other key participants and direct data collection towards them.

- Understand that school systems are overwhelmed by evaluation requirements and other paperwork. Therefore, it should be assumed that there may be a challenge to convince administrators and staff to participate. If methods such as web-based data collections can simplify participation, it may add to willingness to participate. To help encourage participation, it may also be useful to assess whether there are (or could be) any incentives for the schools to participate in an evaluation. For example, can information be provided to schools or school districts that would help them improve their school meal programs or health education teaching?
- For each data collection instrument (questionnaire), identify the target population and pretest instruments, considering the cognitive level and attention span of the target population.

Avoiding reinventing the wheel by seeking out previous survey data collection instruments to use as models was a major feature of our approach. It may also add value by increasing the generalizability of our findings. Although this study is being pilot-tested in Louisiana, the researchers used national data collection sources as much as possible in developing each question. For example, CDC's SHPPS and SHI questionnaires were primary sources. As a result, the data collected may be more comparable to other state and national data collections. Use of national sources also increases the likelihood that the questionnaires could be used by other states seeking to evaluate their implementation of Team Nutrition. Of course, conclusive statements about the usefulness of the data collection methodology cannot be made until the results of pilot testing are obtained. If pilot test results are encouraging, use of these instruments would enable investigators to collect data with very little operational expenses other than developing their own database.

*Challenges yet to be addressed:*

Pretest results will determine whether these data collection instruments are appropriate for use. Even if pretest results are successful, other challenges remain. Gaining and maintaining the cooperation necessary to obtain high response rates is a challenge in today's evaluation-burdened

schools. Results of this study will provide insight into the value of technology-assisted data collection methods in reducing respondent burden and increasing willingness to cooperate.

Despite the attempts to streamline the data collection process, this evaluation remains data-intensive, with a total of seven data collection instruments. For ongoing monitoring of Team Nutrition implementation and health of the school environment, data collection would be quite burdensome. Analysis of the data may identify questions that are particularly useful, and could form the basis of a core subset of data items that could be collected frequently as a part of state-level monitoring.

Team Nutrition, although voluntary, is the major Federal nutrition education effort directed toward the Nation's school children. As such, it is an important part of Federal nutrition education efforts. However, its voluntary nature and the flexible manner in which it can be implemented create challenges for evaluation. This report summarizes the development of a methodology that attempts to overcome these challenges via development of a targeted series of data collection instruments and use of technology to decrease respondent burden and encourage participation in the evaluation. If successful, results may have useful implications for both evaluation of Team Nutrition, and possibly other initiatives that have similar characteristics—that is, have Federal guidelines, yet vary considerably in State and local implementation.

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*School Health Policies  
and  
Environment Questionnaire  
(To be completed by the Principal)*

**Healthy School Environment Surveys**  
**USDA FUNDED PROJECT**

ID: \_\_\_\_\_

**Administrator Questionnaire  
(Principal)**

Name \_\_\_\_\_

Title \_\_\_\_\_

School/District \_\_\_\_\_

Date \_\_\_\_\_

**1.0 Does your district/school make use of Team Nutrition resources for teaching nutrition?**

Yes  No  Don't Know

**2.0 If yes, what nutrition education activities developed by Team Nutrition have been used in your district/school in the last year?**

The "yourself kit"  The power of choice curriculum

**3.0 Do you feel that nutrition education for students is an important priority in the district/school, relative to other instructional topics?**

Yes  No

Why or why not? \_\_\_\_\_

**4.0 If no, what would have to happen to make nutrition education a higher priority in your district/school?**

**5.0 Given the constraints and/or priorities of your district/school, what strategies might be successful in helping students to make healthier food choices? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Teach nutrition in the classroom                                | <input type="checkbox"/> Teach nutrition in the cafeteria             |
| <input type="checkbox"/> Offer a wider variety of fruits and vegetables in the cafeteria | <input type="checkbox"/> Reduce the accessibility of vending machines |
| <input type="checkbox"/> Other: _____  |   |

**6.0 Team Nutrition is a web-based resource for nutrition education materials. In your school/district, who do you think would effectively use Team Nutrition material? (Check all that apply)**

Food service director	<input type="checkbox"/>
Classroom teachers	<input type="checkbox"/>
Physical education	<input type="checkbox"/>
Health education teacher	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>

**7.0 Does your district have any written policies about nutrition education (not including food service regulations)?**

Yes  No

**8.0 If yes, what do these policies address?**

\_\_\_\_\_

**9.0 How are these policies enforced?**

\_\_\_\_\_

**10.0 Is there a committee to oversee your school health policies and programs? (if no, skip to question 11.0)**

Yes  No

	Yes	No
<b>10.1 If yes, does the committee oversee physical activity policies and programs?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.2 If yes, does the committee oversee healthy eating policies and programs?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**10.3 During the past 12 months, how often did the committee meet? Check one.**

once	<input type="checkbox"/>
twice	<input type="checkbox"/>
once each month	<input type="checkbox"/>
other (please specify) _____	<input type="checkbox"/>

**10.4 Who is represented on the committee? Check all that apply.**

Parents	<input type="checkbox"/>
Students	<input type="checkbox"/>
Teachers	<input type="checkbox"/>
Administrators	<input type="checkbox"/>
Food service staff	<input type="checkbox"/>
Nurses	<input type="checkbox"/>
Coaches	<input type="checkbox"/>
Counselors	<input type="checkbox"/>
Other (Please specify) _____	

<b>11.0 Does the school or district have written school health policies? (please attach copies)</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>11.1 Does the school or district have written school health policies regarding the availability of foods that are low in fat, sodium, and added sugars?</b>		
	<b>Yes</b>	<b>No</b>
1. When food is served inside the cafeteria?	<input type="checkbox"/>	<input type="checkbox"/>
2. When food is served outside the cafeteria?	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.0 Of the following activities in this school, which can be substituted for PE?</b>		
	<b>Yes</b>	<b>No</b>
Interscholastic athletics	<input type="checkbox"/>	<input type="checkbox"/>
ROTC	<input type="checkbox"/>	<input type="checkbox"/>
Marching band	<input type="checkbox"/>	<input type="checkbox"/>
Community athletics for physical education courses and/or credits	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____		
<b>13.0 Which of the following conditions describes the availability of indoor and outdoor P.E. facilities in your school?</b>		
	<b>Yes</b>	<b>No</b>
<b>13.1</b> During extreme weather (e.g., hot, cold, rainy), PE has to be cancelled due to lack of adequate indoor facilities.	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.2</b> Crowding is a problem during indoor PE due to the size of the indoor facilities.	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.3</b> As a result of limited space, not all students are able to participate in PE.	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.0 Does the school offer after-school programs that allow the students to use physical activity facilities?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>14.1 Can students use the school's outdoor physical activity facilities outside school hours?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>14.2 Does the school prohibit giving students low nutritive food (e.g. candy or fast food coupons) as a reward for good behavior or for achieving academic goals?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>14.3 If yes to 14.2, are these practices clearly communicated to staff in writing?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>14.4 If yes to 14.2, are these practices consistently followed?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>15.0 Does the school allow the use of physical activity as punishment? (e.g., making students run laps or do push-ups)</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>15.1 Does the school allow withholding physical education class as punishment by not allowing students to attend all or part of physical education class in the following situations?</b>		
	Yes	No
1. Consequence of inappropriate behavior in another class?	<input type="checkbox"/>	<input type="checkbox"/>
2. Failure to complete an assignment in another class?	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.2 Does a written policy exist regarding the use of physical education as a punishment in this district or school?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>

<b>16.0 Does the school prohibit the sale and distribution of foods of minimal or low nutritive value, such as soft drinks, candy, fried chips, and fruit drinks throughout the school grounds until after the end of the last lunch period?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>

<b>17.0 Does this school use food items for fundraising efforts?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>

<b>17.1 If yes, what food items does the school use for fund-raising efforts? Check all that apply.</b>					
Pretzels	<input type="checkbox"/>	Candy	<input type="checkbox"/>	Fruits	<input type="checkbox"/>
Chocolate	<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Doughnuts	<input type="checkbox"/>
Microwave popcorn	<input type="checkbox"/>	Cookies	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>

<b>18.0 Approximately how many minutes do students have to eat breakfast once they are seated? Check one:</b>	
Less than 10 minutes	<input type="checkbox"/>
Ten minutes	<input type="checkbox"/>
More than 10 minutes	<input type="checkbox"/>
Do not know	<input type="checkbox"/>

<b>18.1 Approximately how many minutes do students have to eat lunch once they are seated? Check one:</b>	
Less than 10 minutes	<input type="checkbox"/>
Ten minutes	<input type="checkbox"/>
More than 10 minutes	<input type="checkbox"/>
Do not know	<input type="checkbox"/>

<b>18.2 What time is the first lunch period served?</b>	
_____ a.m./p.m.	

**19.0 Does the school communicate policies on physical activity and healthy eating in any of the following ways? Check all that apply.**

Staff orientation and staff meetings	<input type="checkbox"/>
Student orientation	<input type="checkbox"/>
Student handbook	<input type="checkbox"/>
Staff handbook	<input type="checkbox"/>
Parent handbook and/or newsletters	<input type="checkbox"/>
Contracts with outside vendors and organizations that rent school facilities	<input type="checkbox"/>
Announcements at school events	<input type="checkbox"/>
Community meetings	<input type="checkbox"/>

**20.0 Are staff members and teachers oriented to policies on physical activity and healthy eating that relate to their job responsibilities?**

Yes

No

**20.1 Are foodservice staff members and teachers given copies of the policies?**

Yes

No

**Thank you for completing this survey!**

If you would like more information about this study or would like clarification of any questions in this questionnaire, please contact Dr. Mary Murimi at (318) 257-2607 or [murimi@ans.latech.edu](mailto:murimi@ans.latech.edu).

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*The School Nutrition  
Environment and Observation  
(To be completed by the Project Director)*

**Healthy School Environment Surveys**  
**USDA FUNDED PROJECT**

ID : \_\_\_\_\_

## The School Nutrition Environment (Observation)

Name of District: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Instructions:** Although this questionnaire is supposed to be an observation, the project director should ask for evidence when necessary.

### School Cafeteria: (Please attach weekly/monthly menu)

1.0 Is the cafeteria an appropriate place to eat in relationship to the following:		
	Yes	No
Fullness of seating at peak meal times:		
Less than 50% full	<input type="checkbox"/>	<input type="checkbox"/>
50-75% full	<input type="checkbox"/>	<input type="checkbox"/>
76-100% full	<input type="checkbox"/>	<input type="checkbox"/>
Over capacity	<input type="checkbox"/>	<input type="checkbox"/>
Color of cafeteria walls:		
Bright	<input type="checkbox"/>	<input type="checkbox"/>
Dark	<input type="checkbox"/>	<input type="checkbox"/>
Noise level (Is noise level controlled by a chaperon/teacher?)	<input type="checkbox"/>	<input type="checkbox"/>

2.0 Who supervises the children during lunch?		
	Yes	No
Classroom Teachers	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice staff	<input type="checkbox"/>	<input type="checkbox"/>
Room parents	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

3.0 Does the cafeteria supervisor eat with the children?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.0 How long is the lunch period once students are seated?	
Please write your response in minutes. _____	

<b>5.0 Are the following food items offered?:</b>		
	<b>Yes</b>	<b>No</b>
Salad bar	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>
Other fruit (dried, canned)	<input type="checkbox"/>	<input type="checkbox"/>
Juice (100% fruit juice)	<input type="checkbox"/>	<input type="checkbox"/>
Non-fat or low-fat milk (1%) (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat salad dressings (Ask if necessary)	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat entrée (Ask if necessary)	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian entrée (Ask if necessary)	<input type="checkbox"/>	<input type="checkbox"/>

**6.0 Is there pro-active marketing (advertisements, posters, etc.) of healthy foods? If no, skip to question 8.**

Yes  No

**7.0 Please specify which foods are associated with pro-active marketing strategies.**

\_\_\_\_\_

**8.0 Is the nutritional content of cafeteria food selections labeled on the serving line?**

Yes  No

**9.0 Is there a nutrition message (including nutritional content) on the menu?**

Yes  No

**10.0 Is the menu posted in the:**

	<b>Yes</b>	<b>No</b>
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
Classroom	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>
Principal's office	<input type="checkbox"/>	<input type="checkbox"/>
Other areas: Please specify _____		

**11.0 Is there an alternative to the school lunch program in the cafeteria (e.g., a snackbar)?**

Yes  No

If yes, please specify: \_\_\_\_\_

**12.0 Is there an a la carte menu or concession stand in the cafeteria?**

Yes  No

**12.1 If yes, which of the following foods are offered on the a la carte menu or the food concession in the cafeteria?**

- fruits
- whole grains
- other \_\_\_\_\_
- vegetables
- milk
- water
- none of these are offered

**13.0 Is there a fast food concession on campus? If no, skip to question 15.**

Yes  No

If yes, which one(s)? \_\_\_\_\_

**14.0 Is fast food concession available at all times during the day?**

Yes  No

If no, write what purchase times are available? \_\_\_\_\_

**15.0 Do teachers eat the same cafeteria lunch as students?**

Yes  No

**16.0 Is there evidence of nutrition education in the following locations?**

	Yes	No
Classrooms, if yes, state examples: _____	<input type="checkbox"/>	<input type="checkbox"/>
Library _____	<input type="checkbox"/>	<input type="checkbox"/>
Hallways _____	<input type="checkbox"/>	<input type="checkbox"/>

**17.0 Are healthy eating messages displayed within the building(s) (e.g., posters)?**

Yes  No

**18.0 Are there food selections in the vending machines other than candy, chips and sodas?**

Yes  No

If so, please list: \_\_\_\_\_

**19.0 How many visible vending machines are on campus?**

\_\_\_\_\_

**20.0 Are there vending machines in the cafeteria?**

Yes  No

**21.0 In addition to soft drinks, do the vending machines carry the following other items:**

Water       Low-fat milk       100% fruit juice

**22.0 How are soft drinks priced compared to:**

	More expensive	Cheaper	Equal in price
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23.0 What are the sizes of soft drinks served in the vending machines at school? Check all that apply.**

12oz       20 oz       32oz

**24.0 Compared to soft drinks, are the following options as accessible in the high traffic areas:**

	More accessible	Less accessible	Equal in accessibility
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25.0 Are the soft drinks promoted through advertising in the school?**

Yes       No

## Cafeteria Manager Questionnaire

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Instruction:** Please mark or write your response where appropriate.

**1.0 What are the favorite items served in the cafeteria? (Please write your response)**

\_\_\_\_\_

**2.0 What are the least favorite items served in the cafeteria? (Please write your response)**

\_\_\_\_\_

**3.0 Over the last three years, do you think students' eating behaviors have changed? If yes, how have the eating behaviors changed?**

Yes

No

Please write your response: \_\_\_\_\_

**4.0 In what ways have you or other food service staff been involved in nutrition education in your school:**

	Yes	No
Classroom activities	<input type="checkbox"/>	<input type="checkbox"/>
School gardens	<input type="checkbox"/>	<input type="checkbox"/>
Parent-Teacher Association	<input type="checkbox"/>	<input type="checkbox"/>
School assemblies	<input type="checkbox"/>	<input type="checkbox"/>
Family activities such as back to school nights	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____		

**5.0 Over the last year, have you participated in any kind of staff development on nutrition education?**

Yes

No

If yes, what topics were covered? \_\_\_\_\_

**6.0 If yes, who conducted the nutrition education session? (Please write your response)**

\_\_\_\_\_

**Thank you for completing this questionnaire!**

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*Foodservice District Questionnaire*

**Healthy School Environment Surveys**  
**USDA FUNDED PROJECT**

**Parish/District:** \_\_\_\_\_

**Special Instructions to the District Foodservice Director**

---

1. This questionnaire focuses on your parish/district practices and policies.
2. When we use the word “policy,” we mean any mandate issued by the local school board or other local agency that affects foodservice in schools throughout your district. Please consider any policies officially adopted at the district level. These include policies developed by your district, or those based on model policies developed by your state or elsewhere.
3. We recognize that there may be some exceptions, but please answer the questions based on what is customary in your district. Please do not consider individual school practices or policies when answering the questions. (We will ask about school practices and policies when we collect information from schools across the state.)

## District Foodservice Director

**Instructions:** Please **SELECT** your answer to the following questions:

**1.0 Currently, does someone in your district oversee or coordinate foodservice (e.g., a district foodservice director)?**

Yes

No

**2.0 If yes, are you this person?**

Yes

No

**3.0 Who is your employer?**

School district

Foodservice management company

Other (Specify): \_\_\_\_\_

**4.0 Do you have an undergraduate degree? If no, skip to question 8.**

Yes

No

**5.0 If yes, what was your major and minor? (Please SELECT all that apply)**

	Major	Minor
Business	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice administration or management	<input type="checkbox"/>	<input type="checkbox"/>
Home economics or family consumer sciences	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition or dietetics	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____		

**6.0 Do you have a graduate degree? If no, skip to question 8.**

Yes

No

**7.0 If yes, in what area is your graduate degree?**

Business

Education

Foodservice administration or management

Home economics or family consumer sciences

Nutrition or dietetics

Other (Specify): \_\_\_\_\_

**8.0 Has your district adopted a policy stating that a newly-hired district foodservice director will be certified, licensed, or endorsed by the state?**

Yes

No

<b>9.0 Which of the following describe your credentials, registration or certification:</b>		
	Yes	No
1.0 Earned the School Foodservice and Nutrition Specialist Credentialing from the American School Foodservice Association	<input type="checkbox"/>	<input type="checkbox"/>
2.0 Registered Dietitian	<input type="checkbox"/>	<input type="checkbox"/>
3.0 Certified by any foodservice associations, professional groups, or state agencies? <b>If no, skip to question 10.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.1 If you are certified, what is the certifying agency? (Please SELECT all that apply)</b>		
American School Foodservice Association	<input type="checkbox"/>	
State agency	<input type="checkbox"/>	
Other (Specify): _____		
<b>10.0 Based on policies adopted by your district, what is the minimum level of education required for a newly-hired district foodservice director?</b>		
No minimum level of education required	<input type="checkbox"/>	
High school diploma or GED	<input type="checkbox"/>	
Associate's degree in nutrition or related field	<input type="checkbox"/>	
Undergraduate degree in nutrition or related field	<input type="checkbox"/>	
Graduate degree in nutrition or related field	<input type="checkbox"/>	
No policy	<input type="checkbox"/>	
<b>11.0 Based on policies adopted by your district, check all that apply of the following qualifications a newly-hired district foodservice director would have?</b>		
	Yes	No
American Dietetic Association Registration (RD)	<input type="checkbox"/>	<input type="checkbox"/>
School Foodservice and Nutrition Specialist credentialing from the American School Food service Association (ASFSA)	<input type="checkbox"/>	<input type="checkbox"/>
American School Foodservice Association (ASFSA) certification	<input type="checkbox"/>	<input type="checkbox"/>
Successful completion of school foodservice training program provided by the state	<input type="checkbox"/>	<input type="checkbox"/>
No specific qualifications required	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.0 Does your district foodservice program have the primary responsibility for planning the menus for meals at any schools? If no, skip to question 14.</b>		
Yes, all schools	<input type="checkbox"/>	
No, none	<input type="checkbox"/>	
Some schools	<input type="checkbox"/>	

**13.0 If yes or some schools, which one of these techniques does your district use to plan the menus for school meals?**

Nutrient Standard menu planning (NuMenus)	<input type="checkbox"/>
Assisted Nutrient Standard menu planning (Assisted NuMenus)	<input type="checkbox"/>
Food-based menu planning (traditional or enhanced)	<input type="checkbox"/>
Other technique (Please specify)_____	

**14.0 Does your district foodservice program have primary responsibility for deciding which foods to order for any schools?**

Yes, all schools	<input type="checkbox"/>
No, none	<input type="checkbox"/>
Some schools	<input type="checkbox"/>

**15.0 Does your district foodservice program have primary responsibility for cooking foods for schools (e.g., in a central kitchen)? Please think about the actual preparation of the food, not reheating of food that was prepared elsewhere. If no, skip to question 20.**

Yes  No

**16.0 If yes, during the past month, how often was each of the following techniques used when preparing vegetables for schools in your district?**

Practice	Never	Rarely	Sometimes	Almost Always
Steaming or baking vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing vegetables without using butter, margarine, or a creamy sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17.0 If yes, during the past month, how often was each of the following techniques used when preparing foods for schools in your district?**

Practice	Never	Rarely	Sometimes	Almost Always
Reducing the amount of sugar called for in recipes or using low-sugar recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the amount of fats and oils called for in recipes or using low-fat recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the amount of salt called for in recipes or using low-sodium recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>18.0 If yes during the past month, how often was each of the following practices used when preparing food for schools in your district?</b>				
<b>Practice</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Almost Always</b>
Using egg whites or egg substitutes, such as Egg Beaters, instead of whole eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using non-stick spray or pan liners instead of grease or oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using vegetable oil instead of shortening, butter, or margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using part-skim or low-fat cheese instead of regular cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using skim, low-fat, or nonfat dry milk instead of whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using ground turkey or lean ground beef instead of regular ground beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cooked dried beans, canned beans, or meat extender instead of meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using low-sodium canned vegetables instead of regular canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using other seasonings instead of salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using low-fat or nonfat yogurt, mayonnaise, or sour cream instead of regular mayonnaise, sour cream, or creamy salad dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>19.0 During the past month, how often was each of the following techniques used when preparing food for schools in your district?</b>				
<b>Practice</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Almost Always</b>
Roasting meat or poultry on a rack so fat would drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draining grease from browned meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rinsing grease from browned meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimming fat from meat or using lean meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removing skin from poultry or using skinless poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spooning solid fat from chilled meat or poultry broth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimming fat off warm broth, soup, stew, or gravy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>20.0 During the past 12 months, has your district office implemented either of the following activities for students?</b>		
	<b>Yes</b>	<b>No</b>
Given menus to students to take home	<input type="checkbox"/>	<input type="checkbox"/>
Provided students with information on the nutrition and caloric content of foods available to them in the cafeteria	<input type="checkbox"/>	<input type="checkbox"/>

<b>21.0 During the past 12 months, has your district or you as director, implemented any of the following activities for the families of your students?</b>		
	<b>Yes</b>	<b>No</b>
Published the menu in the local newspaper	<input type="checkbox"/>	<input type="checkbox"/>
Sent a copy of the menu home with student	<input type="checkbox"/>	<input type="checkbox"/>
Provided families with information on the nutrient content of foods available to students	<input type="checkbox"/>	<input type="checkbox"/>
Provided families with information on the school food service program	<input type="checkbox"/>	<input type="checkbox"/>
Met with a parent's organization, such as the PTA, to discuss the school foodservice program	<input type="checkbox"/>	<input type="checkbox"/>
Invited family members to a school meal	<input type="checkbox"/>	<input type="checkbox"/>

<b>22.0 During the past 2 years, have the following aspects of your district foodservice program been evaluated?</b>		
	<b>Yes</b>	<b>No</b>
Foodservice staff compliance with government regulations and recommendations	<input type="checkbox"/>	<input type="checkbox"/>
Student participation in the foodservice program	<input type="checkbox"/>	<input type="checkbox"/>
The nutritional quality of school meals	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice management practices	<input type="checkbox"/>	<input type="checkbox"/>
The amount of plate waste	<input type="checkbox"/>	<input type="checkbox"/>
Student satisfaction with the foodservice program	<input type="checkbox"/>	<input type="checkbox"/>
Family satisfaction with the foodservice program	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice policies	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice staff development or in-service programs	<input type="checkbox"/>	<input type="checkbox"/>

<b>23.0 During the past 2 years, has your district provided funding for or offered staff development on any of the following topics to district or school foodservice personnel? Check all that apply.</b>		
	<b>Yes</b>	<b>No</b>
Planning healthy meals	<input type="checkbox"/>	<input type="checkbox"/>
Using NuMenus (Nutrient Standard Menu Planning)	<input type="checkbox"/>	<input type="checkbox"/>
Using Assisted NuMenus (Assisted Nutrient Standard Menu Planning)	<input type="checkbox"/>	<input type="checkbox"/>
Considering cultural diversity in meal planning	<input type="checkbox"/>	<input type="checkbox"/>
Foodservice for students with special dietary needs	<input type="checkbox"/>	<input type="checkbox"/>
Implementing the Dietary Guidelines for Americans in school meals	<input type="checkbox"/>	<input type="checkbox"/>
Selecting and ordering food	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation and safety	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for food-related emergencies (choking)	<input type="checkbox"/>	<input type="checkbox"/>
Using the cafeteria for nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
Promoting school meals	<input type="checkbox"/>	<input type="checkbox"/>
Making meals more appealing	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>
Financial management	<input type="checkbox"/>	<input type="checkbox"/>
Personnel management	<input type="checkbox"/>	<input type="checkbox"/>

**24.0 Does your district have a policy that requires or recommends a minimum amount of time students will be given to eat breakfast once they are seated?**

Requires       Recommends       Neither

**25.0 If yes, what is the minimum amount of time? ( Please write your response in minutes)**

\_\_\_\_\_ Minutes

**26.0 Does your district have a policy that requires or recommends a minimum amount of time students will be given to eat lunch once they are seated?**

Requires       Recommends       Neither

**27.0 If yes, what is the minimum amount of time? ( Please write your response in minutes)**

\_\_\_\_\_ Minutes

**28.0 Has your district adopted a policy stating that schools will offer students 3 or more different types of milk including low-fat milk, 1% chocolate milk, skim unflavored milk each day?**

Yes       No

**29.0 Has your district adopted a policy stating that schools will offer students 5 or more foods containing whole grain each week?**

Yes       No

<b>30.0 Has your district adopted a policy stating that schools will offer students a choice between the following items <u>each day for lunch</u>?</b>		
	<b>Yes</b>	<b>No</b>
2 or more different entrees or main courses	<input type="checkbox"/>	<input type="checkbox"/>
3 or more different vegetables	<input type="checkbox"/>	<input type="checkbox"/>
2 or more different fruits or types of 100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>

<b>31.0 Does your district require or recommend that schools be <u>prohibited</u> from offering foods of low nutritive value (providing calories primarily through fats and sugars) in the following settings?</b>				
<b>Practice</b>	<b>Neither</b>	<b>Recommend</b>	<b>Require</b>	<b>Do not know</b>
*A la carte during breakfast or lunch periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At student parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In after-school or extended day programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At staff meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At meetings attended by students' families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In school stores, canteens, or snack bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At concession stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>32.0 Does your district require or recommend that schools include fruits or vegetables among the foods offered in the following settings?</b>				
<b>Practice</b>	<b>Neither</b>	<b>Recommend</b>	<b>Require</b>	<b>Do not know</b>
*A la carte during breakfast or lunch periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At student parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In after-school or extended day programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At staff meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At meetings attended by students' families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In school stores, canteens, or snack bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At concession stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>33.0 Are there policies or rules regarding offering foods that provide calories primarily through fats in relationship to:</b>			
	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
When these foods can be offered to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where the foods are available in the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*A la carte is defined as food items sold in addition to the unitized, reimbursable meal during regular meal service.

<b>34.0 Does your district have a contract with a soft drink bottler, such as Coca-Cola, Pepsi-Cola, or Dr. Pepper, giving the company exclusive rights to sell soft drinks at schools in your district?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>35.0 If yes, how long is the contract?</b>	1 year	5-10 years Other: _____ (Please specify)
<b>36.0 Is the soft drink bottler allowed to place advertisements in any of the following locations?</b>		
	<b>Yes</b>	<b>No</b>
Posters on school walls	<input type="checkbox"/>	<input type="checkbox"/>
Advertisements on textbook covers	<input type="checkbox"/>	<input type="checkbox"/>
Advertisements on school food service menus	<input type="checkbox"/>	<input type="checkbox"/>
<b>36.1 Does the soft drink bottler provide lesson plans or curricula that advertise their products?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>36.2 Does the soft drink bottler provide coupons for free or reduced prices on their products in your school?</b>		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>37.0 Do policies adopted by your district allow schools to offer brand-name fast foods (e.g., Pizza Hut, Taco bell, or Subway) as part of school meals or as *a la carte items?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
<b>38.0 Has your district adopted a policy regarding the use of food or food coupons as a reward for good behavior or good academic performance?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
<b>39.0 Does the school benefit from commissions from the vending machine sales?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>40.0 Where are soft drink machines located in your schools?</b>		
High traffic areas <input type="checkbox"/>	In the cafeteria <input type="checkbox"/>	Low traffic areas <input type="checkbox"/>

**Thank you for completing this questionnaire!**

We may wish to call you to verify one or more of the answers to these questions. Would you consider providing a telephone number where you prefer to be reached?

(        ) - \_\_\_\_\_ Please circle 1) Daytime 2) Evening/Weekend

If you would like more information about this study or would like clarification of any questions in this questionnaire, please contact Dr. Mary Murimi at (318) 257-2607 or [murimi@ans.latech.edu](mailto:murimi@ans.latech.edu).

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*School Foodservice Questionnaire: Managers*

**Healthy School Environment Surveys**  
**USDA FUNDED PROJECT**

ID: \_\_\_\_\_

Name of School: \_\_\_\_\_

**Instructions:** Please **SELECT** or write your response where appropriate.

**1.0 Are you the person who is responsible for or who coordinates foodservice at this school?**

Yes

No

**2.0 If yes, please indicate your job title in this school?**

Job title: \_\_\_\_\_

**3.0 Does this school offer the following foodservices to students?**

	Yes	No
USDA reimbursable School Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
A la carte breakfast items ( <b>A la carte is defined as food items sold in addition to the unitized, reimbursable meal during regular meal service</b> )	<input type="checkbox"/>	<input type="checkbox"/>
A la carte lunch items	<input type="checkbox"/>	<input type="checkbox"/>
USDA reimbursable National School Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**4.0 How long do students usually have to eat breakfast once they are seated?**

10 Minutes

15 Minutes

20 Minutes

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

**5.0 How long do students usually have to eat lunch once they are seated?**

10 Minutes

15 Minutes

20 Minutes

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

**6.0 Currently, who operates and manages the food service program at this school?**

Outside foodservice management company (Please specify): \_\_\_\_\_

School district foodservice program

In-school foodservice program

<b>7.0 In this school, which group has the primary responsibility for planning the menus for school breakfasts and lunches?</b>	
Staff working at the district foodservice office	<input type="checkbox"/>
Foodservice director	<input type="checkbox"/>
Foodservice management company staff	<input type="checkbox"/>
Fast food company staff	<input type="checkbox"/>
School staff	<input type="checkbox"/>
Someone else (please specify): _____	<input type="checkbox"/>
<b>8.0 Which group has primary responsibility for deciding which foods to order for this school?</b>	
Staff working at the district foodservice office	<input type="checkbox"/>
Foodservice director	<input type="checkbox"/>
Foodservice management company staff	<input type="checkbox"/>
Fast food company staff	<input type="checkbox"/>
School staff	<input type="checkbox"/>
Someone else (please specify): _____	<input type="checkbox"/>
<b>9.0 Does this school offer brand-name fast foods from companies such as Pizza Hut, Taco Bell, or Subway?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>10.0 If yes to question 9, how many days in a typical week are brand-name fast foods offered to students...(Please write the number of days)</b>	
	<b>Days Per Week</b>
As a la carte breakfast items?	
For breakfast meals?	
As a la carte lunch items?	
For lunch meals?	
<b>11.0 Is any food prepared from scratch (in other words, not counting the reheating of prepared foods) at this school for students' breakfasts or lunches? If no, skip to question 18.</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>12.0 If yes, not counting the reheating of prepared foods, which group has primary responsibility for cooking foods for students at this school?</b>	
Staff working at the district foodservice office	<input type="checkbox"/>
School staff	<input type="checkbox"/>
Foodservice management company staff	<input type="checkbox"/>
Fast food company staff	<input type="checkbox"/>
Someone else (please specify): _____	<input type="checkbox"/>
No primary group	<input type="checkbox"/>

<b>13.0 During a typical school week, how many half-pints of each of the following are ordered for this school?</b>	<b>Number of Half-Pints</b>
Whole white milk	
2% white milk	
1% white milk	
Skim white milk	
Whole chocolate or other whole flavored milk	
2% chocolate or other 2% flavored milk	
1% chocolate or other 1% flavored milk	
Skim chocolate or other skim flavored milk	
Buttermilk	
Any other type of milk: _____	

<b>14.0 During the past month, how often was each of the following techniques used when preparing foods for your school?</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Almost Always</b>
Reducing the amount of sugar called for in recipes or using low-sugar recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the amount of fats and oils called for in recipes or using low-fat recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the amount of salt called for in recipes or using low-sodium recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>15.0 During the past month, how often was each of the following techniques used when preparing food for your school?</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Almost Always</b>
<b>Practice</b>				
Roasting meat or poultry on a rack so fat would drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draining grease from browned meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rinsing grease from browned meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trimming fat from meat or using lean meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removing skin from poultry or using skinless poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spooning solid fat from chilled meat or poultry broth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimming fat off warm broth, soup, stew, or gravy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>16.0 During the past month, how often was each of the following techniques used when preparing vegetables for your school?</b>				
<b>Practice</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Almost Always</b>
Steaming or baking vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing vegetables without using butter, margarine, or a creamy sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>17.0 During the past month, how often was each of the following practices used when preparing food for this school?</b>				
<b>Practice</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Almost Always</b>
Using egg whites or egg substitutes, such as Egg Beaters, instead of whole eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using non-stick spray or pan liners instead of grease or oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using vegetable oil instead of shortening, butter, or margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using part-skim or low-fat cheese instead of regular cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using skim, low-fat, or nonfat dry milk instead of whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using ground turkey or lean ground beef instead of regular ground beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cooked dried beans, canned beans, or meat extender instead of meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using low-sodium canned vegetables instead of regular canned vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using other seasonings instead of salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using low-fat or nonfat yogurt, mayonnaise, or sour cream instead of regular mayonnaise, sour cream, or creamy salad dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using commodity foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>18.0 On a typical day, about how many students at this school receive..... (Please write your response)</b>		
	<b>No. Students</b>	<b>Percentage of Students</b>
Free breakfasts?		%
Reduced-price breakfasts?		%
Paid breakfasts, that is, meals sold at full-price?		%

<b>19.0 On a typical day, about how many students at this school receive..... (Please write your response)</b>		
	<b>No. Students</b>	<b>Percentage of Students</b>
Free lunches?		%
Reduced-price lunches?		%
Paid lunches, that is, meals sold at full-price?		%

**20.0 Does this school have a committee in which students are included and able to provide suggestions for the school foodservice program?**

Yes

No

**21.0 During a typical week, are students at this school offered a la carte selections such as .....**

	Yes	No
1. 100% fruit juice or 100% vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>
2. Soda pop, sports drinks, or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>
3. Fruit	<input type="checkbox"/>	<input type="checkbox"/>
4. Bread sticks, rolls, bagels, pita bread, or other bread products	<input type="checkbox"/>	<input type="checkbox"/>
5. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	<input type="checkbox"/>	<input type="checkbox"/>
6. Regular cookies, crackers, cakes, pastries, or other baked goods that are <u>not</u> low in fat	<input type="checkbox"/>	<input type="checkbox"/>
7. Low-fat or nonfat yogurt	<input type="checkbox"/>	<input type="checkbox"/>
8. Pizza, hamburgers, or sandwiches	<input type="checkbox"/>	<input type="checkbox"/>
9. Lettuce, vegetable, or bean salads	<input type="checkbox"/>	<input type="checkbox"/>
10. Other vegetables such as carrots, broccoli, etc.	<input type="checkbox"/>	<input type="checkbox"/>
11. French fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>
12. Chocolate candy	<input type="checkbox"/>	<input type="checkbox"/>
13. Other kinds of candy	<input type="checkbox"/>	<input type="checkbox"/>
14. Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips	<input type="checkbox"/>	<input type="checkbox"/>
15. Salty snacks that are <u>not</u> low in fat, such as regular potato chips or cheese puffs	<input type="checkbox"/>	<input type="checkbox"/>
16. Low-fat or fat-free ice cream, frozen yogurt, or sherbet	<input type="checkbox"/>	<input type="checkbox"/>
17. Ice cream or frozen yogurt that is <u>not</u> low in fat	<input type="checkbox"/>	<input type="checkbox"/>
18. Milk shakes	<input type="checkbox"/>	<input type="checkbox"/>

**22.0 During the past 12 months, have students visited the cafeteria to learn about the following:**

	Yes	No
Food safety	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation	<input type="checkbox"/>	<input type="checkbox"/>
Other nutrition-related topics? (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>23.0 During the past 12 months have the following activities being carried out?</b>		
	<b>Yes</b>	<b>No</b>
Provided students with information on the nutrition and caloric content of foods available to them	<input type="checkbox"/>	<input type="checkbox"/>
Placed posters or other materials promoting healthy eating habits on display in the cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
Placed posters or other materials promoting healthy eating habits on display in the school	<input type="checkbox"/>	<input type="checkbox"/>
Included foodservice topics during school announcements	<input type="checkbox"/>	<input type="checkbox"/>
Included articles about the school foodservice program in a school newsletter, newspaper, or other publication	<input type="checkbox"/>	<input type="checkbox"/>
Published menus in newspaper	<input type="checkbox"/>	<input type="checkbox"/>

<b>24.0 During the past 12 months, have the following activities been carried out?</b>		
	<b>Yes</b>	<b>No</b>
Given menus to families of students	<input type="checkbox"/>	<input type="checkbox"/>
Provided families with information on the nutrition and caloric content of foods available to students	<input type="checkbox"/>	<input type="checkbox"/>
Provided families with information on the school foodservice program	<input type="checkbox"/>	<input type="checkbox"/>
Met with a parents' organization, such as the PTA, to discuss the school foodservice program	<input type="checkbox"/>	<input type="checkbox"/>
Invited family members to a school meal	<input type="checkbox"/>	<input type="checkbox"/>

<b>25.0 During the past 12 months, has the school foodservice staff talked or taught about nutrition or healthy eating habits to...</b>		
	<b>Yes</b>	<b>No</b>
A health education class at this school?	<input type="checkbox"/>	<input type="checkbox"/>
Some other class at this school? (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>26.0 During the past 12 months, has the school foodservice staff worked on school foodservice or nutrition activities with...</b>		
	<b>Yes</b>	<b>No</b>
Classroom teachers	<input type="checkbox"/>	<input type="checkbox"/>
Health education staff from this school	<input type="checkbox"/>	<input type="checkbox"/>
Physical education staff from this school	<input type="checkbox"/>	<input type="checkbox"/>
Health services staff from this school	<input type="checkbox"/>	<input type="checkbox"/>
Mental health or social services staff from this school	<input type="checkbox"/>	<input type="checkbox"/>

**27.0 During the past 12 months, has the school foodservice staff worked on school foodservice or nutrition activities with staff or members from...**

	Yes	No
A local health department	<input type="checkbox"/>	<input type="checkbox"/>
A local hospital	<input type="checkbox"/>	<input type="checkbox"/>
A local mental health or social services agency	<input type="checkbox"/>	<input type="checkbox"/>
A health organization, such as the American Heart Association or the American Cancer Society	<input type="checkbox"/>	<input type="checkbox"/>
A food commodity organization, such as the Dairy Council or produce growers association	<input type="checkbox"/>	<input type="checkbox"/>
A local college or university	<input type="checkbox"/>	<input type="checkbox"/>
A local business	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**28.0 Does this school participate in the Team Nutrition program? If no, skip to question 32.**

Yes  No

**29.0 If yes, who is responsible for the Team Nutrition program in this school? (Please write your response)**

Job title: \_\_\_\_\_

**30.0 Has the Team Nutrition leader conducted any of the following activities this year or last year?**

	Yes	No
School wide nutrition activities	<input type="checkbox"/>	<input type="checkbox"/>
Home nutrition activities	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition community activities	<input type="checkbox"/>	<input type="checkbox"/>
A media activity	<input type="checkbox"/>	<input type="checkbox"/>

**31.0 During the past 12 months, has this school utilized the following Team Nutrition resources in the cafeteria or hallways?**

	Yes	No
Team Nutrition posters?	<input type="checkbox"/>	<input type="checkbox"/>
Team Nutrition teaching materials?	<input type="checkbox"/>	<input type="checkbox"/>
Team Nutrition recipes?	<input type="checkbox"/>	<input type="checkbox"/>
Team Nutrition parent materials?	<input type="checkbox"/>	<input type="checkbox"/>
Special events related to Team Nutrition?	<input type="checkbox"/>	<input type="checkbox"/>

<b>32.0 Team Nutrition is a web-based resource for nutrition education materials. In your school/district, who do you think would effectively need/use Team Nutrition material ?</b>		
Foodservice director		<input type="checkbox"/>
Classroom teachers		<input type="checkbox"/>
Physical education/Health education teacher		<input type="checkbox"/>
Other (Please specify): _____		
<b>33.0 At this school, what is the minimum level of education required for <u>newly-hired</u> foodservice managers?</b>		
High school diploma or GED		<input type="checkbox"/>
Associate's degree in nutrition or related field		<input type="checkbox"/>
Bachelor's degree in nutrition or related field		<input type="checkbox"/>
Graduate degree in nutrition or related field		<input type="checkbox"/>
No requirement		<input type="checkbox"/>
<b>34.0 Which of the following list of qualifications is required for newly hired foodservice managers at this school.</b>		
	<b>Yes</b>	<b>No</b>
American Dietetic Association Registration (RD)	<input type="checkbox"/>	<input type="checkbox"/>
School Foodservice and Nutrition Specialist credential from the American School Foodservice Association (ASFSA)	<input type="checkbox"/>	<input type="checkbox"/>
American School Foodservice Association (ASFSA) certification	<input type="checkbox"/>	<input type="checkbox"/>
Successful completion of a school foodservice training program provided by the state	<input type="checkbox"/>	<input type="checkbox"/>
Certified Dietary Manager	<input type="checkbox"/>	<input type="checkbox"/>
<b>35.0 Who do you work for: (SELECT all that apply)</b>		
School district		<input type="checkbox"/>
This school		<input type="checkbox"/>
Foodservice management company		<input type="checkbox"/>
Fast food company		<input type="checkbox"/>
Other (Please specify) _____		<input type="checkbox"/>
<b>36.0 Do you have a bachelor's degree?</b>		
	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>37.0 What is the highest grade or year of education have you completed?</b>		
Less than high school		<input type="checkbox"/>
High school or GED		<input type="checkbox"/>
More than high school		<input type="checkbox"/>
Bachelor's degree		<input type="checkbox"/>

<b>38.0 If yes to question 36, what did you <u>major</u> in? (SELECT all that apply)</b>	
Business	<input type="checkbox"/>
Education	<input type="checkbox"/>
Hospitality/culinary arts	<input type="checkbox"/>
Home economics/family and consumer sciences	<input type="checkbox"/>
Nutrition/dietetics	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>
<b>39.0 Do you have a graduate degree?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>40.0 Have you earned the School Foodservice and Nutrition Specialist credentialing from the American School Foodservice Association?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>41.0 Are you currently a registered dietitian?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>42.0 By whom are you certified? (SELECT all that apply)</b>	
American School Foodservice Association	<input type="checkbox"/>
State agency	<input type="checkbox"/>
Other	<input type="checkbox"/>
I am not certified	<input type="checkbox"/>

<b>43.0 During the past 2 years, did you receive staff development on...</b>		
	<b>Yes</b>	<b>No</b>
Planning healthy meals	<input type="checkbox"/>	<input type="checkbox"/>
Using NuMenus (Nutrient Standard Menu Planning)	<input type="checkbox"/>	<input type="checkbox"/>
Using Assisted NuMenus (Assisted Nutrient Standard Planning)	<input type="checkbox"/>	<input type="checkbox"/>
Considering cultural diversity in meal planning	<input type="checkbox"/>	<input type="checkbox"/>
Implementing the Dietary Guidelines for Americans in school meals	<input type="checkbox"/>	<input type="checkbox"/>
Selecting and ordering food	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation and safety	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for food-related emergencies such as choking	<input type="checkbox"/>	<input type="checkbox"/>
Using the cafeteria for nutrition education	<input type="checkbox"/>	<input type="checkbox"/>
Promoting school meals	<input type="checkbox"/>	<input type="checkbox"/>
Making meals more appealing	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>
Financial management	<input type="checkbox"/>	<input type="checkbox"/>
Personnel management	<input type="checkbox"/>	<input type="checkbox"/>

<b>44.0 Which of the following topics would you like to receive further information on for continued growth and development ? (SELECT all that apply)</b>		
Planning healthy meals		<input type="checkbox"/>
Using NuMenus (Nutrient Standard Menu Planning)		<input type="checkbox"/>
Using Assisted NuMenus (Assisted Nutrient Standard Planning)		<input type="checkbox"/>
Considering cultural diversity in meal planning		<input type="checkbox"/>
Implementing the Dietary Guidelines for Americans in school meals		<input type="checkbox"/>
Selecting and ordering food		<input type="checkbox"/>
Food preparation		<input type="checkbox"/>
Sanitation and safety		<input type="checkbox"/>
Procedures for food-related emergencies such as choking		<input type="checkbox"/>
Using the cafeteria for nutrition education		<input type="checkbox"/>
Promoting school meals		<input type="checkbox"/>
Making meals more appealing		<input type="checkbox"/>
Customer service		<input type="checkbox"/>
Financial management		<input type="checkbox"/>
Personnel management		<input type="checkbox"/>
Foodservices for students with special dietary needs		<input type="checkbox"/>
None		<input type="checkbox"/>
<b>45.0 Have you conducted at least 10 hours of foodservice training in the last year?</b>		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>46.0 If yes, what topics did you cover?</b>		
	<b>Yes</b>	<b>No</b>
Making menus consistent with Dietary Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Reducing fat from the menus	<input type="checkbox"/>	<input type="checkbox"/>
Incorporating culturally diverse food choices	<input type="checkbox"/>	<input type="checkbox"/>
Increasing fruit and vegetables in the school menu	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for taking time to complete this questionnaire!**

We may wish to call you to verify one or more of your answers to these questions.  
 Would you consider providing a telephone number where you prefer to be reached?

(     ) \_\_\_\_\_ - \_\_\_\_\_ Please circle 1) Daytime 2) Evening/Weekend

If you would like more information about this study or would like clarification of any questions in this questionnaire, please contact Dr. Mary Murimi at (318) 257-2607 or [murimi@ans.latech.edu](mailto:murimi@ans.latech.edu).

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**Louisiana Tech University**  
**School of Human Ecology**

*School Physical Education*

**Healthy School Environment Surveys**  
**USDA FUNDED PROJECT**

ID : \_\_\_\_\_

**Athletic Director/Head Coach:**

You have been identified as the person who is most knowledgeable of how physical education is provided for seventh grade in your school. As you think about the questions listed, please consider all physical education provided to students in your school. Physical education, or PE in this questionnaire, is defined as class time that is spent teaching a physical education curriculum. Please think about the physical education requirements for students in general, even though there may be some exceptions. Please do not include instruction on physical activity topics that are part of health education or any other subject. Also, do not consider regularly scheduled recess.

<b>1.0 What is your job title at the school? (Mark all that apply)</b>			
Physical Education Teacher			<input type="checkbox"/>
Adapted Physical Education Teacher			<input type="checkbox"/>
Athletic Director			<input type="checkbox"/>
Health Education Teacher			<input type="checkbox"/>
Other: (Please specify) _____			
<b>2.0 Of this list, please indicate by marking the appropriate box, the title(s) of the teachers who teach physical education at this school: (Mark all that apply)</b>			
Physical Education Teacher			<input type="checkbox"/>
Health Education Teachers			<input type="checkbox"/>
Adapted Physical Education Teacher			<input type="checkbox"/>
Other: (Please specify) _____			
<b>3.0 Does this school follow any national, state, or district physical education standards or guidelines?</b>			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>4.0 If yes, are these physical education standards or guidelines based on the National Standards for Physical Education?</b>			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>5.0 Are PE teachers in this school provided with the following:</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Goals, objectives, and expected outcomes for PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A PE curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A chart describing the scope and sequence of instruction for PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson plans or learning activities for PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans for how to assess or evaluate students in PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.0 If curriculum is provided, are all PE teachers at this school required to use the provided curriculum?**

Yes

No

**7.0 Are the following student outcomes addressed by this school's PE goals and objectives:**

	Yes	No	N/A
Knowledge of the benefits of physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the principles of exercise, such as frequency, intensity, duration, and rate of progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive attitudes toward physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular participation in physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of a healthy fitness level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of fundamental motor skills such as running, skipping, throwing, or striking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of team and individualized sport skills such as a catch with a glove, a swim stroke, or a tennis serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to perform a wide variety of movement forms at a basic skill level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to perform two or more movement forms at an advanced level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of responsible personal and social behavior in physical activity settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8.0 Currently, does someone at this school oversee or coordinate PE?**

Yes

No

**The next several questions are about PE that students must take. This will be referred to as required PE.**

**9.0 In required PE, are students at this school taught the following topics?**

	Yes	No	N/A
Space awareness, such as general space, directions, or levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locomotor skills such as walking, running, hopping, or sliding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative skills such as throwing, catching, kicking, or striking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-manipulative skills such as twisting, rolling, or transferring weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10.0 Indicate which of the following aquatic activities are taught in required PE at this school:**

	Yes	No
Diving	<input type="checkbox"/>	<input type="checkbox"/>
Stroke instruction or swimming skill practice	<input type="checkbox"/>	<input type="checkbox"/>
Team water sports (e.g., basketball, volleyball, or water polo)	<input type="checkbox"/>	<input type="checkbox"/>
Water aerobics	<input type="checkbox"/>	<input type="checkbox"/>
Water safety or lifesaving	<input type="checkbox"/>	<input type="checkbox"/>

None of the above	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.0 Please indicate which of the following group or team activities are taught in required PE at this school:</b>		
	<b>Yes</b>	<b>No</b>
Baseball, softball, or whiffleball	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>
Dodgeball or bombardment	<input type="checkbox"/>	<input type="checkbox"/>
Football (e.g., touch or flag)	<input type="checkbox"/>	<input type="checkbox"/>
Pilo Polo or Hockey (e.g., field, floor, roller, or ice)	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>
Student-designed games	<input type="checkbox"/>	<input type="checkbox"/>
Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Ping Pong	<input type="checkbox"/>	<input type="checkbox"/>
King of the hill or Steal the flag	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>
Track	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

<b>12.0 Indicate which of the following dance activities are taught in required PE at this school:</b>		
	<b>Yes</b>	<b>No</b>
Ballet, jazz, tap, or modern dance	<input type="checkbox"/>	<input type="checkbox"/>
Ballroom dances	<input type="checkbox"/>	<input type="checkbox"/>
Folk dances	<input type="checkbox"/>	<input type="checkbox"/>
Line dances (e.g., The Electric Slide)	<input type="checkbox"/>	<input type="checkbox"/>
Aerobic dance	<input type="checkbox"/>	<input type="checkbox"/>
Social dance	<input type="checkbox"/>	<input type="checkbox"/>
Square dance	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

<b>13.0 How many weeks during the school year are 7th graders scheduled to take required PE?</b> (Please write your response) _____
<b>14.0 On average, how many minutes are scheduled for each session of PE?</b> (Please write your response) _____

**15.0 On average, how many required days per week are the 7<sup>th</sup> graders scheduled to take PE?**1 Day 2 Days 3 Days 4 Days 5 Days 

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

**16.0 Can students at this school be exempted from PE for any of the following reasons:**

	Yes	No
Religious reasons	<input type="checkbox"/>	<input type="checkbox"/>
Permanent physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive disability	<input type="checkbox"/>	<input type="checkbox"/>
High physical competency test score	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment in other courses, such as math or science	<input type="checkbox"/>	<input type="checkbox"/>
Participation in school sports	<input type="checkbox"/>	<input type="checkbox"/>
Participation in other school activities such as ROTC, band, chorus, or cheerleading	<input type="checkbox"/>	<input type="checkbox"/>
Participation in vocational training	<input type="checkbox"/>	<input type="checkbox"/>
Participation in community sports activities	<input type="checkbox"/>	<input type="checkbox"/>
Participation in community service activities	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____		

**17.0 SELECT the type of grades that are given for required PE at this school?**Letter Pass/Fail Other (Please specify): \_\_\_\_\_ **18.0 Is PE mandatory for all students attending this school?**Yes  No  N/A **19.0 If students fail required PE, are they required to repeat the course?**Yes  No  N/A **20.0 Are there any elective courses at this school that include instruction in PE?**Yes  No  N/A

**21.0 Are students required to wear appropriate protective gear when engaging in physical activities during PE?**

Yes  No  N/A

**22.0 Is dressing out during PE part of the PE grade?**

Yes  No  N/A

**23.0 Are staff at this school allowed to use physical activity, such as laps or push-ups, to punish students for inappropriate behavior in PE?**

Yes  No  N/A

**24.0 Are staff at this school allowed to exclude students from all or part of PE as punishment for inappropriate behavior in another class?**

Yes  No  N/A

**25.0 Is PE included in Individualized Education Plans (IEPs) for students with permanent physical or cognitive disabilities?**

Yes  No  N/A

**26.0 Do students with physical or cognitive disabilities participate in:**

Type of PE	Physical Disability		Cognitive Disability	
	Yes	No	Yes	No
Adapted PE only, separate from regular PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular PE only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both adapted and regular PE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27.0 Does this school have locker rooms with showers for students to use after PE?**

Yes  No

<b>28.0 Does this school have the following facilities for <u>indoor</u> PE?</b>		
	<b>Yes</b>	<b>No</b>
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>
Indoor pool	<input type="checkbox"/>	<input type="checkbox"/>
Weight room	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular fitness center	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling room	<input type="checkbox"/>	<input type="checkbox"/>
Dance studio	<input type="checkbox"/>	<input type="checkbox"/>
Racquetball court	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria, auditorium, or other multi-purpose room	<input type="checkbox"/>	<input type="checkbox"/>
Trailers or mobile buildings used for PE	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____		

<b>29.0 Does this school have the following facilities for <u>outdoor</u> PE?</b>		
	<b>Yes</b>	<b>No</b>
Track for walking, jogging, running, or biking	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor pool	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor volleyball court	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor basketball court	<input type="checkbox"/>	<input type="checkbox"/>
Baseball or softball field	<input type="checkbox"/>	<input type="checkbox"/>
Soccer field	<input type="checkbox"/>	<input type="checkbox"/>
Football field	<input type="checkbox"/>	<input type="checkbox"/>
General use field	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor athletic or playground equipment	<input type="checkbox"/>	<input type="checkbox"/>
Parking lot or black top areas	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify): _____		

<b>30.0 Is there a set maximum student-to-teacher ratio for required PE at this school? If No or N/A, skip to question 32.</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		N/A	<input type="checkbox"/>

<b>31.0 If yes, what is the maximum student-to-teacher ratio allowed for PE?</b>	
(Please write your response) _____	

**32.0 Is a newly hired PE teacher or specialist required to have undergraduate or graduate training in physical education or a related field?**

Yes  No  N/A

If no, please explain: \_\_\_\_\_

**33.0 Is a newly hired PE teacher or specialist required to be certified, licensed, or endorsed by the state in physical education?**

Yes  No  N/A

If no, please explain: \_\_\_\_\_

**34.0 During the past 12 months, has the PE staff worked on physical education activities with:**

	Yes	No
Health education services staff from this school	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition services staff from this school	<input type="checkbox"/>	<input type="checkbox"/>
Mental health or social services staff from this school	<input type="checkbox"/>	<input type="checkbox"/>

**35.0 During the past 12 months, has this school:**

	Yes	No
Provided families with information on the school physical education program	<input type="checkbox"/>	<input type="checkbox"/>
Met with a parents' organization, such as the PTA, to discuss the PE program	<input type="checkbox"/>	<input type="checkbox"/>
Invited family members to attend PE classes	<input type="checkbox"/>	<input type="checkbox"/>
Invited family members to tour the PE facilities	<input type="checkbox"/>	<input type="checkbox"/>
Offered any physical education or physical activity programs to families	<input type="checkbox"/>	<input type="checkbox"/>

**36.0 During the past 12 months, has this school:**

	Yes	No
Collected suggestions from students about the PE program	<input type="checkbox"/>	<input type="checkbox"/>
Collected suggestions from family members of students about the PE program	<input type="checkbox"/>	<input type="checkbox"/>

**37.0 Is the PE program at this school:**

Co-ed	<input type="checkbox"/>
All girls	<input type="checkbox"/>
All boys	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

**38.0 Does this school offer opportunities for students to participate in intramural activities or physical activity clubs? (If no, skip to question 44)**

Yes  No

<b>39.0 If yes, are students provided with information about intramural activities, physical activities or physical activity clubs:</b>		
	<b>Yes</b>	<b>No</b>
During school announcements	<input type="checkbox"/>	<input type="checkbox"/>
In a school newsletter, newspaper, or other school publication	<input type="checkbox"/>	<input type="checkbox"/>
On posters or other materials on display in the school	<input type="checkbox"/>	<input type="checkbox"/>

<b>40.0 Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs? (Do not include competitive teams)</b>	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

<b>41.0 Must students pay an activity fee to participate in intramural activities or physical activity clubs?</b>	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
If no, please skip to question 43. If yes, please state which activities require a fee: _____	

<b>42.0 Is the fee waived if the student cannot afford to pay?</b>	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

<b>43.0 Must students wear appropriate protective gear when engaged in intramural activities or physical activity clubs?</b>	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**44.0 Which of these intramural or physical activity clubs (clubs are defined as participatory) are offered to both boys and girls, only boys, only girls, or neither at this school?**

	<b>Boys &amp; Girls</b>	<b>Only Boys</b>	<b>Only Girls</b>	<b>Neither</b>
Aerobics (e.g., step or low-impact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball, softball, or whiffleball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance (e.g., ballroom, folk, or square dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football (e.g., touch or flag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frisbee, frisbee golf, or Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking, backpacking, or orienteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey (e.g., field, floor, roller, or ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martial arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-stationary bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racquet sports (e.g., racquetball, handball, squash, or paddleball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running or jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skating (e.g., roller, in-line, or ice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing (e.g., cross country, downhill, or water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming, diving, or water polo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**45.0 Does this school provide transportation home for students who participate in after-school interscholastic sports?**

Yes  No

**46.0 Must students pay an activity fee to participate in interscholastic sports?**

Yes  No

If No, please skip to question 50. If yes, please state which activities require a fee: \_\_\_\_\_

**47.0 Is the fee waived if the student cannot afford to pay?**

Yes

No

**48.0 Of this list of interscholastic sports (competitive sport teams), please indicate if the sport is offered to both boys and girls, only boys, only girls, or not at all.**

	Boys & Girls	Only Boys	Only Girls	Neither
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading or competitive spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-country track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downhill or cross country skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast pitch or slow pitch softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riflery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming or diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track and field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water polo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49.0 Is a head coach at this school required to?**

	<b>Yes</b>	<b>No</b>
Have previous coaching experience in any sport	<input type="checkbox"/>	<input type="checkbox"/>
Have previous coaching experience in the sports he/she will be coaching	<input type="checkbox"/>	<input type="checkbox"/>
Have a teaching certificate	<input type="checkbox"/>	<input type="checkbox"/>
Complete a coaches' training course	<input type="checkbox"/>	<input type="checkbox"/>
Be certified in first aid	<input type="checkbox"/>	<input type="checkbox"/>
Be certified in CPR	<input type="checkbox"/>	<input type="checkbox"/>
Be employed by this school or school district	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this questionnaire!**

We may wish to call you to verify answers to one or more of these questions. Would you consider providing a telephone number where you prefer to be reached?

(        ) \_\_\_\_\_ - \_\_\_\_\_      Please circle 1) Daytime 2) Evening/Weekend

If you would like more information about this study or would like clarification of any questions in this questionnaire, please contact Dr. Mary Murimi at (318) 257-2607 or [murimi@ans.latech.edu](mailto:murimi@ans.latech.edu).

School of Human Ecology  
College of Applied and Natural Sciences  
Louisiana Tech University  
P.O. Box 3167, Ruston, LA 71272

# **Louisiana Tech University**

## **School of Human Ecology**

*Teacher Questionnaire:*

*Family and Consumer Science & Health Education Teachers*

**Healthy School Environment Surveys**  
**USDA FUNDED PROJECT**

ID: \_\_\_\_\_

# Teacher Questionnaire

## DEMOGRAPHICS

Instructions: Please mark your response.

### 1. What is your gender?

- Male       Female

### 2. What is your race?

- Caucasian (White)  
 African American  
 Hispanic  
 Asian  
 Native American  
 Other (Specify: \_\_\_\_\_)

### 3. What is your age range?

- 20-25 years       41-45 years       61-65 years  
 26-30 years       46-50 years       66 + years  
 31-35 years       51-55 years  
 36-40 years       56-60 years

### 4. How many years of teaching experience do you have?

- Less than 1       06-10 years       16-20 years       26-30 years  
 01-05 years       11-15 years       21-25 years       More than 30 years

### 5. Educational Background:

Major: \_\_\_\_\_

# Teacher Questionnaire

Name \_\_\_\_\_

Grade \_\_\_\_\_

Subject: \_\_\_\_\_

School/District/Parish \_\_\_\_\_

Number of Students in Class: \_\_\_\_\_

## Nutrition Instruction

<b>1.0 Do you teach nutrition in your classes? If no, please go to question #10.</b>				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<b>2.0 If yes, how often do you teach nutrition in your classes?</b>				
Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Other <input type="checkbox"/>	
If you marked other, specify: _____				
			<b>Yes</b>	<b>No</b>
<b>3.0 Do you teach nutrition as a stand-alone topic?</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>3.1 Do you teach nutrition as part of health education?</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>3.2 Do you teach nutrition as part of science education?</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>3.3 Do you teach nutrition as part of family &amp; consumer sciences?</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0 Which textbooks, curricula or other teaching materials do you use to teach nutrition?</b>				
(Write your response)				
_____				
			<b>Yes</b>	<b>No</b>
<b>5.0 Do you use materials or services from the following agencies?</b>				
Dairy Council			<input type="checkbox"/>	<input type="checkbox"/>
American Cancer Society			<input type="checkbox"/>	<input type="checkbox"/>
Expanded Food & Nutrition Education Program			<input type="checkbox"/>	<input type="checkbox"/>
American Heart Association			<input type="checkbox"/>	<input type="checkbox"/>
5-A-Day			<input type="checkbox"/>	<input type="checkbox"/>
Other(Specify) _____				

**6.0 Do you use materials or services from the Team Nutrition web site? If no, go to question 8.**

Yes  No

**6.1 If yes, which of the following resources have you used:**

- |                                   |                          |
|-----------------------------------|--------------------------|
| 1. The “yourself” kit             | <input type="checkbox"/> |
| 2. The power of choice curriculum | <input type="checkbox"/> |

**6.2 If yes to the “yourself” kit, which topics did you cover? (Select all that apply)**

- |  |  |                                  |
|--|--|----------------------------------|
| Are you normal? <input type="checkbox"/>           | Get the picture <input type="checkbox"/>   | Feed me <input type="checkbox"/> |
| What is a serving anyway? <input type="checkbox"/> | Snack attack <input type="checkbox"/>      | Move it <input type="checkbox"/> |
| Just for you <input type="checkbox"/>              | What’s your goal? <input type="checkbox"/> | All <input type="checkbox"/>     |

**6.3 Have you used any of the topics in question 6.2 as a:**

	Yes	No
Cafeteria activity	<input type="checkbox"/>	<input type="checkbox"/>
Classroom activity	<input type="checkbox"/>	<input type="checkbox"/>
Community activity	<input type="checkbox"/>	<input type="checkbox"/>

**7.0 From the list below, indicate the nutrition topics you feel are “important” for students at your grade level and indicate the ones you are currently teaching?**

	Important	Important	Teaching	Teaching
	Yes	No	Yes	No
Healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food choice systems (Food Guide Pyramid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrients in foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation/food handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factors that influence food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer skills: Label reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer skills: Recognize advertising techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer skills: Ethnic food patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition for sports performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks and fast food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8.0 Does your district/state provide a scope and sequence in nutrition to guide your teaching efforts?**

Yes  No

**9.0 Have you adapted your nutrition curriculum or activities to meet the needs of culturally diverse students?**

Yes

No

If yes,  
how?: \_\_\_\_\_

**10.0 Have you received staff development in nutrition in the last year?**

Yes

No

10.1 If yes, what topics were covered in the training?  
\_\_\_\_\_

10.2 If yes, who provided the nutrition education? Please specify \_\_\_\_\_

**11.0 To whom or where do you turn for nutrition education information?**  
\_\_\_\_\_

**12.0 How do you reward students in your classroom or during standardized test days? SELECT all choices that apply.**

Candy

Non-candy snacks

More recess

I allow them to bring their own snacks

I provide soft drinks

I provide water

Nothing

Other (Please specify) \_\_\_\_\_

**13.0 If you had the choice, how would you change the way nutrition education is done in your classroom or school? (Write your response)**  
\_\_\_\_\_  
\_\_\_\_\_

**14.0 During this school year or in the last school year, have you worked with your school's food service staff, either in the classroom or cafeteria, to help reinforce classroom lessons about good nutrition?**

Yes

No

**15.0 For the following questions, please indicate whether you strongly agree, agree, disagree, or strongly disagree:**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I am not interested in teaching about nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The students in my classroom like other subjects more than they like nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate nutrition curricular materials are available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nutrition curricular materials available to me are appealing to my students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not try to influence what foods my students select in the lunchroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not try to influence the food choices my students make outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the future, I intend to incorporate nutrition <u>more often</u> into my classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to arrange some nutrition activities for my students with our school's food service staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I intend to work more closely with our school's food service staff to teach about good nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that the food choices offered in our school's lunchroom help children eat a healthy lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to incorporate nutrition activities in my classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16.0 How confident are you that :**

	<b>Not at all Confident</b>	<b>Not Confident</b>	<b>Confident</b>	<b>Very Confident</b>
You have adequate training to teach nutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You understand nutrition concepts well enough to teach them to your students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students what the Food Guide Pyramid (FGP) is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students what food groups make up the FGP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students about eating a balanced diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students which foods belong to each food group in the FGP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students which nutrients come from each food group in the FGP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students about fat, sugar, and salt in fast foods and snack foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students what the Dietary Guidelines are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students about reducing fat and salt in their diets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can do a good job teaching students about increasing fruits, vegetables, and grains in their diets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>17.0 How confident are you that :</b>				
	<b>Not at all Confident</b>	<b>Not Confident</b>	<b>Confident</b>	<b>Very Confident</b>
You can interest students in the subject of nutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do a good job teaching nutrition, your students will be interested in nutrition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do a good job teaching nutrition, your students will increase their nutrition knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do a good job teaching nutrition, your students will change their nutrition-related attitudes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do a good job teaching nutrition, your students will change their nutrition-related behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you teach more hours of nutrition, you will have a greater impact on your students' nutrition related knowledge, attitudes, and behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.0 During the past school year, about how many hours on average do you spend teaching nutrition to your students (do not include time you plan on teaching nutrition)?</b>				
None				<input type="checkbox"/>
Please write your response: _____				
<b>19.0 Team Nutrition is a web-based resource for nutrition education materials. In your school/district, who do you think would effectively need/use Team Nutrition material?</b>				
Food service director				<input type="checkbox"/>
Classroom teachers				<input type="checkbox"/>
Physical education/Health education teacher				<input type="checkbox"/>
Other ( Please specify): _____				

**Thank you for completing this questionnaire!**

If you would like more information about this study or would like clarification of any questions in this survey, please call Dr. Mary Murimi at (318) 257-2607 or email Dr. Murimi at [murimi@ans.latech.edu](mailto:murimi@ans.latech.edu).

## Student Food Knowledge Day 1 Questionnaire

ID: \_\_\_\_\_

**Instructions:** Please mark your response.

1. Are you a boy or girl?

- Boy       Girl

2. What is your race?

- Caucasian (White)  
 African American  
 Hispanic  
 Asian  
 Native American  
 Other

3. How old are you?

- 11-12 years  
 13-14 years  
 15 years

We now have some questions for you to complete. Remember:

- ☺ This is not a test!
- ☺ Read each question carefully, and think about it before you choose an answer.
- ☺ Choose only one answer for each question unless you are asked to choose more than one.
- ☺ It is OK to mark “Don’t Know” if you really don’t know the answer.
- ☺ Do not skip any questions.
- ☺ If you have any questions about this questionnaire, ask your teacher.

## Student Food Knowledge

**1.0 Each food item in the table belongs to a certain food group in the Food Guide Pyramid. SELECT the box that correctly matches the food group with the food item. If you do not know, select the don't know box.**

<b>FOOD ITEM</b>	<b>BREAD (Group 1)</b>	<b>VEG. (Group 2)</b>	<b>FRUIT (Group 3)</b>	<b>MEAT (Group 4)</b>	<b>MILK (Group 5)</b>	<b>FAT/ SWEETS</b>	<b>DON'T KNOW</b>
Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English muffin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft drinks (sodas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.0 Mark the number of servings from each food group that you should eat *each day*. If you don't know, select the "don't know" box. (For example, circle the number of servings that represent the correct number of servings you should eat each day.)**

<b>FOOD GROUP</b>	<b>NUMBER OF SERVINGS YOU SHOULD EAT EACH DAY</b>					<b>DON'T KNOW</b>
a. Fruit group	1-2	2-3	2-4	3-5	6-11	8
b. Vegetable group	1-2	2-3	2-4	3-5	6-11	8
c. Milk group	1-2	2-3	2-4	3-5	6-11	8
d. Grains group	1-2	2-3	2-4	3-5	6-11	8
e. Meat and beans group	1-2	2-3	2-4	3-5	6-11	8

**3.0 Which health problems are associated with being overweight? SELECT your answer.**

a. Type 2 diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
b. Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
c. Anemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>

**3.0 Based on your knowledge of the Food Guide Pyramid, select the correct portion (serving size) that counts as a serving of each of the following Food Groups: (For example, in the first column one slice of wheat toast counts as a serving of bread as circled.)**

Food Group	Food	Serving Portion			Don't Know
<b>a. Cereals, breads and grains</b>	Wheat toast	½ slice	<u>1 Slice</u>	2 slices	8
	Bagel	½ bagel	Whole bagel	2 bagels	8
	Ready to eat cereal	½ cup	1 cup	2 cups	8
	Cooked cereal—rice, pasta	½ cup	1 cup	2 cups	8
<b>b. Vegetables</b>	Raw leafy vegetables	½ cup	1 cup	2 cups	8
	Cooked vegetables	½ cup	1 cup	2 cups	8
	Vegetable juice	½ cup	¾ cup	1 cup	8
<b>c. Fruits</b>	Medium fruit	½ of a fruit	1 fruit	2 fruits	8
	Canned fruit	½ cup	¾ cup	1 cup	8
	Fruit juice	½ cup	¾ cup	1 cup	8
<b>d. Meats and legumes</b>	Milk or yogurt	½ cup	1 cup	2 cups	8
	Processed cheese	1 oz	2 oz	3 oz	8
	Cooked lean meat	1oz	2-3oz	5 oz	8
	Cooked beans	½ cup	1 cup	2 cups	8
	Eggs	½ egg	1 egg	2 eggs	8
	Peanut butter	1 tablespoon	2 tablespoons	3 tablespoons	8
<b>e. Fats and oils</b>	Butter	1 teaspoon	2 teaspoons	3 teaspoons	8
	Salad dressing	1 tablespoon	2 tablespoons	3 tablespoons	8
	Sour cream	1 tablespoon	2 tablespoons	3 tablespoons	8
	Cream cheese	1 oz	2 oz	3 oz	8
<b>f. Added sugars and sweets</b>	Sugar, jam or jelly	1 teaspoon	2 teaspoons	3 teaspoons	8
	Soda	8 oz	12 oz	20 oz	8
	Chocolate bar	1 oz	2 oz	3 oz	8

**5.0 Looking at the table below, match each nutrient with the food group that is considered a high source of the nutrient. Circle the number that represents the nutrient in the blank space. (For some food groups, you will circle more than one number.)**

Related nutrient(s)	Food group	Nutrients
<u>1</u> 2 3 4 5 6	Bread	1-Carbohydrate
1 2 3 4 5 6	Vegetable	2-Calcium
1 2 3 4 5 6	Fruit	3-Saturated fatty acids
1 2 3 4 5 6	Milk	4-Fiber
1 2 3 4 5 6	Meat	5-Vitamins and Minerals
1 2 3 4 5 6	Fat and oil	6-Protein

<b>6.0 Based on your knowledge, which of the following food choices has more fat? SELECT your answer.</b>	
<b>6.1</b> Baked potatoes	<input type="checkbox"/>
French fries	<input type="checkbox"/>
The Same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.2</b> Grilled chicken	<input type="checkbox"/>
Fried chicken strips	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.3</b> Hot dogs	<input type="checkbox"/>
Turkey slices	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.4</b> Cole slaw	<input type="checkbox"/>
Green salad	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.5</b> Frozen yogurt	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.6</b> Skinless chicken thigh	<input type="checkbox"/>
Chicken thigh with skin	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.7</b> One regular size muffin	<input type="checkbox"/>
One slice of wheat bread	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>6.8</b> Pretzels	<input type="checkbox"/>
Regular chips	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>

**7.0 Which of the following health problems are associated with the following dietary behavior? Match the health problem listed below with the associated dietary behavior by circling the number of the health problem in the space provided. (For example, eating too much sugar can cause tooth problems. (05) )**

DIETARY BEHAVIOR	NUMBER					HEALTH PROBLEM
Eating too much sugar	01	02	03	04	05	01-Osteoporosis
Not consuming enough calcium	01	02	03	04	05	02-Heart disease/stroke
Eating too much cholesterol and saturated fats	01	02	03	04	05	03-Obesity
Eating too much salt or sodium	01	02	03	04	05	04-High blood pressure
Eating too many calories	01	02	03	04	05	05-Tooth problems

**8.0 Based on your knowledge, which of the following food group is high in cholesterol? SELECT your answer.**

Vegetable and plant products	<input type="checkbox"/>
Fruits	<input type="checkbox"/>
Meats and animal products	<input type="checkbox"/>
Cereal and grains	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**9.0 Based on your knowledge, which of the following foods has more saturated fat? SELECT your answer.**

<b>9.1</b> Vegetable oil	<input type="checkbox"/>
Butter	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>9.2</b> Butter	<input type="checkbox"/>
Margarine	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>9.3</b> Chicken breast	<input type="checkbox"/>
Beef steak	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>
<b>9.4</b> Skim milk	<input type="checkbox"/>
Whole milk	<input type="checkbox"/>
The same	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>

<b>10.0 Which health problem(s) are associated with high blood cholesterol? SELECT your answer.</b>	
Heart attack/stroke	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**Thank you for completing this questionnaire!**

**End Day One**

ID: \_\_\_\_\_

**Day 2: Dietary Habits, Physical Activity Behavior and Weight Perception**

Welcome to day two. Remember:

- ☺ This is not a test!
- ☺ Read each question carefully, and think about it before you choose an answer.
- ☺ Choose only one answer for each question unless you are asked to choose more than one.
- ☺ It is OK to mark “Don’t Know” if you really don’t know the answer.
- ☺ Do not skip any questions.
- ☺ If you have any questions about this questionnaire, ask your teacher.

## Dietary Habits, Physical Activity Behavior and Weight Perception

<b>1.0 How would you describe your weight? SELECT your answer.</b>	
Very underweight	<input type="checkbox"/>
Slightly underweight	<input type="checkbox"/>
About the right weight	<input type="checkbox"/>
Slightly overweight	<input type="checkbox"/>
Very overweight	<input type="checkbox"/>

<b>2.0 Which of the following are you trying to do about your weight? SELECT your answer.</b>	
Lose weight	<input type="checkbox"/>
Gain weight	<input type="checkbox"/>
Maintain my current weight	<input type="checkbox"/>
I am not trying to do anything about my weight	<input type="checkbox"/>

<b>3.0 Which, if any, of the following activities have you engaged in during the past 30 days in an effort to lose, gain, or maintain weight? SELECT all that apply.</b>	
Exercise	<input type="checkbox"/>
Eat less food, fewer calories, or foods low in fat	<input type="checkbox"/>
Go without eating for 24 hours or more (also called fasting)	<input type="checkbox"/>
Take diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products such as Slim Fast.)	<input type="checkbox"/>
Vomit	<input type="checkbox"/>
Take laxatives	<input type="checkbox"/>
Eat more	<input type="checkbox"/>

<b>4.0 During the past 7 days, how many days did you exercise or participate in physical activity for at least 30 minutes that made you sweat and breathe hard? (For example: basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities) SELECT your answer.</b>	
0 days	<input type="checkbox"/>
1 day	<input type="checkbox"/>
2 days	<input type="checkbox"/>
3 days	<input type="checkbox"/>
4 days	<input type="checkbox"/>
5 days	<input type="checkbox"/>
6 days	<input type="checkbox"/>
7 days	<input type="checkbox"/>

**5.0 During the past 7 days, how many days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard? (For example: fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors) SELECT your answer.**

0 days	<input type="checkbox"/>
1 day	<input type="checkbox"/>
2 days	<input type="checkbox"/>
3 days	<input type="checkbox"/>
4 days	<input type="checkbox"/>
5 days	<input type="checkbox"/>
6 days	<input type="checkbox"/>
7 days	<input type="checkbox"/>

**6.0 During the past 7 days, how many days did you do exercises to strengthen or tone your muscles, such as doing push-ups, sit-ups, or weight lifting? SELECT your answer**

0 days	<input type="checkbox"/>
1 day	<input type="checkbox"/>
2 days	<input type="checkbox"/>
3 days	<input type="checkbox"/>
4 days	<input type="checkbox"/>
5 days	<input type="checkbox"/>
6 days	<input type="checkbox"/>
7 days	<input type="checkbox"/>

**7.0 In an average weekend, how many days do you get physical exercise? SELECT your answer.**

0 days	<input type="checkbox"/>
1 days	<input type="checkbox"/>
2 days	<input type="checkbox"/>

**7.1 On an average weekend day, how many hours do you get physical exercise?**

\_\_\_\_\_ hours

**8.0 On an average school day, how many hours do you watch TV? SELECT your answer.**

I do not watch TV on an average school day	<input type="checkbox"/>
Less than 1 hour per day	<input type="checkbox"/>
1 hour per day	<input type="checkbox"/>
2 hours per day	<input type="checkbox"/>
3 hours per day	<input type="checkbox"/>
4 hours per day	<input type="checkbox"/>
5 or more hours per day	<input type="checkbox"/>

<b>9.0 In an average week when you are in school, on how many days do you go to physical education (PE) classes? SELECT your answer.</b>	
0 days	<input type="checkbox"/>
1 day	<input type="checkbox"/>
2 days	<input type="checkbox"/>
3 days	<input type="checkbox"/>
4 days	<input type="checkbox"/>
5 days	<input type="checkbox"/>

<b>10.0 During an average physical education (PE) class, how many minutes do you spend exercising or playing sports? SELECT your answer.</b>	
I do not take PE	<input type="checkbox"/>
Less than 10 minutes	<input type="checkbox"/>
10 to 20 minutes	<input type="checkbox"/>
21 to 30 minutes	<input type="checkbox"/>
31 to 40 minutes	<input type="checkbox"/>
41 to 50 minutes	<input type="checkbox"/>
51 to 60 minutes	<input type="checkbox"/>
More than 60 minutes	<input type="checkbox"/>

<b>11.0 During the past 12 months, how many sports teams did you play on? (Include any teams organized by your school, church, or community groups.) SELECT your answer.</b>	
0 teams	<input type="checkbox"/>
1 team	<input type="checkbox"/>
2 teams	<input type="checkbox"/>
3 or more teams	<input type="checkbox"/>

**Think about all the meals and snacks you had from the time you got up until you went to bed for the last week. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.**

<b>12.0 During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.) SELECT your answer.</b>	
I did not drink 100% fruit juice during the past 7 days	<input type="checkbox"/>
1 to 3 times during the past 7 days	<input type="checkbox"/>
4 to 6 times during the past 7 days	<input type="checkbox"/>
1 time per day	<input type="checkbox"/>
2 times per day	<input type="checkbox"/>
3 times per day	<input type="checkbox"/>

4 or more times per day	<input type="checkbox"/>
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**13.0 During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.) SELECT your answer.**

I did not eat fruit during the past 7 days	<input type="checkbox"/>
1 to 3 times during the past 7 days	<input type="checkbox"/>
4 to 6 times during the past 7 days	<input type="checkbox"/>
1 time per day	<input type="checkbox"/>
2 times per day	<input type="checkbox"/>
3 times per day	<input type="checkbox"/>
4 or more times per day	<input type="checkbox"/>

**14.0 During the past 7 days, how many times did you eat green salad? SELECT your answer.**

I did not eat green salad during the past 7 days	<input type="checkbox"/>
1 to 3 times during the past 7 days	<input type="checkbox"/>
4 to 6 times during the past 7 days	<input type="checkbox"/>
1 time per day	<input type="checkbox"/>
2 times per day	<input type="checkbox"/>
3 times per day	<input type="checkbox"/>
4 or more times per day	<input type="checkbox"/>

**15.0 During the past 7 days, how many times did you eat potatoes? (Do not count French fries, fried potatoes, or potato chips.) SELECT your answer.**

I did not eat potatoes during the past 7 days	<input type="checkbox"/>
1 to 3 times during the past 7 days	<input type="checkbox"/>
4 to 6 times during the past 7 days	<input type="checkbox"/>
1 time per day	<input type="checkbox"/>
2 times per day	<input type="checkbox"/>
3 times per day	<input type="checkbox"/>
4 or more times per day	<input type="checkbox"/>

**16.0 During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, or potatoes.) SELECT your answer**

I did not eat other vegetables during the past 7 days	<input type="checkbox"/>
1 to 3 times during the past 7 days	<input type="checkbox"/>
4 to 6 times during the past 7 days	<input type="checkbox"/>
1 time per day	<input type="checkbox"/>
2 times per day	<input type="checkbox"/>
3 times per day	<input type="checkbox"/>
4 or more times per day	<input type="checkbox"/>

**17.0 During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.) SELECT your answer.**

I did not drink milk during the past 7 days	<input type="checkbox"/>
1 to 3 times during the past 7 days	<input type="checkbox"/>
4 to 6 times during the past 7 days	<input type="checkbox"/>
1 time per day	<input type="checkbox"/>
2 times per day	<input type="checkbox"/>
3 times per day	<input type="checkbox"/>
4 or more times per day	<input type="checkbox"/>

**18.0 Do you think your diet is too low, too high, or about right in the following nutrients? SELECT your answer.**

STATEMENT	Too Low	Too High	About Right	Don't Know
Calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturated Fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salt or sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar or sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19.0 A boy named Joe ate cereal with milk and a banana and drank orange juice for breakfast. How many different food groups did Joe eat from the Food Guide Pyramid? SELECT your answer.**

One food group	<input type="checkbox"/>
Two food groups	<input type="checkbox"/>
Three food groups	<input type="checkbox"/>
Four food groups	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**20.0 In the last week, did you ever...**

	Yes	No
Eat fruits at home for breakfast?	<input type="checkbox"/>	<input type="checkbox"/>
Eat fruits or vegetables at home for snacks?	<input type="checkbox"/>	<input type="checkbox"/>

**21.0 In the last 2 weeks, did you ever eat fruits or vegetables when you went out to eat, not including the foods you eat at school?**

Yes                       No                       Didn't go out to eat

**22.0 In the last month, have you done nutrition activities in your school cafeteria, such as taste-testing new foods?**

Yes

No

**23.0 In the last month, have you talked about nutrition with your family?**

Yes

No

**24.0 Mark the answer that best describes your opinion of the following vegetables:**

<u>Vegetable</u>	I have never tasted this 	I don't like this 	I like this a little 	I like this a lot 
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greens (collard, mustard, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes, baked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peas (green, sweet, or English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans (green, string, or snap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cucumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bean sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peppers (red, green, or yellow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squash (zucchini, yellow, butternut)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>25.0 Mark the answer that best describes your opinion of the following fruits:</b>				
<b><u>Fruit</u></b>	<b>I have never tasted this</b>	<b>I don't like this</b>	<b>I like this a little</b>	<b>I like this a lot</b>
				
Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applesauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blueberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apricots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honeydew melon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**End of Day Two**  
**Thank you for completing this questionnaire!**