

School Nutrition and Activity Project
Principal School Food Survey



Please tell us about the extent to which you are **currently implementing** the following aspects of the Nutrition Policy at your school. Check the box which best represents your opinion.

At my school...

1. We allow a minimum of 20 minutes to eat lunch	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2. We stock an emergency food cupboard with healthy choices for students in need	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3. We participate in the PEI School Milk Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. We offer a breakfast or snack program available to all children	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5. We price foods in a way to encourage healthy food consumption	Disagree <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>	
6. Staff and volunteers are familiar with safe food handling practices	Disagree <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>	
7. The food and beverages sold in vending machines, which are accessible to students, are selected from the "Healthy Vending Machine and Canteen Foods" list.	Never <input type="checkbox"/> NA <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
8. We promote only healthy food choices and advertising at school	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
9. We participate in Healthy Eating Alliance, or other nutrition activities when offered	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
10. We involve students in planning school food choices	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
11. Foods sold or provided at school are selected from "Foods to Serve Most Often" or "Foods to Serve Sometimes" lists and meet the nutrition policy criteria	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
12. School fundraising activities emphasize non-food or healthy food products	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
13. Our staff participate in professional development which addresses nutrition and food issues when available	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
14. Teachers and school staff act as positive role models with regards to healthy eating	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
15. We only offer non-food items as rewards for good behaviour, achievement or participation in fundraising activities	Never <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Always <input type="checkbox"/>
16. We have a designated nutrition committee to oversee our schools	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

healthy eating practices.

17. A) Does your school currently offer a **LUNCH PROGRAM** on any day during the week? **YES NO** (Go to Question #18)

B) If your school does offer a **LUNCH PROGRAM**, please fill in the following information regarding the foods offered:

Food Offered	How Often? (# Days Week/month)	What Brand? (i.e., brand name, restaurant provider, producer)	What Type? Please be specific. (e.g., flavour, variety, toppings)
Example: pizza	2/week	Pizza Delight	Pepperoni, white crust 1/month Chicken, whole wheat crust 1/week
hot dogs	1/month	Maple Leaf	Original, all beef
Pizza			
Subs			
Hot Dogs			
Chicken Nuggets			
Chicken Burgers/Hamburgers			
Sandwiches, wraps			
Baked Potatoes			
Soup, chili			
Spaghetti, macaroni, pasta			
Other: Please specify			
Other: Please specify			
Other: Please specify			
Other: Please specify			

18. a) Does your school have a **CANTEEN?** **YES** **NO** (Go to Question #18b)

If YES, please check all items currently offered in the canteen:

Food	Offered	Food	Offered
Baked potato chips		Milk (white)	
Bottled water (plain)		Milk (chocolate)	
Bottled water (flavoured)		Muffins	
Chips/tortilla chips/cheesies (reg)		Raisins	
Chocolate bars/candy/gum		Pretzels	
Cookies/cakes/pies/pastries		Rice cakes (e.g. <i>Mini Crisps</i>)	
Fruit (fresh or canned)		Sandwiches/subs/wraps	
Fruit juices (100% juice)		Soft drinks/pop/sports drinks (e.g. <i>Gatorade</i>)	
Fruit drinks/fruit crystals		Trail mix/cereal snack mix	
Granola/cereal bars		Yogurt/frozen yogurt	
Ice cream		Other (specify) _____	
products/milkshakes/popsicles			
Other (specify) _____		Other (specify) _____	

18. b) Does your school have a **VENDING MACHINE?** **YES** **NO** (Go to Question #18c)

If YES, please check all items currently offered in the vending machine:

Food	Offered	Food	Offered
Bottled water (plain)		Milk (white)	
Flavoured Water		Milk (chocolate)	
100% Fruit juice (i.e. apple juice, orange juice)		Soft Drinks/Pop	
Fruit drinks/fruit crystals (i.e. Fruitopia, 5-Alive)		Iced Tea	
Sports Drinks (Gatorade)		Other (specify) _____	
Other (specify) _____		Other (specify) _____	

18. c) Which of the following times are your students granted access to your lunch program, canteen, vending machine?
Please check all times that apply

Time	Lunch Program	Canteen	Vending Machine
8-9am			
9-10am			
10-11am			
11-12pm			
12-1pm			
1-2pm			
2-3pm			
After 3 p.m			

19. Other than meal programs, vending machines, canteens and the cafeteria, does your school sell any other items for
fundraising? **YES NO** (Go to Question #20)

*If answered YES, Which of the following items are sources of revenue for your school?
(Please answer questions only for those that apply)*

Item	How often sold? (i.e. once per year, all year round etc)	How Successful is this fundraising item? (Check the box that best represents your opinion <input checked="" type="checkbox"/>)				% Total fundraising revenue (i.e. 25%, 50% etc)
Chocolate bars/candy		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Cookies/cakes		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Cheese		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Fresh Fruit/juice		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Magazines		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Bulbs		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Seeds		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
T-shirts, hats, etc.		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Cards/wrapping paper		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Coupons		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Other (specify):		<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

Other (specify):	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Other (specify):	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

20. How are fundraising dollars being used at your school?
Please check or specify the greatest need out of the list below :

- Equipment (i.e. playground, sports, music)
- Education (i.e. supplies, programs, library books)
- Kitchen facilities (i.e. microwaves, pots & pans etc)
- Field Trips
- Other (Specify:) _____

PART II

21. Which of the following supports have you received from the PEI Healthy Eating Alliance in the past year? Please check all that apply.

- School visits by HEA to review menu items
- HEA networking meetings to share successes and challenges
- HEA presentations to staff, home and school or students regarding the policy, nutrition
- HEA working with Home and School regarding fund raising
- HEA providing strategies for school food program volunteer recruitment and retention

Comments: _____

22. In the past year, how useful were the following supports for your school in assisting you with implementing the nutrition policy?

School visits by HEA to review menu items	<input type="checkbox"/> Not useful at all	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Very useful	<input type="checkbox"/> Don't know
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HEA networking meetings to share successes and challenges	<input type="checkbox"/> Not useful at all	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Very useful	<input type="checkbox"/> Don't know
HEA presentations to staff, home and school or students regarding the policy, nutrition	<input type="checkbox"/> Not useful at all	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Very useful	<input type="checkbox"/> Don't know
HEA working with Home and School regarding fund raising	<input type="checkbox"/> Not useful at all	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Very useful	<input type="checkbox"/> Don't know
HEA providing strategies for volunteer recruitment and retention	<input type="checkbox"/> Not useful at all	<input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Useful	<input type="checkbox"/> Very useful	<input type="checkbox"/> Don't know

23. Please tell us which are the most important supports for your school as you implement the school nutrition policy.

Thank you very much for completing this survey!

We will pick up the survey when we return to your school to do the student survey on _____.