

APPENDIX C
QUESTIONNAIRES

Needs Assessment Survey for District Local Wellness Policy Leader

Awareness

1. Please indicate the type of district you are reporting for by filling in the number of schools in each category and the total number of students enrolled in the district.

_____ # of Elementary schools in district
 _____ # of Middle schools in district
 _____ # of High schools in district
 _____ Total number of students enrolled

2. Are you aware that local wellness policies have been mandated by the Child Nutrition and WIC Reauthorization Act for schools in the USDA meals programs? *(Check one)*

- 1. No, I have not heard of this before
- 2. I have heard of something, but I don't know the details
- 3. I have heard of it, and I have started going through the materials
- 4. I am very aware of the requirements

3. The following are actions that your district may or may not have taken toward development and implementation of a local wellness policy. For each, please indicate if this is an action that your district has taken.

| | <u>Yes</u> | <u>No</u> | <u>Not sure</u> |
|--|------------|-----------|-----------------|
| a. Set up wellness policy task force or assigned to a committee....1 | 2 | 3 | 3 |
| b. Adopted a board policy.....1 | 2 | 3 | 3 |
| c. Developed administrative procedures to put policy into effect..1 | 2 | 3 | 3 |
| d. Made staff aware of policy requirements/developments1 | 2 | 3 | 3 |
| e. Trained staff for implementation of policy1 | 2 | 3 | 3 |

4. Which of the following requirements for a local wellness policy have been implemented or have started to be implemented? *(Circle the appropriate code for each item)*

| | <u>Yes</u> | <u>No</u> | <u>Not sure</u> |
|---|------------|-----------|-----------------|
| a. Nutrition education goals.....1 | 2 | 3 | 3 |
| b. Physical activity goals.....1 | 2 | 3 | 3 |
| c. Goals for other activities that support wellness (school employee wellness, afterschool programs, parent education programs, etc.).... 1 | 2 | 3 | 3 |
| d. Nutrition guidelines for reimbursable meals.....1 | 2 | 3 | 3 |
| e. Nutrition guidelines for food available outside of reimbursable meals during the school day (includes a la carte food sales in the cafeteria, vending, fund raising, classroom incentives, school functions and student store sales) 1 | 2 | 3 | 3 |
| f. Plan for measuring implementation.....1 | 2 | 3 | 3 |
| g. Community involvement in development of school wellness policy (includes parents, students, school food service, school board, school administrators and the public)..... 1 | 2 | 3 | 3 |

10. How would you like to receive on-going local wellness policy information, opportunities and resources?
(Check all that apply)

- a. School wellness policy list-serve
- b. Electronic newsletter
- c. Print newsletter
- d. Statewide loan library of resources
- e. Website
- f. Exhibits/showcase of new policy/educational resources for schools
- g. Exhibits/showcase of healthful food/beverage options for schools
- h. Other (specify)_____

11. Which one of the following types of training sessions would you choose for your team or school staff to attend? *(Check one box only)*

- 1. 2 hour onsite training at no cost
- 2. Full day regional training at low cost (\$20 per person)
- 3. Full day state training with breakout sessions at moderate cost (\$50 per person)
- 4. DVD multi-media training through loan library at cost of postage
- 5. Online training at no cost
- 6. Webinar training at no cost
- 7. Other (specify)_____

12. Think specifically about the training and resources your local wellness policy team or school staff may need in order to develop, implement and evaluate a local wellness policy. Please rate the **need** your team or school staff has for each of the following. *(If it is not applicable, choose code 8 'Not Applicable' under the NA column)*

Policy Development and Implementation

| | Need | | | | | NA |
|--|-------------|---------------|-----------------|-------------|-----------------|-----------|
| | None | Slight | Moderate | High | Absolute | |
| a. Local wellness policy requirements.....1 | 2 | 3 | 4 | 5 | 8 | 8 |
| b. How to create, implement and evaluate a wellness policy .1 | 2 | 3 | 4 | 5 | 8 | 8 |
| c. Examples of local wellness polices/policy language.....1 | 2 | 3 | 4 | 5 | 8 | 8 |
| d. Funding a local wellness policy.....1 | 2 | 3 | 4 | 5 | 8 | 8 |
| e. Training staff on the local wellness policy1 | 2 | 3 | 4 | 5 | 8 | 8 |
| f. Parent/community awareness1 | 2 | 3 | 4 | 5 | 8 | 8 |
| g. Coordinated school health programs1 | 2 | 3 | 4 | 5 | 8 | 8 |
| h. Training materials/resources in Spanish for school staff....1 | 2 | 3 | 4 | 5 | 8 | 8 |
| i. Training materials/resources in Spanish for parents/ community members.....1 | 2 | 3 | 4 | 5 | 8 | 8 |
| j. Other (specify) _____1 | 2 | 3 | 4 | 5 | 8 | 8 |

Evaluate Implementation of a Local Wellness Policy

| | | | | | |
|--|---|---|---|---|---|
| a. Writing measurable objectives1 | 2 | 3 | 4 | 5 | 8 |
| b. Strategies/tools to measure implementation1 | 2 | 3 | 4 | 5 | 8 |

13. Please rate the **need** for each of the following explicit training and resources needed to implement your local wellness policy. (If it is not applicable choose code 8 'Not Applicable' under the NA column)

Ensure Students Have Healthy Food Options

| | | Need | | | | |
|--|--|-------------|---------------|-----------------|-------------|--------------------|
| | | None | Slight | Moderate | High | Absolute NA |

| | | | | | | |
|--|---|---|---|---|---|---|
| a. Nutrition standards for food/beverage outside of school meals | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Ideas for healthful vending options..... | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Menu planning using Dietary Guideline principles | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Effective ways to promote healthy choices to students | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Ideas for healthful a la carte options | 1 | 2 | 3 | 4 | 5 | 8 |

Nutrition Education Goals

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Nutrition education curriculum recommendations..... | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Nutrition integrated in health education | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Nutrition integrated in core subjects like math and science | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Teaching strategies that increase healthy food choices | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Reinforcing nutrition education in the cafeteria..... | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Evidence-based nutrition education curriculum | 1 | 2 | 3 | 4 | 5 | 8 |

Physical Activity Goals

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Evaluating physical education curriculum/programs..... | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Effective strategies to increase student activity | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Physical education curriculum recommendations..... | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Increasing opportunities for physical activity..... | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Community partnerships (YMCA, park district, municipality) to increase activity..... | 1 | 2 | 3 | 4 | 5 | 8 |

Other Activities That Support Student Wellness and Obesity Prevention

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Student advocacy programs | 1 | 2 | 3 | 4 | 5 | 8 |
| b. School employee wellness programs | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Fundraising without food | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Alternatives to using physical activity as punishment | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Classroom incentives without using food | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Afterschool programs promoting healthful food/activity choices..... | 1 | 2 | 3 | 4 | 5 | 8 |
| g. Parents/community education programs..... | 1 | 2 | 3 | 4 | 5 | 8 |
| h. List of healthful foods that can be brought to school for parties and events | 1 | 2 | 3 | 4 | 5 | 8 |

14. Please indicate your title:

- | | |
|---|--|
| <input type="checkbox"/> 1. Superintendent/Assistant Superintendent | <input type="checkbox"/> 4. Food Service Director/worker |
| <input type="checkbox"/> 2. Principal/Assistant Principal | <input type="checkbox"/> 5. Teacher (specify subject)_____ |
| <input type="checkbox"/> 3. School/District nurse | <input type="checkbox"/> 6. Other (specify) _____ |

15. Offer additional comments which further identify training and resource needs your team may have. (Be specific)

Thank you! Please return your completed survey in the postage paid envelope to:
Public Opinion Lab, Northern Illinois University, 148 N. 3rd St., DeKalb, IL 60115

Needs Assessment Survey for School Foodservice Director

Awareness

1. Please indicate the type of district you are reporting for by filling in the number of schools in each category and the total number of students enrolled in the district.

_____ # of Elementary schools in district
 _____ # of Middle schools in district
 _____ # of High schools in district
 _____ Total number of students enrolled

2. Are you aware that local wellness policies have been mandated by the Child Nutrition and WIC Reauthorization Act for schools in the USDA meals programs? (*Check one*)

- 1. No, I have not heard of this before
- 2. I have heard of something, but I don't know the details
- 3. I have heard of it, and I have started going through the materials
- 4. I am very aware of the requirements

3. The following are actions that your district may or may not have taken toward development and implementation of a local wellness policy. For each, please indicate if this is an action that your district has taken.

Yes No Not sure

- | | | |
|--|---|---|
| a. Set up wellness policy task force or assigned to a committee....1 | 2 | 3 |
| b. Adopted a board policy.....1 | 2 | 3 |
| c. Developed administrative procedures to put policy into effect..1 | 2 | 3 |
| d. Made staff aware of policy requirements/developments1 | 2 | 3 |
| e. Trained staff for implementation of policy1 | 2 | 3 |

4. Which of the following requirements for a local wellness policy have been implemented or have started to be implemented? (*Circle the appropriate code for each item*)

Yes No Not sure

- | | | |
|--|---|---|
| a. Nutrition education goals.....1 | 2 | 3 |
| b. Physical activity goals.....1 | 2 | 3 |
| c. Goals for other activities that support wellness (school employee wellness, afterschool programs, parent education programs, etc.)..... 1 | 2 | 3 |
| d. Nutrition guidelines for reimbursable meals.....1 | 2 | 3 |
| e. Nutrition guidelines for food available outside of reimbursable meals during the school day (includes a la carte, vending, fundraising, classroom incentives, school functions and student store sales) 1 | 2 | 3 |
| f. Plan for measuring implementation.....1 | 2 | 3 |
| g. Community involvement in development of school wellness policy (includes parents, students, school food service, school board, school administrators and the public)..... 1 | 2 | 3 |

5. What do you believe is your role in the local wellness policy implementation? *(Check all that apply)*

- a. I am the district team leader
- b. I set up the local wellness policy team
- c. I am an active team member
- d. I teach nutrition education to students
- e. Other (specify) _____

6. What specific duties do you have in the local wellness policy implementation? *(Check all that apply)*

- a. Ensure meals meet USDA school meal guidelines
- b. Set nutrition standards for a la carte food and beverage items
- c. Set standards for all vended items in the district
- d. Set standards for all food available in the district during the school day
- e. Reinforce nutrition education in the cafeteria
- f. Work with teachers to reinforce classroom lessons

7. Who is on your local wellness policy team? *(Check all that apply)*

If unsure or if a team/committee has not been formed yet, check this box and go to question 8

- a. Superintendent/Asst. Superintendent
- b. Principal/Asst. Principal
- c. School board member(s)
- d. Athletic Director/physical education coordinator/coach
- e. Food service director/supervisor
- f. School/district nurse
- g. Parent/community member
- h. Students
- i. Teacher (Specify what they teach) _____
- j. Other (specify) _____

Barriers

8. For the following items please indicate the degree to which each has been a barrier in developing and implementing a local wellness policy. *(Circle the appropriate code for each item using the following scale)*

1 = Not a barrier 2 = Slight barrier 3 = Moderate barrier 4 = Strong barrier

| | | | | |
|---|---|---|---|---|
| a. Lack of training, technical assistance and resources available .. | 1 | 2 | 3 | 4 |
| b. Lack of knowledge/not sure how to proceed | 1 | 2 | 3 | 4 |
| c. Lack of appropriate food and beverages available from vendors and suppliers..... | 1 | 2 | 3 | 4 |
| d. No consequence for non-compliance..... | 1 | 2 | 3 | 4 |
| e. Lack of sub reimbursement/difficulty in getting release time | 1 | 2 | 3 | 4 |
| f. Lack of time/coordination of local wellness policy team..... | 1 | 2 | 3 | 4 |
| g. Lack of staff cooperation/support | 1 | 2 | 3 | 4 |
| h. Lack of student acceptance | 1 | 2 | 3 | 4 |
| i. Lack of monetary resources..... | 1 | 2 | 3 | 4 |
| j. Not a priority..... | 1 | 2 | 3 | 4 |
| k. Other (specify)_____ | 1 | 2 | 3 | 4 |

9. If funding is needed to implement local wellness policy initiatives, please indicate the amount of money you feel would be needed and how the money would be used. *(Be specific)*

Training and Development

10. Have you attended a training session regarding wellness policies? 1. Yes 2. No

11. From which of the following organizations do you use local wellness policy resources?

(Check all that apply) **If none have been used, check this box and go to question 12**

- | | |
|--|--|
| <input type="checkbox"/> a. USDA Team Nutrition | <input type="checkbox"/> f. Illinois State Board of Education |
| <input type="checkbox"/> b. Action for Healthy Kids | <input type="checkbox"/> g. Illinois Nutrition Education Training Program (Local Wellness Policy Toolkit/Training) |
| <input type="checkbox"/> c. Centers for Disease Control and Prevention | <input type="checkbox"/> h. Other (specify) _____ |
| <input type="checkbox"/> d. School Nutrition Association | |
| <input type="checkbox"/> e. National Association of School Boards of Education | |

12. How would you like to receive on-going local wellness policy information, opportunities and resources?

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. School wellness policy list-serve | <input type="checkbox"/> f. Exhibits/showcase of new policy/educational resources for schools |
| <input type="checkbox"/> b. Electronic newsletter | <input type="checkbox"/> g. Exhibits/showcase of healthful food/beverage options for schools |
| <input type="checkbox"/> c. Print newsletter | <input type="checkbox"/> h. Other (specify) _____ |
| <input type="checkbox"/> d. Statewide loan library of resources | |
| <input type="checkbox"/> e. Website | |

13. Which one of the following types of training sessions would you choose to attend? (Check **one** box only)

1. 2 hour onsite training at no cost
2. Full day regional training at low cost (\$20 per person)
3. Full day state training with breakout sessions at moderate cost (\$50 per person)
4. DVD multi-media training through loan library at cost of postage
5. Online training at no cost
6. Webinar training at no cost
7. Other (specify) _____

14. Think specifically about the training and resources the local wellness policy team or school staff may need in order to develop, implement and evaluate a local wellness policy. Please rate the **need** for each of the following. (If it is not applicable, choose code 8 'Not Applicable' under the NA column)

| <i>Policy Development and Implementation</i> | Need | | | | | |
|--|-------------|---------------|-----------------|-------------|-----------------|-----------|
| | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>High</u> | <u>Absolute</u> | <u>NA</u> |
| k. Local wellness policy requirements..... | 1 | 2 | 3 | 4 | 5 | 8 |
| l. How to create, implement and evaluate a wellness policy . | 1 | 2 | 3 | 4 | 5 | 8 |
| m. Examples of local wellness polices/policy language | 1 | 2 | 3 | 4 | 5 | 8 |
| n. Funding a local wellness policy | 1 | 2 | 3 | 4 | 5 | 8 |
| o. Training staff on the local wellness policy | 1 | 2 | 3 | 4 | 5 | 8 |
| p. Parent/community awareness | 1 | 2 | 3 | 4 | 5 | 8 |
| q. Coordinated school health programs | 1 | 2 | 3 | 4 | 5 | 8 |
| r. Training materials/resources in Spanish for school staff.... | 1 | 2 | 3 | 4 | 5 | 8 |
| s. Training materials/resources in Spanish for parents/ community members | 1 | 2 | 3 | 4 | 5 | 8 |
| t. Other (specify) _____ | 1 | 2 | 3 | 4 | 5 | 8 |
| Evaluate Implementation of a Local Wellness Policy | | | | | | |
| a. Writing measurable objectives | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Strategies/tools to measure implementation | 1 | 2 | 3 | 4 | 5 | 8 |

15. Please rate the **need** for each of the following explicit training and resources needed to implement your local wellness policy. (If it is not applicable choose code 8 'Not Applicable' under the NA column)

Ensure Students Have Healthy Food Options

| | Need | | | | | |
|--|-------------|---------------|-----------------|-------------|-----------------|-----------|
| | None | Slight | Moderate | High | Absolute | NA |
| a. Nutrition standards for food/beverage outside of school meals | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Ideas for healthful vending options..... | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Menu planning using Dietary Guideline principles | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Effective ways to promote healthy choices to students | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Ideas for healthful a la carte options | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Incorporating more whole-grain products | 1 | 2 | 3 | 4 | 5 | 8 |
| g. Incorporating more dried bean and legumes | 1 | 2 | 3 | 4 | 5 | 8 |
| h. Incorporating more lean meat/meat alternatives..... | 1 | 2 | 3 | 4 | 5 | 8 |
| i. Incorporating more good sources of iron, Vitamin A or C. | 1 | 2 | 3 | 4 | 5 | 8 |
| j. Incorporating more fruits and vegetables | 1 | 2 | 3 | 4 | 5 | 8 |
| k. Incorporating more fat-free or low-fat milk or equivalent.. | 1 | 2 | 3 | 4 | 5 | 8 |
| l. Preparing food with less saturated and trans fatty acids | 1 | 2 | 3 | 4 | 5 | 8 |
| m. How to start a breakfast program..... | 1 | 2 | 3 | 4 | 5 | 8 |

Nutrition Education Goals

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Nutrition education curriculum recommendations..... | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Nutrition integrated in health education | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Nutrition integrated in core subjects like math and science | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Teaching strategies that increase healthy food choices | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Reinforcing nutrition education in the cafeteria..... | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Evidence-based nutrition education curriculum | 1 | 2 | 3 | 4 | 5 | 8 |

Other Activities That Support Student Wellness and Obesity Prevention

| | | | | | | |
|--|---|---|---|---|---|---|
| a. Student advocacy programs | 1 | 2 | 3 | 4 | 5 | 8 |
| b. School employee wellness programs | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Fundraising without food | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Alternatives to using physical activity as punishment..... | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Classroom incentives without using food | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Afterschool programs promoting healthful food/activity choices..... | 1 | 2 | 3 | 4 | 5 | 8 |
| g. Parents/community education programs..... | 1 | 2 | 3 | 4 | 5 | 8 |
| h. List of healthful foods that can be brought to school for parties and events..... | 1 | 2 | 3 | 4 | 5 | 8 |

16. Please indicate your title:

- | | |
|---|--|
| <input type="checkbox"/> 1. Superintendent/Assistant Superintendent | <input type="checkbox"/> 4. Food Service Director/worker |
| <input type="checkbox"/> 2. Principal/Assistant Principal | <input type="checkbox"/> 5. Teacher (specify subject)_____ |
| <input type="checkbox"/> 3. School/District nurse | <input type="checkbox"/> 6. Other (specify) _____ |

17. Offer additional comments which further identify training and resource needs your team may have. (Be specific)

Thank you! Please return your completed survey in the postage paid envelope to:
Public Opinion Lab, Northern Illinois University, 148 N. 3rd St., DeKalb, IL 60115

Needs Assessment Survey for School Staff Implementing Nutrition Education Goals

Awareness

1. Please indicate the student enrollment size in the appropriate school category that you are reporting for.

_____ # of students (Elementary School)

_____ # of students (Middle School)

_____ # of students (High School)

2. Are you aware that local wellness policies have been mandated by the Child Nutrition and WIC Reauthorization Act for schools in the USDA meals programs? (*Check one*)

1. No, I have not heard of this before
 2. I have heard of something, but I don't know the details
 3. I have heard of it, and I have started going through the materials
 4. I am very aware of the requirements

3. The following are actions that your district may or may not have taken toward development and implementation of a local wellness policy. For each, please indicate if this is an action that your district has taken.

Yes No Not sure

- | | | |
|--|---|---|
| a. Set up wellness policy task force or assigned to a committee....1 | 2 | 3 |
| b. Adopted a board policy.....1 | 2 | 3 |
| c. Developed administrative procedures to put policy into effect..1 | 2 | 3 |
| d. Made staff aware of policy requirements/developments1 | 2 | 3 |
| e. Trained staff for implementation of policy1 | 2 | 3 |

4. Which of the following requirements for a local wellness policy have been implemented or have started to be implemented? (*Circle the appropriate code for each item*)

Yes No Not sure

- | | | |
|---|---|---|
| a. Nutrition education goals.....1 | 2 | 3 |
| b. Physical activity goals.....1 | 2 | 3 |
| c. Goals for other activities that support wellness (school employee wellness, afterschool programs, parent education programs, etc.).....1 | 2 | 3 |
| d. Nutrition guidelines for reimbursable meals.....1 | 2 | 3 |
| e. Nutrition guidelines for food available outside of reimbursable meals during the school day (includes a la carte food sales in cafeteria, vending, fundraising, classroom incentives, school functions and student store sales)..... 1 | 2 | 3 |
| f. Plan for measuring implementation.....1 | 2 | 3 |
| g. Community involvement in development of school wellness policy (includes parents, students, school food service, school board, school administrators and the public)..... 1 | 2 | 3 |

5. What do you believe is your role in the local wellness policy implementation? (Check all that apply)

- a. I am the district team leader
- b. I set up the local wellness policy team
- c. I am an active team member
- d. I select nutrition education curriculum
- e. I teach nutrition education to students
- f. Other (specify) _____

6. Who is on your local wellness policy team? (Check all that apply)

If unsure or if a team/committee has not been formed yet, check this box and go to question 7

- a. Superintendent/Asst. Superintendent
- b. Principal/Asst. Principal
- c. School board member(s)
- d. Athletic Director/physical education coordinator/coach
- e. Food service director/supervisor
- f. School/district nurse
- g. Parent/community member
- h. Students
- i. Teacher (Specify what they teach) _____
- j. Other (specify) _____

Barriers

7. For the following items please indicate the degree to which each has been a barrier in developing and implementing a local wellness policy. (Circle the appropriate code for each item using the following scale)

1 = Not a barrier 2 = Slight barrier 3 = Moderate barrier 4 = Strong barrier

| | | | | |
|---|---|---|---|---|
| a. Lack of training, technical assistance and resources available. . | 1 | 2 | 3 | 4 |
| b. Lack of knowledge/not sure how to proceed | 1 | 2 | 3 | 4 |
| c. Lack of appropriate food and beverages available from vendors and suppliers..... | 1 | 2 | 3 | 4 |
| d. No consequence for non-compliance..... | 1 | 2 | 3 | 4 |
| e. Lack of sub reimbursement/difficulty in getting release time.... | 1 | 2 | 3 | 4 |
| f. Lack of time/coordination of local wellness policy team..... | 1 | 2 | 3 | 4 |
| g. Lack of staff cooperation/support | 1 | 2 | 3 | 4 |
| h. Lack of student acceptance | 1 | 2 | 3 | 4 |
| i. Lack of monetary resources | 1 | 2 | 3 | 4 |
| j. Not a priority..... | 1 | 2 | 3 | 4 |
| k. Other (specify) _____ | 1 | 2 | 3 | 4 |

8. If funding is needed to implement local wellness policy initiatives, please indicate the amount of money you feel would be needed and how the money would be used. (Be specific)

Training and Development

9. Have you attended a training session regarding wellness policies?

- 1. Yes
- 2. No

10. From which of the following organizations do you use local wellness policy resources?
(Check all that apply) **If none have been used, check this box and go to question 11**

- | | |
|--|--|
| <input type="checkbox"/> a. USDA Team Nutrition | <input type="checkbox"/> f. Illinois State Board of Education |
| <input type="checkbox"/> b. Action for Healthy Kids | <input type="checkbox"/> g. Illinois Nutrition Education Training Program (Local Wellness Policy Toolkit/Training) |
| <input type="checkbox"/> c. Centers for Disease Control and Prevention | <input type="checkbox"/> h. Other (specify) _____ |
| <input type="checkbox"/> d. School Nutrition Association | |
| <input type="checkbox"/> e. National Association of School Boards of Education | |

11. How would you like to receive on-going local wellness policy information, opportunities and resources?
(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. School wellness policy list-serve | <input type="checkbox"/> f. Exhibits/showcase of new policy/educational resources for schools |
| <input type="checkbox"/> b. Electronic newsletter | <input type="checkbox"/> g. Exhibits/showcase of healthful food/beverage options for schools |
| <input type="checkbox"/> c. Print newsletter | <input type="checkbox"/> h. Other (specify) _____ |
| <input type="checkbox"/> d. Statewide loan library of resources | |
| <input type="checkbox"/> e. Website | |

12. Which one of the following types of training sessions would you choose to attend? *(Check one box only)*

- 1. 2 hour onsite training at no cost
- 2. Full day regional training at low cost (\$20 per person)
- 3. Full day state training with breakout sessions at moderate cost (\$50 per person)
- 4. DVD multi-media training through loan library at cost of postage
- 5. Online training at no cost
- 6. Webinar training at no cost
- 7. Other (specify) _____

13. Think specifically about the training and resources you may need in order to help implement and evaluate your local wellness policy. Please rate the **need** you have for each of the following.
(If it is not applicable, choose code 8 'Not Applicable' under the NA column)

Policy Development and Implementation

| | <u>Need</u> | | | | | |
|--|-------------|---------------|-----------------|-------------|-----------------|-----------|
| | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>High</u> | <u>Absolute</u> | <u>NA</u> |
| a. Local wellness policy requirements | 1 | 2 | 3 | 4 | 5 | 8 |
| b. How to create, implement and evaluate a wellness policy | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Examples of local wellness polices/policy language..... | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Funding a local wellness policy | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Training staff on the local wellness policy..... | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Parent/community awareness..... | 1 | 2 | 3 | 4 | 5 | 8 |
| g. Coordinated school health programs..... | 1 | 2 | 3 | 4 | 5 | 8 |
| h. Training materials/resources in Spanish for school staff...1 | | 2 | 3 | 4 | 5 | 8 |
| i. Training materials/resources in Spanish for parents/ community members | 1 | 2 | 3 | 4 | 5 | 8 |
| j. Other (specify) _____..... | 1 | 2 | 3 | 4 | 5 | 8 |

Evaluate Implementation of a Local Wellness Policy

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Writing measurable objectives | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Strategies/tools to measure implementation | 1 | 2 | 3 | 4 | 5 | 8 |

14. Please rate the **need** for each of the following explicit training and resources needed to help implement your local wellness policy. *(If it is not applicable choose code 8 'Not Applicable' under the NA column)*

Ensure Students Have Healthy Food Options

| | Need | | | | | |
|--|-------------|---------------|-----------------|-------------|-----------------|-----------|
| | None | Slight | Moderate | High | Absolute | NA |

| | | | | | | |
|--|---|---|---|---|---|---|
| a. Nutrition standards for food/beverage outside of school meals | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Ideas for healthful vending options..... | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Student food preference surveys | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Menu planning using Dietary Guidelines principles..... | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Ideas for healthful a la carte options | 1 | 2 | 3 | 4 | 5 | 8 |

Nutrition Education Goals

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Nutrition education curriculum recommendations..... | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Nutrition integrated in health education | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Nutrition integrated in core subjects like math and science | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Teaching strategies that increase healthy food choices | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Reinforcing nutrition education in the cafeteria..... | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Evidence-based nutrition education curriculum | 1 | 2 | 3 | 4 | 5 | 8 |

Physical Activity Goals

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Evaluating physical education curriculum/programs | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Effective strategies to increase student activity | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Physical education curriculum recommendations..... | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Increasing opportunities for physical activity | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Community partnerships (YMCA, park district, municipality) to increase activity..... | 1 | 2 | 3 | 4 | 5 | 8 |

Other Activities That Support Student Wellness and Obesity Prevention

| | | | | | | |
|---|---|---|---|---|---|---|
| a. Student advocacy programs | 1 | 2 | 3 | 4 | 5 | 8 |
| b. School employee wellness programs | 1 | 2 | 3 | 4 | 5 | 8 |
| c. Fundraising without food | 1 | 2 | 3 | 4 | 5 | 8 |
| d. Alternatives to using physical activity as punishment | 1 | 2 | 3 | 4 | 5 | 8 |
| e. Classroom incentives without using food | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Afterschool programs promoting healthful food/activity choices | 1 | 2 | 3 | 4 | 5 | 8 |
| g. Parents/community education programs | 1 | 2 | 3 | 4 | 5 | 8 |
| h. List of healthful foods that can be brought to school for parties and events | 1 | 2 | 3 | 4 | 5 | 8 |

15. Please indicate your title:

1. School nurse 2. Teacher (specify subject) _____ 3. Other (specify) _____

16. Offer additional comments which further identify training and resource needs your team may have. *(Be specific)*

Thank you! Please return your completed survey in the postage paid envelope to:
Public Opinion Lab, Northern Illinois University, 148 N. 3rd St. DeKalb, IL 60115