

ISCOLE SCHOOL ENVIRONMENT QUESTIONNAIRE

A. SCHOOL CHARACTERISTICS

1. What is your position at this school? Principal Vice Principal Teacher Other: _____
2. What is the total number of students in your school? (Please estimate) _____ students
3. What is the total number of teachers (full time equivalents) in your school? (Please estimate) _____ teachers
4. What grades are taught at your school? _____ to _____
5. How many days (excluding holidays) do your students attend school during the academic school year? _____

B. POLICIES AND PRACTICES

For the following section, "policies" refers to any mandates issued by the state, the local school board, or any other agency, including policies developed by your school or (district/diocese), that affects your school environment and that have been officially adopted by your school or district. This section also asks about practices (what your students and staff are allowed to do on a regular basis) that you might follow to promote the health and well-being of students.

6. Does your school have written policies or practices concerning physical activity?

- Yes, existing written policies
- Yes, written policies still under development
- Yes, practices
- No
- N/A

7. Does your school have written policies or practices concerning healthy eating?

- Yes, existing written policies
- Yes, written policies still under development
- Yes, practices
- No
- N/A

8. Does your school have a committee that oversees or offers guidance on the development of policies and practices concerning physical activity and healthy eating at your school (e.g., health action team, school health or wellness council)?

- Yes, both physical activity and healthy eating
- Yes, physical activity only
- Yes, healthy eating only
- No

C. PHYSICAL ACTIVITY

9. What percent of students participate in the following extracurricular activities offered by your school?

(Please estimate)

	<i>Not available</i>	<i>Less than 10%</i>	<i>10-24%</i>	<i>25-49%</i>	<i>50%+</i>
a. Varsity/interschool athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intramural athletics or physical activity clubs (including dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Academic/hobby clubs (e.g., chess, astronomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arts-based clubs (e.g., drama, music, photography)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does your school offer late bus/transportation service to students who participate in extra-curricular activities?

Yes No

11. From the following list, please indicate which sports are offered in your interschool or intramural athletics programs available to students in grade 4:

a. Not applicable, school does not offer interschool or intramural athletics to students in grade 4

	<i>Varsity/ Interschool</i>	<i>Intramural</i>		<i>Varsity/ Interschool</i>	<i>Intramural</i>
b. Basketball	<input type="checkbox"/>	<input type="checkbox"/>	j. Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>
c. Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	k. Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
d. Soccer	<input type="checkbox"/>	<input type="checkbox"/>	l. Track & Field	<input type="checkbox"/>	<input type="checkbox"/>
e. Football	<input type="checkbox"/>	<input type="checkbox"/>	m. Badminton	<input type="checkbox"/>	<input type="checkbox"/>
f. Baseball/softball	<input type="checkbox"/>	<input type="checkbox"/>	n. Swimming	<input type="checkbox"/>	<input type="checkbox"/>
g. Rugby	<input type="checkbox"/>	<input type="checkbox"/>	o. Skiing	<input type="checkbox"/>	<input type="checkbox"/>
h. Ice Hockey	<input type="checkbox"/>	<input type="checkbox"/>	p. Ultimate Frisbee	<input type="checkbox"/>	<input type="checkbox"/>
i. Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	q. Other	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions, please consider students in grade 4 when answering.

12. How many breaks of 15 to 29 minutes do students in grade 4 have in a day?

zero 1 2 3 or more

13. How many breaks of 30 minutes or more do students in grade 4 have in a day?

zero 1 2 3 or more

14. How much class time is mandated by your [Province/Territory/State...] to be allotted to physical education (PE)/Daily Physical Activity (DPA) for students in grade 4?

_____ minutes per [check the box indicating the time unit] week day

No specific amount is mandated

15. Compared to the class time allotted to physical education (PE)/Daily Physical Activity (DPA) for grade 4 as mandated by your [Province/Territory/State...], do students in grade 4 in your school receive on average:

- Less than the mandated amount
- Approximately the mandated amount
- More than the mandated amount
- No specific amount is mandated

16. To the best of your knowledge, how well do each of the following statements characterize your school?

	<i>A lot</i>	<i>Some</i>	<i>Very little</i>	<i>Not at all</i>	<i>Don't know</i>
a. We use physical activity as a reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We promote physical activity during or as part of special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We integrate physical activity into other curriculum areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We use physical activity as a punishment for bad behavior (e.g., withholding recess, administering push-ups or laps).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Does your school promote *active transportation* to and from school in any of the following ways?

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
a. Identify safe routes to use for walking and cycling to and from school (e.g., with signs, in newsletters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide crossing guards at intersections to encourage safe walk-to-school routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Designate a 'car free zone' to provide safe walking areas around the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Allow students to bring bicycles on school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Allow students to bring small wheel vehicles (e.g., rollerblades, scooters, skateboards) on school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Encourage the use of helmets and safety gear for those who use bicycles and small wheel vehicles to get to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Organize occasional 'walk to school days', walking clubs, or programs like 'walking school buses' (where parents or older students walk around the neighborhood and pick up walkers at designated points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. SCHOOL FACILITIES

18. Do the majority of students at your school have regular access to any of the following during school hours*?

*During school hours means from the first bell to the last bell, including both instructional and non-instructional time (e.g., lunch).

	<i>Yes, on grounds only</i>	<i>Yes, off grounds only</i>	<i>Yes, both on and off grounds</i>	<i>No</i>	<i>Don't know</i>
a. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other large room suitable for physical activity (e.g., auditorium, cafeteria, dance studio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fitness room for aerobic and/or strength training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Running track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Outdoor sports field (e.g., football or soccer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Outdoor paved area (e.g., tennis courts, basketball courts, any paved area that can be used for active games like skipping or hopscotch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Skating rink/arena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Indoor swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Secure change room lockers available for use during physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Change rooms available for use before and after physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Showers available for use before or after physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Bicycle racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. If yes , are the racks in a secure area to avoid theft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Grassy playground area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Playground equipment (e.g., climbing structures, swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Art room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Music room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do students have access to the following facilities where they can buy foods or drinks?

	<i>Yes</i>	<i>No</i>
a. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
b. School shop	<input type="checkbox"/>	<input type="checkbox"/>
c. Shops/fast food restaurants close to school	<input type="checkbox"/>	<input type="checkbox"/>
d. Candy and potato chips vending machine	<input type="checkbox"/>	<input type="checkbox"/>
e. Drinks vending machine (e.g., coke, soft drinks, orange juice)	<input type="checkbox"/>	<input type="checkbox"/>
f. Milk vending machine/ milk program (e.g., milk, chocolate milk)	<input type="checkbox"/>	<input type="checkbox"/>

20. Outside of school hours*, does your school permit regular student access to the following?

**Outside of school hours means before and/or after school, evenings and weekends. Student access may occur via school-led, community-led or informal use.*

	Yes	No	Don't know	N/A
a. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Indoor facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Outdoor facilities (e.g., playing fields, paved activity areas, baseball diamond)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Equipment (e.g., basketballs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Outside of school hours*, does your school allow community groups to use the school facilities?

**Outside of school hours means before and/or after school, evenings and weekends.*

Yes No Don't know

E. HEALTHY EATING

22. Does your school provide any of the following to promote the sale of healthy food? (Check all that apply)

	Cafeteria	Snack bar/ School shop	Vending machine(s)
a. Healthy food choices at a reasonable/subsidized price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Healthy eating promotional materials (e.g., posters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Daily healthy eating specials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Healthy eating cafeteria program (e.g., Eat Smart or independent program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Does your school ensure that all students, regardless of ability to pay, have access to fruits and vegetables?

- Yes, entire school year
- Yes, occasional/short term
- No

24. Does your school offer any of the following? (Check all that apply)

- Cooking classes
- Gardening (e.g., growing produce)
- Field trips to farms/farmers' markets
- Media literacy on special topics related to healthy eating (e.g., body image, eating disorders)
- Field trips to the local grocery store

25. During the past 12 months, did your school initiate/continue any of the following activities/programs at your school?

	Yes	No	N/A
a. Offered healthy food choices during breakfast program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered healthy food choices during lunch program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered healthy food choices in the cafeteria(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offered healthy food choices in the snack bar/school shop(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Offered healthy food choices in the vending machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Organized Nutrition Month activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Stopped the sale of junk food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Held junk food free days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Stopped the sale of sugar-sweetened beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. During the past 12 months, have any of the following items been sold as part of fundraising for any school organization?

	Yes	No	N/A
a. Chocolate candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other junk food (e.g., popcorn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Soda pop or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sports drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 100% fruit juice or vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. NEIGHBORHOOD/COMMUNITY

27. How much of a problem are the following in the neighborhood where this school is located?

	Major problem	Moderate problem	Minor problem	Not a problem	I don't know
a. Tensions based on racial, ethnic, or religious differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heavy traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vacant or shabby houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Crime in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>