



The School Worksite Wellness Program to Promote Physical Activity and 5 A Day

Thank you for agreeing to participate in The School Worksite Wellness Program to Promote Physical Activity and 5 A Day. Please complete the following survey. These questions deal with your nutrition and physical activity. All of your answers are confidential and your name will not be associated with the answers that you give. Your survey will be given a code number and your identifying information including your name will be separated from your answers after the data have been entered.

There are no right or wrong answers, just tell us how you feel and think. If you are not sure about an item, just do your best.

PLEASE COMPLETE BOTH THE FRONT AND BACK OF EACH PAGE.

Thank you for your time.

Initials:

Date of birth: --

Last 4 digits of social security number:

School: Please check ONE

<input type="checkbox"/> Annie Simms Elementary	<input type="checkbox"/> Josefa L. Sambrano Elementary
<input type="checkbox"/> Christ Episcopal	<input type="checkbox"/> Laura Reeves Elementary
<input type="checkbox"/> Gene Howe Elementary	<input type="checkbox"/> Murchison Elementary
<input type="checkbox"/> Hairgrove Elementary	<input type="checkbox"/> Read-Turrentine Elementary
<input type="checkbox"/> Hallsburg ISD	<input type="checkbox"/> Robert E. Lee Junior High
<input type="checkbox"/> Hillcrest Elementary	<input type="checkbox"/> Wilson Intermediate
<input type="checkbox"/> Irion County ISD	<input type="checkbox"/> Woodland Hills Elementary
<input type="checkbox"/> Jeanette Hayes Elementary	<input type="checkbox"/> Yorktown ISD

Job Title: _____

Please continue survey on the back.

Please use the following serving sizes when answering the nutrition questions.
A serving size is:

Code Number:

1 medium fruit of 1/2 cup of cut-up fruit
3/4 cup 100% fruit juice
1/4 cup dried fruit
1/2 cup raw or cooked vegetables
1 cup raw leafy vegetables (lettuce, spinach)
1/2 cup cooked beans or peas (lentils & pinto beans)

The following are examples of **moderate activities**, from less vigorous activities that take more time to those that are more vigorous and take less time:

Washing and waxing a car	45-60 minutes
Washing windows or floors	45-60 minutes
Gardening	30-45 minutes
Wheeling self in wheelchair	30-40 minutes
Walking 1 3/4 miles	35 minutes
Raking leaves	30 minutes
Bicycling 5 miles	30 minutes
Dancing fast	30 minutes
Water aerobics	30 minutes
Pushing stroller 1 1/2 miles	30 minutes
Swimming laps	20 minutes
Playing basketball	15-20 minutes
Shoveling snow	15 minutes
Jumping rope	15 minutes
Running 1 1/2 miles	15 minutes
Stair walking	15 minutes

1. On how many days during the past week did you complete a minimum of 10 minutes of moderate physical activity during your time at school?
 zero times 1 time 2 times 3 times 4 times 5 or more times
2. If you did engage in physical activity at school during the past week, on average how many total minutes did you spend each day?
 <5 minutes 10-20 min. 20-30 min. >30 min. I wasn't active at school
3. How many days during the past week did you eat fruits and vegetables while at school?
 zero times 1 time 2 times 3 times 4 times 5 or more times
4. On average, how many total servings of F/V did you eat during the school day?
 <1 serving 1 serving 2-3 servings 4 servings 5 or more servings

The following questions ask about your nutrition.

Please read the following statements and circle either **Yes** or **No** to all items.

- | | | |
|--|-----|----|
| 5. I currently eat some fruits and vegetables most days. | YES | NO |
| 6. I intend to increase my fruit and vegetable consumption in the next 6 months. | YES | NO |
| 7. I intend to eat 5 or more servings of fruits and vegetables per day in the next 6 months. | YES | NO |
| 8. I currently eat 5 or more servings of fruits and vegetables per day. | YES | NO |
| 9. I have eaten 5 or more servings of fruits and vegetables per day for the past 6 months | YES | NO |

For each item below, please circle the answer that shows how confident YOU are.

HOW CONFIDENT ARE YOU THAT YOU CAN.	Not at all Confident		Moderately Confident		Extremely Confident
10. . . . eat more fruits and vegetables every day?	1	2	3	4	5
11. . . .have 100% juice or fruit in the morning most days?	1	2	3	4	5
12. . . .eat a green salad or another vegetable for lunch most days?	1	2	3	4	5
13. . . .eat 2 or more vegetables for dinner most days?	1	2	3	4	5
14. . . .eat 5 or more servings of fruits and vegetables every day?	1	2	3	4	5
15. . . .eat fruits and vegetables when you are in a rush?	1	2	3	4	5

Please continue survey on the back.

HOW CONFIDENT ARE YOU THAT YOU CAN.	Not at all Confident		Moderately Confident		Extremely Confident
16. . . .eat fruits and vegetables when you are eating away from home?	1	2	3	4	5
17. . . .eat fruits and vegetables on days when you are at home?	1	2	3	4	5
18. . . .plan meals with more fruits and vegetables?	1	2	3	4	5
19. . . .prepare fruits and vegetables so they taste good?	1	2	3	4	5

For each item below, please circle the answer that shows how much you disagree or agree with each of the following statements.

I THINK.	Strongly Disagree		Neutral		Strongly Agree
20. Eating more fruits and vegetables is difficult because I don't like the taste of many fruits and vegetables.	1	2	3	4	5
21. Eating 5 servings of fruits and vegetables a day is difficult because they cost too much.	1	2	3	4	5
22. Eating more fruits and vegetables is difficult because they are not always available when I eat away from home.	1	2	3	4	5
23. It is easy to keep fruits and vegetables on hand at home	1	2	3	4	5
24. Having 100% juice or fruit in the morning is difficult because they are not filling.	1	2	3	4	5
25. It is easy to find fruits and vegetables in the winter.	1	2	3	4	5

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I THINK.	Strongly Disagree		Neutral		Strongly Agree
26. Eating more fruits and vegetables is easy because my family likes them.	1	2	3	4	5
27. It is easy to find the time to shop for fruits and vegetables.	1	2	3	4	5
28. It is difficult to give up other foods for fruits and vegetables.	1	2	3	4	5
29. I feel better when I eat fruits and vegetables.	1	2	3	4	5
30. Eating fruits and vegetables keeps me from getting sick.	1	2	3	4	5
31. The recommendations for fruits and vegetables are confusing.	1	2	3	4	5

Please continue survey on the back.

This section asks about some of the foods YOU ate or drank both YESTERDAY and in the PAST WEEK. Look carefully at the list of foods below. Please indicate the number of servings that you consumed for the given time period.

	How many servings YESTERDAY?	How many servings WITHIN THE PAST WEEK?
32. 100% orange juice or grapefruit juice	_____	_____
33. Other 100% fruit juices, not counting fruit drinks	_____	_____
34. Green salad (with or without other vegetables in it)	_____	_____
35. French fries or fried potatoes	_____	_____
36. Baked, boiled, or mashed potatoes	_____	_____
37. Servings of vegetables NOT counting salad or potatoes	_____	_____
38. Servings of fruit NOT counting juices	_____	_____



This section deals with the time you spend doing physical activity and exercise in general. Physical activity or exercise includes activities such as brisk walking, jogging, swimming, aerobic dancing, biking, rowing, etc. Activities that are primarily sedentary, such as bowling or playing golf with a golf cart, would not be considered exercise.

***Regular physical activity = 30 minutes most days of the week**

Please read the following statements and circle either Yes or No to all items.

- | | | |
|--|-----|----|
| 39. I currently engage in physical activity | YES | NO |
| 40. I intend to engage in regular physical activity in the next 6 months. | YES | NO |
| 41. I intend to increase my physical activity in the next 6 months. | YES | NO |
| 42. I am <u>regularly</u> * physically active. | YES | NO |
| 43. I have been <u>regularly</u> * physically active for the past 6 months | YES | NO |

The next two sections refer to your daily exercise and physical activity levels. Circle a number to indicate how confident you are that you could be physically active and/or exercise in each of the following situations.

How confident are you that you could be physically active or exercise when...	Not at all Confident		Moderately Confident		Extremely Confident
44. . . . you are tired.	1	2	3	4	5
45. . . . you are in a bad mood.	1	2	3	4	5
46. . . . you feel you don't have much time.	1	2	3	4	5
47. . . . you are on vacation.	1	2	3	4	5
48. . . . it is raining or snowing.	1	2	3	4	5

Please continue survey on the back.

Please rate how much you disagree or agree with each of these statements.

	Strongly Disagree		Neutral		Strongly Agree
49. People have more energy for their family and friends when they are regularly active.	1	2	3	4	5
50. Regular physical activity helps people relieve tension.	1	2	3	4	5
51. People are too tired to do their daily work after being active.	1	2	3	4	5
52. People feel more confident if they are regularly active.	1	2	3	4	5
53. People sleep more soundly if they are regularly active.	1	2	3	4	5
54. People feel good about themselves when they keep their commitment to be regularly active.	1	2	3	4	5
55. At the end of the day, people are too exhausted to exercise.	1	2	3	4	5
56. People like their body better if they are regularly active.	1	2	3	4	5
57. It is easier for people to perform routine physical tasks if they are regularly active.	1	2	3	4	5
58. People feel less stressed if they are regularly active.	1	2	3	4	5
59. People feel uncomfortable when they are regularly active because they get out of breath and their heart beats very fast.	1	2	3	4	5

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	Strongly Disagree		Neutral		Strongly Agree
60. People feel more comfortable with their body if they are regularly active.	1	2	3	4	5
61. Regular activity takes too much of people's time.	1	2	3	4	5
62. Regular activity helps people have a more positive outlook on life.	1	2	3	4	5
63. People have less time for their family and friends if they are regularly active.	1	2	3	4	5
64. People find it difficult to find a physical activity that they enjoy that is not affected by bad weather.	1	2	3	4	5

Please continue survey on the back.

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This section will deal with specific activities that you participate in during your leisure time. Related activities are grouped under general headings. Please read the list and check "YES" for those activities which **you have performed in the last 3 months**, and "NO" for those you have not. If you select YES, enter the average number of times per month you have engaged in this activity during the past three months and the average number of hours and minutes per occasion.

ACTIVITY	Did you perform this activity?	Average number of times per month	Average time per occasion	
			Hrs	Min

SECTION A: Walking and Miscellaneous

A1	Walking for pleasure	YES	NO			
A2	Walking to work	YES	NO			
A3	Use stairs (2 or more stories)	YES	NO			
A4	Hiking	YES	NO			
A5	Bicycling	YES	NO			
A6	Dancing (Ballroom, Square, Disco, or Country Western)	YES	NO			
A7	Horseback riding	YES	NO			

SECTION B: Conditioning Exercise

B1	Jog/walk combination	YES	NO			
B2	Running	YES	NO			
B3	Weight lifting	YES	NO			
B4	Exercise on cardiovascular equipment (stairmaster, bike, or rowing machine)	YES	NO			
B5	Calisthenics (push-ups, sit-ups, or stretching)	YES	NO			

ACTIVITY	Did you perform this activity?	Average number of times per month	Average time per occasion	
			Hrs	Min

SECTION C: Water Activities

		YES	NO			
C1	Water skiing					
C2	Canoeing or rowing					
C3	Swimming (at least 50 ft.)					

SECTION D: Sports

		YES	NO			
D1	Bowling					
D2	Volleyball					
D3	Table tennis/ping-pong					
D4	Tennis: singles					
D5	Tennis: doubles					
D6	Softball					
D7	Racketball or squash					
D8	Basketball					
D9	Soccer					
D10	Active play with children (walking or running)					
D11	Other Sport: _____					

Please continue survey on the back.

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ACTIVITY	Did you perform this activity?	Average number of times per month	Average time per occasion	
			Hrs	Min

SECTION E: Lawn, Garden, and Home Activities

E1	Mowing lawn (pushing a power mower)	YES	NO			
E2	General gardening (weeding, raking, or digging)	YES	NO			
E3	General house cleaning (vacuuming, mopping, scrubbing floors, etc)	YES	NO			

SECTION F: Other Activities (Write in any other physical activities that you have engaged in during the past 3 months that were not listed above)

1		YES	NO			
2		YES	NO			
3		YES	NO			
4		YES	NO			
5		YES	NO			
6		YES	NO			

Thank-you very much for your time in completing this survey.

School Worksite Wellness Assessment Form on Physical Activity and Nutrition

Please check those items based on the current status at your school.

Policy and Environmental Change	Currently in Place	Partially in Place	Under Development	No Plans
Established school worksite wellness committee				
Designated area for physical activity such as gym, playground, track				
Safe accessible stairways				
Walking/jogging/biking paths on grounds				
Secure areas for bicycles				
Opportunity to park and walk to facility				
Walking/jogging/biking access in neighborhoods				
Public access (including staff) to physical activity facilities outside of school hours				
Staff access to physical activity facilities during school hours				
Cafeteria offers healthy food and meal options				
Fund raising efforts support healthy eating				
Time during the day for staff to be physically active				
Vending machines offer healthy food and drink options				
Other, list _____				
Program Activities				
Staff wellness classes such as nutrition or exercise				
Staff walking groups				
Staff Awareness Raising (fliers, media)				
Staff lifestyle change programs (nutrition/physical curricula): Specify: _____				
Weekly healthy nutrition activities				
Other, list _____				

Evaluation				
Attendance or participation records are kept for each program				
Other nutrition and physical activity evaluation tool Describe below/ attach tools				
Other, List _____				