

Primary School – Environmental Audit

Complete the following questionnaire ideally by: the school principal, a physical education teacher, or a member of the school food service.

SECTION A: SCHOOL DEMOGRAPHICS

A1. Date (dd/mm/yyyy): ____/____/____

A2. School Name:

A3. School Postcode: _____

A4. What is the position of the staff member taking part in this interview?

- | | |
|------------------|--------------------------|
| School Principal | <input type="checkbox"/> |
| Vice Principal | <input type="checkbox"/> |
| P/E Teacher | <input type="checkbox"/> |
| Food service | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

A5. School Year Level (e.g. Primary, Prep-12):

A6. School Gender (e.g. Co-ed, All girls, All boys):

A7. School Type (e.g. Government, Catholic, Independent):

A8. What is the total number of students in your school? (Please estimate) _____ students

A9. Does your school have trained PE/Sport specialist teachers? _____

SECTION B: POLICIES AND PRACTICES

For the following section, "policies" refers to any mandates issued by the local school board, including policies developed by your school, that affects your school environment and that have been officially adopted by your school or region. 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.

B1. 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

B2. How effective have the policies been on overall promotion of physical activity of students in school time?

- Very Effective
- Moderately Effective
- Not Effective

B3. Does your school have written policies or practices concerning healthy eating of students in school time?

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

B4. How effective have the policies been on overall healthy eating?

- Very Effective
- Moderately Effective
- Not Effective

B5. 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

SECTION C: PHYSICAL ACTIVITY ENVIRONMENT

C1. On average, how many hours a week are devoted to formal physical education classes for the following year levels:

Year 2 _____ hours _____ minutes / per week
 Year 4 _____ hours _____ minutes / per week
 Year 6 _____ hours _____ minutes / per week

C2. On average, how many hours a week are devoted to organised sports (sport education) (e.g. netball, soccer, swimming, athletics) for the following year levels:

Year 2 _____ hours _____ minutes / per week
 Year 4 _____ hours _____ minutes / per week
 Year 6 _____ hours _____ minutes / per week

C3. Compared to the class time allotted to physical education (PE)/sport education as mandated do students 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

*NB: Victoria mandates that all students in year P-3 get 30mins/day and students in year 4-6 get 3hrs/week (minimum of 50% PE) of physical education (PE)/sport education

C4. From the following list, please indicate which sports are offered in your school sports program (e.g. interschool and intraschool sports):

- | | | | | | |
|------------|--------------------------|---------------|--------------------------|----------|--------------------------|
| Basketball | <input type="checkbox"/> | AFL | <input type="checkbox"/> | Soccer | <input type="checkbox"/> |
| Baseball | <input type="checkbox"/> | Rugby | <input type="checkbox"/> | Netball | <input type="checkbox"/> |
| Gymnastics | <input type="checkbox"/> | Track & Field | <input type="checkbox"/> | Swimming | <input type="checkbox"/> |
| Dance | <input type="checkbox"/> | Cricket | <input type="checkbox"/> | Hockey | <input type="checkbox"/> |
| Other | _____ | | | | |

C5. To the best of your knowledge, how well do each of the following statements characterize your school?

	A lot	Sometimes	Very little	Not at all
We use physical activity as a reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We promote physical activity during or as part of special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We integrate physical activity into other curriculum areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

C6. How do you rate the extent to which teachers at your school act as role models by being physically active?

- Very High
- High
- Moderate
- Low
- Very Low

C7. What time is recess for the following year levels at your school?

Year 2 _____ to _____
 Year 4 _____ to _____
 Year 6 _____ to _____

C8. What time is lunch for the following year levels at your school?

Year 2 _____ to _____
 Year 4 _____ to _____
 Year 6 _____ to _____

C9. Does your school promote active transportation to and from school in any of the following ways?

	Yes	No
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"/>
Provide crossing guards at intersections to encourage safe walk-to-school routes	<input type="checkbox"/>	<input type="checkbox"/>
Designate a 'car free zone' to provide safe walking areas around the school	<input type="checkbox"/>	<input type="checkbox"/>
Allow students to bring bicycles on school property	<input type="checkbox"/>	<input type="checkbox"/>
Allow students to bring small wheel vehicles (e.g., rollerblades, scooters, skateboards) on school property	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Organize occasional 'walk to school days', walking clubs, or programs like 'walking school buses'	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: THE NUTRITION ENVIRONMENT

D1. Rate the level of priority for *nutrition* at your school?

- Very Good
- Good
- Moderate
- Poor
- Very Poor

D2. Rate the extent to which teachers at your school act as role models by eating healthy foods?

- Very Good
- Good
- Moderate
- Poor
- Very Poor

D3. Rate the level of support for healthy eating provided by parents at your school?

- Very Good
- Good

- Moderate
- Poor
- Very Poor

D4. Does your school provide any of the following to promote the sale of healthy food?

	Yes	No
Healthy food choices at a reasonable/subsidized price	<input type="checkbox"/>	<input type="checkbox"/>
Daily healthy eating specials	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating canteen program (e.g., traffic light labelling system)	<input type="checkbox"/>	<input type="checkbox"/>

D4. During the past 12 months, did your school initiate/continue any of the following activities/programs at your school?

	Yes	No
Offered before school breakfast program	<input type="checkbox"/>	<input type="checkbox"/>
Offered healthy food choices during breakfast program	<input type="checkbox"/>	<input type="checkbox"/>
Offered healthy food choices in the canteen	<input type="checkbox"/>	<input type="checkbox"/>
“Nude Food” program or days	<input type="checkbox"/>	<input type="checkbox"/>
Stopped the sale of junk food	<input type="checkbox"/>	<input type="checkbox"/>
Held junk food free days	<input type="checkbox"/>	<input type="checkbox"/>
Stopped the sale of sugar-sweetened beverages	<input type="checkbox"/>	<input type="checkbox"/>

D5. During the past 12 months, have any of the following items been sold as part of fundraising or events for the school?

	Yes	No
Chocolate or lollies	<input type="checkbox"/>	<input type="checkbox"/>
Other junk food (e.g., chips, popcorn)	<input type="checkbox"/>	<input type="checkbox"/>
Soda pop or fruit drinks that are not 100% juice	<input type="checkbox"/>	<input type="checkbox"/>
Sports drinks	<input type="checkbox"/>	<input type="checkbox"/>
Biscuits, cakes, pastries, or other baked goods that are not low in fat	<input type="checkbox"/>	<input type="checkbox"/>

Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit juice or vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>

D6. Does your school offer any of the following?

	Yes	No
Cooking classes	<input type="checkbox"/>	<input type="checkbox"/>
Gardening (e.g., growing produce/ school gardens)	<input type="checkbox"/>	<input type="checkbox"/>
Field trips to farms/primary producers	<input type="checkbox"/>	<input type="checkbox"/>
Media literacy on special topics related to healthy eating (e.g., marketing)	<input type="checkbox"/>	<input type="checkbox"/>
Field trips to the local grocery store/farmers' markets	<input type="checkbox"/>	<input type="checkbox"/>

D7. Are students allowed to drink water in the classroom during class time?

- Yes
- No
- Unsure

D8. Are students allowed to eat in the classroom during class time? (brain-food, time set aside before recess and lunch)

- Yes
- No
- Unsure

SECTION E: SCHOOL FACILITIES

E1. Do all students at your school have access to any of the following during school hours?

	Yes	No
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>
Other large room suitable for physical activity (e.g., multi-purpose room, dance studio)	<input type="checkbox"/>	<input type="checkbox"/>
Fitness room for aerobic and/or strength training	<input type="checkbox"/>	<input type="checkbox"/>
Running track	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor sports field (e.g., football or soccer)	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Indoor swimming pool	<input type="checkbox"/>	<input type="checkbox"/>
Change rooms available for use before and after physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Showers available for use after physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle racks a)	<input type="checkbox"/>	<input type="checkbox"/>
b) that are in a secure area to avoid theft	<input type="checkbox"/>	<input type="checkbox"/>
Grassy playground area	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment (e.g., climbing structures, swings)	<input type="checkbox"/>	<input type="checkbox"/>

Access to equipment at recess and lunch time (e.g., bats, balls, skipping ropes)

E2. How adequate is the space for indoor play at your school?

- Very Good
- Good
- Moderate
- Poor
- Very Poor

E3. How adequate is the space for outdoor play at your school?

- Very Good
- Good
- Moderate
- Poor
- Very Poor

E4. Do all students have access to the following facilities where they can buy foods or drinks?

	Yes	No
Canteen or Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
Shops/fast food restaurants close to school		
≤100 meters	<input type="checkbox"/>	<input type="checkbox"/>
≤500 meters	<input type="checkbox"/>	<input type="checkbox"/>
≤1000 meters	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate/lollies and potato chips vending machines	<input type="checkbox"/>	<input type="checkbox"/>
Drinks vending machine (e.g., coke, soft drinks, orange juice)	<input type="checkbox"/>	<input type="checkbox"/>
Milk vending machine (e.g., plain milk, chocolate milk)	<input type="checkbox"/>	<input type="checkbox"/>

E5. Is making a profit an important part of the school canteen?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Profit for the school | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Profit for the company that runs the canteen | <input type="checkbox"/> | <input type="checkbox"/> |

E6. Could we have a copy of your school canteen menu?

END OF QUESTIONNAIRE

(Thank you for your time and valuable input)