

**Questionnaire: Healthy Behaviors Initiative**

*Please answer honestly.*

**1. Name of the person completing this survey:**

**2. Position title of person completing this survey:**

- Grant Manager: Individual overseeing the afterschool grant
- Program Director: Individual overseeing multiple sites
- Site Coordinator: Individual overseeing one site
- Other: Please name and define

**3. Name of the Grantee in which you are responding for (district or organization):**

District

Organization

**4. Name of the Site(s) in which you are responding for:**

**5. Select what type(s) of Afterschool Program(s) you are responding for:**

- Elementary School
- Middle School
- K-8
- High School
- Other

**6. Do you provide/make drinking water available (at no cost) to students in the afterschool program? If yes, tell us more:**

- No
- Yes
- ...Drinking Fountains (working)
- ...Portable Water Stations
- ...Bottled Water
- ...Other (please describe)

**7. Do you provide daily, 30-60 minutes of moderate to vigorous physical activity to all students participating in the afterschool program?**

No (tell us why)

Yes (tell us how much time and in what ways you accomplish this)

**8. Do you offer either (A) a snack or (B) a supper/meal or (C) both a snack and a supper/meal to those participating in the afterschool program?**

- A: Snack Only
- B: Meal/Supper Only
- C: Snack and Meal/Supper

*Thank you!*

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