

## QUESTIONNAIRE TO PARENTS

**Our school is embarking on a pilot project to see if we can improve the way in which we feed your children.** You and your children are our customers, and as such are of paramount importance to us. We would very much appreciate it if you would take the time to complete the following questionnaire. It is not compulsory to add your name or your child's details to this questionnaire.

*Please circle your responses.*

1. Does your child use the school canteen? Yes No  
If so, for which break? Breakfast Break Lunch All 3
2. Do you ask your child what they have eaten during the day? Yes No Sometimes
3. Are you concerned with what your child eats during the school day? Yes No
4. Are you concerned about the nutritional value of your child's diet? Yes No
5. If only a fully nutritional balanced meal (this means no junk food will be available) was offered to your child each day, would you be prepared to pay for this? Yes No Maybe  
Any other comments?.....
6. Would you like to know what your child has eaten during the school day? Yes No
7. How much money per day do you give to your child to purchase? (please specify)
 

Breakfast	£	Break snacks	£
Lunch	£	On the way to school	£
On the way home	£		
8. Is dinner money security an issue to you or your child? Yes No  
If so please give details.....
9. Do you know if your child stops on the way to or from school to purchase food products? Yes No  
If so please give details:.....
10. OPTIONAL QUESTION – Does your child receive a free school meal? Yes No  
If so does your child always use their ticket? Yes No  
If not please state the reason.....
11. Does your child have a favourite meal? Yes No  
If so please specify.....
12. Does your child eat breakfast at home in the mornings? Yes No  
If so please give details of a typical breakfast.....

13. Has your child got any special dietary needs? Please indicate and continue overleaf if required

Religious (i.e. Kosher, Halal)		Vegetarian	
Allergy		Vegan	
Health		Other, please specify	

14. How many times per week does your child eat a take-away meal? .....

15. How many times per week does your child eat out at a cafe or restaurant? .....

16. Does your child eat a meal along with the rest of the family? Yes No Sometimes

17. Where does your child generally eat his/her evening meal?.....

18. Where does your child generally eat his/her breakfast?.....

19. Do you find yourself cooking an alternative meal for your child compared to the rest of the family?  
Yes No Sometimes

20. Do you insist that your children eat exactly what the rest of the family is eating? Yes No

21. Do you provide your child with a packed lunch? Yes No

If so, what does this generally consist of? .....

If so, why have you chosen this alternative?.....

22. Does childhood obesity affect your family? Yes No

23. Is your child affected by any other form of eating disorder, if so please specify?.....

24. Do you purchase organic food? Yes No Sometimes

25. Any other comments or suggestions.....

**Thank you very much for taking the time to complete this questionnaire, your views are very important to us.**