Nutrition and Physical Activity Policy for Organizations Post-Survey

Company Name: _____ Date: _____

Contact Name: _____ Phone Number: _____

1. Approximately how many meetings or sponsored events did you have over the past three months where food was served? _____

_____

2. What percent of the time were you able to offer?

	0 - 25% of the time	26 - 50% of the time	51 - 75% of the time	76 - 100% of the time
Water and/or 100% fruit or vegetable juice	❍	❍	❍	❍
Fruit and/or vegetables	❍	❍	❍	❍
Physical activity breaks for meetings or programs longer than 90 minutes?	❍	❍	❍	❍

Fax to: T. Warren at (909) 387-6899