

School Lunch Service Satisfaction Questionnaire - children who don't have school lunches



1. Please read the instructions carefully.
2. Please use blue or black pen to fill in the questionnaire.
3. Please check you have answered all the appropriate questions.
4. Please follow the instructions printed on the back of the questionnaire and return it by 14 July.

Dear parent, we would like your views about the school lunch service provided across Lancashire. Your opinions will help us continue to improve school food, something which we all have an interest in. Your child's school has been selected at random to take part in this survey. Please tell us what you think by completing this questionnaire and returning it by 14 July. If you have any questions about this survey please contact Mike Walker, research manager, on 01772 533445, or e-mail mike.walker@css.lancscc.gov.uk. If you'd like further information on the school lunch service please contact your child's school or visit www.servinglancashire.org.uk/catering/education.

Q1

How satisfied are you with the school lunch service overall?

Please tick ✓ one box only

- | | |
|------------------------------------|--------------------------|
| Very satisfied | <input type="checkbox"/> |
| Fairly satisfied | <input type="checkbox"/> |
| Neither satisfied nor dissatisfied | <input type="checkbox"/> |
| Fairly dissatisfied | <input type="checkbox"/> |
| Very dissatisfied | <input type="checkbox"/> |
| It does not apply/don't know | <input type="checkbox"/> |

Q2

How often, if ever, does your child/ren normally have a school lunch (provided by the school)? Please tick ✓ one box only

- | | | |
|------------------------------------------------|--------------------------|------------|
| Most weekdays | <input type="checkbox"/> | → go to Q6 |
| At least once a week | <input type="checkbox"/> | → go to Q6 |
| Not at the moment but have done so in the past | <input type="checkbox"/> | → go to Q3 |
| My child has never had a school lunch | <input type="checkbox"/> | → go to Q4 |

Q3

How many months is it since your child/ren last had a school lunch?

Please write in the box

 months

Q4

What are the main reasons why your child/ren does not have a school lunch?

Please tick ✓ up to three boxes

- | | | | |
|------------------------------------|--------------------------|------------------------------------|--------------------------|
| Due to the time of year | <input type="checkbox"/> | So you know what they are eating | <input type="checkbox"/> |
| Not enough variety of food | <input type="checkbox"/> | Their friends take a packed lunch | <input type="checkbox"/> |
| Poor dining facilities | <input type="checkbox"/> | They get a hot meal in the evening | <input type="checkbox"/> |
| Portions too small | <input type="checkbox"/> | They prefer a packed lunch | <input type="checkbox"/> |
| Quality of food is not high enough | <input type="checkbox"/> | Too expensive | <input type="checkbox"/> |
| Service is not fast enough | <input type="checkbox"/> | None of these | <input type="checkbox"/> |

Something else (please write in the box)

Q5**What would encourage you the most to take up school lunches for your child/ren?**

Please tick ✓ as many as apply

- | | | | |
|---------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------|--------------------------|
| Better dining facilities | <input type="checkbox"/> | Fewer things on the menu | <input type="checkbox"/> |
| Healthier food | <input type="checkbox"/> | More information on menus | <input type="checkbox"/> |
| Less queuing | <input type="checkbox"/> | More food your child likes
(whether this is healthy or not) | <input type="checkbox"/> |
| Larger portion sizes | <input type="checkbox"/> | More variety of food | <input type="checkbox"/> |
| Lower prices | <input type="checkbox"/> | Use more local produce | <input type="checkbox"/> |
| Reducing the period of notice I have to give
to swap from school to packed lunches | <input type="checkbox"/> | More information available on nutritional
content | <input type="checkbox"/> |
| A price reduction if more than one of my
children have school lunches | <input type="checkbox"/> | Nothing would encourage me | <input type="checkbox"/> |

Something else (please write in the box)

Q6**Which of the following do you consider to be most important for your child/ren's school lunch? Please tick ✓ up to three boxes**

- | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| The choice available each day | <input type="checkbox"/> | The quality of food | <input type="checkbox"/> |
| The dining facilities at the school | <input type="checkbox"/> | The service from the catering staff | <input type="checkbox"/> |
| The healthiness of the food | <input type="checkbox"/> | The service information you receive | <input type="checkbox"/> |
| The price of meals | <input type="checkbox"/> | None of these | <input type="checkbox"/> |

Something else (please write in the box)

Q7**How satisfied are you with what is on the school lunch menu overall?**

Please tick ✓ one box only

- | | |
|------------------------------------|--------------------------|
| Very satisfied | <input type="checkbox"/> |
| Fairly satisfied | <input type="checkbox"/> |
| Neither satisfied nor dissatisfied | <input type="checkbox"/> |
| Fairly dissatisfied | <input type="checkbox"/> |
| Very dissatisfied | <input type="checkbox"/> |

Q8**Generally speaking, what type of meal does your child enjoy eating the most?**Please rank the following types of meal between 1 and 5 (where 1 is their most favourite and 5 is their least favourite meal). **Please write in the boxes**

- | | | | | |
|-----------------------------|----------------------------|----------------------|---------------------------|-----------------------------------------|
| Red meat
(eg roast beef) | White meat
(eg chicken) | Cheese
(eg pizza) | Fish
(eg fish fingers) | Vegetarian
(eg vegetable pasta bake) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Q9**And generally speaking, what type of dish does your child most enjoy eating?**Please rank the following dishes between 1 and 5 (where 1 is their most favourite and 5 is their least favourite dish). **Please write in the boxes**

- | | | | | |
|------------------------------|-------------------------------------|-----------------------------------|---------------------------------|-------------------------------------------|
| Pasta dishes
(eg lasagne) | Potato dishes
(eg shepherds pie) | Rice dishes
(eg chicken korma) | Bread dishes
(eg sandwiches) | Pastry dishes
(eg meat and potato pie) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Q10 How often do you receive information about the school lunch service?

Please tick ✓ one box only

About once every half term or less Less than once a year About once a school term I have never received information on the service About once a year **Q11 Have you any other comments about the school lunch service?**

Please write in below

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Q12 How often, if at all, are school lunches your child/ren's main meal of the day?

Please tick ✓ one box only

On most weekdays Two or three times on weekdays Once on a weekday Never **Q13 And how healthy do you think...**

Please tick ✓ one box for each

	Very healthy	Fairly healthy	Neither healthy nor unhealthy	Fairly unhealthy	Very unhealthy	Don't know
Your child/ren's school lunch is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child/ren's diet overall is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

And finally, please complete these questions which will help us to make sure that the replies for the questionnaire represent a good cross-section of primary school children across Lancashire. All your answers will remain confidential. Please answer for your children of primary school age.

Q14 Is your child/ren a...

Please tick ✓ as many boxes as apply

Boy Girl **Q15 What age/s are your child/ren at primary school?**

Please write your child/ren's ages in the boxes

Child 1 is years old Child 2 is years old Child 3 is years old

I have other children at primary school living in my household **Q16 Do any of these children have a long-standing illness or disability?**

('Long-standing' means anything that has troubled them over a period of time, or that is likely to affect them over a period of time.) Please tick ✓ one box only


Yes No **Q17 To which of these groups do you consider your child/ren belongs?**

Please tick ✓ as many boxes as apply

Asian or Asian British Mixed ethnicity Any other ethnic background Black or black British White

Thank you very much for taking part in this survey.
Please follow the instructions on the back of this questionnaire and return it by 14 July.

Flap A

① Fold along this line 

No
stamp
needed

**SCHOOL MEALS SURVEY
LANCASHIRE COUNTY COUNCIL
FREEPOST PR864
PRESTON
PR1 8BR**

② Fold along this line  and tuck into Flap A

Flap B

School reference: