

# GRAB 5! QUESTIONNAIRE - REVIEWING PROGRESS

Name of school: ..... Date completed: .....

Name of key contact for Grab 5!: .....

Please complete the following table and return to .....

Activity	Start date / when took place	Frequency (every week, every day, one off)	Who involved	No. of children involved	Success rate *
Growing					
Cooking					
Healthy tuck shop					
Breakfast club					
Work on school meals					
Packed lunches					
Tasting sessions					
Curriculum work					
School food policy					
Children involved via health forum / group / school council etc					
Health focus week					
External visitors					
Competition					
Store visit					
Farm visit					
Healthy eating displays					

\* Success rate where 1 = very successful and 5 = unsuccessful

Any comments, e.g. additional outcomes, problems faced, future plans and hopes, top tips for success (continue overleaf if necessary):

