"Sample Research Questions for Student Surveys"

Directions:

1. *Identify your school's research protocols (if any), such as IRB oversight or district Board of Education oversight. Ask your school administrator and/or university or extension project leader. Complete all required forms and get all required approvals.*
2. *Choose the focus are(s) of your survey. Use S.M.A.R.T. (Specific, Measureable, Attainable, Realistic, Timely) goal-writing method. Tutorials on this style are available for free online.*
3. *Choose 3-5 demographics questions and 3-10 research questions.*
4. *Make questions as specific and direct as possible, in order to generate the most helpful answers. Suggestion: When possible, list options so students can simply circle their responses. This will make the survey easier and faster for students and will make data tallying easier for you.*
5. *Make sure question content, language, font size, and survey length are appropriate to students' age and ability. Suggestion: Ask 1-2 teachers of target-aged children in the school to review your survey questions for readability.*

Sample Demographics Questions

- Which grade are you in? (K 1 2 3 4 5 6 7 8 9 10 11 12)
- Please select your gender: male ___ female ___

Sample Research Questions

- During a typical 5-day school week, how many days do you…
  - … buy a school breakfast? (0-5)
  - … buy a school lunch? (0-5)
  - … buy an a la carte item? (0 1 2 3 4 5)
  - … bring a lunch from home? (0 1 2 3 4 5)
  - … skip lunch? (0 1 2 3 4 5)
  - … participate in an after-school activity? (0 1 2 3 4 5)
  - … eat fruit? …eat fruit at home? (option: not fresh/non-canned fruit)
  - …eat a vegetable? …eat a vegetable at home? (option: not potato, rice, or corn)
  - … drink milk? …drink white milk? …drink chocolate milk? ...all: at home?
- For each of the above questions: This number is…
  - (more than / the same as / less than) it was last year.
  - (more than / the same as / less than) it was before the lunchroom makeover.
- Did you buy a school lunch today? Yes ___ No ___
- How well did you enjoy your school lunch today? (very much / somewhat / not at all)
- How happy are you with _____ ? (very happy / happy / neutral / unhappy / very unhappy / unaware of it)

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- Ex.: the lunchroom in general, the hot lunch, the salad bar, a specific entrée, service times, the fruit selections, the vegetable selections…
- Follow-up question: Why? Please be specific. _____

- What change(s) would you like to see made in the cafeteria? (list options, select all that apply)
- What role(s) do food and the cafeteria have in your school experience? (select all that apply)

This is not an exclusive list. Feel free to create your own research focus. If you would like our feedback, contact Kathryn Hoy, MFN, RD, CDN, manager of the B.E.N. Center, at kih7@cornell.edu.

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This is a sample student survey completed by one of our school studies.

Welcome to the [Name of School District] Food Service Survey!

The purpose of this survey is to help us improve your school lunchroom. Please complete the survey before [set deadline] and return it to [designated, clearly indicated location and/or person] in your school's lunchroom.

Please remember:

1. This survey is anonymous. Do NOT write your name anywhere on the survey!

2. This survey is voluntary. You do not have to do the survey if you do not want to. You can skip any questions or quit taking the survey at any time.

Please answer the questions as accurately and honestly as possible.
Thank you for your feedback!

This survey is only for ***STUDENTS*** in the [school district]. If you are not a student but would like more information about how we are working to improve the lunchroom experience in [district] schools, please email us at [create an email account for communication].

What Grade are you in? (K 1 2 3 4 5 6 7 8 9 10 1 12)

Please select your gender: Girl ___ Boy ___

Have you taken this survey before? Yes ___ No ___

How many times have you taken this survey? (1 2 3 4 5 More than 5)

How many times in a typical week do you purchase lunch? 0 1 2 3 4 5

Is this the same amount that you purchased lunch last year? Yes ___ No ___

Do you know what the reimbursable meal program is? Yes ___ No ___

Do you know how the reimbursable meal program works? Yes ___ No ___

How happy are you with your Lansing School Cafeteria?

Very Unhappy 1 Unhappy 2 Neither 3 Happy 4 Very Happy 5

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What change(s) would you like to see made in the cafeteria? (select all that apply)

Music when walking through the lunch line
Decoration in the seating area
More information available on the USDA's MyPlate
More information available on pricing
Signage for menu items
Different organization of food on the line

What could we do to communicate more effectively with you? (select all that apply)

More digital communication (online)
Social media (Facebook, Twitter, Tumblr, etc.)
More information or signs in cafeteria
More information or signs in hallways
More information sent home
More information in home room or other classrooms
Other (please specify) _____

What role does food and the cafeteria have in your school experience? (select all that apply)

Place to eat
Time with friends
Break in day from class
Ability to catch up on homework
Time to yourself
Other (please specify) _____

Please include any other information you wish to share to help improve the lunchroom experience.

Thank you for completing the survey! If you have questions, comments, or would like to provide more feedback, please email us at [create an email account for communication].

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