

# Elementary Student Wellness Survey Spring 2026 - Kennedy

\* Indicates required question

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1. What physical activity do you do besides gym and recess? \*



*Check all that apply.*



go for walks



play outside for 15 minutes or more



ride a bike



play sports



help with yard work



inside chores

Other: \_\_\_\_\_



play with other family members living with me

2. Yesterday, how many fruits and vegetables did you eat? \*



Mark only one oval.

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

3. What is your favorite fruit or vegetable? \*

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4. I feel safe \*



Mark only one oval.

- Not at all safe
- sometimes safe
- a little safe
- mostly safe
- always safe

5. What things make you feel safe at school? \*

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6. What things make you feel unsafe at school? \*

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7. Do you have a trusted adult you can talk to at school about your feelings? \*

*Mark only one oval.*

Yes

No

8. If you need to talk with a trusted adult about your safety or worries, please write your full name and classroom teacher here:

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