

APPENDIX I
COMPETITIVE FOODS CHECKLIST

**School Nutrition Dietary
Assessment Study IV**

(OMB No.: 0584-0527)

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School Nutrition Dietary Assessment Study

Vending Machines (Simple)

Public reporting burden for this collection of information (forms for vending machines and other sources of foods/beverages) is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0527). Do not return the completed form to this address.

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY Vending Machines (Simple)

Please return completed form by fax to (609) 799-0005 (Attn: Annalee Kelly)

Your Name: _____ Title: _____
 Phone #: _____ Date form completed: _____
 School Name: _____

Does your school have any vending machines available to students during the day, including before or after school?
 Yes Continue No — Thank you. You are done. Please fax form to (609) 799-0005.
 →

Instructions: Please provide the following information for every vending machine (anywhere on school grounds) that is available to students during the day, including before or after school.

A. BEVERAGE MACHINES

	Beverage Machine 1	Beverage Machine 2	Beverage Machine 3	Beverage Machine 4	Beverage Machine 5
1. Machine Type → Check here if machine contains beverages <u>AND</u> snacks	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Location → Check only one location for each beverage machine					
In cafeteria (including indoor and outdoor seating/eating area)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Outside but near (within 20 feet) cafeteria or seating/eating area	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Elsewhere in school building(s)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Outside school building(s), but on school grounds (not in eating area)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Capacity/Size → Count and enter the number of buttons <u>OR</u> front slots for each beverage machine					
If slots are not visible: Enter # of selection buttons (not sold out)	6 _____	6 _____	6 _____	6 _____	6 _____
Enter # of buttons that are sold out	7 _____	7 _____	7 _____	7 _____	7 _____
Total # of buttons (available + sold out)	8 _____	8 _____	8 _____	8 _____	8 _____
If slots are visible: Enter # of front slots that are filled	9 _____	9 _____	9 _____	9 _____	9 _____
Enter # of front slots that are empty	10 _____	10 _____	10 _____	10 _____	10 _____
Total # of front slots (filled + empty)	11 _____	11 _____	11 _____	11 _____	11 _____
4. Beverages → Enter the number of front slots/buttons for each item					
Diet carbonated soft drink (diet soda/pop)	12 _____	12 _____	12 _____	12 _____	12 _____
Regular carbonated soft drink (regular soda/pop)	13 _____	13 _____	13 _____	13 _____	13 _____
Juice (100% fruit or vegetable juice)	14 _____	14 _____	14 _____	14 _____	14 _____
Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)	15 _____	15 _____	15 _____	15 _____	15 _____
Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)	16 _____	16 _____	16 _____	16 _____	16 _____
Bottled water (plain, flavored, or sparkling)	17 _____	17 _____	17 _____	17 _____	17 _____
Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)	18 _____	18 _____	18 _____	18 _____	18 _____
Flavored milk (such as chocolate or strawberry)	19 _____	19 _____	19 _____	19 _____	19 _____
Whole or reduced fat (2%) white milk	20 _____	20 _____	20 _____	20 _____	20 _____
Low-fat (1%) white milk	21 _____	21 _____	21 _____	21 _____	21 _____
Fat-free/skim white milk	22 _____	22 _____	22 _____	22 _____	22 _____
Other (Specify) _____	23 _____	23 _____	23 _____	23 _____	23 _____
Other (Specify) _____	24 _____	24 _____	24 _____	24 _____	24 _____

B. SNACK MACHINES

	Snack Machine 1	Snack Machine 2	Snack Machine 3	Snack Machine 4	Snack Machine 5
1. Machine Type → Check here if this is a continuation of a machine that also includes beverages	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Location → Check only one location for each snack machine					
In cafeteria (including indoor and outdoor seating/eating area)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Outside but near (within 20 feet) cafeteria or seating/eating area	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Elsewhere in school building(s)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Outside school building(s), but on school grounds (not in eating area)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Capacity/Size → Count and enter the number of front slots <u>OR</u> buttons for each snack machine					
If slots are not visible: Enter # of selection buttons (not sold out)	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
Enter # of buttons that are sold out	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
Total # of buttons (available + sold out)	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
If slots are visible: Enter # of front slots that are filled	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
Enter # of front slots that are empty	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
Total # of front slots (filled + empty)	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>
4. Snacks → Enter the number of front slots/buttons for each item					
Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>
Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>
Pretzels	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>
Popcorn	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>
Cracker sandwiches with cheese or peanut butter	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>
Other types of crackers (including animal crackers)	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>
Low-fat/reduced-fat granola bars, cereal bars, or energy bars	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>
Regular granola bars, cereal bars, or energy bars	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>
Crispy rice bars or treats	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
Candy	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>
Gum	22 <input type="text"/>	22 <input type="text"/>	22 <input type="text"/>	22 <input type="text"/>	22 <input type="text"/>
Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	23 <input type="text"/>	23 <input type="text"/>	23 <input type="text"/>	23 <input type="text"/>	23 <input type="text"/>
Fruit snacks (such as Fruit Roll-Ups or fruit leather)	24 <input type="text"/>	24 <input type="text"/>	24 <input type="text"/>	24 <input type="text"/>	24 <input type="text"/>
Meat snacks (such as jerky or pork rinds)	25 <input type="text"/>	25 <input type="text"/>	25 <input type="text"/>	25 <input type="text"/>	25 <input type="text"/>
Other (<i>Specify</i>) _____	26 <input type="text"/>	26 <input type="text"/>	26 <input type="text"/>	26 <input type="text"/>	26 <input type="text"/>
5. Baked Goods → Enter the number of front slots/buttons for each item					
Low-fat/reduced-fat cakes, cupcakes, or brownies	27 <input type="text"/>	27 <input type="text"/>	27 <input type="text"/>	27 <input type="text"/>	27 <input type="text"/>
Regular cakes, cupcakes, or brownies	28 <input type="text"/>	28 <input type="text"/>	28 <input type="text"/>	28 <input type="text"/>	28 <input type="text"/>
Low-fat pies, turnovers, or toaster pastries	29 <input type="text"/>	29 <input type="text"/>	29 <input type="text"/>	29 <input type="text"/>	29 <input type="text"/>
Regular pies, turnovers, or toaster pastries	30 <input type="text"/>	30 <input type="text"/>	30 <input type="text"/>	30 <input type="text"/>	30 <input type="text"/>
Doughnuts	31 <input type="text"/>	31 <input type="text"/>	31 <input type="text"/>	31 <input type="text"/>	31 <input type="text"/>

Low-fat cookies	32	32	32	32	32
Regular cookies	33	33	33	33	33
Bread, rolls, bagels, or tortillas	34	34	34	34	34
Other (<i>Specify</i>) _____	35	35	35	35	35
6. Other Foods → Enter the number of front slots/buttons for each item					
Yogurt	36	36	36	36	36
Cheese	37	37	37	37	37
Frozen fruit bars, or popsicles	38	38	38	38	38
Milkshakes, smoothies, or yogurt drinks	39	39	39	39	39
Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet	40	40	40	40	40
Regular ice cream, frozen yogurt, or sherbet	41	41	41	41	41
Dried fruit (such as raisins or apricots)	42	42	42	42	42
Canned fruit	43	43	43	43	43
Fresh fruit	44	44	44	44	44
Vegetables	45	45	45	45	45
Other (<i>Specify</i>) _____	46	46	46	46	46

School Nutrition Dietary Assessment Study

Vending Machines (Enhanced)

Your Name: _____ Title: _____

Phone #: _____ Date form completed: _____

School Name: _____

INSTRUCTIONS

- Please provide information for every vending machine (anywhere on school grounds) that is available to students during the day, including before and after school.
- When you are done reporting on your beverage machines, please turn to section B, page 5 to enter information about any snack machines.
- If your school has more than 25 beverage machines or more than 10 snack machines, please call Annalee Kelly at (609) 799-3535.

Public reporting burden for this collection of information (forms for vending machines and other sources of foods/beverages) is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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A. BEVERAGE MACHINES

1. Machine Type → Check here if machine contains beverages AND snacks

2. Location → Check only one location for each beverage machine

In cafeteria (including indoor and outdoor seating/eating area)

Outside but near (within 20 feet) cafeteria or seating/eating area

Elsewhere in school building(s)

Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → Count and enter the number of buttons OR front slots for each beverage machine

If slots are not visible: Enter # of selection buttons (not sold out)

Enter # of buttons that are sold out

Total # of buttons (available + sold out)

If slots are visible: Enter # of front slots that are filled

Enter # of front slots that are empty

Total # of front slots (filled + empty)

4. Beverages → Enter the number of front slots/buttons for each item

Diet carbonated soft drink (diet soda/pop)

Regular carbonated soft drink (regular soda/pop)

Juice (100% fruit or vegetable juice)

Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)

Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)

Bottled water (plain, flavored, or sparkling)

Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)

Flavored milk (such as chocolate or strawberry)

Whole or reduced fat (2%) white milk

Low-fat (1%) white milk

Fat-free/skim white milk

Other (Specify)

Other (Specify)

Beverage Machine 1	Beverage Machine 2	Beverage Machine 3	Beverage Machine 4	Beverage Machine 5
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>
12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>
13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>
14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>
15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>
16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>
17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>
18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>
19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>
20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>
23 <input type="text"/>	23 <input type="text"/>	23 <input type="text"/>	23 <input type="text"/>	23 <input type="text"/>
24 <input type="text"/>	24 <input type="text"/>	24 <input type="text"/>	24 <input type="text"/>	24 <input type="text"/>
25 <input type="text"/>	25 <input type="text"/>	25 <input type="text"/>	25 <input type="text"/>	25 <input type="text"/>

1. Machine Type → Check here if machine contains beverages AND snacks

2. Location → Check only one location for each beverage machine

In cafeteria (including indoor and outdoor seating/eating area)

Outside but near (within 20 feet) cafeteria or seating/eating area

Elsewhere in school building(s)

Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → Count and enter the number of buttons OR front slots for each beverage machine

If slots are not visible: Enter # of selection buttons (not sold out)

Enter # of buttons that are sold out

Total # of buttons (available + sold out)

If slots are visible: Enter # of front slots that are filled

Enter # of front slots that are empty

Total # of front slots (filled + empty)

4. Beverages → Enter the number of front slots/buttons for each item

Diet carbonated soft drink (diet soda/pop)

Regular carbonated soft drink (regular soda/pop)

Juice (100% fruit or vegetable juice)

Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)

Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)

Bottled water (plain, flavored, or sparkling)

Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)

Flavored milk (such as chocolate or strawberry)

Whole or reduced fat (2%) white milk

Low-fat (1%) white milk

Beverage Machine 6	Beverage Machine 7	Beverage Machine 8	Beverage Machine 9	Beverage Machine 10
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>
7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>	7 <input type="text"/>
8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>	8 <input type="text"/>
9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>	9 <input type="text"/>
10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>	10 <input type="text"/>
11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>	11 <input type="text"/>
12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>	12 <input type="text"/>
13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>	13 <input type="text"/>
14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>	14 <input type="text"/>
15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>	15 <input type="text"/>
16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>	16 <input type="text"/>
17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>	17 <input type="text"/>
18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>	18 <input type="text"/>
19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>	19 <input type="text"/>
20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>	21 <input type="text"/>

1. Machine Type → Check here if machine contains beverages AND snacks

Fat-free/skim white milk _____

Other (Specify) _____

Other (Specify) _____

Beverage Machine 6	Beverage Machine 7	Beverage Machine 8	Beverage Machine 9	Beverage Machine 10
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
23 _____	23 _____	23 _____	23 _____	23 _____
24 _____	24 _____	24 _____	24 _____	24 _____
25 _____	25 _____	25 _____	25 _____	25 _____

A. BEVERAGE MACHINES (continued)

1. Machine Type → Check here if machine contains beverages AND snacks

2. Location → Check only one location for each beverage machine

In cafeteria (including indoor and outdoor seating/eating area) _____

Outside but near (within 20 feet) cafeteria or seating/eating area _____

Elsewhere in school building(s) _____

Outside school building(s), but on school grounds (not in eating area) _____

3. Capacity/Size → Count and enter the number of buttons OR front slots for each beverage machine

If slots are not visible: Enter # of selection buttons (not sold out) _____

Enter # of buttons that are sold out _____

Total # of buttons (available + sold out) _____

If slots are visible: Enter # of front slots that are filled _____

Enter # of front slots that are empty _____

Total # of front slots (filled + empty) _____

4. Beverages → Enter the number of front slots/buttons for each item

Diet carbonated soft drink (diet soda/pop) _____

Regular carbonated soft drink (regular soda/pop) _____

Juice (100% fruit or vegetable juice) _____

Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea) _____

Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water) _____

Bottled water (plain, flavored, or sparkling) _____

Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk) _____

Flavored milk (such as chocolate or strawberry) _____

Whole or reduced fat (2%) white milk _____

Low-fat (1%) white milk _____

Fat-free/skim white milk _____

Other (Specify) _____

Other (Specify) _____

Beverage Machine 11	Beverage Machine 12	Beverage Machine 13	Beverage Machine 14	Beverage Machine 15
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 _____	6 _____	6 _____	6 _____	6 _____
7 _____	7 _____	7 _____	7 _____	7 _____
8 _____	8 _____	8 _____	8 _____	8 _____
9 _____	9 _____	9 _____	9 _____	9 _____
10 _____	10 _____	10 _____	10 _____	10 _____
11 _____	11 _____	11 _____	11 _____	11 _____
12 _____	12 _____	12 _____	12 _____	12 _____
13 _____	13 _____	13 _____	13 _____	13 _____
14 _____	14 _____	14 _____	14 _____	14 _____
15 _____	15 _____	15 _____	15 _____	15 _____
16 _____	16 _____	16 _____	16 _____	16 _____
17 _____	17 _____	17 _____	17 _____	17 _____
18 _____	18 _____	18 _____	18 _____	18 _____
19 _____	19 _____	19 _____	19 _____	19 _____
20 _____	20 _____	20 _____	20 _____	20 _____
21 _____	21 _____	21 _____	21 _____	21 _____
22 _____	22 _____	22 _____	22 _____	22 _____
23 _____	23 _____	23 _____	23 _____	23 _____
24 _____	24 _____	24 _____	24 _____	24 _____
25 _____	25 _____	25 _____	25 _____	25 _____

1. Machine Type → Check here if machine contains beverages AND snacks

2. Location → Check only one location for each beverage machine

In cafeteria (including indoor and outdoor seating/eating area) _____

Outside but near (within 20 feet) cafeteria or seating/eating area _____

Elsewhere in school building(s) _____

Outside school building(s), but on school grounds (not in eating area) _____

3. Capacity/Size → Count and enter the number of buttons OR front slots for each beverage machine

If slots are not visible: Enter # of selection buttons (not sold out) _____

Enter # of buttons that are sold out _____

Total # of buttons (available + sold out) _____

If slots are visible: Enter # of front slots that are filled _____

Enter # of front slots that are empty _____

Total # of front slots (filled + empty) _____

4. Beverages → Enter the number of front slots/buttons for each item

Diet carbonated soft drink (diet soda/pop) _____

Regular carbonated soft drink (regular soda/pop) _____

Juice (100% fruit or vegetable juice) _____

Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea) _____

Beverage Machine 16	Beverage Machine 17	Beverage Machine 18	Beverage Machine 19	Beverage Machine 20
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 _____	6 _____	6 _____	6 _____	6 _____
7 _____	7 _____	7 _____	7 _____	7 _____
8 _____	8 _____	8 _____	8 _____	8 _____
9 _____	9 _____	9 _____	9 _____	9 _____
10 _____	10 _____	10 _____	10 _____	10 _____
11 _____	11 _____	11 _____	11 _____	11 _____
12 _____	12 _____	12 _____	12 _____	12 _____
13 _____	13 _____	13 _____	13 _____	13 _____
14 _____	14 _____	14 _____	14 _____	14 _____
15 _____	15 _____	15 _____	15 _____	15 _____

Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
 Bottled water (plain, flavored, or sparkling)
 Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
 Flavored milk (such as chocolate or strawberry)
 Whole or reduced fat (2%) white milk
 Low-fat (1%) white milk
 Fat-free/skim white milk
 Other (Specify) _____
 Other (Specify) _____

Beverage Machine 16	Beverage Machine 17	Beverage Machine 18	Beverage Machine 19	Beverage Machine 20
16 _____	16 _____	16 _____	16 _____	16 _____
17 _____	17 _____	17 _____	17 _____	17 _____
18 _____	18 _____	18 _____	18 _____	18 _____
19 _____	19 _____	19 _____	19 _____	19 _____
20 _____	20 _____	20 _____	20 _____	20 _____
21 _____	21 _____	21 _____	21 _____	21 _____
22 _____	22 _____	22 _____	22 _____	22 _____
23 _____	23 _____	23 _____	23 _____	23 _____
24 _____	24 _____	24 _____	24 _____	24 _____
25 _____	25 _____	25 _____	25 _____	25 _____

A. BEVERAGE MACHINES (continued)

1. Machine Type → Check here if machine contains beverages AND snacks

2. Location → Check only one location for each beverage machine
 In cafeteria (including indoor and outdoor seating/eating area)
 Outside but near (within 20 feet) cafeteria or seating/eating area
 Elsewhere in school building(s)
 Outside school building(s), but on school grounds (not in eating area)

3. Capacity/Size → Count and enter the number of buttons OR front slots for each beverage machine
 If slots are not visible: Enter # of selection buttons (not sold out)
 Enter # of buttons that are sold out
Total # of buttons (available + sold out)
 If slots are visible: Enter # of front slots that are filled
 Enter # of front slots that are empty
Total # of front slots (filled + empty)

4. Beverages → Enter the number of front slots/buttons for each item
 Diet carbonated soft drink (diet soda/pop)
 Regular carbonated soft drink (regular soda/pop)
 Juice (100% fruit or vegetable juice)
 Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)
 Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
 Bottled water (plain, flavored, or sparkling)
 Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
 Flavored milk (such as chocolate or strawberry)
 Whole or reduced fat (2%) white milk
 Low-fat (1%) white milk
 Fat-free/skim white milk
 Other (Specify) _____
 Other (Specify) _____

Beverage Machine 21	Beverage Machine 22	Beverage Machine 23	Beverage Machine 24	Beverage Machine 25
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 _____	6 _____	6 _____	6 _____	6 _____
7 _____	7 _____	7 _____	7 _____	7 _____
8 _____	8 _____	8 _____	8 _____	8 _____
9 _____	9 _____	9 _____	9 _____	9 _____
10 _____	10 _____	10 _____	10 _____	10 _____
11 _____	11 _____	11 _____	11 _____	11 _____
12 _____	12 _____	12 _____	12 _____	12 _____
13 _____	13 _____	13 _____	13 _____	13 _____
14 _____	14 _____	14 _____	14 _____	14 _____
15 _____	15 _____	15 _____	15 _____	15 _____
16 _____	16 _____	16 _____	16 _____	16 _____
17 _____	17 _____	17 _____	17 _____	17 _____
18 _____	18 _____	18 _____	18 _____	18 _____
19 _____	19 _____	19 _____	19 _____	19 _____
20 _____	20 _____	20 _____	20 _____	20 _____
21 _____	21 _____	21 _____	21 _____	21 _____
22 _____	22 _____	22 _____	22 _____	22 _____
23 _____	23 _____	23 _____	23 _____	23 _____
24 _____	24 _____	24 _____	24 _____	24 _____
25 _____	25 _____	25 _____	25 _____	25 _____

B. SNACK MACHINES

	Snack Machine 1	Snack Machine 2	Snack Machine 3	Snack Machine 4	Snack Machine 5
1. Machine Type → Check here if this is a continuation of a machine that also includes beverages	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Location → Check only one location for each snack machine					
In cafeteria (including indoor and outdoor seating/eating area)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Outside but near (within 20 feet) cafeteria or seating/eating area	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Elsewhere in school building(s)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Outside school building(s), but on school grounds (not in eating area)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Capacity/Size → Count and enter the number of front slots <u>OR</u> buttons for each snack machine					
If slots are not visible: Enter # of selection buttons (not sold out)	6 _____	6 _____	6 _____	6 _____	6 _____
Enter # of buttons that are sold out	7 _____	7 _____	7 _____	7 _____	7 _____
Total # of buttons (available + sold out)	8 _____	8 _____	8 _____	8 _____	8 _____
If slots are visible: Enter # of front slots that are filled	9 _____	9 _____	9 _____	9 _____	9 _____
Enter # of front slots that are empty	10 _____	10 _____	10 _____	10 _____	10 _____
Total # of front slots (filled + empty)	11 _____	11 _____	11 _____	11 _____	11 _____
4. Snacks → Enter the number of front slots/buttons for each item					
Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	12 _____	12 _____	12 _____	12 _____	12 _____
Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	13 _____	13 _____	13 _____	13 _____	13 _____
Pretzels	14 _____	14 _____	14 _____	14 _____	14 _____
Popcorn	15 _____	15 _____	15 _____	15 _____	15 _____
Cracker sandwiches with cheese or peanut butter	16 _____	16 _____	16 _____	16 _____	16 _____
Other types of crackers (including animal crackers)	17 _____	17 _____	17 _____	17 _____	17 _____
Low-fat/reduced-fat granola bars, cereal bars, or energy bars	18 _____	18 _____	18 _____	18 _____	18 _____
Regular granola bars, cereal bars, or energy bars	19 _____	19 _____	19 _____	19 _____	19 _____
Crispy rice bars or treats	20 _____	20 _____	20 _____	20 _____	20 _____
Candy	21 _____	21 _____	21 _____	21 _____	21 _____
Gum	22 _____	22 _____	22 _____	22 _____	22 _____
Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	23 _____	23 _____	23 _____	23 _____	23 _____
Fruit snacks (such as Fruit Roll-Ups or fruit leather)	24 _____	24 _____	24 _____	24 _____	24 _____
Meat snacks (such as jerky or pork rinds)	25 _____	25 _____	25 _____	25 _____	25 _____
Other (Specify) _____	26 _____	26 _____	26 _____	26 _____	26 _____
5. Baked Goods → Enter the number of front slots/buttons for each item					
Low-fat/reduced-fat cakes, cupcakes, or brownies	27 _____	27 _____	27 _____	27 _____	27 _____
Regular cakes, cupcakes, or brownies	28 _____	28 _____	28 _____	28 _____	28 _____
Low-fat pies, turnovers, or toaster pastries	29 _____	29 _____	29 _____	29 _____	29 _____
Regular pies, turnovers, or toaster pastries	30 _____	30 _____	30 _____	30 _____	30 _____
Doughnuts	31 _____	31 _____	31 _____	31 _____	31 _____
Low-fat cookies	32 _____	32 _____	32 _____	32 _____	32 _____
Regular cookies	33 _____	33 _____	33 _____	33 _____	33 _____
Bread, rolls, bagels, or tortillas	34 _____	34 _____	34 _____	34 _____	34 _____
Other (Specify) _____	35 _____	35 _____	35 _____	35 _____	35 _____
6. Other Foods → Enter the number of front slots/buttons for each item					
Yogurt	36 _____	36 _____	36 _____	36 _____	36 _____
Cheese	37 _____	37 _____	37 _____	37 _____	37 _____
Frozen fruit bars or popsicles	38 _____	38 _____	38 _____	38 _____	38 _____
Milkshakes, smoothies, or yogurt drinks	39 _____	39 _____	39 _____	39 _____	39 _____
Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet	40 _____	40 _____	40 _____	40 _____	40 _____
Regular ice cream, frozen yogurt, or sherbet	41 _____	41 _____	41 _____	41 _____	41 _____
Dried fruit (such as raisins or apricots)	42 _____	42 _____	42 _____	42 _____	42 _____
Canned fruit	43 _____	43 _____	43 _____	43 _____	43 _____
Fresh fruit	44 _____	44 _____	44 _____	44 _____	44 _____
Vegetables	45 _____	45 _____	45 _____	45 _____	45 _____
Other (Specify) _____	46 _____	46 _____	46 _____	46 _____	46 _____

B. SNACK MACHINES (continued)

	Snack Machine 6	Snack Machine 7	Snack Machine 8	Snack Machine 9	Snack Machine 10
1. Machine Type → Check here if this is a continuation of a machine that also includes beverages	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Location → Check only one location for each snack machine					
In cafeteria (including indoor and outdoor seating/eating area)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Outside but near (within 20 feet) cafeteria or seating/eating area	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Elsewhere in school building(s)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Outside school building(s), but on school grounds (not in eating area)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Capacity/Size → Count and enter the number of front slots <u>OR</u> buttons for each snack machine					
If slots are not visible: Enter # of selection buttons (not sold out)	6 _____	6 _____	6 _____	6 _____	6 _____
Enter # of buttons that are sold out	7 _____	7 _____	7 _____	7 _____	7 _____
Total # of buttons (available + sold out)	8 _____	8 _____	8 _____	8 _____	8 _____
If slots are visible: Enter # of front slots that are filled	9 _____	9 _____	9 _____	9 _____	9 _____
Enter # of front slots that are empty	10 _____	10 _____	10 _____	10 _____	10 _____
Total # of front slots (filled + empty)	11 _____	11 _____	11 _____	11 _____	11 _____
4. Snacks → Enter the number of front slots/buttons for each item					
Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	12 _____	12 _____	12 _____	12 _____	12 _____
Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	13 _____	13 _____	13 _____	13 _____	13 _____
Pretzels	14 _____	14 _____	14 _____	14 _____	14 _____
Popcorn	15 _____	15 _____	15 _____	15 _____	15 _____
Cracker sandwiches with cheese or peanut butter	16 _____	16 _____	16 _____	16 _____	16 _____
Other types of crackers (including animal crackers)	17 _____	17 _____	17 _____	17 _____	17 _____
Low-fat/reduced-fat granola bars, cereal bars, or energy bars	18 _____	18 _____	18 _____	18 _____	18 _____
Regular granola bars, cereal bars, or energy bars	19 _____	19 _____	19 _____	19 _____	19 _____
Crispy rice bars or treats	20 _____	20 _____	20 _____	20 _____	20 _____
Candy	21 _____	21 _____	21 _____	21 _____	21 _____
Gum	22 _____	22 _____	22 _____	22 _____	22 _____
Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	23 _____	23 _____	23 _____	23 _____	23 _____
Fruit snacks (such as Fruit Roll-Ups or fruit leather)	24 _____	24 _____	24 _____	24 _____	24 _____
Meat snacks (such as jerky or pork rinds)	25 _____	25 _____	25 _____	25 _____	25 _____
Other (<i>Specify</i>) _____	26 _____	26 _____	26 _____	26 _____	26 _____
5. Baked Goods → Enter the number of front slots/buttons for each item					
Low-fat/reduced-fat cakes, cupcakes, or brownies	27 _____	27 _____	27 _____	27 _____	27 _____
Regular cakes, cupcakes, or brownies	28 _____	28 _____	28 _____	28 _____	28 _____
Low-fat pies, turnovers, or toaster pastries	29 _____	29 _____	29 _____	29 _____	29 _____
Regular pies, turnovers, or toaster pastries	30 _____	30 _____	30 _____	30 _____	30 _____
Doughnuts	31 _____	31 _____	31 _____	31 _____	31 _____
Low-fat cookies	32 _____	32 _____	32 _____	32 _____	32 _____
Regular cookies	33 _____	33 _____	33 _____	33 _____	33 _____
Bread, rolls, bagels, or tortillas	34 _____	34 _____	34 _____	34 _____	34 _____
Other (<i>Specify</i>) _____	35 _____	35 _____	35 _____	35 _____	35 _____
6. Other Foods → Enter the number of front slots/buttons for each item					
Yogurt	36 _____	36 _____	36 _____	36 _____	36 _____
Cheese	37 _____	37 _____	37 _____	37 _____	37 _____
Frozen fruit bars or popsicles	38 _____	38 _____	38 _____	38 _____	38 _____
Milkshakes, smoothies, or yogurt drinks	39 _____	39 _____	39 _____	39 _____	39 _____
Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet	40 _____	40 _____	40 _____	40 _____	40 _____
Regular ice cream, frozen yogurt, or sherbet	41 _____	41 _____	41 _____	41 _____	41 _____
Dried fruit (such as raisins or apricots)	42 _____	42 _____	42 _____	42 _____	42 _____
Canned fruit	43 _____	43 _____	43 _____	43 _____	43 _____
Fresh fruit	44 _____	44 _____	44 _____	44 _____	44 _____
Vegetables	45 _____	45 _____	45 _____	45 _____	45 _____
Other (<i>Specify</i>) _____	46 _____	46 _____	46 _____	46 _____	46 _____

OMB Clearance Number:
Expiration Date:

SCHOOL NUTRITION DIETARY ASSESSMENT STUDY Other Sources of Foods/Beverages

Please return completed form by fax to (609) 799-0005 (Attn: Annalee Kelly)

Your Name: _____ Title: _____

Phone #: _____ Date form completed: _____

School Name: _____

Besides vending machines and food sold in the cafeteria, does your school have any other sources of food or beverages available to students during the day, including before or after school?

Yes — Continue No → Thank you. You are done. Please fax form to number shown above.

Instructions: Please provide the following information for every source of foods/beverages your school has other than vending machines and the cafeteria. If there is more than one of a given food source (for example, if there are multiple food carts) you can check more than one location per column and check off all the foods and beverages that are available in *any* of those locations.

1. Location → Check the location(s) of each source

- In cafeteria (including indoor and outdoor seating/eating area)
- Outside but near (within 20 feet) cafeteria or seating/eating area
- Elsewhere in school building(s)
- Outside school building(s), but on school grounds (not in seating/eating area)

2. Beverages → Check items available from each source

- Diet carbonated soft drink (diet soda/pop)
- Regular carbonated soft drink (regular soda/pop)
- Juice (100% fruit or vegetable juice)
- Juice drinks and other sweetened drinks (such as cranberry drink, fruit blends, Hi-C, lemonade, punch, iced tea)
- Energy and sports drinks (such as Gatorade, PowerAde, Red Bull, Vitamin Water)
- Bottled water (plain, flavored, or sparkling)
- Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)
- Flavored milk (such as chocolate or strawberry)
- Whole or reduced fat (2%) white milk
- Low-fat (1%) white milk
- Fat-free/skim white milk
- Other (Specify) _____
- Other (Specify) _____

	School Store	Snack Bar	Food Cart/Kiosk	Fundraiser	Other (Specify)
	Sells items in addition to foods/beverages; does not prepare/heat food	Sells only foods/beverages; prepares/heats some foods	Sells only foods/beverages; does not prepare/heat foods to order	Bake sale, candy drive, special pizza day, etc.	
	1 <input type="checkbox"/>	NA	NA	1 <input type="checkbox"/>	NA
	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>

	School Store	Snack Bar	Food Cart/Kiosk	Fundraiser	Other (Specify)
	Sells items in addition to foods/beverages; does not prepare/heat food	Sells only foods/beverages; prepares/heats some foods	Sells only foods/beverages; does not prepare/heat foods to order	Bake sale, candy drive, special pizza day, etc.	_____
3. Snacks → Check items available from each source					
Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
Regular chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
Pretzels	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Popcorn	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
Cracker sandwiches with cheese or peanut butter	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
Other types of crackers (including animal crackers)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
Low-fat/reduced-fat granola bars, cereal bars, or energy bars	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Regular granola bars, cereal bars, or energy bars	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
Crispy rice bars or treats	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
Candy	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>
Gum	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>
Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>
Fruit snacks (such as Fruit Roll-Ups or fruit leather)	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>
Meat snacks (such as jerky or pork rinds)	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>
Other (Specify) _____	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>
4. Baked Goods → Check items available from each source					
Low-fat/reduced-fat cakes, cupcakes, or brownies	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>
Regular cakes, cupcakes, or brownies	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>
Low-fat pies, turnovers, or toaster pastries	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>
Regular pies, turnovers, or toaster pastries	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>
Doughnuts	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>
Low-fat cookies	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>
Regular cookies	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>
Bread, rolls, bagels, or tortillas	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>
Other (Specify) _____	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>
5. Other Foods → Check items available from each source					
Yogurt	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>
Cheese	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>
Frozen fruit bars or popsicles	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>
Milkshakes, smoothies, or yogurt drinks	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>
Low-fat/reduced-fat ice cream, frozen yogurt, or sherbet	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>
Regular ice cream, frozen yogurt, or sherbet	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>
Dried fruit (such as raisins or apricots)	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>
Canned fruit	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>
Fresh fruit	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>
Vegetables	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>
Other (Specify) _____	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>

