

## HEALTHY COMMUNITIES STUDY COMMUNITY OBSERVATIONS AND ENVIRONMENTAL ASSESSMENTS PROTOCOL

The following document contains the community observations and environmental assessments for the HCS. This includes the modified and full windshield surveys of the household's immediate neighborhood, interviews with additional school administrators/personnel, community key informants, GIS data, and direct observations of schools and communities to collect program/policy and environmental data. These community and environmental assessments will be conducted in all 279 communities during the initial visit to the community; more detailed community and environmental assessments will be conducted in the RIPA communities when the Battelle community liaison returns to these communities three months after the baseline assessment; furthermore, the school environmental assessments will be repeated in the RIPA communities during the follow-up in-person assessment visit.

### "Windshield Survey"

In all 279 communities, at the time of the (initial) Standard Protocol home visit, the EMSI field interviewers will complete a five-item modified windshield survey prior to entering the home. EMSI field interviewers will rate features of the social and physical environment on the street segment associated with each child's home address. A street segment is defined as the street in front of the home, from intersection to intersection, not to exceed 0.5 miles. In the instances where the street segment exceeds 0.5 miles, the EMSI field interviewers will be instructed to consider the street segment that is contained within 0.25 miles from the home in either direction or to the nearest intersection, whichever is closer.

For children who receive the Enhanced Protocol, the modified windshield survey will be conducted during the first home visit, and the full windshield survey (i.e., Neighborhood Attributes Inventory [NAI]) will be completed at the second home visit approximately one week later. The NAI instrument assesses the physical and social environment of the street segment on which a child lives and consists of three scales: Physical Incivilities, Territoriality, and Play and Social Spaces. The Physical Incivilities scale includes items such as vacant residences, litter, graffiti, and building conditions. Territoriality scale includes items such as crime watch signs, security bars on homes, and homes with decorations. The Play and Social Space scale includes the proportion of homes with a yard, porches, presence of parks, speed limit on street, and sidewalks. In addition, the inventory assesses non-residential land use (i.e., mixed land use).

A paper form of the modified five-item and full windshield survey, included in this attachment, will be completed when the EMSI field interviewer arrives at the child's home and entered into the study database following the home visit. This will be done at baseline and at follow up during the in person assessments in the RIPA communities. GPS coordinates will also be obtained for each participant's household to match to GIS data.

### Nutritional Environment

Baseline observational assessments of the nutritional environment will be conducted in up to four randomly selected schools (two elementary and two middle schools) per community. A member of the school's food service staff will complete a brief self-administered questionnaire, and, along with the Battelle community liaison, will observe the school's lunch period and

complete an observation form (the protocol for the food service personnel is provided in **SSA Attachment 16**). In addition, questions will be asked of the principals of the schools selected for observations during the key informant interview. The protocol for the school principals is provided in **SSA Attachment 14**, as part of the key informant interview protocol.

The principals of the schools that were randomly selected for observations, if they consented to be a key informant, will be sent a link to the food service staff questionnaire and lunch observation form during the follow-up period and asked to forward the link to the appropriate food service person for completion.

GIS mapping and analyses will also be conducted to characterize the community food environment at baseline and retrospectively 10 years prior to coincide to the extent possible with baseline and endpoint BMI data collection. The GIS data will include the density of various types of retail food establishments in the target community as well as their proximity to schools in the target area to characterize the community nutrition environment. In the RIPA communities, the community liaison will return to the community within three months of their baseline visit to conduct limited ground-truthing of the GIS data that were collected. For example, for the nutrition environment, this may entail verifying the existence of commercial food venues identified in the GIS data.

#### Physical Activity Environment

Baseline observational assessments of the physical activity environment will be conducted in up to four randomly selected schools (two elementary and two middle schools) per community. The Battelle community liaison will interview a member of the physical education staff at the school (see **SSA Attachment 17**), and will also observe the school's physical activity resources using the Physical Activity Resource Assessment (School PARA) form (included in this attachment). The School PARA will be conducted for both indoor and outdoor features of the environment related to physical activity. This form characterizes the features, amenities, and incivilities of the physical activity environment(s) in the school, the hours, availability, and capacity of the facilities, and size and cost of use of these environments.

In addition, questions will be asked of the principals of the schools selected for observations during the key informant interview. Furthermore, key informants who are particularly knowledgeable about parks and recreation and other physical activity resources in the community will answer additional questions. The protocol for the school principals and key informants knowledgeable about physical activity resources in the community is provided in **SSA Attachment 14**, as part of the key informant interview protocol.

Geographic information system (GIS) mapping and analyses conducted at baseline will also provide information related to the physical activity environment. When the Battelle community liaison returns to the community within three months of their baseline visit in the RIPA communities, s/he will also conduct limited ground-truthing of the physical activity GIS data. For example, for the physical activity environment, this may entail verifying the existence of parks. The physical activity environment will be further characterized in the RIPA communities by the completion of the full PARA (included in this attachment) for schools, parks, and trails identified within the community.

**HEALTHY COMMUNITIES STUDY  
MODIFIED WINDSHIELD SURVEY**

|   |
|---|
| There is little to no public reporting burden of this collection of information as it is completed by research staff. 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. |
|---|

HOUSEHOLD ID#:

DATE:

To be completed by EMSI research staff: COMPLETE THE FOLLOWING FORM ON THE STREET SEGMENT ASSOCIATED WITH THE CHILD'S HOME ADDRESS. A STREET SEGMENT IS DEFINED AS THE STREET IN FRONT OF THE HOME, FROM INTERSECTION TO INTERSECTION, NOT TO EXCEED 0.5 MILES. OBSERVE THE STREET SEGMENT WHILE DRIVING TO THE HOME. FILL OUT THIS FORM WHILE PARKED OUTSIDE OF THE PARTICIPANT'S HOME.

- |    |   |                                   |
|----|---|-----------------------------------|
| 1. | OVERALL CONDITION OF MOST RESIDENTIAL UNITS             | EXCELLENT.....1                   |
|    |   | GOOD CONDITION/WELL KEPT.....2    |
|    |   | FAIR CONDITION.....3              |
|    |   | POOR/DETERIORATED CONDITION.....4 |
|    |   | MIXED CONDITION.....5             |
| 2. | ANY BURNED, BOARDED UP, OR ABANDONED RESIDENTIAL UNITS? | YES.....1                         |
|    |   | NO.....2                          |
| 3. | a. AMOUNT OF LITTER                                     | NONE...(SKIP TO Q4).....0         |
|    |   | A LITTLE.....1                    |
|    |   | A MODERATE AMOUNT.....2           |
|    |   | A CONSIDERABLE AMOUNT.....3       |

|   |   |
|---|---|
| b. TYPE OF LITTER (CODE ALL THAT APPLY)                                       | NONALCOHOLIC CANS/BOTTLES/PAPER...1<br>ALCOHOLIC CANS/BOTTLES.....2<br>LARGE ITEMS (TIRES, FURNITURE, APPLIANCES, CARS).....3<br>OTHER LITTER.....4                       |
| 4. TYPE OF STREET SEGMENT (CODE ALL THAT APPLY)                               | MAJOR THOROUGHFARE/BUSY STREET...1<br>MODERATELY BUSY THOROUGHFARE.....2<br>SIDE STREET.....3<br>DEAD-END STREET.....4<br>ONE WAY STREET.....5<br>CUL-DE-SAC STREET.....6 |
| 5. a. PRESENCE OF SIDEWALKS   | NONE...(END SURVEY).....0<br>SOME OF THE SEGMENT.....1<br>ALL OF THE SEGMENT.....2  |
| b. IS THE SIDEWALK CONDUCTIVE TO BEING ACTIVE (RIDING A BIKE, SKATEBOARDING)? | YES.....1<br>IN MOST PLACES.....2<br>IN SOME BUT NOT ALL PLACES.....3   |

**HEALTHY COMMUNITIES STUDY**  
**FULL WINDSHIELD SURVEY**

There is little to no public reporting burden of this collection of information as it is completed by research staff. 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.

HOUSEHOLD ID#:

DATE:

To be completed by EMSI research staff: COMPLETE THE FOLLOWING FORM ON THE STREET SEGMENT ASSOCIATED WITH THE CHILD'S HOME ADDRESS. A STREET SEGMENT IS DEFINED AS THE STREET IN FRONT OF THE HOME, FROM INTERSECTION TO INTERSECTION, NOT TO EXCEED 0.5 MILES. OBSERVE THE STREET SEGMENT WHILE DRIVING TO THE HOME. FILL OUT THIS FORM WHILE PARKED OUTSIDE OF THE PARTICIPANT'S HOME.

FOR EACH SECTION, COMPLETE THE COLUMN UNDER SIDE A FOR ONE SIDE OF THE STREET AND THE COLUMN UNDER SIDE B FOR THE OTHER SIDE OF THE STREET.

SECTION A: NEIGHBORHOOD PHYSICAL CONDITIONS

|  |                              | SIDE A | SIDE B |
|--|------------------------------|--------|--------|
| A1. NUMBER OF HOUSING UNITS                      | #.....                       |        |        |
| A2. NUMBER WITH FRONT YARD                       | #.....                       |        |        |
| A3. NUMBER WITH PORCHES                          | #.....                       |        |        |
| A4. NUMBER WITH DECORATION                       | #.....                       |        |        |
| A5. NUMBER WITH BORDER<br>(FENCES/ SHRUBS)       | #...(IF <1, SKIP TO A7)..... |        |        |
| A6. AVERAGE HEIGHT OF BORDERS                    | BELOW SHOULDER LEVEL.....    | 1      | 1      |
|  | ABOVE SHOULDER LEVEL.....    | 2      | 2      |
|  | MIXED.....                   | 3      | 3      |
| A7. NUMBER SALE/RENT SIGNS                       | #.....                       |        |        |
| A8. NUMBER SECURITY<br>BARS/GRATINGS             | #.....                       |        |        |
| A9. NUMBER OF BURNED,<br>BOARDED UP OR ABANDONED | #.....                       |        |        |

|                                |  |  |        |
|--------------------------------|--|--|--------|
| A10.                           | TYPES OF RESIDENTIAL HOUSING (CODE ALL THAT APPLY)                 | NONE...(SKIP TO SECTION B).....0             | .....0 |
|                                |  | SINGLE FAMILY DETACHED DWELLINGS.....1       | .....1 |
|                                |  | TRAILER HOME/MOBILE HOME.....2               | .....2 |
|                                |  | MULTIPLE OCCUPANCY (2-6 UNITS)...3           | .....3 |
|                                |  | APARTMENT BUILDING (≥7 UNITS)...4            | .....4 |
|                                |  | HOUSING AUTHORITY PROJECTS.....5             | .....5 |
|                                |  | NEW CONSTRUCTION.....6                       | .....6 |
|                                |  | RENOVATION.....7                             | .....7 |
|                                |  | SIDE A                                       | SIDE B |
| A11.                           | MAIN TYPE OF RESIDENTIAL HOUSING (CODE MORE THAN ONE IF NECESSARY) | SINGLE FAMILY DETACHED DWELLINGS.....1       | .....1 |
|                                |  | TRAILER HOME/MOBILE HOME.....2               | .....2 |
|                                |  | MULTIPLE OCCUPANCY (2-6 UNITS)...3           | .....3 |
|                                |  | APARTMENT BUILDING (≥7 UNITS)...4            | .....4 |
|                                |  | HOUSING AUTHORITY PROJECTS.....5             | .....5 |
|                                |  | NEW CONSTRUCTION.....6                       | .....6 |
|                                |  | RENOVATION.....7                             | .....7 |
| A12.                           | OVERALL CONDITION OF MOST RESIDENTIAL UNITS                        | EXCELLENT.....1                              | .....1 |
|                                |  | GOOD CONDITION/WELL KEPT.....2               | .....2 |
|                                |  | FAIR CONDITION.....3                         | .....3 |
|                                |  | POOR/DETERIORATED CONDITION...4              | .....4 |
|                                |  | MIXED CONDITION.....5                        | .....5 |
| A13.                           | OVERALL CONDITION OF RESIDENT-KEPT GROUNDS                         | NOT APPLICABLE.....0                         | .....0 |
|                                |  | EXCELLENT.....1                              | .....1 |
|                                |  | GOOD CONDITION/WELL KEPT.....2               | .....2 |
|                                |  | FAIR CONDITION.....3                         | .....3 |
|                                |  | POOR/DETERIORATED CONDITION...4              | .....4 |
|                                |  | MIXED CONDITIONS (EXTREME DIFFERENCES).....5 | .....5 |
| A14.                           | INDICATION OF NEIGHBORHOOD/BLOCK UNIFORMITY                        | NO.....0                                     | .....0 |
|                                |  | YES.....1                                    | .....1 |
| <b>SECTION B: PUBLIC SPACE</b> |  |  |        |
| B1.                            | AMOUNT OF LITTER   | NONE...(SKIP TO B3).....0                    | .....0 |
|                                |  | A LITTLE.....1                               | .....1 |
|                                |  | A MODERATE AMOUNT.....2                      | .....2 |
|                                |  | A CONSIDERABLE AMOUNT.....3                  | .....3 |

|  |  |        |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
|--|--|--------|--------|--------|-----------|---|---|------------------------|---|---|---|---|---|--|---|---|---------------------------------|---|---|------------------------------|---|---|----------------------------------|---|---|---|---|---|----------------------|---|---|---------------------------|---|---|-------------------|----|----|----------------------|----|----|------------------|----|----|
| B2. TYPE OF LITTER (CODE ALL THAT APPLY)                 | PAPER, CANS/BOTTLES<br>NONALCOHOLIC.....1 .....1<br>CAN/BOTTLES ALCOHOLIC.....2 .....2<br>DRUG PARAPHERNALIA.....3 .....3<br>CLOTHING ITEMS.....4 .....4<br>FURNITURE.....5 .....5<br>TIRES.....6 .....6<br>APPLIANCES (SMALL).....7 .....7<br>APPLIANCES (LARGE).....8 .....8<br>ABANDONED VEHICLES.....9 .....9<br>OTHER: _____...10 .....10   |        |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| B3. AMOUNT OF GRAFFITI                                   | NONE.....0 .....0<br>A LITTLE.....1 .....1<br>A MODERATE AMOUNT.....2 .....2<br>A CONSIDERABLE AMOUNT.....3 .....3   |        |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| B4. VISIBLE SIGNS (CODE ALL THAT APPLY)                  | <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">SIDE A</td> <td style="text-align: right;">SIDE B</td> </tr> <tr> <td>NONE.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>NEIGHBORHOOD SIGN.....</td> <td>1</td> <td>1</td> </tr> <tr> <td>NEIGHBORHOOD /COMMUNITY WATCH SIGN.....</td> <td>2</td> <td>2</td> </tr> <tr> <td>NO TRESPASSING SIGN/NO SOLICITATION/PRIVATE PROPERTY...3</td> <td>3</td> <td>3</td> </tr> <tr> <td>PUBLIC TRANSPORTATION STOPS...4</td> <td>4</td> <td>4</td> </tr> <tr> <td>COMMERCIAL ADVERTISING.....5</td> <td>5</td> <td>5</td> </tr> <tr> <td>POLITICAL EVENTS/CAMPAIGNS.....6</td> <td>6</td> <td>6</td> </tr> <tr> <td>NEIGHBORHOOD, SOCIAL, CULTURAL EVENTS.....7</td> <td>7</td> <td>7</td> </tr> <tr> <td>DRUG FREE ZONE.....8</td> <td>8</td> <td>8</td> </tr> <tr> <td>HOME-BASED BUSINESS.....9</td> <td>9</td> <td>9</td> </tr> <tr> <td>NO DUMPING.....10</td> <td>10</td> <td>10</td> </tr> <tr> <td>BEWARE OF DOG.....11</td> <td>11</td> <td>11</td> </tr> <tr> <td>OTHER _____...12</td> <td>12</td> <td>12</td> </tr> </table> |        | SIDE A | SIDE B | NONE..... | 0 | 0 | NEIGHBORHOOD SIGN..... | 1 | 1 | NEIGHBORHOOD /COMMUNITY WATCH SIGN..... | 2 | 2 | NO TRESPASSING SIGN/NO SOLICITATION/PRIVATE PROPERTY...3 | 3 | 3 | PUBLIC TRANSPORTATION STOPS...4 | 4 | 4 | COMMERCIAL ADVERTISING.....5 | 5 | 5 | POLITICAL EVENTS/CAMPAIGNS.....6 | 6 | 6 | NEIGHBORHOOD, SOCIAL, CULTURAL EVENTS.....7 | 7 | 7 | DRUG FREE ZONE.....8 | 8 | 8 | HOME-BASED BUSINESS.....9 | 9 | 9 | NO DUMPING.....10 | 10 | 10 | BEWARE OF DOG.....11 | 11 | 11 | OTHER _____...12 | 12 | 12 |
|  | SIDE A   | SIDE B |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| NONE.....  | 0  | 0      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| NEIGHBORHOOD SIGN.....                                   | 1  | 1      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| NEIGHBORHOOD /COMMUNITY WATCH SIGN.....                  | 2  | 2      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| NO TRESPASSING SIGN/NO SOLICITATION/PRIVATE PROPERTY...3 | 3  | 3      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| PUBLIC TRANSPORTATION STOPS...4                          | 4  | 4      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| COMMERCIAL ADVERTISING.....5                             | 5  | 5      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| POLITICAL EVENTS/CAMPAIGNS.....6                         | 6  | 6      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| NEIGHBORHOOD, SOCIAL, CULTURAL EVENTS.....7              | 7  | 7      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| DRUG FREE ZONE.....8                                     | 8  | 8      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| HOME-BASED BUSINESS.....9                                | 9  | 9      |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| NO DUMPING.....10  | 10   | 10     |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| BEWARE OF DOG.....11                                     | 11   | 11     |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| OTHER _____...12   | 12   | 12     |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |
| B5. PARKING OR TRAFFIC SIGNS (CODE ALL THAT APPLY)       | NONE.....0 .....0<br>SPEED LIMIT.....1 .....1<br>RECORD SPEED LIMIT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>STOP SIGN/STOP LIGHT.....2 .....2<br>NO PARKING/STOPPING.....3 .....3<br>SCHOOL ZONE.....4 .....4<br>CHILDREN PLAYING/WATCH FOR CHILDREN.....5 .....5<br>STREET CROSSING BUTTON/CROSSWALK.....6 .....6<br>STOP SIGN AHEAD.....7 .....7<br>BIKE ROUTE.....8 .....8<br>OTHER _____...9 .....9   |        |        |        |           |   |   |                        |   |   |   |   |   |  |   |   |                                 |   |   |                              |   |   |                                  |   |   |   |   |   |                      |   |   |                           |   |   |                   |    |    |                      |    |    |                  |    |    |

|                                       |  |   |                      |                      |                      |
|---------------------------------------|--|---|----------------------|----------------------|----------------------|
| B6.                                   | PRESENCE OF STREET LAMPS   | NONE.....   | 0                    | .....                | 0                    |
|                                       |  | SOME.....   | 1                    | .....                | 1                    |
|                                       |  | ENOUGH TO PROVIDE LIGHT TO ALL<br>OF THE SEGMENT..... | 2                    | .....                | 2                    |
| B7.                                   | PRESENCE OF SIDEWALKS  | NONE...(SKIP TO B9).....                              | 0                    | .....                | 0                    |
|                                       |  | SOME OF THE SEGMENT.....                              | 1                    | .....                | 1                    |
|                                       |  | ALL OF THE SEGMENT.....                               | 2                    | .....                | 2                    |
| B8.                                   | IS THE SIDEWALK CONDUCTIVE<br>TO BEING ACTIVE (RIDING A<br>BIKE, SKATEBOARDING)? | YES.....  | 1                    | .....                | 1                    |
|                                       |  | IN MOST PLACES.....                                   | 2                    | .....                | 2                    |
|                                       |  | IN SOME BUT NOT ALL PLACES.....                       | 3                    | .....                | 3                    |
| B9.                                   | TYPE OF STREET SEGMENT<br>(CODE ALL THAT APPLY)                                  | MAJOR THOROUGHFARE/ BUSY<br>STREET.....               | 1                    | .....                | 1                    |
|                                       |  | MODERATELY BUSY<br>THOROUGHFARE.....                  | 2                    | .....                | 2                    |
|                                       |  | SIDE STREET.....                                      | 3                    | .....                | 3                    |
|                                       |  | DEAD-END STREET.....                                  | 4                    | .....                | 4                    |
|                                       |  | ONE WAY STREET.....                                   | 5                    | .....                | 5                    |
|                                       |  | CUL-DE-SAC STREET.....                                | 6                    | .....                | 6                    |
|                                       |  |   | SIDE A               |                      | SIDE B               |
| B10.                                  | NUMBER OF LANES ACROSS<br>ROAD   | #.....  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B11.                                  | GENERAL CONDITION OF<br>PUBLIC SPACES  | EXCELLENT.....  | 1                    | .....                | 1                    |
|                                       |  | GOOD.....   | 2                    | .....                | 2                    |
|                                       |  | FAIR.....   | 3                    | .....                | 3                    |
|                                       |  | POOR.....   | 4                    | .....                | 4                    |
|                                       |  | MIXED CONDITIONS.....                                 | 5                    | .....                | 5                    |
| <b>SECTION C: SOCIAL INTERACTIONS</b> |  |   |                      |                      |                      |
| C1.                                   | NUMBER OF PEOPLE VISIBLE<br>(ADULTS + CHILDREN)                                  | #...(IF 0, SKIP TO SECTION D) .....                   |                      | .....                |                      |
| C2.                                   | NUMBER OF CHILDREN UNDER<br>12 YEARS OLD   | #.....  |                      | .....                |                      |



|  |   |         |
|--|---|---------|
| C3. ADULT ACTIVITY (CODE ALL THAT APPLY) | IF NO ADULTS PRESENT.....0                  | .....0  |
|  | WALKING.....1                               | .....1  |
|  | SOCIALIZING (TALKING WITH NEIGHBORS).....2  | .....2  |
|  | SOCIALIZING IN MIXED RACIAL GROUPS.....3    | .....3  |
|  | HOME REPAIR, LANDSCAPING, OR CAR CARE.....4 | .....4  |
|  | SITTING/STANDING ON PORCH OR STOOP.....5    | .....5  |
|  | SUPERVISING CHILDREN.....6                  | .....6  |
|  | PATRONIZING BUSINESS ESTABLISHMENTS.....7   | .....7  |
|  | STANDING ON THE SIDEWALK.....8              | .....8  |
|  | SITTING/STANDING AT THE BUS STOP.....9      | .....9  |
|  | GETTING INTO OR OUT OF VEHICLES.....10      | .....10 |
|  | WALKING A DOG.....11                        | .....11 |
|  | CONDUCTING HOME-BASED VENDING.....12        | .....12 |
|  | RECREATIONAL ACTIVITY (EG, JOGGING).....13  | .....13 |
|  | SMOKING.....14                              | .....14 |
|  | DRINKING ALCOHOL.....15                     | .....15 |
|  | DRUG RELATED ACTIVITY.....16                | .....16 |
|  | SEX TRADE.....17                            | .....17 |
|  | FIGHTING.....18                             | .....18 |
|  | OTHER _____.....19                          | .....19 |

|   |  | SIDE A | SIDE B |
|---|--|--------|--------|
| C4. CHILDREN'S ACTIVITIES (CODE ALL THAT APPLY) FOR CHILDREN 12 AND UNDER | SITTING OR STANDING ON PORCH OR FRONT YARD.....        | 1      | 1      |
|   | PLAYING ON THE PORCH OR FRONT YARD .....               | 2      | 2      |
|   | SITTING, STANDING OR PLAYING IN THE STREET.....        | 3      | 3      |
|   | SITTING STANDING OR PLAYING IN A VACANT LOT.....       | 4      | 4      |
|   | SITTING STANDING OR PLAYING ON THE SIDEWALK.....       | 5      | 5      |
|   | PLAYING AT PARK OR PLAY GROUND.....                    | 6      | 6      |
|   | OTHER _____  | 7      | 7      |
| C5. PROPORTION OF CHILDREN UNDER ADULT SUPERVISION                        | NONE.....  | 0      | 0      |
|   | LESS THAN ONE THIRD.....                               | 1      | 1      |
|   | ONE THIRD TO ONE HALF.....                             | 2      | 2      |
|   | MORE THAN HALF.....                                    | 3      | 3      |
| C6. PEOPLE FROM MORE THAN ONE RACIAL GROUP                                | NO.....  | 0      | 0      |
|   | YES.....   | 1      | 1      |
| C7. REACTION OF PEOPLE TO RATERS (CODE ALL THAT APPLY)                    | NONE OR VERY LITTLE NOTICE TAKEN.....                  | 0      | 0      |
|   | GLANCES CURIOSITY, WAVE OR HELLO.....                  | 1      | 1      |
|   | BLATANT SPECULATIVE STARES.....                        | 2      | 2      |
|   | RESIDENTS ASK RATERS WHAT THEY ARE DOING.....          | 3      | 3      |
|   | PEOPLE TELLING RATERS WHAT TO DO FOR NEIGHBORHOOD..... | 4      | 4      |
| C8. NONRESIDENTIAL VISITORS (CODE ALL THAT APPLY)                         | THERE ARE NONE.....                                    | 0      | 0      |
|   | MORMONS OR OTHER RELIGIOUS BASED VISITS.....           | 1      | 1      |
|   | MOBILE VENDORS/FOOD PEDDLERS.....                      | 2      | 2      |
|   | CIVIC/SOCIAL SERVICE AGENTS.....                       | 3      | 3      |
|   | POLICE OFFICERS ON FOOT/VEHICLE/HORSE.....             | 4      | 4      |
|   | UTILITY/REPAIR/DELIVERY PEOPLE.....                    | 5      | 5      |
|   | PEOPLE PASSING THROUGH.....                            | 6      | 6      |
| OTHERS _____  | 7  | 7      |        |

SECTION D: NONRESIDENTIAL LAND USE TALLY SHEET



|  |                          |   |        |        |
|--|--------------------------|---|--------|--------|
| D3. FOOD                               | NO...(SKIP TO D4).....   | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
| a. CONVENIENCE STORES                  | NO...(SKIP TO D3b.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| b. FAST FOOD/TAKE OUT PLACES           | NO...(SKIP TO D3c.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| c. RESTAURANTS                         | NO...(SKIP TO D3d.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| d. SUPERMARKET/ GROCERY STORES         | NO...(SKIP TO D4.).....  | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| D4. HEALTHCARE                         | NO...(SKIP TO D5).....   | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
| a. DRUG STORES/PHARMACIES              | NO...(SKIP TO D4b.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| b. HEALTH CLINIC                       | NO...(SKIP TO D4c.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| c. HOSPITALS                           | NO...(SKIP TO D4d.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| D6. PRIVATE SERVICES                   | NO...(SKIP TO D7).....   | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
| a. AUTOMOBILE REPAIR/BODY SHOP         | NO...(SKIP TO D6b.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
|  |                          |   | SIDE A | SIDE B |
| b. BANKS                               | NO...(SKIP TO D6c.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| c. BARBER SHOP OR BEAUTY SALON         | NO...(SKIP TO D6d.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |
| d. BUSINESS SERVICES- PRINTING/COPYING | NO...(SKIP TO D6e.)..... | 0 | .....  | 0      |
|  | YES.....                 | 1 | .....  | 1      |
|  |                          |   | .....  | 1      |

|  |                           |        |
|--|---------------------------|--------|
| e. CHECK CASHING SERVICE               | NO...(SKIP TO D6f.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| f. DRY CLEANING/ TAILORING/ LAUNDROMAT | NO...(SKIP TO D6g.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| g. GASOLINE STATION                    | NO...(SKIP TO D6h.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| h. REAL ESTATE OFFICE                  | NO...(SKIP TO D6i.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| i. TRAVEL AGENTS                       | NO...(SKIP TO D7.).....0  | .....0 |
|  | YES... ..1                | .....1 |
| D7. RECREATION                         | NO...(SKIP TO D8).....0   | .....0 |
|  | YES.....1                 | .....1 |
| a. BARS                                | NO...(SKIP TO D7b.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| b. MOVIE THEATER                       | NO...(SKIP TO D7c.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| c. RECREATIONAL SERVICE                | NO...(SKIP TO D7d.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| d. SEX ENTERTAINMENT SHOPS             | NO...(SKIP TO D7e.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| e. VIDEO GAMES/POOL/BOWLING            | NO...(SKIP TO D8.).....0  | .....0 |
|  | YES... ..1                | .....1 |
| D8. RELIGIOUS                          | NO...(SKIP TO D9).....0   | .....0 |
|  | YES.....1                 | .....1 |
| a. CEMETERY                            | NO...(SKIP TO D8b.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| b. CHURCH/RELIGIOUS CENTER             | NO...(SKIP TO D8c.).....0 | .....0 |
|  | YES... ..1                | .....1 |
| c. RELIGIOUS STORE                     | NO...(SKIP TO D8d.).....0 | .....0 |
|  | YES... ..1                | .....1 |

|                                    |                            |        |                    |
|------------------------------------|----------------------------|--------|--------------------|
| d. FUNERAL HOME                    | NO...(SKIP TO D9.).....0   | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
|                                    |                            |        |                    |
| D9. USED GOOD SALES                | NO...(SKIP TO D10.).....0  | .....0 |                    |
|                                    | YES.....1                  |        | .....1             |
| a. AUTOMOBILE SALES/RENTAL USED    | NO...(SKIP TO D9b.).....0  | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| b. FURNITURE STORE USED            | NO...(SKIP TO D9c.).....0  | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
|                                    |                            |        | SIDE A      SIDE B |
| c. PAWN SHOP                       | NO...(SKIP TO D9d.).....0  | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| d. SECOND HAND STORES              | NO...(SKIP TO D10.).....0  | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
|                                    |                            |        |                    |
| D10. RETAIL/SALES                  | NO...(SKIP TO D11.).....0  | .....0 |                    |
|                                    | YES.....1                  |        | .....1             |
| a. APPLIANCE SALES, RENTAL, REPAIR | NO...(SKIP TO D10b.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| b. AUTOMOBILE SALES/RENTAL NEW     | NO...(SKIP TO D10c.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| c. CLOTHING STORES                 | NO...(SKIP TO D10d.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| d. ELECTRONIC STORES               | NO...(SKIP TO D10e.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| e. FURNITURE STORES NEW            | NO...(SKIP TO D10f.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| f. HOME REPAIR/ HARDWARE/LUMBER    | NO...(SKIP TO D10g.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| g. LIQUOR STORES                   | NO...(SKIP TO D10h.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |
| h. SPECIALTY RETAILERS             | NO...(SKIP TO D10i.).....0 | .....0 |                    |
|                                    | YES... ..1                 |        | .....1             |

|                                   |                            |        |
|-----------------------------------|----------------------------|--------|
| i. VARIETY STORES                 | NO...(SKIP TO D11.).....0  | .....0 |
|                                   | YES... ..1                 | .....1 |
|                                   |                            |        |
| D11. SCHOOLS/CHILDCARE            | NO...(SKIP TO D12.).....0  | .....0 |
|                                   | YES.....1                  | .....1 |
| a. DAY CARE CENTERS               | NO...(SKIP TO D11b.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| b. PUBLIC SCHOOL (K-12)           | NO...(SKIP TO D11c.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| c. TECHNICAL SCHOOL               | NO...(SKIP TO D11d.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| d. COLLEGES                       | NO...(SKIP TO D11e.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| e. PRIVATE PAROCHIAL SCHOOL       | NO...(SKIP TO D11f.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| f. PRIVATE NON-PAROCHIAL SCHOOL   | NO...(SKIP TO D12.).....0  | .....0 |
|                                   | YES... ..1                 | .....1 |
|                                   |                            |        |
| D12. PHYSICAL ACTIVITY FACILITIES | NO...(SKIP TO D13.).....0  | .....0 |
|                                   | YES.....1                  | .....1 |
| a. GOLF COURSE                    | NO...(SKIP TO D12b.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| b. SWIMMING POOL                  | NO...(SKIP TO D12c.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| c.                                |                            | .....1 |
|                                   |                            | .....1 |
|                                   |                            | .....1 |
| d. GYM                            | NO...(SKIP TO D12d.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| e. TENNIS COURTS                  | NO...(SKIP TO D12e.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |
| f. COUNTRY CLUB                   | NO...(SKIP TO D12f.).....0 | .....0 |
|                                   | YES... ..1                 | .....1 |

|      |   |  |  |
|------|---|--|--|
| g.   | BIKE PATH/WALKING TRAIL                               | NO...(SKIP TO D13.).....0<br>YES... ..1  | .....0<br>.....1                               |
| D13. | OTHER (INCLUDE FARM LAND HERE)                        | NO.....0<br>YES... ..1   | .....0<br>.....1                               |
| D14. | IS COMMERCIAL, NONRESIDENTIAL LAND USE PRESENT?       | NO...(SKIP TO D18.).....0<br>YES.....1<br>NEW CONSTRUCTION.....2<br>RENOVATION.....3   | .....0<br>.....1<br>.....2<br>.....3           |
| D15. | OVERALL CONDITION OF MOST OF THE BUILDINGS            | EXCELLENT.....1<br>GOOD CONDITION/WELL KEPT.....2<br>FAIR CONDITION.....3<br>POOR/DETERIORATED CONDITION...4<br>MIXED CONDITIONS (EXTREME DIFFERENCES).....5 | .....1<br>.....2<br>.....3<br>.....4<br>.....5 |
| D16. | PROPORTION WITH SECURITY BARS/GRATINGS                | NONE.....0<br>LESS THAN 1/3.....1<br>ONE THIRD TO ONE HALF.....2<br>MORE THAN HALF.....3   | .....0<br>.....1<br>.....2<br>.....3           |
| D17. | PROPORTION OF BURNED, BOARDED UP, OR ABANDONED        | NONE.....0<br>LESS THAN 1/3.....1<br>ONE THIRD TO ONE HALF.....2<br>MORE THAN HALF.....3   | .....0<br>.....1<br>.....2<br>.....3           |
| D18. | PROPORTION OF THE LAND THAT IS VACANT/UNDER-DEVELOPED | NONE...(SKIP TO D20.).....0<br>LESS THAN 1/3.....1<br>ONE THIRD TO ONE HALF.....2<br>MORE THAN HALF.....3  | .....0<br>.....1<br>.....2<br>.....3           |
| D19. | OVERALL CONDITION OF UNDERDEVELOPED PROPERTY          | EXCELLENT.....1<br>GOOD.....2<br>FAIR.....3<br>POOR (ILLEGAL DUMPING).....4<br>MIXED.....5   | .....1<br>.....2<br>.....3<br>.....4<br>.....5 |



|                         |                                |        |
|-------------------------|--------------------------------|--------|
| D20. PARK OR PLAYGROUND | NO...(END QUESTIONNAIRE).....0 | .....0 |
|                         | YES (PUBLIC).....1             | .....1 |
|                         | YES (PRIVATE).....2            | .....2 |

|  |                                 | SIDE A | SIDE B |
|--|---------------------------------|--------|--------|
| D21. CONDITION OF PLAYGROUND/<br>PARK                        | EXCELLENT.....1                 | .....1 | .....1 |
|  | GOOD CONDITION/WELL KEPT.....2  | .....2 | .....2 |
|  | FAIR CONDITION.....3            | .....3 | .....3 |
|  | POOR/DETERIORATED CONDITION...4 | .....4 | .....4 |
| D22. OCCUPANTS OF PLAYGROUND/<br>PARK (CHECK ALL THAT APPLY) | NONE.....0                      | .....0 | .....0 |
|  | ADULTS ONLY.....1               | .....1 | .....1 |
|  | ADULTS WITH CHILDREN.....2      | .....2 | .....2 |
|  | TEEN GROUPS.....3               | .....3 | .....3 |
|  | UNACCOMPANIED CHILDREN.....4    | .....4 | .....4 |

HEALTHY COMMUNITIES STUDY  
LUNCH OBSERVATION FORM

There is little to no public reporting burden of this collection of information as it is completed by research staff. 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.

SECTION A: REIMBURSABLE SCHOOL LUNCH FOODS AND BEVERAGES

mm dd yyyy

Today's Date

School ID

AM/PM

Time

Liaison ID (Observer)

A1. Get a copy of the month's menu (if not able to obtain from school/district website prior to visit)

- Already obtained
- Collected today
- Not available

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BASED ON OBSERVATIONS MADE DURING 25 MINUTE OBSERVATION (not the menu obtained).

A2. Total # of different entrées offered

# entrées

A3. Salad bar as entrée

- Yes
- No

A4. Salad bar as side dish

- Yes
- No

A5. Number of fresh fruits and vegetables in salad bar

# fruits and vegetables  
 No salad bar offered

A6. Sandwich bar

- Yes
- No

A7. Other entrée bar

- Yes  
Describe: \_\_\_\_\_
- No

A8. Indicate how many different entrée options are offered for each category listed in the table below. Include reimbursable meal items only (not a la carte).

| Entrée item (part of reimbursable meal)            | Offered?   | Number of types offered   |
|--|--|---|
| <b>Fast food-style</b>                             |  |   |
| Chicken burgers                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Chicken nuggets (breaded and fried chicken pieces) | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Hamburgers   | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Entrée item (part of reimbursable meal)            | Offered?   | Number of types offered   |
| Hot dogs/corn dogs                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Nachos (with meat and/or cheese)                   | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Pizza  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Sandwiches (not burgers)                           | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Wraps  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Salads (meal/entrée sized)                         | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| <b>Mexican-style</b>                               |  |   |
| Burritos   | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Quesadillas  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Tacos  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| <b>Other hot entrées</b>                           |  |   |
| Pasta with meat                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Pasta with cheese                                  | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Soups, chilis, stews                               | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Meat and potato                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Meat and rice, Asian-style                         | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Other 1: _____                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Other 2: _____                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Other 3: _____                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Other 4: _____                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |

A9. Indicate whether the following beverages are offered as part of a reimbursable meal at no extra charge:

|   |  |
|---|--|
| Milk - white, whole or 2%                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Milk - flavored, whole or 2%              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Milk - white, 1% or nonfat                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Milk - flavored, 1% or nonfat             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Juice (100%) ± water, no added sweeteners | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |
|---|--|
| Juice, sweetened  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sports drinks   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Soda, regular   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other sweetened beverage (any beverage with added caloric sweetener not already listed above) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diet beverage   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water, bottled, unsweetened   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other beverage 1: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other beverage 2: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

A10. Please indicate the number of meal options that include the following:

|  | # meal options |
|--|----------------|
| Grain product (100% whole wheat bread, pasta or tortillas, brown rice, corn tortillas) | □□             |
| Grain product, not 100% whole grain  | □□             |
| Fruit, fresh   | □□             |
| Fruit, frozen, canned or dried   | □□             |
| Vegetable, French Fries  | □□             |
| Vegetable, other, fried  | □□             |
|  | # meal options |
| Vegetable, fresh   | □□             |
| Vegetable, processed, i.e. canned, frozen  | □□             |
| Salad, side (tossed, raw vegetables)   | □□             |

A11. Please indicate which **desserts and snack items** are offered as part of a reimbursable meal at no extra charge:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Cake  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cookie  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other pastries                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Candy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice Cream                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Low-fat frozen desserts                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other frozen desserts                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chips (corn, potato, puffed cheese, tortilla) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chips (lower/reduced fat, baked)              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other 1: _____                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other 2: _____                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**SECTION B: SCHOOL DINING FACILITIES**

B1. Presence of *indoor* dining areas  
**Please ✓ only one.**

None (no indoor dining areas provided) → **Skin to B4**

- Informal (students can eat inside but no seating AND tables provided for this purpose)
- Formal (indoor eating with seating AND tables provided for this purpose)

B2. Size of indoor dining area  
**Please ✓ all that apply.**

- Big enough
- Too small
- Not enough seating
- Too crowded
- Not too crowded

B3. Indoor dining décor / ambiance:  
**Please ✓ only one.**

- Exceptional
- Pleasant (*clean, cheerful, inviting*)
- Acceptable (*clean, well-kept, but sparse*)
- Some areas of concern (*dirty, dingy, needs repairs, etc.*)

B4. Presence of *outdoor* dining areas  
Please ✓ **only one.**

None (no outdoor dining areas provided)

Skip to B7

- Informal (students can eat outside but no seating AND tables provided for this purpose)
- Formal (outdoor eating with seating AND tables provided for this purpose)

B5. Size of outdoor dining area  
Please ✓ **all that apply.**

- Big enough
- Too small
- Not enough seating
- Too crowded
- Not too crowded

B6. Outdoor dining décor / ambiance:  
Please ✓ **only one.**

- Exceptional
- Pleasant (*clean, cheerful, inviting*)
- Acceptable (*clean, well-kept, but sparse*)
- Some areas of concern (*dirty, dingy, needs repairs, etc.*)

B7. In their interactions with students, most staff were:  
Please ✓ **only one.**

- Engaging (smiling, interactive, encouraging)
- Pleasant but not engaging
- Neutral (interact enough to process the students' meals)
- Impolite, impatient, or negative with students
- Unable to observe

B8. The longest meal service lines (during the time observed) consisted of approximately \_\_\_\_\_ students.

\_\_\_\_\_  
# of students

B9. Meal service lines were observed over a span of \_\_\_\_\_ minutes.

\_\_\_\_\_  
minutes

B10. Most students were served by \_\_\_\_:\_\_\_\_ (not including stragglers)

\_\_\_\_:\_\_\_\_ AM/PM  
 Unable to observe

B11. Time when meal period.....started  
.....ended

\_\_\_\_:\_\_\_\_ AM/PM  
\_\_\_\_:\_\_\_\_ AM/PM

B12. In what forms is unsweetened water available free of charge in the dining or serving areas?  
Please ✓ **all that apply.**

- Water fountain
- Pitcher
- Bottles
- Dispenser
- Other
- None

B13. Other observations or clarifications:

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**SECTION C: COMPETITIVE FOODS SOLD TO STUDENTS ON CAMPUS**

C1. Number of Competitive Food Venues Operating at any time during the school day:

| Venue Type      | Location             |                      |                      |                      |                      | #                    |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                 | Cafeteria            | Hallway              | Quad                 | Gym                  | Other                |                      |
| A la carte      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Vending machine | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| School store    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other 1:        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other 2:        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other 3:        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

C2. Competitive Foods Sold During the School Day- Type and location

| Beverages   | Please <input checked="" type="checkbox"/> all that apply. |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
|   | A la carte   | Vending machine          | School store             | Other                    |
| Diet beverage   | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Juice (100%) ± water, no added sweeteners (including 100% juice smoothies)      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Juice, sweetened  | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk, white, whole or 2%  | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk flavored, whole or 2%  | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk White, 1% or nonfat  | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk flavored, 1% or nonfat   | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soda, regular   | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sports drinks   | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other sweetened beverage (beverage w/ added caloric sweetener not listed above) | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Please <input checked="" type="checkbox"/> all that apply.               |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Water, no added sweeteners   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| * Check this box if there appears to be an option with ≥50% whole grain. |                          |                          |                          |                          |
| <b>Baked Goods - Dessert</b>   | Whole                    | A la carte               | Vending                  | School                   |
|  |                          |                          |                          | Other                    |

|  |                          |                                 |                          |                          |                          |
|--|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
|  | grain option             |                                 | machine                  | store                    |                          |
| Cake type (brownies, cupcakes, Twinkies)                         | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cake type (lower/reduced fat)                                    | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cookies  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cookies (lower/reduced fat)                                      | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Muffins  | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Muffins (lower/reduced fat)                                      | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pastries (donuts, pies, turnovers, toaster pastries)             | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pastries (lower/reduced fat)                                     | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Cereals</b>   | Whole grain option       | A la carte                      | Vending machine          | School store             | Other                    |
| Cereal frosted or flavored                                       | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cereal not frosted or flavored                                   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Frozen desserts</b>   |                          | A la carte                      | Vending machine          | School store             | Other                    |
| Frozen, non-dairy (fruit bars, Jell-O pops, Popsicles)           |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice cream (bars, Fudgesicles, scoops, cups, sundaes, sandwiches) |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low-fat frozen desserts (frozen yogurt, ice milk, sherbet)       |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milkshake  |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit</b>   |                          | A la carte                      | Vending machine          | School store             | Other                    |
| Canned or cooked fruit   |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dried fruit  |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fresh fruit  |                          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternative Entrées/Mixed Dishes</b>                | Whole grain option       | A la carte                      | Vending machine          | School store             | Other                    |
| Burritos   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken burger   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken pieces/nuggets (breaded)                                 | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hamburger/cheeseburger   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot dog/corn dog   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          | <b>Please ✓ all that apply.</b> |                          |                          |                          |
|  |                          | A la carte                      | Vending machine          | School store             | Other                    |
| Meat with rice (Chinese-/Asian-style)                            | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nacho chips with salsa   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Nacho chips (with meat, beans or cheese)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pasta (spaghetti, macaroni and cheese, pasta salad)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pizza  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ramen-type soup/cup of noodles   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Salad, meal-sized (chef's, grilled chicken)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sandwiches, cold   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sandwiches, grilled/hot  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soup/chilis/stews with beans or meat (chicken, clam chowder, minestrone)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tacos  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wraps  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Vegetables</b>  |                          |                          |                          |                          |                          |
|  | A la carte               | Vending machine          | School store             | Other                    |                          |
| Fried potatoes (including pre-fried, oven baked, French fries, tater tots, potato skins) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Salad - side (tossed, raw vegetables)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Vegetables (not fried)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>Snacks</b>  |                          |                          |                          |                          |                          |
|  | Whole grain option       | A la carte               | Vending machine          | School store             | Other                    |
| Candy/chocolate  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chips (corn, potato, puffed cheese, tortilla)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chips (lower/reduced fat/baked)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Corn nuts  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crackers, (regular)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crackers (lower/reduced fat)/pretzels  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fruit roll-up or fruit snacks with added sugar   |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Granola bars/cereal bars/energy bars/other snack bars                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meat snacks (jerky, salami, pork rinds)  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuts and seeds (almonds, sunflower seeds)  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Please ✓ all that apply.</b> |  |                          |                          |                          |                          |
|---------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
|                                 |  | A la carte               | Vending machine          | School store             | Other                    |
| Popcorn, air-popped or low-fat  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                               |                          |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Popcorn, buttered or flavored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trail mix, without candy      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trail mix with candy          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yogurt, flavored              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yogurt, plain                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other foods (specify):</b> |                          |                          |                          |                          |
|                               | Whole grain option       | A la carte               | Vending machine          | School store             |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## LUNCH OBSERVATION FORM

### *Sources and References*

- 1) UC Berkeley Atkins Center for Weight and Health (CWH) school nutrition environment observation forms (not published)
- 2) U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). School Nutrition Dietary Assessment (SNDA) Study III, Pre-Visit Questionnaire and Menu Survey – Reimbursable Meals Form. Retrieved on November 14, 2010 from <http://www.fns.usda.gov/oane/MENU/Published/CNP/cnp.htm>

**HEALTHY COMMUNITIES STUDY**  
**THE SCHOOL PHYSICAL ACTIVITY RESOURCE ASSESSMENT (SCHOOL PARA)**

There is little to no public reporting burden of this collection of information as it is completed by research staff. 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.

PLEASE COMPLETE THE FOLLOWING FORM FOR THE FOUR SCHOOLS SELECTED FOR OBSERVATIONS IN THE COMMUNITY DURING THE LIAISON'S INITIAL VISIT.

- B1. 

|  |  |  |  |
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|  |  |  |  |
|--|--|--|--|

  
Start Time (Military time) End Time (Military time)
- B2. Approximate size (size of entire school property)  small (1/2 square block)  
 medium (>1/2 square block up to 1 square block)  
 large (>1 square block)
- B3. Capacity (posted fire capacity for indoor facilities)
- B4. Cost  Free  
 Pay at the door  
 Pay for only certain programs  
 Other \_\_\_\_\_
- B5. Hours of Operation (record in military time) a) open 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

b) close

- B6. Signage – Hours  Yes  
 No

- B7. Signage – Rules  Yes  
 No

FOR QUESTIONS BELOW, PLEASE REFER TO PROTOCOL AND OPERATIONAL DEFINITIONS WITH PICTURES.

*Please note for B13: Play equipment - If it is 'typical' equipment such as a slide, swings, horizontal bar; no description is necessary. When the equipment is unusual, please describe and use the Comments space as necessary.*

|                       | Rating  |                        | Rating  |
|-----------------------|---|------------------------|---|
| Feature               |   | Amenity                |   |
| B8. Baseball field    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | B21. Access points     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| B9. Basketball courts | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | B22. Bathrooms         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| B10. Soccer field     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | B23. Benches           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| B11. Bike rack        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | B24. Drinking fountain | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- |                               |                          |                          |                          |                          |                             |                          |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B12. Exercise stations        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B25. Fountains              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B13. Play equipment           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B26. Landscaping efforts    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B14. Pool >3 ft deep          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B27. Lighting               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B15. Sandbox                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B28. Picnic tables shaded   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B16. Sidewalk                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B29. Picnic tables no-shade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B17. Tennis courts            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B30. Shelters               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B18. Trails – running/ biking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B31. Shower/Locker room     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B19. Volleyball courts        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B32. Trash containers       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B20. Wading pool <3ft         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |                          |                          |                          |

**Incivilities**

**Incivilities**

- |                                |                          |                          |                          |                          |                        |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B33. Auditory annoyance        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B39. Graffiti/tagging  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B34. Broken glass              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B40. Litter            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B35. Dog refuse                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B41. No grass          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B36. Dogs unattended           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B42. Overgrown grass   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B37. Evidence of alcohol use   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B43. Sex paraphernalia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B38. Evidence of substance use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B44. Vandalism         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

\_\_\_\_\_

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**HEALTHY COMMUNITIES STUDY**  
**THE PHYSICAL ACTIVITY RESOURCE ASSESSMENT (PARA)**

There is little to no public reporting burden of this collection of information as it is completed by research staff. 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.

PLEASE COMPLETE THE FOLLOWING FORM FOR SCHOOLS AND PHYSICAL ACTIVITY RESOURCES IN THE COMMUNITY

1. 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
mm dd yyyy  
Today's Date

2. \_\_\_\_\_  
Liaison ID (Observer)

3. \_\_\_\_\_  
School ID

4. 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

  
Start Time (Military time)

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

  
End Time (Military time)

5. Type of resource

- Fitness club
- Park
- Sport facility
- Trail
- Community Center
- Church
- School
- Combination: \_\_\_\_\_

6. Approximate size (size of entire resource)
- small (1/2 square block)
  - medium (>1/2 square block up to 1 square block)
  - large (>1 square block)
7. Capacity (posted fire capacity for indoor facilities)
8. Cost
- Free
  - Pay at the door
  - Pay for only certain programs
  - Other \_\_\_\_\_
9. Hours of Operation (record in military time)
- a) open
- b) close
10. Signage – Hours
- Yes
  - No
11. Signage – Rules
- Yes
  - No

FOR QUESTIONS BELOW, PLEASE REFER TO PROTOCOL AND OPERATIONAL DEFINITIONS WITH PICTURES.

*Please note for 13: Play equipment - If it is 'typical' equipment such as a slide, swings, horizontal bar; no description is necessary. When the equipment is unusual, please describe and use the Comments space*



as necessary.

| Feature                      | Rating  | Amenity                    | Rating  |
|------------------------------|---|----------------------------|---|
|                              | <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 10px; width: 100%;"></div> |                            | <div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 10px; width: 100%;"></div> |
| 8. Baseball field            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 21. Access points          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 9. Basketball courts         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 22. Bathrooms              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 10. Soccer field             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 23. Benches                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 11. Bike rack                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 24. Drinking fountain      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 12. Exercise stations        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 25. Fountains              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 13. Play equipment           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 26. Landscaping efforts    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 14. Pool >3 ft deep          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 27. Lighting               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 15. Sandbox                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 28. Picnic tables shaded   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 16. Sidewalk                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 29. Picnic tables no-shade | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 17. Tennis courts            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 30. Shelters               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 18. Trails – running/ biking | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 31. Shower/Locker room     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 19. Volleyball courts        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 32. Trash containers       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |
| 20. Wading pool <3ft         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |                            |   |
| <b>Incivilities</b>          |   | <b>Incivilities</b>        |   |
| 33. Auditory annoyance       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         | 39. Graffiti/tagging       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>         |

- |                               |                          |                          |                          |                          |                       |                          |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 34. Broken glass              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. Litter            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Dog refuse                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41. No grass          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Dogs unattended           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42. Overgrown grass   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Evidence of alcohol use   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. Sex paraphernalia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Evidence of substance use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Vandalism         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHYSICAL ACTIVITY OBSERVATIONS

### *Sources and References*

#### **THE SCHOOL PHYSICAL ACTIVITY RESOURCE ASSESSMENT (SCHOOL PARA)**

- 1) Lee RE, Booth KM, Reese-Smith JY, Regan G, Howard HH. The Physical Activity Resource Assessment (PARA) instrument: evaluating features, amenities, and incivilities of physical activity resources in urban neighborhoods. *Int J Behav Nutr Phys Act.* 14 September 2005; 2:13.

#### **THE PHYSICAL ACTIVITY RESOURCE ASSESSMENT (PARA)**

- 1) Lee RE, Booth KM, Reese-Smith JY, Regan G, Howard HH. The Physical Activity Resource Assessment (PARA) instrument: evaluating features, amenities, and incivilities of physical activity resources in urban neighborhoods. *Int J Behav Nutr Phys Act.* 14 September 2005; 2:13.

**HEALTHY COMMUNITIES STUDY  
GROUND-TRUTHING OF  
GEOGRAPHIC INFORMATION SYSTEM (GIS) MAPPING**

Once GIS data is obtained, it will be formatted into a form containing commercial venues and resources to be verified so that the Battelle community liaison (during his or her second visit to the community) or community documenter may complete “ground-truthing” of GIS data.