

**HEALTHY COMMUNITIES STUDY
SCHOOL FOOD ENVIRONMENTAL ASSESSMENT PROTOCOL
FOR FOOD SERVICE PERSONNEL**

The following document contains the school food environmental assessment protocol for the the food service personnel. In addition to the school food environmental assessment instruments provided in **SSA Attachment 15**, food service personnel in all 279 communities will be asked to participate in providing information on the school's food 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. These community and environmental assessments will be conducted in all 279 communities during the initial visit to the community, and again in the RIPA communities, three years later.

In addition, where the principal of the school has consented to be a key informant, a link to the food service staff questionnaire and lunch observation form will be sent to the principal during the follow-up period and with a request to forward the link to the appropriate food service person for completion.

**HEALTHY COMMUNITIES STUDY
SCHOOL FOOD ENVIRONMENTAL ASSESSMENT**

Public reporting burden of this collection of information of the school food environment is 25 minutes, including the time for verbal consent, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project

QUESTIONNAIRE FOR FOOD SERVICE PERSONNEL

mm		dd		yyyy			
Today's Date							

--	--	--

School ID

Liaison ID (Observer)

Initials of individual completing form

Position of individual completing form

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. How many total lunches (including full price, reduced price, and free meals) were claimed for the school year 20____-20____ at this school? 2. How many total breakfasts (including full price, reduced price, and free meals) were claimed in 20____-20____ at this school? 3. How many students in this school were approved for free meals in 20____-20____? 4. How many students in this school were approved for reduced price meals in 20____-20____? 5. Is the campus open (students are allowed to leave) at lunch for:
Please ✓ only one. 6. For how many years has this school participated in the following (write "0" if this school is not participating): <ol style="list-style-type: none"> a The federally funded Fresh Fruit and Vegetable program? b The Department of Defense (DoD) Fresh program? c The State Farm to School Program? | <p># lunches</p> <p># breakfasts</p> <p># students</p> <p># students</p> <p> <input type="checkbox"/> All students
 <input type="checkbox"/> Some students
 <input type="checkbox"/> No students </p> <p># years</p> <p># years</p> <p># years</p> |
|--|--|

- d USDA's Team Nutrition Initiative # years
- e Healthier US School Challenge # years Bronze # years Silver # years Gold

f Other state or Federal food or nutrition program:
Name of program: _____ # years

7. During the 20__-20__ school year, about **what percent of reimbursable school lunch entrées** at this school were prepared using the following methods?

- a Convenience prep [Pre-portioned, heat and serve items, i.e. frozen burrito] %
- b Minimal prep [Food preparation primarily involving assembling and portioning, i.e. chef's salad made with pre-cut and pre-cooked ingredients] %
- c School-made/scratch prep [food preparation involving the use of raw ingredients, some degree of ingredient prep, and cooking when needed, i.e. spaghetti with scratch-prepared sauce] %

Total 100%

8. Has the amount of scratch and minimal preparation cooking that has been done at this school been **increasing or decreasing**?
Please ✓ only one.

Increasing
 Decreasing

9. Over how many years has this trend in scratch and minimal preparation cooking occurred? # years

10. **To what degree** have the following components of the local wellness policy (a district or school policy to encourage healthy eating and physical activity among students) been implemented at this school and **for how many years** have they been in place?

Policy Component	Please ✓ only one.				Number of years in place
	Not at all (<10%)	To some extent (10-50%)	To a large extent (50-90%)	Completely (>90%)	
Reimbursable school meal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Policy Component	Not at all (<10%)	To some extent (10-50%)	To a large extent (50-90%)	Completely (>90%)	Number of years in place
Nutrition guidelines for all other foods sold (competitive foods) such as a la carte, school store, vending, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutrition guidelines for foods that are not sold, but offered, such as at classroom parties and social events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. To what extent have there been changes to the following within the last 10 years at this school:
(Choose one response for each item and estimate when the changes started, if applicable.)

	Please ✓ only one.				Since __ years ago
	Did not change	If ✓'d, please fill in last column			
		Got worse	Somewhat improved	Improved a lot	
Meal offerings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competitive foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. Any additional comments or explanations:

HEALTHY COMMUNITIES STUDY
LUNCH OBSERVATION FORM

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
Fast food-style		
Chicken burgers	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Chicken nuggets (breaded and fried chicken pieces)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Hamburgers	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input 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 type="text"/> <input type="text"/>
Nachos (with meat and/or cheese)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Pizza	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Sandwiches (not burgers)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Wraps	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Salads (meal/entrée sized)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Mexican-style		
Burritos	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Quesadillas	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Tacos	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Other hot entrées		
Pasta with meat	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Pasta with cheese	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Soups, chilis, stews	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Meat and potato	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Meat and rice, Asian-style	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Other 1: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Other 2: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Other 3: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/>
Other 4: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input 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) → **Skip 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:

SECTION C: COMPETITIVE FOODS SOLD TO STUDENTS ON CAMPUS

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

	Location					
	(Record a number in each box – write zero if none.)					
Venue Type	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

	Please ✓ all that apply.			
Beverages	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 ✓ all that apply.					
Water, no added sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>* Check this box if there appears to be an option with ≥50% whole grain.</i>					
Baked Goods - Dessert	Whole grain option	A la carte	Vending machine	School store	Other
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"/>
Cereals	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"/>
Frozen desserts					
		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"/>
Fruit					
		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"/>
Meat/Meat Alternative Entrées/Mixed Dishes					
	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"/>
Please ✓ all that apply.					
		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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or meat (chicken, clam chowder, minestrone)					
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"/>
Vegetables					
		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"/>
Snacks					
	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"/>

Please ✓ all that apply.					
		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"/>
Other foods (specify):					
	Whole grain option	A la carte	Vending machine	School store	Other
_____	<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"/>

SCHOOL FOOD ENVIRONMENTAL ASSESSMENT
Sources and References

SCHOOL FOOD ENVIRONMENT QUESTIONNAIRE FOR FOOD SERVICE PERSONNEL

- 1) 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>
- 2) USDA Team Nutrition School Wellness Policy Demonstration Project (SWDP), 2009. Questionnaire on Local Wellness Policy: School Level, 2nd wave. Not published.
- 3) Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). School Health Policies and Practices Study (SHPPS). Retrieved on November 16, 2010 from <http://www.cdc.gov/HealthyYouth/shpps/2006/questionnaires/index.htm>
- 4) School Nutrition Association: http://docs.schoolnutrition.org/trendsetters/trendsets/blasts/trendSETS_Newsletter_june.htm, posted 7/9/2008, accessed 2/2011

LUNCH OBSERVATION FORM

- 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>