

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.

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

HEALTHY COMMUNITIES STUDY
LUNCH OBSERVATION FORM

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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 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"/>
Mexican-style		
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"/>
Other hot entrées		
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:

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	
(Record a number in each box – write zero if none.)						
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 ✓ 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 ✓ 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.				
Baked Goods - Dessert	Whole	A la carte	Vending	School
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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"/>
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 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"/>
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
	<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"/>
	<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

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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"/>

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|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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: _____

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.

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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; margin: 0 auto;"></div>		<div style="border-top: 1px solid black; border-bottom: 1px solid black; height: 10px; margin: 0 auto;"></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"/>		
Incivilities		Incivilities	
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"/>

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|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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.