

Appendix G3

OTHER FOOD SOURCES CHECKLIST

OTHER FOOD SOURCES CHECKLIST

Date: _____	Observer Name: _____
School Name: _____	
SFA ID: _____	School ID: _____
Grades: _____	

1. Please check the location of on-campus food sources available to students. **Do not** include vending machines.

Food Source	Number in school or on school grounds	Location of Alternative Food Source				
		In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building	
a. À la carte food lines inside Food Service Area	0 <input type="checkbox"/> None	1 <input type="checkbox"/>				
b. School Store <i>(NOTE: Sells items but does not prepare food)</i>	0 <input type="checkbox"/> None	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c. Snack Bar outside Food Service Area <i>(NOTE: Include only snack bars that prepare some food to order.)</i>	0 <input type="checkbox"/> None			2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Food Cart outside Food Service Area	0 <input type="checkbox"/> None			2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Other <i>(Specify)</i> _____	0 <input type="checkbox"/> None	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

2. Please check the hours of operation for each food source available to students. **Do not** include vending machines.

Food Source	Not Available to Students	Hours of Operation (CHECK ALL THAT APPLY)						
		Before Bkfst	During Bkfst	After Bkfst and Before Classes Start	After Classes Start and Before Lunch	During Lunch	After Lunch and Before Classes End	After Last Class
a. À la carte food lines inside Food Service Area	9 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. School Store <i>(NOTE: Sells items but does not prepare food)</i>	9 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. Snack Bar outside Food Service Area <i>(NOTE: Include only snack bars that prepare some food to order.)</i>	9 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. Food Cart outside Food Service Area	9 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Other <i>(Specify)</i> _____	9 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

3. Place a check mark in the box corresponding to each food and/or beverage item sold at each Food Source.

Food Item	Availability of Food Item in Other Food Sources				
	À la carte food lines	School Store	Snack Bar	Food Cart	Other (Specify _____)
A. Beverages					
Carbonated Sweetened Soft Drink	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Carbonated Diet Soft Drink	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Juice (100% juice)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Juice Drinks (Cranberry Drink, Fruit Blends, Hi-C, Lemonade, Punch)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Iced Tea (sweetened)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Iced Tea (unsweetened)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Water (Spring Water, Flavored Water, Sparkling Water, Mineral Water, Seltzer Water)	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Water (Water with Juice)	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Coffee	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Tea (hot)	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Hot Chocolate	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Yogurt Drinks	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Energy and Sports Drinks (Gatorade, Powerade, Red Bull)	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Other (Specify _____)	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
B. Dairy					
Whole Milk	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Reduced Fat (2%) White Milk	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Low Fat (1%) White Milk	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
Fat-Free White Milk	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
Fat-Free Flavored Milk	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
Yogurt	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Cheese	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
Other (Specify _____)	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>

Food Item	Availability of Food Item in Other Food Sources				
	À la carte food lines	School Store	Snack Bar	Food Cart	Other (Specify _____)
C. Baked Goods - Dessert					
Cake-Type (Brownies, Cupcakes, Twinkies)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
Cake-Type (Low-Fat/Reduced-Fat Brownies, Cupcakes, Twinkies)	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Cookies	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
Cookies (Low-Fat/Reduced Fat)	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
Pastries (Pies, Turnovers)	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>
Other (Specify _____)	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>
D. Bread or Grain Products					
Regular Bread (Bread, Rolls, Bagels)	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>
Whole Grain Bread (Bread, Rolls, Bagels)	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>
Other Bread (Biscuits, Croissants, Hot Pretzels)	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>
Muffins (Regular)	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>
Muffins (Whole Grain)	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>
Muffins (Low-Fat/Reduced-Fat)	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>
Granola Bars	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>
Granola Bars (Low-Fat/Reduced-Fat)	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>
Pretzels (Regular, Sourdough)	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>
Pretzels (Whole Grain)	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>
Crackers/Cracker Sandwiches: Peanut Butter	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>
Crackers/Cracker Sandwiches: Cheese	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>
Cereal/Cereal Bars	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>
Other (Specify _____)	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>

Food Item	Availability of Food Item in Other Food Sources				
	À la carte food lines	School Store	Snack Bar	Food Cart	Other (Specify _____)
E. Frozen Desserts					
Frozen Non-Dairy (Fruit Bars, Jello Pops, Popsicles)	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>
Ice Cream (Bars, Cups, Fudgesicles, Sundaes)	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>
Low-Fat Frozen Desserts (Frozen Yogurt, Ice Milk, Sherbet)	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>
Milkshakes	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>
Smoothies	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>
F. Fruit and Vegetables					
Canned or Cooked Fruit	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>
Fresh Fruit (whole, cut)	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>
Fruit Salad (Fresh)	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>
Fruit Salad (Canned in Water)	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>
Fruit Salad (Canned in Light Syrup)	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>
Dried Fruit	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>
Other Fresh Fruit (Specify _____)	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>
Vegetables, Side Salad	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>
Vegetables, Raw	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>
Other Fresh Vegetables (Specify _____)	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>
G. Snacks					
Chips (Corn, Potato, Tortilla)	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>
Chips (Lower-Fat/Reduced-Fat Corn, Potato, Tortilla)	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>
Puffed Cheese (Regular)	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>
Puffed Cheese (Lower-Fat/Reduced-Fat)	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>
Nuts and Seeds (Almonds, Peanuts, Sunflower Seeds, Trail Mix)	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>
Fruit Snacks (Roll-Up, Gummies)	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>

Food Item	Availability of Food Item in Other Food Sources				
	À la carte food lines	School Store	Snack Bar	Food Cart	Other (Specify _____)
Popcorn	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>
Meat Snacks (Jerky, Pork Rinds)	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>
Candy with Chocolate	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>
Candy without Chocolate	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>
Energy Bars (Balance Bars, Luna Bars, Power Bars, etc)	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>
Other (Specify _____)	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>
H. Prepared / Pre-Prepared Entrees and Food					
Hot Dogs	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>
Hamburgers or Cheeseburgers	71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>
Veggie Burgers	72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>
Grilled Sandwiches	73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>
Cold Sandwiches	74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>
Burritos	75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>
Taco	76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>
Meal-Size Salad	77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>
Pizza (Slice)	78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>
Pizza (Bites)	79 <input type="checkbox"/>	79 <input type="checkbox"/>	79 <input type="checkbox"/>	79 <input type="checkbox"/>	79 <input type="checkbox"/>
Pasta	80 <input type="checkbox"/>	80 <input type="checkbox"/>	80 <input type="checkbox"/>	80 <input type="checkbox"/>	80 <input type="checkbox"/>
French Fries	81 <input type="checkbox"/>	81 <input type="checkbox"/>	81 <input type="checkbox"/>	81 <input type="checkbox"/>	81 <input type="checkbox"/>
Onion Rings	82 <input type="checkbox"/>	82 <input type="checkbox"/>	82 <input type="checkbox"/>	82 <input type="checkbox"/>	82 <input type="checkbox"/>
Mozzarella Sticks	83 <input type="checkbox"/>	83 <input type="checkbox"/>	83 <input type="checkbox"/>	83 <input type="checkbox"/>	83 <input type="checkbox"/>
Other (Specify _____)	84 <input type="checkbox"/>	84 <input type="checkbox"/>	84 <input type="checkbox"/>	84 <input type="checkbox"/>	84 <input type="checkbox"/>

Food Item	Availability of Food Item in Other Food Sources				
	À la carte food lines	School Store	Snack Bar	Food Cart	Other (Specify _____)
I. Other (Specify)					
_____	85 <input type="checkbox"/>	85 <input type="checkbox"/>	85 <input type="checkbox"/>	85 <input type="checkbox"/>	85 <input type="checkbox"/>
_____	86 <input type="checkbox"/>	86 <input type="checkbox"/>	86 <input type="checkbox"/>	86 <input type="checkbox"/>	86 <input type="checkbox"/>
_____	87 <input type="checkbox"/>	87 <input type="checkbox"/>	87 <input type="checkbox"/>	87 <input type="checkbox"/>	87 <input type="checkbox"/>
_____	88 <input type="checkbox"/>	88 <input type="checkbox"/>	88 <input type="checkbox"/>	88 <input type="checkbox"/>	88 <input type="checkbox"/>
_____	89 <input type="checkbox"/>	89 <input type="checkbox"/>	89 <input type="checkbox"/>	89 <input type="checkbox"/>	89 <input type="checkbox"/>
_____	90 <input type="checkbox"/>	90 <input type="checkbox"/>	90 <input type="checkbox"/>	90 <input type="checkbox"/>	90 <input type="checkbox"/>