I6. POINT OF SALE FORM (GROUP 2)

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School Nutrition & Meal Cost Study - II

POINT OF SALE FORM (GROUP 2)

School	Name:	School ID:				Inte	erviewer	ID:			_ Date:						
			Mark the	times a	t which	Ma availa	rk if		Mark	the propo	ortion of foo	ds sold (old at POS that is reimbursable for .				
АМРМ					POS is available			Breakfast				Lunch					
Source Screen Codes	Name of POS	Location of POS (Check if present or describe)	Breakfast	Lunch	Other Times	By day	By week	All	Most	About Half	Small Amount	None	All	Most	About Half	Small Amount	None
31	Vending Machine(s)	In cafeteria (indoor or outdoor seating/eating area)															
32	Vending Machine(s)	Outside but near (within 20 feet) cafeteria															
33	Vending Machine(s)	In other location on school grounds															
34	Cafeteria line(s) - Reimbursable items only																
35	Cafeteria line(s) - A La Carte items only																
36	School Store																
37	Snack Bar(s) – A La Carte Items only																
38	Classroom (breakfast)																
39	Cafeteria line(s) – Reimbursable and A La Carte items																
40	Class parties																
41	Fundraiser(s)																
42	Teacher(s)																
43																	
44																	

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AMPM Source Screen Codes	Name of POS	Location of POS (Check if describing availability)	Describe how availability varies by day or week (if applicable)
31	Vending Machine(s)	In cafeteria (indoor or outdoor seating/eating area)	
32	Vending Machine(s)	Outside but near (within 20 feet) cafeteria	
33	Vending Machine(s)	In other location on school grounds	
34	Cafeteria line(s) - Reimbursable items only		
35	Cafeteria line(s) - A La Carte items only		
36	School Store		
37	Snack Bar(s) – A La Carte Items only		
38	Classroom (breakfast)		
39	Cafeteria line(s) – Reimbursable and A La Carte items		
40	Class parties		
41	Fundraiser(s)		
42	Teacher(s)		
43			
44			