

### Vending Machine Assessment

School: \_\_\_\_\_

Observer: \_\_\_\_\_

Begin time :  
 End time :

	Vending Machine Number									
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
<b>Location</b>										
1. Entrance/Hallway	<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"/>
2. Cafeteria	<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"/>
3. Gym	<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"/>
4. Outside building	<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"/>
5. Teacher lounge/staff room	<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"/>
6. Other (please describe the location)	<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"/>
<b>Type of Machine</b>										
1. Beverage	<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"/>
2. Food	<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"/>
<b>Machine Availability</b>										
Is the machine currently on and available to students or is it turned off?	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off

**Reference:** (Assessment format) B Oldenburg et al. Checklist of Health Promotion Environments at Worksites (CHEW): Development and Measurement Characteristics. *Am J Health Promot.* 2002;16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. <http://www.cdc.gov/HealthyYouth/shpps/index.htm>. 2004

	Vending Machine Number									
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
<b>Number of Slots with the Following Items</b>										
1. Total number of slots	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. Fruits or vegetables, not juice	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. Chocolate candy	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. Other kinds of candy	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. Cookies, crackers, cakes, pastries, or other baked goods that are <i>not</i> low in fat	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6. <u>Low-fat</u> cookies, crackers, cakes, pastries, or other low-fat baked goods	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7. Salty snacks that are <u>not low in fat</u> , such as regular potato chips	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8. Salty snacks that are <u>low in fat</u> , such as pretzels, baked chips, or other low-fat chips	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9. Bread sticks, rolls, bagels, pita bread, or other bread products	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10. Ice cream or frozen yogurt that is <u>not low in fat</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
11. <u>Low-fat</u> or <u>fat-free</u> ice cream, frozen yogurt, or sherbet	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
12. <u>Low-fat</u> or <u>non-fat</u> yogurt	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13. 2% or whole milk	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
14. 1% or skim milk	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
15. Flavored milk	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
16. Soft drinks (with carbonation)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
17. Sports drinks	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
18. Bottled water	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
19. Caffeinated beverages, not soda	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
20. 100% fruit juice	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
21. 100% vegetable juice	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
22. <u>Not</u> 100% fruit juices	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
23. Other (please describe)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Reference:** (Assessment format) B Oldenburg et al. Checklist of Health Promotion Environments at Worksites (CHEW): Development and Measurement Characteristics. *Am J Health Promot.* 2002;16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. <http://www.cdc.gov/HealthyYouth/shpps/index.htm>. 2004

### Student Store Assessment

Observer: \_\_\_\_\_

Begin time      :    
 End time        :

Available Items (check box)	
1. Fruits or vegetables, not juice	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Chocolate candy	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other kinds of candy	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Cookies, crackers, cakes, pastries, or other baked goods that are <u>not low in fat</u>	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. <u>Low-fat</u> cookies, crackers, cakes, pastries, or other low-fat baked goods	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Salty snacks that are <u>not low in fat</u> , such as regular potato chips	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Salty snacks that are <u>low in fat</u> , such as pretzels, baked chips, or other low-fat chips	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Bread sticks, rolls, bagels, pita bread, or other bread products	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Ice cream or frozen yogurt that is <u>not low in fat</u>	9. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. <u>Low-fat</u> or <u>fat-free</u> ice cream, frozen yogurt, or sherbet	10. <input type="checkbox"/> Yes <input type="checkbox"/> No
11. <u>Low-fat</u> or <u>non-fat</u> yogurt	11. <input type="checkbox"/> Yes <input type="checkbox"/> No
12. 2% or whole milk	12. <input type="checkbox"/> Yes <input type="checkbox"/> No
13. 1% or skim milk	13. <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Flavored milk	14. <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Soft drinks (with carbonation)	15. <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Sports drinks	16. <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Bottled water	17. <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Caffeinated beverages, not soda	18. <input type="checkbox"/> Yes <input type="checkbox"/> No
19. 100% fruit juice	19. <input type="checkbox"/> Yes <input type="checkbox"/> No
20. 100% vegetable juice	20. <input type="checkbox"/> Yes <input type="checkbox"/> No
21. <u>Not</u> 100% fruit juices	21. <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Other (please describe)	22. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	23. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	24. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	25. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	

**Reference:** (Assessment format) B Oldenburg et al. Checklist of Health Promotion Environments at Worksites (CHEW): Development and Measurement Characteristics. *Am J Health Promot.* 2002;16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. <http://www.cdc.gov/HealthyYouth/shpps/index.htm>. 2004

### Cafeteria A La Carte Assessment

Observer: \_\_\_\_\_

Begin time      :    
 End time        :

Available Items (check box)	
1. 100% fruit juice or 100% vegetable juice	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Soda pop, sports drinks, or fruit drinks that are not 100% juice	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Fruit	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Bread sticks, rolls, bagels, pita bread, or other bread products	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Cookies, crackers, cakes, pastries, or other baked goods that are <u>not</u> low in fat	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Low-fat or nonfat yogurt	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Pizza, hamburgers, or sandwiches	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Lettuce, vegetable, or bean salads	9. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Other vegetables	10. <input type="checkbox"/> Yes <input type="checkbox"/> No
11. French fried potatoes	11. <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Chocolate candy	12. <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Other kinds of candy	13. <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips	14. <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Salty snacks that are <u>not</u> low in fat, such as regular potato chips or cheese puffs	15. <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Low-fat or fat-free ice cream, frozen yogurt, or sherbet	16. <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Other (please describe)	17. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	18. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	19. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	20. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	

**Reference:** (Assessment format) B Oldenburg et al. Checklist of Health Promotion Environments at Worksites (CHEW): Development and Measurement Characteristics. *Am J Health Promot.* 2002;16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. <http://www.cdc.gov/HealthyYouth/shpps/index.htm>. 2004

### Cafeteria Assessment

Observer: \_\_\_\_\_

Begin time   :    
 End time   :

<b>Foods</b> Generally, does the food look fresh and appealing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Time to Eat*</b> 1. At lunch, what time does the last student in line receive his or her meal? 2. What is the interval between this time and the end of the lunch period?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> minutes
<b>Atmosphere</b> (check all that apply) 1. Does the cafeteria have a pleasant and inviting atmosphere? 2. Is the cafeteria generally clean? (e.g. No trash on the floor, tables, chairs etc.) 3. Is the cafeteria bright and well-lit? (e.g. Plenty of sun light or electric light in the cafeteria etc.) 4. Are there enough tables and chairs so that all students can sit down to eat?	1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No 3. <input type="checkbox"/> Yes <input type="checkbox"/> No 4. <input type="checkbox"/> Yes <input type="checkbox"/> No

### Facilities Assessment

Observer: \_\_\_\_\_

Begin time   :    
 End time   :

<b>Playground</b> 1. Does the school have a playground (elementary) or outdoor athletic facilities (middle/high school)? 2. Does the equipment appear in good repair and safe to use? If no, please note specific problems. _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

\* Henderson CC. The State of Nutrition and Physical Activity in our Schools: Appendix 1-5. 96-109. 2004. North Haven, Environment and Human Health, Inc.  
**Reference:** (Assessment format) B Oldenburg et al. Checklist of Health Promotion Environments at Worksites (CHEW): Development and Measurement Characteristics. *Am J Health Promot.* 2002;16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. <http://www.cdc.gov/HealthyYouth/shpps/index.htm>. 2004

<p>3. Approximately what percentage of children on the playground during recess appears to be active? (Active – playing ball, running, jumping rope, actively playing on equipment, etc.)</p>	<p>_____ %</p>																					
<p>4. Approximately what percentage of children on the playground during recess appears to be inactive? (Inactive – sitting, standing, talking with friends, etc.)</p>	<p>_____ %</p>																					
<p><b>Bike Racks</b></p> <p>1. How many bike racks are on school grounds?</p>	<p>_____</p>																					
<p>2. For each bike rack, where is it located?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 80%;">Location</th> <th style="width: 15%;"># bikes</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#2</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#3</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#4</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#5</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#6</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Location	# bikes	#1	_____	_____	#2	_____	_____	#3	_____	_____	#4	_____	_____	#5	_____	_____	#6	_____	_____
	Location	# bikes																				
#1	_____	_____																				
#2	_____	_____																				
#3	_____	_____																				
#4	_____	_____																				
#5	_____	_____																				
#6	_____	_____																				
<p>3. For each rack, how many bicycles are parked there now?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>#1</td> <td>_____</td> </tr> <tr> <td>#2</td> <td>_____</td> </tr> <tr> <td>#3</td> <td>_____</td> </tr> <tr> <td>#4</td> <td>_____</td> </tr> <tr> <td>#5</td> <td>_____</td> </tr> <tr> <td>#6</td> <td>_____</td> </tr> </tbody> </table>	#1	_____	#2	_____	#3	_____	#4	_____	#5	_____	#6	_____									
#1	_____																					
#2	_____																					
#3	_____																					
#4	_____																					
#5	_____																					
#6	_____																					

**Your Feedback**

Please answer the following questions regarding your experience completing this school audit form.

1. Generally was this form easy to use?  Yes  No
2. Is there anything you would change about the form? If so, what?

---



---



---

3. Additional comments:

---



---



---