

Appendix B: Adapted Forms

- CHL Park Observation Form
 - CHL School Observation Form
 - CHL PA Facility Observation Form
 - CHL Church Observation Form
 - CHL Fast Food Observation Form
 - CHL CX3 Food Availability and Marketing Observation Form
 - CHL Walking Checklist
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**BTG-COMP ■ PARK OBSERVATION FORM ■
Ammended for CHL**



**Children's Healthy
Living Program**

JURISDICTION: COMMUNITY: PARK ID : PARK NAME: GEOGRAPHIC COORDINATES: ADDRESS:	COMPLETION CODE	
	COMPLETED	<input type="checkbox"/> 01
	PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02
	NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03
	NOT ELIGIBLE – CODE DISPOSITION	<input type="checkbox"/> 96
	DISPOSITION CODE	
	Temporarily not accessible	<input type="checkbox"/> 1
	Not safe	<input type="checkbox"/> 2
	Asked to leave	<input type="checkbox"/> 3
	Address not found	<input type="checkbox"/> 5
	Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7
	Permanently closed / Does not exist	<input type="checkbox"/> 8
	Other (SPECIFY):	<input type="checkbox"/> 6

DATE ___ - ___ -20___ STAFF 1 _____ STAFF2 _____

START TIME ___:___ AM PM END TIME ___:___ AM PM

NOTES

A. SETTING, PARKING AND AMENITIES

A1. Setting		A3. Does the park have...?		NO	YES		
a. What type of setting is this?		a. Closing Time Signage		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
Public Park	<input type="checkbox"/> 1	b. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
Other, SPECIFY:	<input type="checkbox"/> 8	c. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
b. Is the park adjacent to a school? <small>IF NO, SKIP TO A2</small>		<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Beverage Vending Machines			
<small>IF Yes RECORD NAME of School:</small>		IF A3d=0, SKIP 1-5		1. Plain Bottled Water			
b1. Do park and school share sports features?				<input type="checkbox"/> 0	<input type="checkbox"/> 1	2. 100% Juice	
				<input type="checkbox"/> 0	<input type="checkbox"/> 1	3. Regular Soda	
				<input type="checkbox"/> 0	<input type="checkbox"/> 1	4. Diet Soda	
				<input type="checkbox"/> 0	<input type="checkbox"/> 1	5. Other Sweetened Beverages	
A2. Does the park have...?		NO	YES	A4. Is there an entrance fee?			
a. Parking On-Site		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
1. Lighted Parking (IF A2a=0, LEAVE BLANK)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	A5. Access signage and barriers to entry			
b. Sidewalk on street leading to entrance		<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Signage indicates park/school name			
1. Sidewalk Lighting (IF A2b=0, LEAVE BLANK)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Signage states public use of area is limited to specific hours/period of daytime			
c. Bicycle Parking		<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Signage states area is private or restricted access at all times (e.g. no trespassing)			
		<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Locked fence around the perimeter or other physical barrier prevents public access			
		<input type="checkbox"/> 0	<input type="checkbox"/> 1				

IF YES TO A5c AND/OR A5d, BE SURE YOU HAVE CODED A1 AND MARK THE COMPLETION CODE AS 02 (PARTIALLY COMPLETED). YOU DO NOT NEED TO CODE THE REST OF THE FORM.

B. SPORTS FEATURES

MARK "X" IN BOX IF NO SPORTS FEATURES AND SKIP SECTION B

FOR EACH FEATURE BELOW, COMPLETE ITEM B1 IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?	
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL			
a. Field, Multi-use		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Field, Football		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Field, Baseball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Field, Soccer		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. Court, Basketball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Court, Tennis		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
g. Court, Volleyball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. Court, Multi-use		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
m. Running/Walking Track		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
n. Pool (> 3ft deep)		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
p. Playground Area		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
q. Skateboarding Facilities		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1

FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature			B3. Does the Feature have Lighting?	
	NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1

NOTES

C. PARK FEATURES AND AMENITIES					
FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beaches, Swimmable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Beaches, Recreational	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Beaches, with Lifeguard	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Picnic Tables Shaded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Picnic Tables Not shaded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
l. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
m. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
n. Fence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
o. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
1. Two-way Traffic on Trails?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES		
2. Surface Material on Trails? <i>CODE ONLY 1</i>					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				

D. INCIVILITIES				
D1. How much of ... is on the park property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Dog Refuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Dogs Unattended	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Vandalism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**BTG-COMP ■ SCHOOL OBSERVATION FORM ■
Ammended for CHL**



**Children's Healthy
Living Program**

JURISDICTION:
COMMUNITY:
SCHOOL ID :
SCHOOL NAME:
GEOGRAPHIC COORDINATES:
ADDRESS:
DATE ___ - ___ -20 ___ STAFF 1 _____ STAFF2 _____
START TIME ___:___ AM PM END TIME ___:___ AM PM

COMPLETION CODE	
COMPLETED	<input type="checkbox"/> 01
PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02
NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03
NOT ELIGIBLE – CODE DISPOSITION	<input type="checkbox"/> 96
DISPOSITION CODE	
Temporarily not accessible	<input type="checkbox"/> 1
Not safe	<input type="checkbox"/> 2
Asked to leave	<input type="checkbox"/> 3
Address not found	<input type="checkbox"/> 5
Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7
Permanently closed / Does not exist	<input type="checkbox"/> 8
Other (SPECIFY):	<input type="checkbox"/> 6

NOTES

A. SETTING, PARKING AND AMENITIES

A1. Setting		A3. Does the school have...?		NO	YES
a. What type of setting is this?		a. Closing Time Signage		<input type="checkbox"/> 0	<input type="checkbox"/> 1
School Grounds		b. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1
Other, SPECIFY:		c. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Is school adjacent to a public park? <i>IF NO, SKIP TO A2</i>		d. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF Yes RECORD NAME of Park:</i>		1. Plain Bottled Water		<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Do school and park share sports features?		<i>IF A3d=0, SKIP 1-5</i> 2. 100% Juice		<input type="checkbox"/> 0	<input type="checkbox"/> 1
A2. Does the school have...?		3. Regular Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1
a. Parking On-Site		4. Diet Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. Lighted Parking (<i>IF A2a=0, LEAVE BLANK</i>)		5. Other Sweetened Drinks		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Sidewalk on street leading to entrance		A5. Access signage and barriers to entry		NO	YES
1. Sidewalk Lighting (<i>IF A2b=0, LEAVE BLANK</i>)		a. Signage indicates park/school name		<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Bicycle Parking		b. Signage states public use of area is limited to specific hours/period (e.g., after school)		<input type="checkbox"/> 0	<input type="checkbox"/> 1
		c. Signage states area is private or restricted access at all times (e.g. no trespassing, school use only)		<input type="checkbox"/> 0	<input type="checkbox"/> 1
		d. Locked fence around the perimeter or other physical barrier prevents public access		<input type="checkbox"/> 0	<input type="checkbox"/> 1

IF YES TO A5c AND/OR A5d, BE SURE YOU HAVE CODED A1 AND MARK THE COMPLETION CODE AS 02 (PARTIALLY COMPLETED). YOU DO NOT NEED TO CODE THE REST OF THE FORM.

B. SPORTS FEATURES



MARK "X" IN BOX IF NO SPORTS FEATURES AND SKIP SECTION B


FOR EACH FEATURE BELOW, COMPLETE ITEM B1 IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?	
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL			
a. Field, Multi-use		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Field, Football		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Field, Baseball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Field, Soccer		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. Court, Basketball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Court, Tennis		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
g. Court, Volleyball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. Court, Multi-use		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
m. Running/Walking Track		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
n. Pool (> 3ft deep)		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
p. Playground Area		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
q. Skateboarding Facilities		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1

FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature			B3. Does the Feature have Lighting?	
	NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1

NOTES

C. SCHOOL FEATURES AND AMENITIES					
FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beaches, Swimmable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Beaches, Recreational	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Beaches, with Lifeguard	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Picnic Tables Shaded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Picnic Tables Not shaded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
l. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
m. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
n. Fence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
o. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
1. Two-way Traffic on Trails?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES		
2. Surface Material on Trails? <i>CODE ONLY 1</i>					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				


D. INCIVILITIES				
D1. How much of ... is on the school property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Dog Refuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Dogs Unattended	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Vandalism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

BTG-COMP ▪ PA FACILITY OBSERVATION FORM ▪ Ammended for CHL		 Children's Healthy Living Program													
JURISDICTION: COMMUNITY: BUSINESS ID : BUSINESS NAME: GEOGRAPHIC COORDINATES: ADDRESS:		COMPLETION CODE COMPLETED <input type="checkbox"/> 01 PARTIALLY COMPLETED – CODE DISPOSITION <input type="checkbox"/> 02 NOT STARTED – CODE DISPOSITION <input type="checkbox"/> 03 NOT ELIGIBLE – CODE DISPOSITION <input type="checkbox"/> 96													
DATE ___ - ___ -20 ___ STAFF 1 _____ STAFF2 _____ START TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM END TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM		DISPOSITION CODE Temporarily not accessible /Outside business hours <input type="checkbox"/> 1 Not safe <input type="checkbox"/> 2 Asked to leave /Observation not allowed by staff <input type="checkbox"/> 3 Address not found <input type="checkbox"/> 5 Does not meet study criteria – DESCRIBE IN NOTES <input type="checkbox"/> 7 Permanently closed / Does not exist <input type="checkbox"/> 8 Other (SPECIFY): <input type="checkbox"/> 6													
NOTES															
A. SETTING		B. FEES													
		<input type="checkbox"/> MARK "X" IF FREE TO PUBLIC OR NO INFORMATION AVAILABLE AND SKIP B1-B2													
A1. Type of Setting		B1. Are there Daily Drop-in Rates?													
Community Recreation Center <input type="checkbox"/> 01		<table border="1"> <thead> <tr> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> </tbody> </table>		NO	YES	<input type="checkbox"/> 0	<input type="checkbox"/> 1								
NO	YES														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
Boys and Girls Club <input type="checkbox"/> 02		B2. Are there Special Discounts for...?													
Church Community Center <input type="checkbox"/> 03		<table border="1"> <thead> <tr> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> </tbody> </table>		NO	YES	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
NO	YES														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
YMCA/YWCA <input type="checkbox"/> 04															
For-Profit PA Facility <input type="checkbox"/> 05		F. PARKING AND SIDEWALK													
Other, SPECIFY: <input type="checkbox"/> 10		F1. Does the facility have...?													
		<table border="1"> <thead> <tr> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> </tbody> </table>		NO	YES	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1
NO	YES														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
<input type="checkbox"/> 0	<input type="checkbox"/> 1														
A2. Indoor, Outdoor or Both Settings?															
Indoor Sports Features only <input type="checkbox"/> 1															
Outdoor Sports Features only <input type="checkbox"/> 2															
Both Indoor and Outdoor Sports Features <input type="checkbox"/> 3															
A3. Does the facility have... ?															
a. Childcare Services for patrons <input type="checkbox"/> 0 <input type="checkbox"/> 1															
b. Teen Center <input type="checkbox"/> 0 <input type="checkbox"/> 1															
PLEASE DON'T FORGET TO CODE E1. EXTERIOR INCLINIVITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.															

C. INDOOR FEATURES									
<input type="checkbox"/> MARK "X" IF NO INDOOR SPORTS FEATURES AND SKIP SECTION C									
FOR EACH FEATURE BELOW, COMPLETE ITEM C1 IF C1 TOTAL >0, CODE C2		C1. How Many?		C2. Condition of Feature – How many in each?					
		TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	
				TALLY	TOTAL	TALLY	TOTAL		
INDOOR FEATURES	d. Field, Soccer		_ _		_ _		_ _		
	e. Court, Basketball		_ _		_ _		_ _		
	f. Court, Tennis		_ _		_ _		_ _		
	g. Court, Volleyball		_ _		_ _		_ _		
	h. Court, Racquetball/Squash		_ _		_ _		_ _		
	i. Court, Multi-use or Gymnasium		_ _		_ _		_ _		
	j. Multipurpose Rooms		_ _		_ _		_ _		
	k. Exercise Machine Areas		_ _		_ _		_ _		
	l. Gymnastics Facilities		_ _		_ _		_ _		
	m. Running/Walking Track		_ _		_ _		_ _		
	n. Pool (> 3ft deep)		_ _		_ _		_ _		
	q. Skateboarding Facilities		_ _		_ _		_ _		
	C3. Does the facility have ... indoors?		NO	YES	C4. What is the condition?				
					POOR		OK/GOOD		COULD NOT RATE
	t. Rock Climbing Wall <i>IF C3t = 1, CODE C4t</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	NOTES		
a. Drinking Fountains <i>IF C3a=1, CODE C4a</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>				
b. Restrooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
IF C3d=0, SKIP 1-5									
1. Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
5. Other Sweetened Drink	<input type="checkbox"/> 0	<input type="checkbox"/> 1							

D. OUTDOOR FEATURES											
<input type="checkbox"/> MARK "X" IF NO OUTDOOR SPORTS FEATURES AND SKIP SECTION D											
D0. Is the PA Facility located inside a public park? <i>IF YES, CODE D0a BELOW</i>				NO <input type="checkbox"/> 0		YES <input type="checkbox"/> 1		CORRESPONDING PARK UNIT ID			
<i>a. SELECT THE CONFIGURATION THAT BEST DESCRIBES THE ARRANGEMENT OF THE OUTDOOR FEATURE(S)</i> Facility has 1 or more exclusive outdoor features - CODE PA-ONLY FEATURES IN SECTION D. CODE PARK FEATURES ON PARK FORM All outdoor features are part of the park - SKIP SECTION D AND CODE OUTDOOR FEATURES ON PARK FORM ONLY											
OUTDOOR FEATURES	FOR EACH FEATURE BELOW, COMPLETE ITEM D1 <i>IF D1 TOTAL >0, CODE D2 AND D3</i>		D1. How Many?		D2. Condition of Feature – How many in each?				D3. Does the Feature have Lighting?		
			TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL	TALLY	TOTAL			
	a. Field, Multi-use									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	b. Field, Football									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	c. Field, Baseball									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	d. Field, Soccer									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	e. Court, Basketball									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	f. Court, Tennis									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	g. Court, Volleyball									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	i. Court, Multi-use									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	m. Running /Walking Track									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	n. Pool (> 3ft deep)									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	o. Wading Pool / Spray Grounds									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	p. Playground Area									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	q. Skateboarding Facilities									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	<i>IF D1=1, CODE D2 AND D3</i>	D1. Is Feature Present?		D2. Condition of Feature				D3. Does the Feature have Lighting?			
		NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES			
	r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
	s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
	t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
	D4. Does the facility have ... outdoors? <i>IF D4=0, SKIP D5</i>		D5. What is the condition?				NOTES				
	NO	YES	POOR	OK/GOOD	COULD NOT RATE						
	a. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>					
	b. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>					
	c. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>					

CONTINUATION OF D. OUTDOOR FEATURES								
D6. Does the facility have ... outdoors?		NO	YES	NOTES				
a. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1					
b. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1					
c. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1					
IF D6c=0, SKIP 1-5	1. Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
	5. Other Sweetened Drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
E. EXTERIOR INCIVILITIES								
Rate the amount of ...	E1. at the facility entrance area				E2. on the facility outdoor property <i>IF NO OUTDOOR SPORTS FEATURES, SKIP E2</i>			
	NONE	A LITTLE	SOME	A LOT	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Dog Refuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Dogs Unattended	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Vandalism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
NOTES								

BTG-COMP ▪ CHURCH OBSERVATION FORM ▪ Ammended for CHL		 Children's Healthy Living Program	
JURISDICTION: COMMUNITY: CHURCH ID : CHURCH NAME: GEOGRAPHIC COORDINATES: ADDRESS: DATE ___-___-20___ STAFF 1 _____ STAFF2 _____ START TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM END TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM PM	COMPLETION CODE		
	COMPLETED	<input type="checkbox"/> 01	
	PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02	
	NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03	
	NOT ELIGIBLE – CODE DISPOSITION	<input type="checkbox"/> 96	
	DISPOSITION CODE		
	Temporarily not accessible	<input type="checkbox"/> 1	
	Not safe	<input type="checkbox"/> 2	
	Asked to leave	<input type="checkbox"/> 3	
	Address not found	<input type="checkbox"/> 5	
Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7		
Permanently closed / Does not exist	<input type="checkbox"/> 8		
Other (SPECIFY):	<input type="checkbox"/> 6		
NOTES			
A. SETTING, PARKING AND AMENITIES			
A1. Setting		A2. Does the church have...?	
a. What type of setting is this? <input type="checkbox"/> outdoor <input type="checkbox"/> indoor <input type="checkbox"/> Both <i>If indoor facilities are present Complete a PA facility Observation Form for indoor features.</i>		NO	YES
b. Does this church have an area for sports? <input type="checkbox"/> 0 <input type="checkbox"/> 1		a. Parking On-Site <input type="checkbox"/> 0 <input type="checkbox"/> 1	
b1. Does church have sports features <input type="checkbox"/> 0 <input type="checkbox"/> 1		1. Lighted Parking <i>IF A2a=0, LEAVE BLANK</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1	
b2. Are there programs in your congregation involving physical activities (i.e., gardening, dance, youth sports teams, boy and girl scouts, etc) <i>IF YES, Describe:</i>		b. Sidewalk on street leading to entrance <input type="checkbox"/> 0 <input type="checkbox"/> 1	
c. Are grounds adjacent or near (1/4 miles) to a school, homes park, small garden, Plantation, beach canteen, food store, etc.? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <i>If yes, RECORD what it is adjacent/near to:</i>		1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1	
		c. Bicycle Parking <input type="checkbox"/> 0 <input type="checkbox"/> 1	

A3. Does the church have...?		NO	YES	A5. Access signage and barriers to entry		NO	YES
a. Closing Time Signage		<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Signage indicates church name		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Is area open to public?		<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Open to church members only		<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Use of area is limited to specific hours/period of day/night? <i>If Yes, What hours?</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1
IF A3d=0, SKIP 1-5	1.Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1	e. Use the area with permission? <i>If Yes, whose permission? (e.g. Minister, youth member, adult, parent etc.)</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1
	2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1	f. If supervision needed? <i>If Yes, by whom? (eg. Minister, youth member, adult, parent etc.)</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1
	3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1	g. Signage states area is private or restricted access at all times (e.g. no trespassing)		<input type="checkbox"/> 0	<input type="checkbox"/> 1
	4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1	h. Fence around the perimeter? If yes, is gate locked or open? Who has the key to the gate?		<input type="checkbox"/> 0	<input type="checkbox"/> 1
	5. Other Sweetened Drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Notes:			

B. SPORTS FEATURES

MARK "X" IN BOX IF NO SPORTS FEATURES AND SKIP SECTION B


FOR EACH FEATURE BELOW, COMPLETE ITEM B1 IF B1 TOTAL >0, CODE B2 AND B3	B1. How Many?		B2. Condition of Feature – How many in each?					B3. Does the Feature have Lighting?	
	TALLY	TOTAL	1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
			TALLY	TOTAL	TALLY	TOTAL			
a. Field, Multi-use		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Field, Football		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Field, Baseball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Field, Soccer		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. Court, Basketball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Court, Tennis		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
g. Court, Volleyball		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
i. Court, Multi-use		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
m. Running/Walking Track		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
n. Pool (> 3ft deep)		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
o. Wading Pool/Spray Grounds		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
p. Playground Area		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1
q. Skateboarding Facilities		▬▬▬		▬▬▬		▬▬▬	▬▬▬	<input type="checkbox"/> 0	<input type="checkbox"/> 1

FOR EACH FEATURE, COMPLETE B1 IF B1=1, CODE B2 AND B3	B1. Is Feature Present?		B2. Condition of Feature			B3. Does the Feature have Lighting?	
	NO	YES	POOR	OK/GOOD	COULD NOT RATE	NO	YES
r. Exercise Stations with signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
s. Exercise Stations without signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1

NOTES

C. CHURCH GROUND FEATURES AND AMENITIES					
FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2	C1. Is Feature Present?		C2. Condition of Surface or Feature		
	NO	YES	POOR	OK/GOOD	COULD NOT RATE
a. Green Space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
b. Beaches, Swimmable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Beaches, Recreational	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Beaches, with Lifeguard	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Picnic Tables Shaded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Picnic Tables Not shaded	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
l. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
m. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
n. Fence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
o. Trails <i>IF NO TRAILS, SKIP 1 AND 2 BELOW</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
1. Two-way Traffic on Trails?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES		
2. Surface Material on Trails? <i>CODE ONLY 1</i>					
Asphalt/Concrete	<input type="checkbox"/> 1				
Wood Chips/Mulch	<input type="checkbox"/> 2				
Gravel	<input type="checkbox"/> 3				
Dirt	<input type="checkbox"/> 4				
More than 1 material	<input type="checkbox"/> 5				

D. INCIVILITIES				
D1. How much of ... is on the church property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Dog Refuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Dogs Unattended	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Vandalism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

BTG-COMP ▪ FAST FOOD OBSERVATION FORM ▪ Ammended for CHL		 Children's Healthy Living Program	
JURISDICTION:		COMPLETION CODE	
COMMUNITY:		COMPLETED	<input type="checkbox"/> 01
BUSINESS ID :		PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02
BUSINESS NAME:		NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03
GEOGRAPHIC COORDINATES:		NOT ELIGIBLE – CODE DISPOSITION	<input type="checkbox"/> 96
ADDRESS:		DISPOSITION CODE	
DATE ___ - ___ -20___ STAFF 1 _____ STAFF2 _____		Temporarily not accessible/Outside of business hours	<input type="checkbox"/> 1
START TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	END TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	Not safe	<input type="checkbox"/> 2
		Asked to leave/Observation not allowed by staff	<input type="checkbox"/> 3
		Address not found	<input type="checkbox"/> 5
		Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7
		Permanently closed / Does not exist	<input type="checkbox"/> 8
		Other (SPECIFY):	<input type="checkbox"/> 6
NOTES			
A. GENERAL AND RESTAURANT EXTERIOR			
A1. Is the restaurant ... ?	NO	YES	A4. Number of exterior walls visible from parking lot or street IF 4+, CODE 4
a. In a Food Court or a Mall <i>IF YES, CODE A3 AND SKIP TO SECTION D</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. In a shared space with a Grocery or Department Store <i>(IF YES, COMPLETE A2)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	A5. Does the restaurant have ... ?
c. In a shared space with a Gas Station or Convenience Store <i>(IF YES, COMPLETE A2)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Outdoor Seating
d. In a shared space with another Restaurant <i>IF YES, COMPLETE A2</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Parking On-Site <i>IF NO, SKIP TO A5c</i>
A2. RECORD SHARED BUSINESS NAME(S)			1. Lighted Parking
			c. Sidewalk on street at address <i>IF NO, SKIP TO A5d</i>
			1. Sidewalk Lighting
			d. Bicycle Parking
			e. Bars on Windows
A3. Restaurant Type <i>CODE ONE TYPE UNLESS MULTI-BRAND</i>			A6. How much graffiti/tagging is on building and/or property?
Burger and Fries	<input type="checkbox"/> 1		NONE
Mexican/Latin American	<input type="checkbox"/> 2		A LITTLE
Fried Chicken/Fried Fish	<input type="checkbox"/> 3		SOME
Sandwich or Sub Shop	<input type="checkbox"/> 4		A LOT
Sandwich/Pastry (e.g., Panera, Cosi, Au Bon Pan)	<input type="checkbox"/> 5		<input type="checkbox"/> 0
Pizzeria/Italian	<input type="checkbox"/> 6		<input type="checkbox"/> 1
Plate Lunch/Lunch Truck	<input type="checkbox"/> 7		<input type="checkbox"/> 2
Chinese/Pan-Asian	<input type="checkbox"/> 8		<input type="checkbox"/> 3
Other, SPECIFY:	<input type="checkbox"/> 9		
			A7. How much garbage/litter is at the facility entrance area?
			<input type="checkbox"/> 0
			<input type="checkbox"/> 1
			<input type="checkbox"/> 2
			<input type="checkbox"/> 3

B. EXTERIOR MARKETING					
<i>COUNT THE NUMBER OF ...</i>	B1. on Building Exterior		B2. on Property		
	TALLY	TOTAL	TALLY	TOTAL	
a. All Advertisements		---		---	
1. Ads that include a Price Promotion		---		---	
2. Ads that include a Food		---		---	
3. Ads that include a Beverage		---		---	
a. Ads that include a Soda		---		---	
B3. Are there any ads with a ... ?	NO	YES	B4. Does the restaurant have an ... ?	NO	YES
a. Dollar menu promotion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Exterior play area	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Health claim	<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Indoor play area visible from outside	<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. IF YES, RECORD HEALTH CLAIM WORDING:			C. DRIVE-THRU		
c. Cartoon character(s)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	C1. Does the restaurant have a drive-thru? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		
d. TV/movie star or sports/youth celebrity	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
e. Kids' meal toy	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
f. Other child-targeted marketing	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
SPECIFY:					

D. RESTAURANT INTERIOR						
D0. Is the restaurant drive-in only? <i>IF YES, SKIP TO D4</i>	NO	YES	D2. Does the restaurant have ... ?			
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Cookies, cakes, pies, brownies, or candy for sale at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
D1. Is the food order ... ?	NO	YES	e. Plexi glass or other divider at cash register	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
a. Placed at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	f. Self-service machine for fountain drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
b. Picked up at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	g. Free water accessible to customers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
c. Paid for at the counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	h. Self-service salad bar	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
D2. Does the restaurant have ... ?	NO	YES	D3. Number of Cash Registers <i>IF 5+, CODE 5</i>		┌	
a. Indoor seating	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
b. Interior play area for kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
c. Indoor display for kids' meal toys	<input type="checkbox"/> 0	<input type="checkbox"/> 1	D4. Does the restaurant have a restroom accessible to customers?		NO	YES
j. Any ads or displays for kids' meal toys ≤3 ½ feet from ground	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1
E. GENERAL MENU REVIEW						
E1. Does the menu have ... ?	NO	YES	E2. How many ... are on the menu?	Count		
a. Dollar Menu <i>IF NO, SKIP TO E1b</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Non-fried vegetable sides (w/o added fat)			
1. Fruit, vegetable, salad, or yogurt on dollar menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Fresh fruit sides			
2. Dessert on the dollar menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Other fruit sides			
3. Fountain drink on the dollar menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1	E3. Is there signage at the point of purchase designating ... options?		NO	YES
4. French fries on the dollar menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1			a. Low-calorie	<input type="checkbox"/> 0
5. Entrée on the dollar menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Low-fat	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
b. Combo Meal or Meal Deal with sides	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Low-sodium	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
c. Entrée Salad option <i>IF NO, SKIP TO E2</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	f. Other healthy, <i>SPECIFY:</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
1. Low fat or fat-free salad dressing	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
E5. Does menu include mixed drinks or liquor?	NO	YES				
	<input type="checkbox"/> 0	<input type="checkbox"/> 1				

F. BEVERAGE ITEMS						
F1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>		NO	YES			
a. Fountain Drink, smallest		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
b. Fountain Drink, largest		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
c. Packaged Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
d. 100% Juice		ASK IF NOT LISTED ON MENU BOARD	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
e. Milk, skim or 1% fat (unflavored)			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
f. Milk, whole/Vit D or 2% fat (unflavored)			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
g. Bottled Water			<input type="checkbox"/> 0	<input type="checkbox"/> 1		
j. Flavored Coffee Drinks (hot or iced)		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
k. Shakes or Malts		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
l. Flavored Milk (e.g., chocolate, strawberry)		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
G. FOOD ITEMS						
<input type="checkbox"/> MARK "X" IF NONE FROM G1 AVAILABLE AND SKIP SECTION G						
G1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>		NO	YES			
a. French Fries, smallest		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
b. French Fries, largest		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
c. Cheeseburger		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
d. Chicken Sandwich, with roasted/grilled chicken		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
e. Entrée Salad, with roasted/grilled chicken		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
f. Fried Chicken, leg/drumstick & thigh		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
g. Cheese Pizza, thin crust		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
h. Taco, with ground beef		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
i. Sub Sandwich, with turkey and cheese		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
H. KIDS' MENU REVIEW						
H1. Is there a kids' menu/meal available? <i>IF NO, SKIP H2</i>	NO	YES	H2. Does kids' menu/meal offer ... ?	NO	YES	
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. A fruit, vegetable, salad, or yogurt side on menu board <i>IF YES, SKIP H2b2</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
H2. Does kids' menu/meal offer ... ?	NO	YES	2. Any of these available when asked?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
a. Unflavored skim/1% milk, 100% juice or bottled water on menu board <i>IF YES, SKIP H2a2</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Free toys/child-oriented giveaways	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
2. Any of these available when asked?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	d. Toys for an additional charge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	

**CX³ Tier 2 - Store Food Availability,
Marketing & Environment Survey
Ammended for CHL**



**Children's Healthy
Living Program**

A. STORE INFORMATION

JURISDICTION:
COMMUNITY:
STORE ID :
STORE NAME:
GEOGRAPHIC COORDINATES:
ADDRESS OF STORE:

DATE ___-___-20___ STAFF 1 _____ STAFF2 _____

START TIME ___:___ AM PM END TIME ___:___ AM PM

NOTES

35) Disposition: 1 Completed
(Circle one) 2 Partial
 3 Denied / No data
 4 Denied / Exterior only
 5 Store not found
 6 Store closed (out of business)
 7 Store not visited
 8 Inaccessible due to
 safety conditions

- 1) Store Type¹
1. Supermarket chain (e.g., Safeway, payless)
 2. Large grocery store (> 20 employees or ≥ 4 registers, but not large chain)
 3. Small Market (< 4 registers, but not convenience)
 4. Convenience (sells food items and snacks, no fresh meat, may sell gas)
 5. Other (NO liquor stores) (specify): _____

- 2) Is store with in ½ mile of a school?
- 1 - Yes 0 - No ➔ If Yes, Name of school: _____
- 1 Elem 2 Middle 3 High 4 Contn
(Circle one)

- 3) WIC Vendor? 1 - Yes 0 - No (Obtain from GIS, Verify by phone or at store)

- 4) Food stamp or SNAP vendor? 1 - Yes 0 - No

B. STORE EXTERIOR

5) Is a school visible from the store (circle one)? **1 - Yes 0 - No**

6) Record information about healthy and unhealthy advertising and products *on all doors and windows of the storefront*. Do not include ads on the sides of the building or on other parts of the property such as the roof, fences or parking lot.

For the following table, only include professionally-produced advertising that depicts brands, logos or products. See definitions to learn what types of items to count.

<i>Tally in grey area, circle totals in white area</i>	# of ADS for Unhealthy	# of ADS for Healthy
a) Small ≤ 1 sheet of 8 1/2" x 11" paper (same size or smaller than this sheet of paper)	0 1-2 3-5 6-9 10 +	0 1-2 3-5 6-9 10 +
b) Medium > 1 up to 10 sheets of paper (bigger than this sheet of paper, but smaller than 10 together)	0 1-2 3-5 6-9 10 +	0 1-2 3-5 6-9 10 +
c) Large > 10 sheets of paper (bigger than 10 of these sheets of paper together)	0 1-2 3-5 6-9 10 +	0 1-2 3-5 6-9 10 +

Unhealthy foods are high calorie, low nutrient foods and beverages that include alcoholic beverages, soft drinks and other sweetened beverages including diet drinks, sweet desserts and highly sugared cereals, chips and other salty snacks, most solid fats, fried foods, and other foods with high amounts of sugar, fat and/or sodium. Canned and processed meats are included.

Healthy foods are fruits and vegetables, whole grains, beans, nuts and seeds, non-fat and low fat milk products, and lean meat, poultry, and fish. Healthy foods include minimal or no added fat, sugars, or sweeteners. Unsweetened black coffee is included. Pickled vegetables, whole coconut, and coconut water are included.

Other products are considered neither healthy nor unhealthy, such as regular cuts of meat (not lean), coconut milk or seemoi. Please write on the back of the form information about other products, especially traditional foods.

Do not consider:
Cigarettes, tobacco, or betel nut products

Store Exterior Conditions	Circle One
7) Are there any produce bins on the sidewalk in front of the store?	1 - Yes 0 - No
8) Are other products displayed on the sidewalk in front of the store or inside the store <i>next to</i> the window so they are clearly visible from the outside? Please check all that apply: <input type="checkbox"/> soda <input type="checkbox"/> water <input type="checkbox"/> other. (specify) _____	1 - Yes 0 - No ← If Yes
9) Are there vending machines on the sidewalk in front of the store? Please check all that apply: <input type="checkbox"/> soda <input type="checkbox"/> water <input type="checkbox"/> other. (specify) _____	1 - Yes 0 - No ← If Yes
10) Is there advertising (banners, posters, temporary signs, etc.) on the roof, walls or elsewhere on the property such as on fences, garbage cans or in the parking lot? Please check all that apply: <input type="checkbox"/> healthy <input type="checkbox"/> unhealthy	1 - Yes 0 - No ← If Yes
11) Are there any images of healthy food (e.g. tomato, apple) and/or beverages (e.g. milk), painted on doors or windows of the storefront?	1 - Yes 0 - No
12) Are there any images of un-healthy food (e.g. hamburger, hot dog) and/or beverages (e.g., soda, shake) painted on doors or windows of the storefront?	1 - Yes 0 - No
13) Are there any painted murals of <i>healthy</i> food and/or beverages anywhere on the <i>building walls</i> ?	1 - Yes 0 - No
14) Are there permanent bars/chains on the windows or doors? (do not include sliding or rolling chains or bars)	1 - Yes 0 - No
15) If the store sells alcohol, is more than 1/3 of the total window area covered by any type of advertising?	1 - Yes 0 - No 9 - N/A (Store does not sell alcohol)
16) Is "We Accept WIC" signage displayed?	1 - Yes 0 - No
17) Is "We Accept Food Stamps/ EBT" signage displayed?	1 - Yes 0 - No

C. STORE INTERIOR

18) Number of cash registers throughout store (staffed and unstaffed, for grocery items only) _____

19) Marketing of foods and beverages next to the main check-out area

Circle "1" for yes if the item or ad is present or "0" for no if the item or ad is not present.

Presence of ads or promotions (fill in BOTH columns):	UNHEALTHY	HEALTHY
Next to check-out (attached or directly next to)	1 - Yes 0 - No	1 - Yes 0 - No
Below check-out level	1 - Yes 0 - No	1 - Yes 0 - No
On floor (if standing in checkout isle or next to counter)	1 - Yes 0 - No	1 - Yes 0 - No
Hanging from ceiling (directly over register)	1 - Yes 0 - No	1 - Yes 0 - No
Presence of UNHEALTHY products next to or below a check-out counter:		
Gumball or candy machine (next to counter or exit doorway)	1 - Yes 0 - No	
Candy (next to or below counter/check-out)	1 - Yes 0 - No	
Soda (next to or below counter/check-out)	1 - Yes 0 - No	
Chips (next to or below counter/check-out)	1 - Yes 0 - No	
Other: specify (such as cookies, ice cream, beef jerky, energy drinks, etc.) →	1 - Yes 0 - No	
Presence of HEALTHY products next to or below a check-out counter:		
Granola bars (whole grain, ≥ 2 g fiber, ≤ 1 g saturated fat, ≤ 14 g sugar per serving)		1 - Yes 0 - No
Bagged Nuts/seeds (do not include honey roasted or w/ added sugar) (next to or below counter/check-out)		1 - Yes 0 - No
Fresh fruit (next to or below counter/check-out)		1 - Yes 0 - No
Bottled water (next to or below counter/check-out)		1 - Yes 0 - No
Other: specify (such as dried fruit, trail mix, 100% juice, etc.) →		1 - Yes 0 - No

Unhealthy products are high calorie, low nutrient foods and beverages that include alcoholic beverages, soft drinks and other sweetened beverages including diet drinks, sweet desserts and highly sugared cereals, chips and other salty snacks, most solid fats, fried foods, and other foods with high amounts of sugar, fat and/or sodium.

Healthy products include minimal or no added fat, sugars, or sweeteners. Examples include fresh or dried fruits and vegetables, whole grain snacks (≥ 2 g fiber per serving), energy bars (≤ 14 g sugar per serving), nuts and seeds, non-fat and low fat milk products, water, or 100% fruit juice.

20) Is produce sold? (Circle one) 1 - Yes 0 - No If yes, continue. If no → Go to Section E.

21) Are there any health promotion items around the fruit and vegetable display?

1 - Yes 0 - No If no → Go to Question 28a.

22) If there are health promotion items around the fruit and vegetable display, circle a number next to the types of health promotion items that are present (more than one can be circled).

- 1 - 5 A Day signs (not on packaging)
- 2 - Nutrition information
- 3 - Fruit and Veggies: More matters
- 4 - Children's Healthy living (CHL) or CHL Partnership
- 5 - Other (specify) _____

22a) Are there any items promoting locally grown produce? (Circle one) 1 - Yes 0 - No

23) Circle the number that best describes overall availability of fruits and vegetables inside and outside the store.

	None	Limited (1-3 types)	Moderate variety (4-6 types)	Wide variety (7 or more types)
Fresh fruit	1	2	3	4
Fresh vegetables	1	2	3	4

24) Circle the number that best describes the overall quality of the fresh fruit.

0	1	2	3	4
None sold	All or most of fruit is of poor quality (brown, bruised, overripe, wilted)	Mixed quality; more poor than good	Mixed quality; more good than poor	All or most of fruit is of good quality (very fresh, no soft spots, excellent color)

25) Circle the number that best describes the overall quality of the fresh vegetables.

0	1	2	3	4
None sold	All or most of vegetable is of poor quality (brown, bruised, overripe, wilted)	Mixed quality; more poor than good	Mixed quality; more good than poor	All or most of vegetable is of good quality (very fresh, no soft spots, excellent color)

26) Record if the fresh fruit or vegetable is available and the price if possible. If more than one variety of a fruit (e.g. gala or red delicious apples) or vegetable is available, please record the lowest price option. Record the pricing if available (per pound is preferred). If the fruit or vegetable is available by the bag or bunch, record the price only if you can record a weight for the bag (marked on the bottom) or bunch. If a weight is not on the bag or bunch, weigh the item if a scale is present.

	Available? (circle one)	Price posted? (circle one)	Price per			If package/bunch, record <i>weight</i> in pounds and/or ounces
			Pound (preferred if available)	Piece	Package/Bunch (only record if weight is available or can weigh)	
Fruits						
Apples	1 - Yes 0 - No	1 - Yes 0 - No				→
Bananas	1 - Yes 0 - No	1 - Yes 0 - No				→
Oranges	1 - Yes 0 - No	1 - Yes 0 - No				→
Vegetables						
Carrots	1 - Yes 0 - No	1 - Yes 0 - No				→
Tomatoes	1 - Yes 0 - No	1 - Yes 0 - No				→
Broccoli	1 - Yes 0 - No	1 - Yes 0 - No				→
Cabbage	1 - Yes 0 - No	1 - Yes 0 - No				→

E. OTHER HEALTHY FOODS

27) Record if the following items are available in the store.

Food Item	Circle one
Milk – skim, non fat, plain white (<u>not</u> flavored- chocolate, strawberry, vanilla)	1 - Yes 0 - No
Milk – 1%, low fat, plain white (<u>not</u> flavored- chocolate, strawberry, vanilla)	1 - Yes 0 - No
Milk – 2%, reduced fat, plain white (<u>not</u> flavored- chocolate, strawberry, vanilla)	1 - Yes 0 - No
Mozzarella cheese, part skim	1 - Yes 0 - No
Ground beef or turkey, lean (85% or higher)	1 - Yes 0 - No
Whole chicken	1 - Yes 0 - No
Whole wheat bread	# of ounces on bag _____
	1 - Yes 0 - No ← If Yes
Brown rice	1 - Yes 0 - No
High fiber cereal (≥ 3 grams fiber, ≤ 12 grams sugar per serving)	1 - Yes 0 - No
Oatmeal (plain)	1 - Yes 0 - No
Tortillas, soft corn or whole wheat (no lard)	1 - Yes 0 - No
Soy beverage, plain, with no added sugar or sweeteners	1 - Yes 0 - No
Soy beverage, flavored, vanilla or chocolate	1 - Yes 0 - No
Tofu, plain	1 - Yes 0 - No
Beans, dried	1 - Yes 0 - No
Beans, canned with no added fats, sugar or sweetener	1 - Yes 0 - No
Tuna (light) canned in water	1 - Yes 0 - No
Salmon canned in water	1 - Yes 0 - No
Sardines canned in water, tomato, or mustard	1 - Yes 0 - No
Any canned fruit packed in 100% fruit juice	1 - Yes 0 - No
Any canned vegetable with no added fats, sugar, or sweetener	1 - Yes 0 - No
Any frozen fruit with no added fats, sugar, or sweetener	1 - Yes 0 - No
Any frozen vegetables with no added fats, sugar, or sweetener	1 - Yes 0 - No
Baby food, jarred, single fruit	1 - Yes 0 - No
Baby food, jarred, single vegetable	1 - Yes 0 - No
Baby food, jarred, single meat	1 - Yes 0 - No

Added sugars or sweeteners include: Sugar, raw sugar, invert sugar, brown sugar, sucrose, dextrose, fructose, glucose, maltose, high fructose corn syrup, corn sweetener, molasses, syrup, honey, malt syrup, fruit juice concentrates, evaporated cane juice, dehydrated cane juice, brown rice syrup, stevia, sorbitol, mannitol, maltitol, xylitol

Things to remember: Check for missing data! Be sure all questions are complete before you leave the store. Continue to Section F: Store Environment Walkability

F. STORE ENVIRONMENT WALKABILITY

28) Starting point (cross streets):

Directions: Mark an "X" in the box next to each item under a question. When you are done, enter the rating for each question in the box at the bottom. Determine the rating based on the number of "X" s marked (i.e. If 2 items are "X"ed, then you would circle '2' for the rating). **Remember:** Locations with good walkability will get lower scores (closer to 0 or 1) and locations with poor walkability will get higher scores (closer to 5).

<p>Q29. Did you have room to walk?</p> <input type="checkbox"/> No sidewalks, paths or shoulders <input type="checkbox"/> Sidewalks were broken or cracked <input type="checkbox"/> Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc. <input type="checkbox"/> Sidewalks or paths started and stopped <input type="checkbox"/> Something else Description of problems:	<p>Q30. Was it easy to cross streets?</p> <input type="checkbox"/> Road was too wide <input type="checkbox"/> Traffic signals made us wait too long or did not give us enough time to cross <input type="checkbox"/> Needed striped crosswalks or traffic signals <input type="checkbox"/> Needed curb ramps or ramps needed repair <input type="checkbox"/> Something else Description of problems:															
<p>RATING: (circle one) 0 1 2 3 4 5</p>	<p>RATING: (circle one) 0 1 2 3 4 5</p>															
<p>Q31. Did drivers behave well? Drivers...</p> <input type="checkbox"/> Did not yield to people crossing the street <input type="checkbox"/> Turned into people crossing the street <input type="checkbox"/> Drove too fast <input type="checkbox"/> Sped up to make it through traffic lights or drove through traffic lights <input type="checkbox"/> Something else Description of problems:	<p>Q32. Was it easy to follow safety rules? Could you and your child...</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Cross at crosswalks or where you could see and be seen by drivers?</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Cross with the light?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Make it across the street before the light changed?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Walk on the side of the road facing traffic where there are no sidewalks?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>Easily stop, look and listen</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> <p>*** Add up number of NO's that were 'x'ed and circle rating below</p>	Cross at crosswalks or where you could see and be seen by drivers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cross with the light?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Make it across the street before the light changed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Walk on the side of the road facing traffic where there are no sidewalks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Easily stop, look and listen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cross at crosswalks or where you could see and be seen by drivers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO														
Cross with the light?	<input type="checkbox"/> YES	<input type="checkbox"/> NO														
Make it across the street before the light changed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO														
Walk on the side of the road facing traffic where there are no sidewalks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO														
Easily stop, look and listen	<input type="checkbox"/> YES	<input type="checkbox"/> NO														
<p>RATING:(circle one) 0 1 2 3 4 5</p>	<p>RATING:(circle one) 0 1 2 3 4 5</p>															
<p>Q33. Did you feel safe on your walk?</p> <input type="checkbox"/> Loitering outside of buildings <input type="checkbox"/> Panhandling <input type="checkbox"/> Unleashed dogs <input type="checkbox"/> Graffiti <input type="checkbox"/> Something else Description of problems:	<p>Q34. Was your walk pleasant?</p> <input type="checkbox"/> Needed more grass, flowers or trees <input type="checkbox"/> Dirty, lots of litter or trash <input type="checkbox"/> Dirty air due to automobile exhaust <input type="checkbox"/> Bad smells or odors <input type="checkbox"/> Something else Description of problems:															
<p>RATING: (circle one) 0 1 2 3 4 5</p>	<p>RATING: (circle one) 0 1 2 3 4 5</p>															

35) Fill out the disposition on page 1.

Walkability Checklist

How walkable is your community?

Take a walk with a child and decide for yourselves.

Everyone benefits from walking. These benefits include: improved fitness, cleaner air, reduced risks of certain health problems, and a greater sense of community. Walking needs to be safe and easy. Take a walk with your child and use this checklist to decide if your neighborhood is a friendly place to walk. Take heart if you find problems, there are ways you can make things better.

Getting started:


First, you'll need to pick a place to walk, like the route to school, a friend's house or just somewhere fun to go.

The second step involves the checklist. Read over the checklist before you go, and as you walk, note the locations of things you would like to change. At the end of your walk, give each question a rating. Then add up the numbers to see how you rated your walk overall.

After you've rated your walk and identified any problem areas, the next step is to figure out what you can do to improve your community's score. You'll find both immediate answers and long-term solutions under "Improving Your Community's Score..." on the third page.



Take a walk and use this checklist to rate your neighborhood's walkability.

How walkable is your community? Ammended for CHL	 Children's Healthy Living Program
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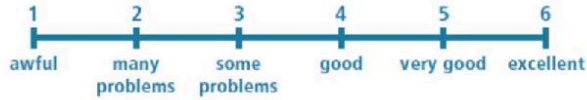
JURISDICTION: COMMUNITY: START LOCATION FOR WALK: GEOGRAPHIC COORDINATES: ADDRESS OF START LOCATION: NOTES:	DATE ____ - ____ -20 ____ STAFF 1 ____ STAFF2 ____ START TIME ____: ____ <input type="checkbox"/> AM END TIME ____: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> PM
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1. Were you able to start a walk from the designated starting place?
- Yes
 - No
 - Obstructed by a major road
 - Obstructed by a beach or woods
 - Unsafe
 - Other reason, specify _____

If No, stop here.

2. What was the material of the path you walked? *Mark all that apply.*
- Asphalt / concrete
 - Wood Chips / Mulch
 - Gravel
 - Dirt
 - Other, specify _____

Rating Scale:



3. What type of surface was walked on? *Mark all that apply.*

- Sidewalk
- Path
- Road
- Shoulder
- Other, specify _____

4. Did you have room to walk?

- Yes
- There were some problems:
 - Sidewalks or paths started and stopped
 - Sidewalks or paths were broken or cracked
 - Sidewalks or paths were blocked with poles, signs, shrubbery, dumpsters, etc.
 - Too much traffic
 - Something else, specify _____

Locations of problems _____

Rating (circle a number based on scale above): 1 2 3 4 5 6

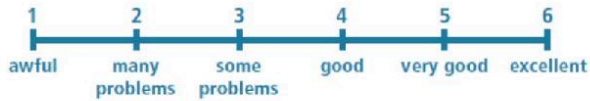
5. Was it easy to cross streets?

- Yes
- There were some problems:
 - Road was too wide
 - Traffic signals made us wait too long or did not give us enough time to cross
 - Needed striped crosswalks or traffic signals
 - Parked cars block our view of traffic
 - Trees or plants blocked our view of traffic
 - Curb ramps are needed or ramps need repair
 - Something else, specify _____

Locations of problems _____

Rating (circle a number based on scale above): 1 2 3 4 5 6

Rating Scale:



6. Was it easy to follow safety rules? Could you

- Yes No Not applicable Cross at crosswalks or where you could see and be seen by drivers?
- Yes No Not applicable Stop and look left, right and then left again before crossing streets?
- Yes No Not applicable Walk on sidewalks or shoulder facing traffic where there were no sidewalks?
- Yes No Not applicable Cross with the light?

Locations of problems _____

Rating (circle a number based on scale above): 1 2 3 4 5 6

7. Was your walk pleasant?

- Yes
- There were some problems:
 - Needed more grass, flowers, or trees
 - Scary dogs
 - Scary people
 - Not well lighted
 - Dirty, lots of litter or trash
 - Dirty, with dog refuse / waste
 - Dirty air due to automobile exhaust
 - Noisy from traffic or loud music
 - Something else, specify _____

Rating (circle a number based on scale above): 1 2 3 4 5 6

8. Did drivers behave well?

- Yes
- There were some problems:
 - Drivers backed out of driveways without looking
 - Drivers did not yield to people crossing the street
 - Drivers drove too fast
 - Drivers sped up to make it through traffic lights or drove through traffic lights
 - Something else, specify _____

Locations of problems _____

Rating (circle a number based on scale above): 1 2 3 4 5 6

FEATURES OF WALK

9. Was there a bike path or lane visible on the walk?

Do not include bike routes that are not separated from the road.

- Yes, being used
- Yes, not being used
- No

10. Were there benches visible on the walk?

- Yes, being used
- Yes, not being used
- No

11. Was there a park visible on the walk?

- Yes, being used
- Yes, not being used
- No

12. Was there a bus stop visible on the walk?

- Yes
- No

13. Was there a store visible on the walk?

- Yes
- No

14. Was there shade (natural or manmade) available on the walk?

- Completely
- Partly
- Not at all

15. Were there dogs present on the walk?

- No
- Yes. Mark all features present.
 - Unattended dogs
 - Unleashed dogs not in fenced yards
 - Dogs in fenced yards
 - Chained dogs
 - Barking dogs
 - Biting dogs
 - Dogs that chase people

16. Was there dog refuse / waste present on the walk?

- Yes, quite a bit
- Yes, a little
- No

17. Were you able to complete a 15-20 minute walk from the designated starting place?

- Yes
- No
 - Obstructed by a major road
 - Obstructed by a beach or woods
 - Unsafe
 - Other reason, specify _____