

CHILDREN'S HEALTHY LIVING PROGRAM



For Remote Underserved Minority
Populations In The Pacific Region



United States Department of Agriculture
National Institute of Food and Agriculture
Agriculture and Food Research Initiative (AFRI)
No. 2011-68001-30335







Children's Healthy Living Program For Remote Underserved Minority Populations in the Pacific Region

Tanapag/San Roque Prevalence Survey Results



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Executive Summary



I. Executive Summary

Introduction to the Report

The CHL program utilizes three major strategies towards its goals: 1) training, 2) extension – outreach, and 3) research - intervention. The purpose of this document is to report on the measures of these three strategies in your community. It includes information about CHL training, outreach and sustainability activities, and the research descriptive results of the Children’s Healthy Living Program Survey at the individual and household level and the results of the community level assessment. The community level assessment utilizes the Community Assessment Toolkit (CAT) – which comprises of assessments about the availability of food resources, parks, play spaces, and walkable streets – and a Food Cost Survey. Results of the intervention trial will be presented in a separate report following this one.

If you have any questions about this report, please contact *Rachel Novotny* at novotny@hawaii.edu or 808-956-3848.

Thank you for your interest and efforts for children’s health!

Children's Healthy Living Program



II. Children’s Healthy Living Program (CHL)

The Children’s Healthy Living Program for Remote Underserved Minority Populations in the Pacific Region (CHL) is a partnership among the remote Pacific jurisdictions of Alaska; American Samoa; Commonwealth of the Northern Mariana Islands (CNMI); the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), the Republic of Palau; Guam; and Hawaii to study childhood obesity among Pacific children, ages two to eight years old.

The program is funded by the United States Department of Agriculture (USDA), National Institute of Food and Agriculture, Agriculture and Food Research Initiative (Grant no. 2011-68001-30335). CHL is coordinated from the Department of Human Nutrition, Food and Animal Sciences in the College of Tropical Agriculture, at the University of Hawai‘i at Mānoa with contracts to the University of Guam, University of Alaska Fairbanks, American Samoa Community College, Northern Marianas College, and fees for nutrition analysis and biostatistical services conducted at the University of Hawaii Cancer Center.

The goal of CHL is to help to create a social, cultural, political, economic, and physical environment in the Pacific Region that supports active play, physical activity, and eating healthy food, in order to promote health. In partnership with participating communities, our mission is to elevate the capacity of the region to build and sustain a healthy food and physical environment to help maintain healthy weight and prevent obesity among young children in the Pacific region.

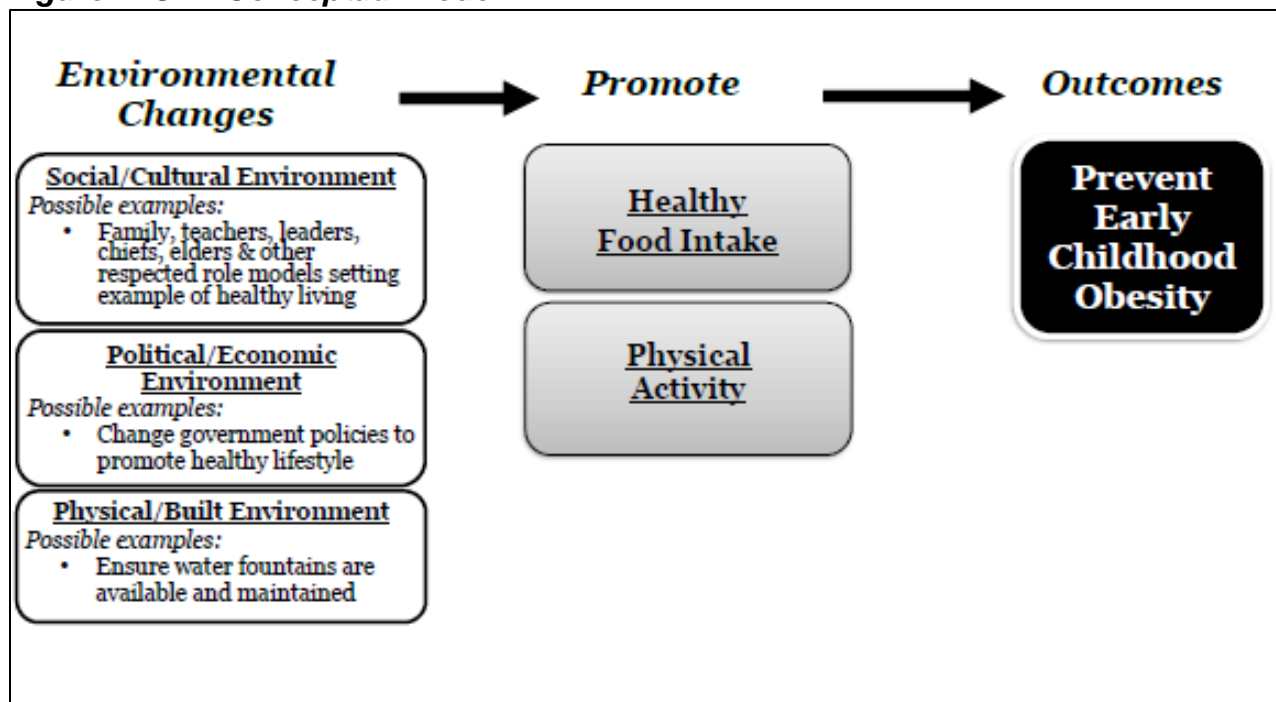
CHL strived for the following behavior targets:

- 1) Lower prevalence of excess weight and waist circumference for height
- 2) Increased sleep
- 3) Reduced consumption of sugar-sweetened beverages (SSB)
- 4) Higher fruit and vegetable intake

- 5) Higher water intake
- 6) Reduced TV/video viewing
- 7) Increased physical activity
- 8) Lower prevalence of acanthosis nigricans (AN)

Figure 1 illustrates CHL’s model to influence multiple aspects of the environment to promote healthy food intake and physical activity in young children ages two to eight years old (Braun et al., 2014).

Figure 1. CHL Conceptual Model



The CHL Training Program



Children's Healthy Living Program

III. The CHL Training Program

Training Program Objectives

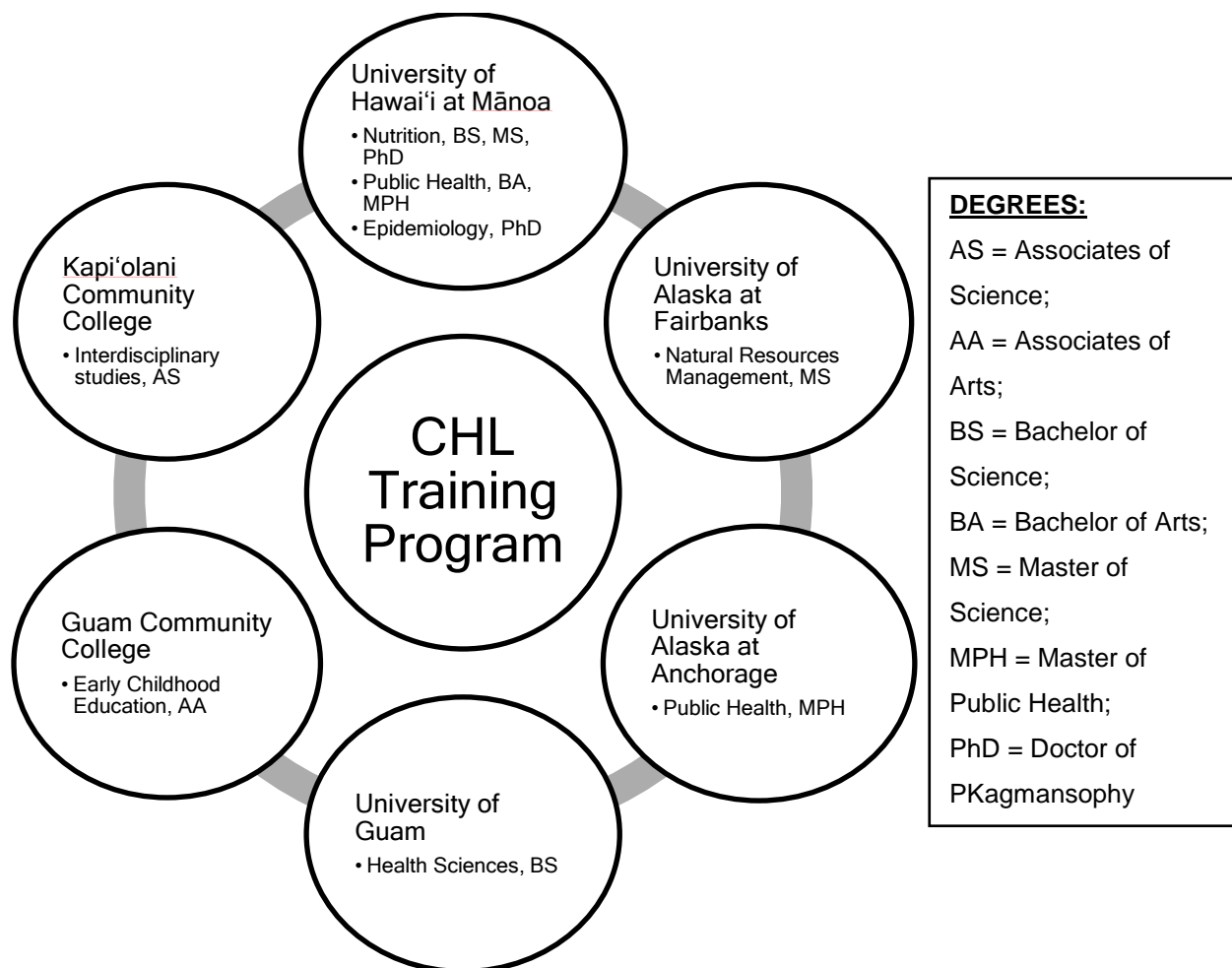
The development of the CHL Training Program (CHL-TP) was an essential component of CHL's multilevel approach to prevent childhood obesity. Approximately one third of the program's resources were invested in training. The CHL-TP's first objective was to train 22 United States Affiliated Pacific Region students in child obesity prevention through selected academic degree programs. A second objective was to enhance the students' academic education with training on childhood obesity prevention strategies and tools, through the offering of culturally appropriate and regionally relevant obesity prevention-related courses and programs.

Training Program Partnerships

The CHL-TP was a collaborative effort with institutions across the Pacific. Students selected for the program have attended courses at the University of Hawai'i at Mānoa, the University of Guam, Guam Community College, Kapi'olani Community College, and the University of Alaska at Fairbanks and Anchorage (Figure 2).

Partner jurisdictions created selection committees who screened and interviewed student applicants and identified the top candidates for the scholarship awards. Two students from each of Alaska, American Samoa, CNMI, Chuuk (FSM), Guam, Hawai'i, Kosrae (FSM), Pohnpei (FSM), the Republic of the Marshall Islands, the Republic of Palau, and Yap (FSM) were selected for a scholarship to enroll in a degree program at one of the partner institutions.

Figure 2. Institutions, Academic Program Areas and Degrees in the Children’s Healthy Living (CHL) Training Program



From: Fialkowski MK, et al. Indigenous Workforce Training by the Children’s Healthy Living Program (CHL) to Prevent Childhood Obesity in the Underserved US Affiliated Pacific Region. J Health Care Poor Underserved. 2015; 26(2 Supplement): 83-95.

Training Program Accomplishments

The CHL-TP developed a series of six 1-2 credit seminars that addressed the multiple causes of obesity and provided evidenced-based strategies for childhood obesity prevention. Conducting seminars using an online collaborative approach provided an opportunity for all the CHL trainees to engage in distance learning together while

strengthening their bond as a cohort and their ties to CHL and the region. The CHL-TP also partnered with the University of Hawai'i at Mānoa Public Health Program to allow CHL Trainees to take an indigenous health seminar as a part of their CHL seminar experience.

In addition to the CHL-TP seminar curriculum, CHL modified curriculum for the Food Science and Nutrition (FSHN) course, The Science of Human Nutrition (FSHN 185), offered both through the University of Hawai'i at Mānoa and the University of Hawai'i Outreach College. FSHN 185 utilized an online platform, which allowed for flexible and adaptive nutrition education delivery across the vast region of the Pacific and beyond. The modifications broadened the curriculum to reflect the unique environment and cultural diversity of the Pacific region. New modifications incorporate nutrition education with aspects of commonly consumed food and their significance in societal structure. To further support this Pacific adapted introductory nutrition course, a Pacific Food Guide was developed to help students enrolled in FSHN 185, to better connect the traditional foods of the Pacific with concepts of nutrition (Fialkowski et al, 2016).

<http://manoa.hawaii.edu/ctahr/pacificfoodguide/>

Other curriculum and educational materials developed by the CHL-TP included a comprehensive workshop to provide standardized measurement training to staff and field workers conducting measurements in anthropometry, dietary intake, physical activity, and acanthosis nigricans. The measurement training workshops conducted by CHL were successful in standardizing over 100 anthropometric measurers in 5 years across the Pacific region from Alaska to Micronesia. Workshop materials will continue to be utilized for standardization of educators and staff conducting regional measurements such as Head Start staff and community workers and is part of future curriculum being planned.

Students accepted into the CHL-TP conducted a CHL project in their home jurisdictions that supported childhood obesity prevention. Students at the graduate level blended

these projects with their theses and dissertations. All trainees presented their projects and budgets to a selected project committee for approval prior to implementation. Upon completion of their project all students submitted a formal write up and conducted an oral presentation. Examples of projects completed by graduates of the CHL-TP are outlined in Table 1.

Twenty-four students participated in the CHL-TP. Two Trainees dropped out of the program after their first year, due to personal reasons. The two vacant scholarship positions were offered to two other qualified Trainees from those respective jurisdictions. Two Trainees were released from the program due to poor performance. To date, 6 students (5 graduate and 1 undergraduate) have completed the CHL-TP and attained their degrees (Table 1). Two graduate-level Trainees from CNMI and Alaska are expected to complete their MPH degrees in the Spring of 2016 while 2 graduate level Trainees from American Samoa and CNMI, working towards a PhD in Epidemiology and an MPH, respectively, are expected to complete their degrees in Summer of 2016. Three undergraduate Trainees from American Samoa, Chuuk, and Kosrae are expected to graduate in Spring 2016 with Bachelor's degrees in Public Health (2) and Nutrition (1), respectively. One undergraduate Trainee from Yap is expected to graduate with a Bachelor's degree in Nutrition in Summer 2016. Four undergraduate Trainees from Pohnpei, Palau, Chuuk, and the Marshall Islands are expected to graduate in Fall 2017 with Bachelor's degrees in Health Science (3) and an Associate degree in Early Childhood Education (1), respectively.

Table 1. CHL Training Program Graduates by Jurisdiction, Degree Type, and Project Description

Student Name	Jurisdiction	Degree Name/Type	Project Description
Tanisha Aflague	Guam	PhD, Nutrition	To examine the willingness to try fruit and vegetables (F&V) and F&V intake among children, 3-12yrs, attending a cultural immersion camp compared to children from a camp without cultural immersion
Monica Esquivel	Hawaii	PhD, Nutrition	To build evidence on the effectiveness of Child Care Center wellness policies that promote intake of nutrient-dense food, healthy eating habits and nutrition education to improve child diet intake and prevent childhood obesity in Hawaii
Lenora Matanane	Guam	MS, Nutrition	To test whether access and availability to fruits and vegetables in food stores is associated with childhood overweight/obesity prevalence in selected Guam communities
Ashley Morisako	Hawaii	MPH, Native Hawaiian and Indigenous health	To outline the community engagement process instilled to effectively implement and evaluate a garden-based learning curriculum targeted for preschoolers in Hawaii in order to reduce and prevent childhood obesity
Ron Standlee-Strom	Alaska	MS, Natural Resource Management	To determine factors mediating the delivery of effective nutrition education as perceived by educators and Alaskan program participants
Trisha Johnson	Pohnpei	BS, Food Science and Human Nutrition	To determine traditional fruits and vegetables consumed by young children in Pohnpei, Federated States of Micronesia

PhD = Doctor of Philosophy; MS = Master of Science; MPH = Masters of Public Health; BS = Bachelor of Science

Long-term Plans

The CHL program provided guidance in identifying other funding to Trainees who did not complete their degree programs within the life of the CHL grant. The CHL-TP also continues to serve as a source of professional collaboration and career networking for the Trainees. The CHL-TP plans to do long-term follow-up of the Trainees to gather

information on the career trajectory of graduates.

Curriculum developed by the CHL-TP will continue to be adapted for offering through multiple venues. The Pacific adapted online Introductory Nutrition class (FSHN 185) has been included as one of the options offered to students at the University of Hawai'i at Mānoa in the Fall, Spring, and Summer semesters. This class has also been designated as meeting the Hawaiian, Asian, and Pacific Issues General Education Focus area for the University of Hawai'i system, including the University of Hawai'i Outreach College. The nutrition education resource, the Pacific Food Guide, has also been developed into a web resource available for free at www.manoa.hawaii.edu/ctahr/pacificfoodguide

The series of seminars developed for the CHL Trainees on the causes of childhood obesity and evidenced-based strategies for childhood obesity prevention are currently being adapted into a comprehensive distance-learning platform for offering through a CHL Summer Institute. The online platform of the CHL Summer Institute will allow for a wider audience to benefit from its unique and important content. The CHL Summer Institute will offer various courses and modules for credit and non-credit through the University of Hawai'i Outreach College. The University of Hawai'i Outreach College allows for non-University of Hawai'i students to access this unique training opportunity at in-state tuition rates. For further information on the CHL Training Program please see the following resources:

- Fialkowski MK, et al. Indigenous Workforce Training by the Children's Healthy Living Program (CHL) to Prevent Childhood Obesity in the Underserved US Affiliated Pacific Region. *J Health Care Poor Underserved*. 2015; 26(2 Supplement): 83-95.
- CHL Training Program available at:
<http://www.chl-pacific.org/trainingeducation/program-overview>

CHL Community Intervention



IV. CHL Community Intervention

Target Behaviors, Strategies, and Cross Cutting Functions

CHL's goal was to achieve healthy weight among young children (ages 2 to 8 years) by promoting **six target behaviors**:

1. Increase consumption of fruits and vegetables, preferably locally grown fruits and vegetables
2. Increase physical activity
3. Increase water consumption
4. Increase hours of sleep
5. Decrease consumption of sugar sweetened beverages
6. Decrease screen time

To promote these target behaviors in communities with young children, the CHL team conducted community meetings, reviewed literature, and worked together to identify strategies and activities that would be appropriate for young children and their caregivers. The culture and environment of children and families also were taken into account.

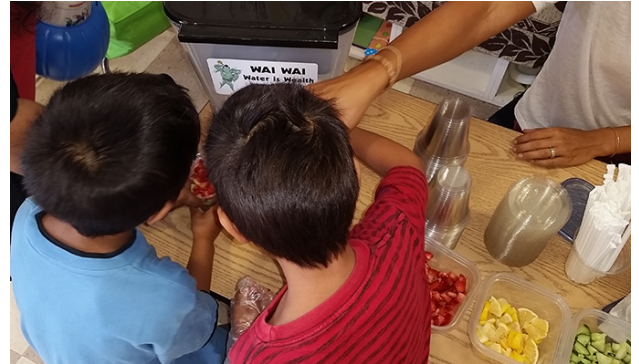
Based on these data, CHL jurisdictions agreed to engage in **six strategies** to promote the target behaviors.

1. Introduce, enhance, and support policy for healthy eating and physical activity of 2-8- year-old children
2. Engage 2 to 8-year-old children in growing and eating local healthy foods
3. Train and support role models to promote CHL's six target behaviors
4. Increase accessibility of environments for safe play and physical activity for young children

5. Increase accessibility of drinking water for young children
6. Provide other education and training related to CHL's six target behaviors

These six intervention strategies were collapsed into **four cross-cutting functions**, signifying the four action areas of the intervention:

1. Strengthen and actualize school wellness policies
2. Partner and advocate for environmental change
3. Promote the CHL message
4. Train trainers (capacity building)



Children making fruit-infused drinking water

Specific recommended activities under each cross-cutting function were provided. Relationships between these activities and the CHL's behavior-change objectives are shown in Table 2. Specific activities conducted in Tanapag/San Rogue are shown in the Areas of Focus Column.

Table 2. Relationship of Areas of Focus to CHL Cross-Cutting Function and Target Behavior

Cross-Cutting Function	Area of Focus (Activities)	Target Behavior Addressed
1) Review Assessment Data for the Policy and Physical Environment related to the 6 CHL behaviors		
a) Review preschool (Head Start) wellness policy assessment data to identify training needs.	Preschool Wellness Policies & trainings	All behaviors (Increase fruit & vegetable consumption; Increase physical activity; Increase water consumption; Increase sleep; Decrease sugar sweetened beverage consumption; Decrease screen time)
i) Review preschool wellness policy assessment data to identify policy gaps		
ii) Address policy gaps with preschool administration	Preschool Wellness Policies & trainings	All behaviors
iii) Assess policy implementation quality identify strengths and weaknesses)	Preschool Wellness Policies & trainings	All behaviors
iv) Work with preschool administrators to address weaknesses in policy implementation	Preschool Wellness Policies & trainings	All behaviors
b) Review CAT (community assessment toolkit) data related to the physical environment to identify areas for advocacy.	Community Gathering Spaces	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
i) Assess the physical environment using the CAT		
ii) Review CAT data related to the physical environment to identify areas for improvements and advocacy	Alliance; Community Gathering Spaces	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
iii) Improve CAT-indicated physical activity environments	Community Gathering Spaces	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
iv) Advocate (with partners, stakeholders, role models, coalitions, etc.) for CAT-indicated physical activity environment changes	Alliance; Community Gathering Spaces	Increase fruit & vegetable consumption Increase physical activity Increase water consumption Decrease sugar sweetened beverages
2) Partner and Advocate for Environmental Change		
a) Work with existing community organizations and coalitions and/or form new coalitions to advocate for:	Alliance; Community Gathering Spaces	Increase physical activity
i) Better access to parks that are safe and inviting		
ii) Better access to clean water	Alliance; Community Gathering Spaces	Increase water consumption

Cross-Cutting Function	Area of Focus (Activities)	Target Behavior Addressed
iii) Safer environments for walking, biking, etc. (e.g., bike lanes/racks, sidewalks, greenways)	Alliance; Community Gathering Spaces	Increase physical activity
iv) Better food placement in stores	Alliance; Community Gathering Spaces	Increase fruit & vegetable consumption Increase Water consumption Decrease sugar sweetened beverages
v) Gardens and hydroponics	Alliance; Community Gathering Spaces	Increase fruit & vegetable consumption
b) Partner with existing entities to purchase or obtain sponsorship for:		
i) Water in the preschools and childcare centers		
ii) Gardening supplies for preschool kids	Community Gathering Spaces	Increase fruit & vegetable consumption
iii) Sports/play equipment for preschool kids		
iv) Campaigns and messages	Na Ki'i Ola	All behaviors
3) Promote the CHL Message		
a) Support Role Models to deliver CHL messages in various ways (using the CHL role model curriculum as a guide)	Support Community Role Models	All behaviors
b) Enhance existing social marketing campaigns in the intervention communities, and/or develop low-cost local social marketing campaigns related to the 6 CHL behaviors	Na Ki'i Ola	All behaviors
c) Advertise CHL or other activities that promote 6 CHL target behaviors	All areas of focus	All behaviors
4) Train the Trainers		
a) Train individuals to promote gardening in preschools and communities	Workshops	Increase fruit & vegetable consumption
b) Train individuals to lead interactive, hands-on sessions to promote the 6 CHL behaviors	Workshops	All behaviors
c) Train individuals to organize and lead family-based activities that support the 6 CHL behaviors (park clean-ups, hikes, cooking sessions, etc.)	Workshops; Community Gathering Spaces	All behaviors
d) Provide Technical Assistance (TA) to preschool and childcare staff on wellness policies	Preschool Wellness Policies & Trainings	All behaviors
e) Train childcare providers and preschool teachers in curricula related to 6 CHL behaviors	Preschool Wellness Policies & Trainings	All behaviors
f) Train role models (community champions, role celebrities, role models)	Support Community Role Models	All behaviors

CHL Research Activities



IV. Research Activities

CHL Research Aims and Design

CHL measured two to eight year-old children to identify young child overweight and obesity, acanthosis nigricans, and health behavior information about sleep, physical activity, screen time, eating of fruits and vegetables, and consumption of sugar-sweetened beverages and water.

Research Methods

Study Design

The cross-sectional CHL study design collected data on body size, functional outcomes of obesity (acanthosis nigricans), food intake, physical activity, lifestyle behavior which included screen time, and demographics (baseline or prevalence). These were measured through anthropometry (height, weight, and waist circumference), Food and Activity Logs, questionnaires, accelerometry, and visual inspection (of the neck).

Data were collected between October 2012 and September 2013 in American Samoa, Alaska, Commonwealth of the Northern Mariana Islands (CNMI), Guam and Hawaii, and between October 2013 and June 2015 in FAS.

CHL research included data from the Federated States of Micronesia (Yap, Chuuk, Kosrae, and Pohnpei), the Republic of the Marshall Islands, and the Republic of Palau; referred to collectively in CHL as the Freely Associated States (FAS), and all other CHL jurisdictions – Alaska, American Samoa, CNMI, Guam, and Hawaii.

Selection of Communities

Communities were identified in Alaska, American Samoa, CNMI, Guam and Hawaii using the 2000 U.S. Census tract data (U.S. Census Bureau). In the FAS, 2010 country census data were used to inform selection of sites. The community eligibility criteria included population size of >1000 (except for FAS), >25% of the population of indigenous/native descent (except 15% in Alaska due to no targeted census tract within

the CHL catchment area with a population of more than 1000), having more than 25% indigenous /native ethnic groups, and >10% of the population under age 10 years. Additional selection criteria included adequate settings for measuring children (e.g., schools), reasonable accessibility for the CHL team, and geographic representation for FAS.

For the study of the effectiveness of the CHL intervention in American Samoa, CNMI, Guam and Hawaii, communities were selected as matched pairs. Four communities were selected (two matched-pairs). Two communities were selected (1 matched-pair) in Alaska. The matching included similar criteria as above, as well as community characteristics such as access to food stores and ethnic distribution. In each pair, one community was randomly assigned to intervention and the other to a delayed optimized intervention (community will receive intervention at the end of the main study). Two additional non-matched communities (third and fourth for Alaska and fifth and sixth for other jurisdictions) were selected from the eligible list of communities to serve as temporal indicators.

A second round of measurement occurred around 24-months from the baseline in Alaska, American Samoa, and Commonwealth of the Northern Mariana Islands (CNMI), Guam, and Hawaii to examine if CHL intervention activities in those jurisdictions were effective.

Smaller amounts of data were collected from the “temporal” communities. The temporal communities served to show changes in BMI over time, in communities that did not have any CHL activities.

This report includes only the baseline data. The results of the CHL-wide intervention study examining changes between baseline and 24-month data will be available later in a separate report.

Selection of Participants

Recruitment activities involved schools and other community venues and activities. Recruitment took place at Head Start sites, preschools, day care centers, kindergartens, WIC sites, community health centers and other appropriate venues (e.g., parks and community recreation centers). Recruitment efforts, led by CHL staff in each jurisdiction, involved close collaboration with community liaisons (e.g., teachers, school staff, program directors, matai, mayors) to enhance participation. The teams in all jurisdictions tailored the recruitment strategies to work effectively with the stakeholder organizations while meeting recruitment goals of CHL.

*NOTE: The following numbers are based on those who consented, rather than those who completed, the measures.***

Table 1: Number of Participants Consented in each Jurisdiction for CHL Research

Number of Participants Consented in each Jurisdiction for CHL Research	
Jurisdiction Communities	Number Consented
Alaska <i>Anchorage, Fairbanks, Kenai, Mat-Su Valley</i>	713
American Samoa <i>Fagaitua/Pagai/Amaua/Auto/Utusia, Leloaloe/Aua, Onenoa/Tula/Alao, Aoloau/Aasu</i>	978
CNMI <i>Koblerville /San Antonio, Oleai, Kagman, San Roque, Saipan</i>	924
Guam <i>Yigo, Yona, Agat, Sinajana</i>	885
Hawaii <i>Hilo, Nanakuli, Waimanalo, Wailuku, Kauai, Molokai</i>	988
CHL Intervention Study Data (total)	4,488

Freely Associated States	
Jurisdiction Communities	Number Consented
Pohnpei <i>Nett, Mand, Sekere, Wenik</i>	212
Republic of the Marshall Islands <i>Majuro, Ebeye (Kwajalein atoll), Ailinglaplap</i>	218

Palau <i>Koror, Ngaraard, Melekeok, Airai</i>	214
Yap <i>Rull, Tomil, Weloy, Ulithi</i>	205
Kosrae <i>Tafunsak, Lelu, Sansrik, Malem, Utwe/Walung</i>	207
Chuuk <i>Weno (Sapuk, Iras), Tol, Tonoas, Uman</i>	231
FAS Prevalence Data (total)	1,287
CHL Total (CHL Intervention + FAS Prevalence)	5,775

Community Report



V. Tanapag/San Rogue Community Report

The total number of responses for each question may not match the total number of consented participants. Parents identified their children as eligible (including age eligible) and consented, upon which children participated in the study. In data analysis, upon calculation of age by study metrics, some children were outside the defined age range and were excluded from the analysis. In addition, not all who consented to participate in the study completed all parts or all items of all the questionnaires, so the results for each item reflect only those who answered that question or whose data were available at the time of this report. Potential outliers with extreme values (defined as those with a value of 3 standard deviations (sd) above or below the mean) were also excluded from this report. The total percentage may not add up to 100 because of rounding.



Child Demographics



Section 1. Child Demographics

A total of 158 children participated from Tanapag/San Rogue. Parents / caregivers answered multiple questions about their child participating in the CHL research program. The following section reports some of that information collected, including child's sex, age, race and ethnicity.

Sex: All 158 children participated had data on sex.

Table S.1.1. Number and Percent of Participants by Sex

Sex	Number	Percent
Boys	75	47.5%
Girls	83	52.5%
Total	158	100%

Age: Child's age was calculated between age in years elapsed between child's date of birth and the date when anthropometry was measured. The distribution of age of the children is shown below.

Table S.1.2. Number and Percent of Participants by Age

Age in Years	Number	Percent
Age 2	15	9.5%
Age 3	26	16.5%
Age 4	27	17.1%
Age 5	37	23.4%
Age 6	24	15.2%
Age 7	18	11.4%
Age 8	11	7.0%
Total	158	100%

Table S.1.3. Number and Percent of Participants by Age Group

Age in Years	Number	Percent
2-5 years old	105	66.5%
6-8 years old	53	33.5%
Total	158	100%

Racial and Ethnic Heritage

The data collection questions used in this section and for the household demographics came from various sources. Some items were generated by CHL staff; some came from The Center for Alaska Native Health Research Demographic and Medical Screening Questionnaire, the Behavioral Risk Factor Surveillance System 2011 survey, and the 2011 Middle School Youth Risk Behavior Survey.

Table S.1.4. The Distribution of Race of the Children Using the U.S. Office of Management and Budget (OMB) Definition

Race of child of OMB definition	Number	Percent
Native Hawaiian or other Pacific Islander	88	55.7%
More than one race	38	24.1%
Asian	29	18.4%
White	3	1.9%
Total	158	100%

Table S.1.5. The Distribution of Race/Ethnicity of the Children Using the CHL Pacific Definition Which Prioritizes the Indigenous Ethnic Groups in the Jurisdiction (CHL Pacific)

Race of child of Pacific definition	Number	Percent
Chamorro mixed with other Native Hawaiian Pacific Islanders	41	26.0%
Chamorro	31	19.6%
Mixed Chamorro	26	16.5%
Filipino	22	13.9%
Chuukese	6	3.8%
East Asian	5	3.2%
Carolinian	5	3.2%
Other*	22	13.8%
Total	158	100%

*Includes Mixed Chuukese, White, Other Asian, Mixed Aian, Mixed, Mixed Palauan, Carolinian mixed with other Native Hawaiian Pacific Islanders, Yapese, Mixed Other Asian, Mixed Carolinian, Mixed Hawaiian, and other Native Hawaiian Pacific Islanders.

Child's Birth Place

Parents or caregivers responded to the question: "In what city or country was your child born?"

Table S.1.6. Child’s Place of Birth

Birth Place	Number	Percent
CNMI	150	96.2%
Other*	6	3.8%
Total	156	100%
*Includes Arizona, Guam, Idaho, Republic of Marshall Islands, Russia, and Texas		

Parents responded to the question about residence: “How many years has your child lived here?”

Among the 158 children, 151 had information on this question. Among them, 145 (96.0%) lived their whole life in Tanapag/San Rogue and the rest, 4%, spent sixty to eighty-six percent of their life here.

Language Child Speaks

The language distribution of the children in the survey is listed in the following table.

Note: Language responses may total over 165 and 100% because some respondents could speak more than one language.

Table S.1.7. Top Languages Child Speaks

Top languages child speaks	Number	Percent
English	94	59.9%
English and Chamorro	21	13.4%
English and Tagalog	12	7.6%
English and Chinese	6	3.8%
English and Chuukese	6	3.8%
Other*	18	11.5%

Total	157	100%
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*Includes English and Carolinian and Chamorro, English and Bengali, English and Burmese, English Filipino, Chamorro, English and Cebuano and Tagalog, English and Chamorro and Tagalog, English and German, English and Mokilese, English and Mortlockese, English and Russian, English and Spanish, and Russian.

English was the top language spoken at home (78.3%). Other languages children in Tanapag/San Rogue speak at home included Chamorro, Tagalog, Chuukese and Chinese. Fifty-seven percent of children only speak English at home. **Forty-three percent of the children speak English and at least one other language.**

Summary

Among the 158 children, 83 (52.5%) were girls and 75 (47.5%) were boys. Furthermore, 105 (66.5%) were of age group 2-5 years and 53 (33.5%) were of age group 6-8 years. Among the 158 children, all had information on race, of which 88 (55.7%) were Native Hawaiian Pacific Islanders, 38 (24.1%) were more than one race, 29 (18.4%) were Asian, and 3 (1.9%) were White.



Child Anthropometric Measurement Results



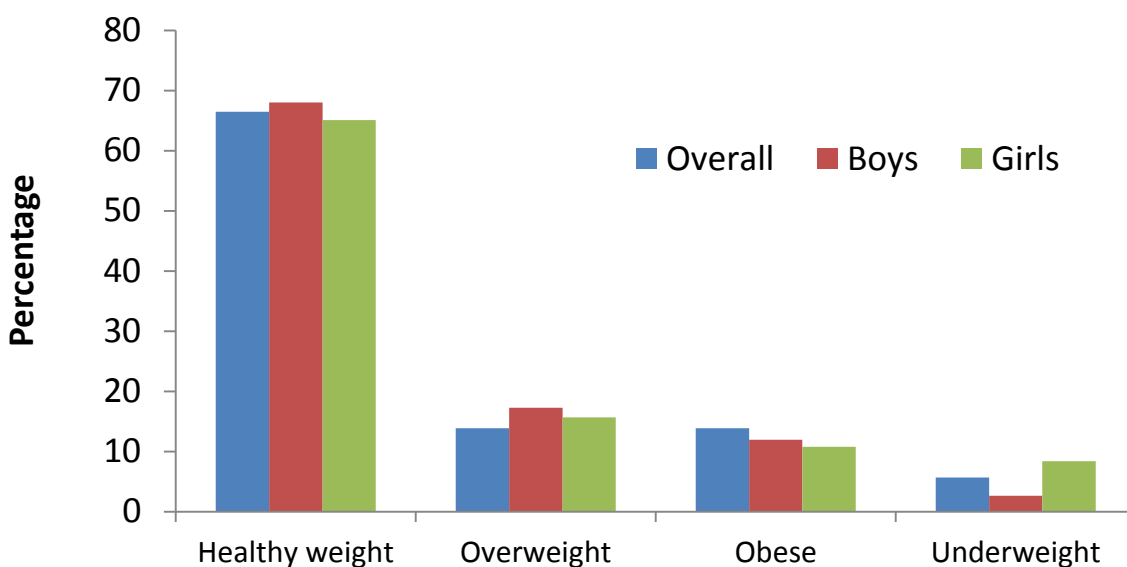
Section 2. Child Anthropometric Measurement Results

Body Mass Index

Among the 158 children who participated in Tanapag/San Roque, all had valid measurements of Body Mass Index (BMI).

Overweight was defined as the 85th - 94th percentile for BMI (weight, kg/(height, m²)) and obesity was defined as greater than or equal to the 95th percentile for BMI (Centers for Disease Control and Prevention, 2000).

Prevalence of Overweight and Obesity of Study Children in Tanapag/San Roque



A total of 158 children were included for this analysis. Among them, 66.5% were healthy weight, 13.9% were overweight, 13.9% were obese, and 5.7% were underweight. No difference was found between boys and girls, or between children ages 2-5 and those 6-8 years old.

Abdominal Obesity

The International Diabetes Federation (IDF) suggests that children 6 years or older with a waist circumference equal or greater than the 90th percentile be considered as having abdominal obesity (Zimmet, et al., 2007). For children younger than 6 years of age,

currently there is insufficient information for such classification. Using children ages 6-8 years in the CHL data set as the reference data, the 90th percentile cutoff value is 71.47cm. The 90th percentile cutoff value reported from the IDF, which uses “a nationally representative sample” of boys and girls, is 67.65 cm for 7-year olds.

Among the 53 participants in Tanapag/San Roque between the ages 6-8 years, using either the CHL cutoff or IDF cutoff value, **5 (9.4%) or 6 (11.3%) of children 6-8 year olds were considered as having abdominal obesity.**

Acanthosis Nigricans (AN)

Acanthosis nigricans is an indicator of high insulin levels, which can lead to insulin resistance and Type 2 diabetes. Acanthosis nigricans presents as a light brown, black velvety, rough, or a thickened lesion on the surface of the skin. These features are usually seen in body folds and creases, on the nape of the neck, armpits, and over the knuckles. This screening suggests a problem with handling the body’s insulin, and the possibility of having pre-diabetes or diabetes. CHL staff encouraged the parents/caregivers of these children to make an appointment for these children to see a doctor for further information and care.

Burke’s (1999) quantitative scale was utilized, with scores given for the severity of AN. Among the 158 children who participated, 157 had data on AN, of which 17 (10.8%) screened positive for AN.

Summary

Overall, 28% of children measured in TASA were overweight or obese. Strategies that have found to be effective in the prevention of childhood obesity include: (1) A healthy lifestyle, which encourages children to move more, sleep more and spend less screen time. (2) A healthy diet, which encourages children to drink more water, eat more fruit and vegetables and consume fewer sugar sweetened beverages.



*Child Nutrition
And Diet Reports*



Section 3. Child Nutrition and Diet Reports

Parents and caregivers completed logs of everything their children ate and drank for two assigned days. The design of the logs was based on previous research conducted by the principal investigator as well as other team members.

For Tanapag/San Rogue, 142 Food and Activity Logs were reviewed by CHL staff and are included in this report.



The top five foods, beverages or condiments reported that children ate are shown in the table below.

Table S.3.1. Top 5 Foods, Beverages, or Condiments Most Commonly Reported

Food description	Tanapag/San Rogue	
	Number of times reported	% of all foods reported
#1 White Rice	352	9.5%
#2 White bread	109	2.9%
#4 Reduced Fat Milk, 2%	93	2.5%
#3 Low Fat Milk, 1%	81	2.2%
#5 Soy sauce	75	2.0%

Fruit and Vegetable Intake

The United States Department of Agriculture (USDA) daily recommended amounts of fruits and vegetables for children 2-8 years of age are shown in the table below.

United States Department of Agriculture's My Daily Food Plan		
Daily recommended amount of fruits and vegetables	 VEGETABLES	 FRUITS
2 years	1 cup	1 cup
3 years	1 ½ cup	1 cup – 1 ½ cup
4-5 years	1 ½ cup – 2 cups	1 cup – 1 ½ cup
6-8 years	1 ½ cup – 2 ½ cups	1 cup – 2 cups

Children should consume at least 1 cup of fruit and 1 cup of vegetables daily, with these recommendations (as shown in the table) increasing as children age. This aligns with the CHL behavioral intervention target or goal: to eat more fruits and vegetables daily.

In Tanapag/San Rogue, children ate 1.9 servings of fruits and vegetables per day on average as recorded by parents/caregivers on the two-day food log. The average servings of fruit was 1.1 per day and the average servings of vegetables was 0.8 per day.

58 (40.9%) of children in Tanapag/San Rogue met the U.S. national recommendations for daily fruit consumption.

21 (14.8%) of children in Tanapag/San Rogue met the U.S. national recommendations for daily vegetable consumption.

Note that the percentages meeting the fruit and vegetable recommendations may be underestimated as two days of food records may not reflect the true long-term diets of the children. However, a low proportion of children meeting the recommendation even using two days of records can be used as an indication that the population should increase intake.

Water

Children should consume at least 32 - 40 fluid ounces (4 - 5 cups) of water from all beverages (milk, juice, drinking water) daily. CHL behavioral intervention target or goals were to encourage children to drink more water.

91.6 % of parents / caregivers reported on the two-day Food and Activity Log that their

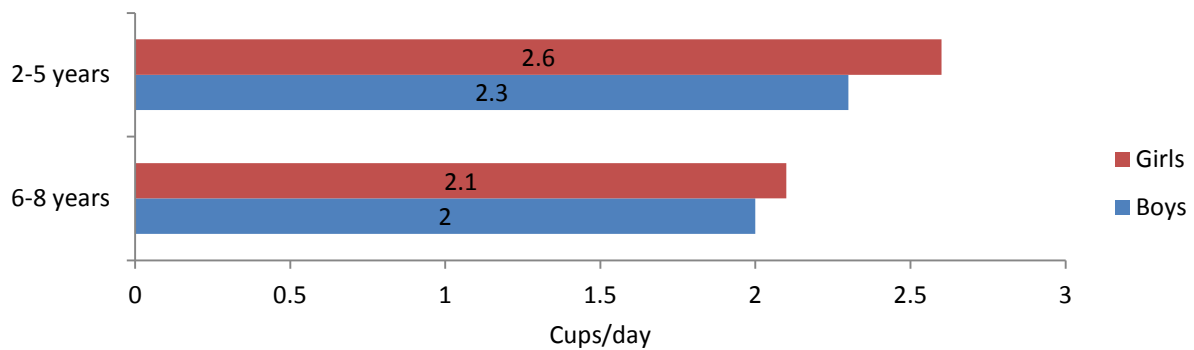
child drank water over these two days.

On average, children in Tanapag/San Roque drank 2.1 cups of water daily.

Table S.3.3. Intake of Daily Drinking Water by Age Group and Sex

Drinking water intake (cups / day) by sex	Tanapag/San Roque	
	Number	Average
Boys		
2 – 5 years	35	2.3
6 – 8 years	40	2.0
All	75	2.1
Girls		
2 – 5 years	24	2.6
6 – 8 years	43	2.1
All	67	2.3

Recorded intake of Daily Drinking Water (cups / day) by Sex and Age for all Children



Sugar-Sweetened Beverages (SSB)

CHL behavioral intervention targets or goals are to limit (or avoid) the consumption of Sugar-Sweetened Beverages (SSB).

From the two-day food record, 96 (67.6%) of parents/caregivers in Tanapag/San Roque reported that their child consumed SSBs.

Children drank 0.7 cups of sugar-sweetened beverages on average daily.

For Tanapag/San Roque, the most frequently consumed SSB included canned sweetened tea, canned orange-apricot drink, and HI-C drink.

Children’s intake of Sugar-Sweetened Beverages (cups/day) for Tanapag/San Roque

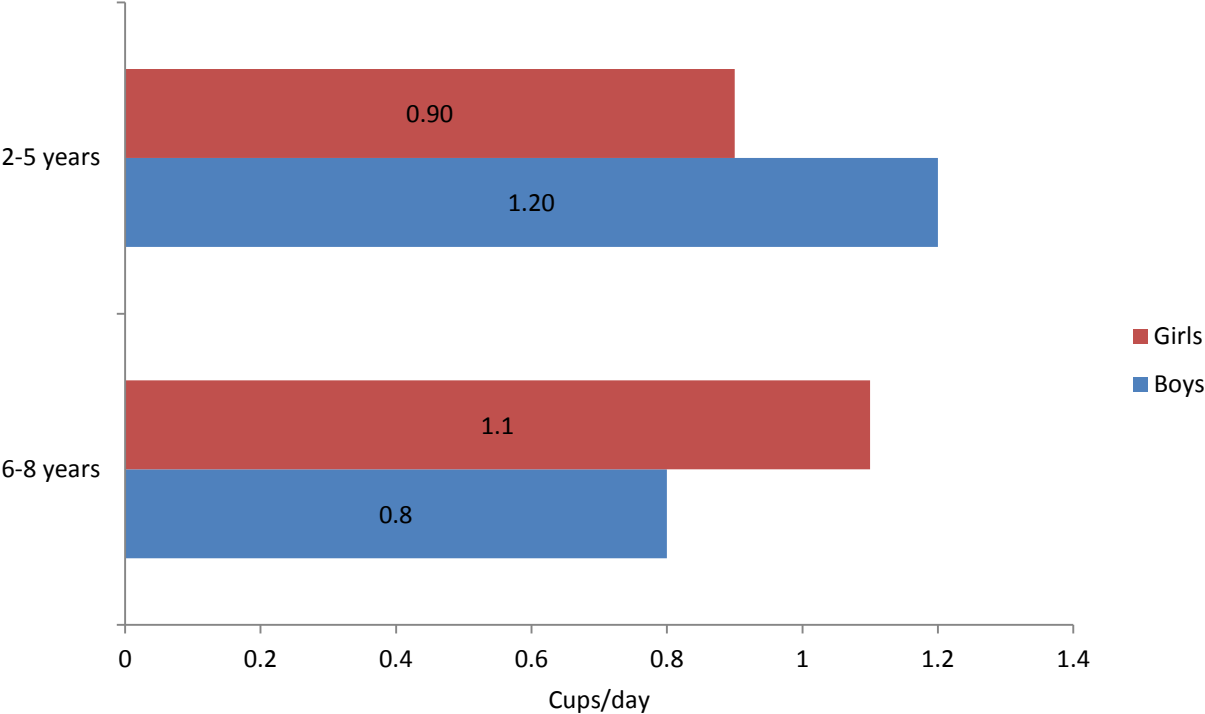


Table S.3.4. Mean SSB intake (cups/day) for all Children and those with SSB's Recorded for Tanapag/San Roque

Mean SSB intake (cups/day)	All children		SSB Recorded	
	Number	Mean (SD)	Number	Mean (SD)
Boys				
2 – 5 years	35	0.9	25	1.2
6 – 8 years	40	0.5	23	0.8
All	75	0.7	48	1.0
Girls				
2 – 5 years	24	0.6	17	0.9
6 – 8 years	43	0.8	31	1.1
All	67	0.7	48	1.0

Table S.3.5. Proportion of SSB Consumption Greater than 2 Cups per day Among all Children and Only Children with SSB Recorded for Tanapag/San Roque

Proportion of children with SSB consumption greater than 2 cups per day	All children, number (%)		SSB Recorded, number (%)	
	0-2 cups	greater than 2 cups	0-2 cups	greater than 2 cups
Boys				
2 – 5 years	28 (80.0%)	7 (20.0%)	18 (72.0%)	22 (95.7%)
6 – 8 years	39 (97.5%)	1 (2.5%)	7 (28.0%)	1 (4.4%)
All	67 (89.3%)	8 (10.7%)	40 (83.3%)	8 (16.7%)
Girls				
2 – 5 years	24 (100.0%)	0 (0.0%)	17 (100.0%)	0 (0.0%)
6 – 8 years	38 (88.4%)	5 (11.6%)	26 (83.9%)	5 (16.1%)
All	62 (92.5%)	5 (7.5%)	43 (89.6%)	5 (10.4%)



Physical Activity From Accelerometers



Section 4. Physical Activity from Accelerometers

To provide data on their physical activity levels, about 100 children in each community were fitted with Actical accelerometers on the first day of measurement. Accelerometers are objective tools for measuring physical activity. Children were instructed to wear the accelerometers for 6 days without removal. Accelerometers were set to record children's movements at each second. Recorded movements are known as counts. The accelerometer counts were summed to derive the number of counts per minute (cpm). These cpm were then used to derive activity levels based on the following criteria:

- Sedentary, if $\text{cpm} \leq 40$
- Light, if $41 \leq \text{cpm} \leq 2295$
- Moderate, if $2296 \leq \text{cpm} \leq 6815$
- Vigorous, if $\text{cpm} \geq 6816$

Sedentary (physical inactivity) behaviors includes excessive sitting, lying, as well as screen time. In this study, time spent on sleeping was not excluded from the sedentary results and was also considered as sedentary. **Light** activities include things such as walking at a slow pace or cleaning. **Moderate** types of activities include brisk walking, dancing and some active play, while **Vigorous** activities include running, fast cycling and fast swimming.

Potential outliers with extreme values (defined as those with a value of 3 standard deviations (sd) above or below the mean) were excluded from this report. In

Tanapag/San Rogue, Actical accelerometers from 96 children provided valid data on their physical activity levels. After excluding outliers, on average children spent 11 hours and 1 minute on sedentary activities (sd=1.3 hours).

On average, children in Tanapag/San Rogue spent 12 hours and 14 minutes (sd=1.2hours) on light activities. On average, children in Tanapag/San Rogue engaged 1 hour and 23 minutes on moderate or vigorous activities (sd=0.7 hours)

Of the 96 children with accelerometer data, 59 (61.5%) of children in Tanapag/San Roque met the U.S. national recommendations for achieving at least 60 minutes of moderate or vigorous activity daily, which is also a CHL behavioral intervention target or goal.

This information can be found in the following table.

Table S.4.1. Hours of Physical Activity by Type

Physical activity from accelerometer	Mean hours/day (sd)	
Sedentary activities (weighted)	11.0 (1.3)	
Light activities (weighted)	11.7 (1.2)	
Moderate activities (weighted)	1.1 (0.5)	
Vigorous activities (weighted)	0.1 (0.1)	
Moderate and vigorous activities (weighted)	1.2 (0.7)	
	Number	%
Met national recommendation of ≥ 60 minutes of moderate or vigorous physical activity daily	59	61.5%

Summary

In TASA, a total of 96 children had valid accelerometer data. Among those 96 children, daily average minutes of moderate and vigorous physical activity (MVPA) per day were 72.0. No difference was found between the averages of those ages 2-5 and those 6-8 years old. Sixty-one percent of those 96 children met the national recommendation of 60 minutes a day of MVPA. No difference was found between those ages 2-5 and those 6-8 years old.



Screen Time



Section 5. Screen Time

The following set of questions was adapted from Buckworth, J., & Nigg, C. (2004); Nigg, C. R. (2005); Haas, S., & Nigg, C. R. (2009).

Parents were asked, “On usual weekdays (Monday to Friday), how many hours a day does your child spend watching Television and/or videos/ DVD?” They were asked the same question about the weekend days.

Among the 158 children participated in Tanapag/San Rogue, 157 responded with **time spent on TV watching per day is 2.4 hours/day** (sd=1.5 hour) overall, 155 children spent 2.3 hours (sd=1.6) on weekdays, and 157 children spent 2.5 hours (sd=1.8) on weekends. The following table summarizes the distribution of duration of TV watching.

Table S.5.1. Hours per day of TV Watching

Hours per day child watches TV (n=166)	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	8.3%	14.8%	12.7%
More than ½ hour up to 2 hours	40.7%	43.9%	40.1%
More than 2 hours up to 4 hours	36.3%	33.3%	32.5%
More than 4 hours up to 6 hours	13.4%	9.7%	9.6%
More than 6 hours up to 7 hours	1.3%	1.3%	5.1%
Total	100%	100%	100%

INACTIVE Video Games (Per day, Per Weekday, and Per Weekend day)

Parents were asked, “On a usual weekdays (Monday to Friday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?” They were asked the same question about the weekend days.

Among the 158 children participated in Tanapag/San Rogue, a total of 156 had data on the overall time spent on inactive video games. The **overall average among those 160 children is 1.0 hour/day** (sd=1.1 hours). A total of 156 children had data on weekday and 155 on weekend inactive video time. Average inactive video time on weekdays is 0.9 (sd=1.1) and on weekends is 1.0 (sd=1.3). The following table summarizes the distribution of duration of inactive video playing time.

Table S.5.2. Hours per day of Inactive Video Games

Hours per day child spent on inactive video games	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	47.4%	53.9%	52.9%
More than 1/2 hour up to 2 hours	32.7%	34.0%	29.7%
More than 2 hours up to 4 hours	19.2%	11.5%	15.5%
More than 4 hours up to 6 hours	0.6%	0.6%	1.9%
More than 6 hours up to 7 hours	--	--	--
Total	100%	100%	100%

ACTIVE Video Games (Per day, Per Weekday, and Per Weekend day)

Parents were asked, “On a usual weekdays (Monday to Friday), how long on average a day does your child spend playing ACTIVE video games (DS, Play station, XBOX, Wii computer games, etc.)?” They were asked the same question about the weekend days.

Among the 158 children participated in Tanapag/San Rogue, a total of 153 had data on the overall time spent on active video games. The **overall average among those 153 children is 1.2 hours/day** (sd=1.3 hours). A total of 150 children had data on weekday active video time. Average active video time on weekdays is 1.0 (sd=1.2). A total of 150 children had data on weekend active video time. Average active video time on weekend is 1.3 (sd=1.3 hours). The following table summarizes the distribution of

duration of active video playing time.

Table S.5.3. Hours per day of Active Video Games

Hours per day child spent on active video games	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	41.8%	49.3%	44.0%
More than ½ hour up to 2 hours	36.0%	36.0%	33.3%
More than 2 hours up to 4 hours	18.3%	12.7%	20.0%
More than 4 hours up to 6 hours	3.9%	2.0%	2.7%
More than 6 hours up to 7 hours	--	--	--
Total	100%	100%	100%

Screen Time - Overall

This variable was created by adding the hours for watching TV and DVDs, the hours playing active video games, and the hours playing inactive video games. The overall mean is a weighted average of weekday and weekend hours.

Among the 158 children participated in Tanapag/San Rogue, 157 had data on the overall screen time, which averages to 4.7 hours (sd=2.8 hours). A total of 157 had data on weekday screen time, which averages to 4.5 hours (sd=2.9 hours). A total of 157 had data on weekend screen time, which averages to 5.0 hours (sd=3.3 hours). The following table summarizes the distribution of duration of screen time.

Table S.5.4. Hours per day of Screen Time

Hours per day child spent on screen time	Percent of children		
	Per Day (adjusted for weekday and weekend)	Per Weekday	Per Weekend day
1/2 hour or less	3.2%	7.0%	5.1%
More than 1/2 hour up to 2 hours	15.3%	15.9%	12.7%
More than 2 hours up to 4 hours	29.3%	31.2%	29.9%
More than 4 hours up to 6 hours	24.8%	24.2%	21.7%
More than 6 hours	27.4%	21.7%	30.6%
Total	100%	100%	100%

Summary

A total of 158 children were included in the analysis of screen time. Among them, average screen time such as watching TV, video games, or DVD, or playing active or inactive video games was 4.7 hours. No difference was observed between the averages of boys and girls, or between those ages 2-5 and those ages 6-8 years old.

While the national recommendation is for each child to spend 2 or less hours of screen time every day, **only 19.0% of our study children met this recommendation.** No difference was found between boys and girls, or between those ages 2-5 and those ages 6-8 years old. A vast majority (81.0%) of children appear to be spending too much time watching screens! This is an opportunity for both parents and educators to intervene to help children spend less screen time.



Section 6. Sleep

The National Sleep Foundation **recommends** for 2 year olds: 11-14 hours of sleep/night; for 3 to 5 year olds: 10-13 hours/night; and for 6 to 8 year olds: 9-11 hours/night. The National Sleep Foundation also gives a **range** that may be appropriate for an individual child which is a bit wider with 9-16 hours for 2 year olds; 8-14 hours for 3 to 5 year olds; and 7-12 hours for 6 to 8 year olds.

Parents were asked, “How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)?” The respondents were asked to choose from 0 hours to over 13 hours in half hour increments. For those who chose over 13 hours, 13.5 hours was assigned instead; hence, the maximum hours are at 13.5 hours.

Some participants misunderstood the question but put down child’s nap time or hours sleep on the previous night instead of average sleep duration. Therefore, observations where sleep duration was less than 3.5 hours were removed from this report as those values are more or less considered as biologically implausible values.

Table S.6.1. Number and Percent of Children’s Average Hours of Sleep per day by Age

Hours of sleep in 24 hours at night and in naps (on average and from parent / caregiver report)	Number	%
2 year olds	14	100%
Less than 9 hours	4	28.6%
9 hours to less than 11 hours	5	35.7%
11 hours or more (to 13.5 hours)	5	35.7%
3 – 5 year olds	82	100%
Less than 8 hours	11	13.4%
From 8 hours to less than 10 hours	39	47.6%
From 10 hours to 13.5 hours	32	39.0%
6 – 8 year olds	52	100%

Hours of sleep in 24 hours at night and in naps (on average and from parent / caregiver report)	Number	%
Less than 7 hours	2	3.9%
From 7 hours to less than 9 hours	16	30.8%
From 9 hours to 13.5	34	65.4%

Table S.6.2. Number and Percent of Children Meeting Recommended Hours of Sleep

Met recommended hours of sleep	Number	%
Two year olds met recommendation of 11 – 14 hours of sleep	4	40.0%
Three to five year olds met recommendation of 10 – 13 hours of sleep	45	51.7%
Six to eight year olds met recommendation of 9 – 11 hours of sleep	31	62.0%

The following questions were modified from The Tayside children’s sleep questionnaire (McGreavey, Donnan, Pagliari, & Sullivan, 2005).

Table S.6.3. Number and Percent of Minutes to Fall Sleep

How long after going to bed does your child usually fall asleep?	Number	%
0 to less than 15 minutes	44	28.4%
15 to less than 30 minutes	74	47.7%
30 to less than 45 minutes	25	16.1%
45 to less than 60 minutes	6	3.9%
60 minutes and more	6	3.9%
Total	155	100

Table S.6.4. Number and Percent of Children with Difficulty Getting to Sleep

The child has difficulty getting to sleep at night (and may require a parent to be present)	Number	%
This sleep behavior never occurs	75	48.4%
The behavior occurs once or twice a month	32	20.7%
Occurs one to two times a week	20	12.9%
Occurs between three and five nights a week	10	6.5%
The sleep behavior happens every night	18	11.6%
Total	155	100%

Table S.6.5. Number and Percent of Children Not Falling Asleep in Own Bed

Child does not fall asleep in his or her own bed.	Number	%
This sleep behavior never occurs	86	55.8%
The behavior occurs once or twice a month	28	18.2%
Occurs one to two times a week	12	7.8%
Occurs between three and five nights a week	5	3.3%
The sleep behavior happens every night	23	14.9%
Total	154	100%

Table S.6.6. Number and Percent of Children Waking Up at Night

Child wakes up during the night	Number	%
This sleep behavior never occurs	70	45.2%
The behavior occurs once or twice a month	45	29.0%
Occurs one to two times a week	35	22.6%
Occurs between three and five nights a week	3	1.9%
The sleep behavior happens every night	2	1.3%
Total	155	100%

Table S.6.7. Number and Percent of Children Difficulty Falling Asleep After Wakening

After waking up in the night, child has difficulty falling asleep again by himself or herself.	Number	%
This sleep behavior never occurs	112	72.7%
The behavior occurs once or twice a month	29	18.8%
Occurs one to two times a week	10	6.5%
Occurs between three and five nights a week	1	0.7%
The sleep behavior happens every night	2	1.3%
Total	154	100%

Table S.6.8. Number and Percent of Children that Sleep some of the Night in Parent's Bed

Child sleeps in the parent's bed at some time during the night	Number	%
This sleep behavior never occurs	55	36.0%
The behavior occurs once or twice a month	29	19.0%
Occurs one to two times a week	17	11.1%
Occurs between three and five nights a week	9	5.9%
The sleep behavior happens every night	43	28.1%
Total	153	100%

Table S.6.9. Number and Percent of Children Needing Parent to Replace a Comforter After Waking in Night

If child wakes, he or she uses a comforter (e.g. pacifier or binky) and requires a parent to replace it.	Number	%
This sleep behavior never occurs	123	79.9%
The behavior occurs once or twice a month	14	9.1%
Occurs one to two times a week	8	5.2%
Occurs between three and five nights a week	4	2.6%
The sleep behavior happens every night	5	3.3%
Total	154	100%

Table S.6.10. Number and Percent of Children Wanting a Drink During the Night

Child wants a drink during night (including breast or bottle-feed)	Number	%
This sleep behavior never occurs	87	57.2%
The behavior occurs once or twice a month	25	16.5%
Occurs one to two times a week	16	10.5%
Occurs between three and five nights a week	9	5.9%
The sleep behavior happens every night	15	9.9%
Total	152	100%

Table S.6.11. Number and Percent of Children with Sleeping Difficulties

Do you think your child has sleeping difficulties?	Number	%
No	145	96.7%
Yes	5	3.3%
Total	150	100%



Section 7. Medical

Parents answered the question: Does your child have any current medical conditions diagnosed by a doctor? Among the 156 children, 39 (25%) reported that their children had a medical conditions diagnosed by a doctor. The top two medical conditions are asthma (33, 20.9%) and eczema (2, 1.3%).



*Early Life & Feeding
Of A Child*



Section 8. Early Life and Feeding of Child

Birth Weight

Among the 158 children participated from Tanapag/San Rogue, a total of 114 had information on birth weight. The distribution of birth weight into three groups is summarized in the following table.

Table S.8.1. Number and Percent of Children by Birth Weight

Birth Size	Number	%
Low birth weight < 2500 g	5	4.4%
Healthy birth weight (2500 – 4000 g)	101	88.6%
High birth weight > 4000 g	8	7.0%

Among the 158 children participated in Tanapag/San Rogue, a total of 31 had information on birth length. Among the 31 children, 4 (12.9%) had birth length below 5 percentile using the CDC 2000 reference data, which is at 45.57 cm.

Early Feeding Pattern

Among the 158 children participated in Tanapag/San Rogue, a total of 153 had information on breastfeeding. Among the 153 children, 127 (83.0%) of children were reported to be ever breastfed.

Table S.8.2. Number and Percent of Children ever Breastfed or fed Breast Milk

Child ever Breastfed or fed Breastmilk	Number	%
Yes	127	83.0%
No	26	17.0%
Total	153	100%
If Yes, (about children who were ever breastfed)		
Mean age child stopped breastfeeding or being fed breast milk (months) (n=110)	11.9 months (SD=12.4)	

Among the 158 children participated in Tanapag/San Roque, a total of 153 had information on formula feeding. Among those 153 children, 121 (78.1%) of children were reported to be ever formula fed. Mean age of children started formula feeding or stopped formula feeding is reported in the following table.

Table S.8.3. Number and Percent of Children ever fed Formula

Child ever fed formula	Number	%
Yes	121	79.1%
No	32	20.9%
Total	153	100%
If Yes, (about children who were fed formula)		
Mean age (sd) child first fed formula (months) (n=102)	3.5 months (SD=5.4)	
Mean age (sd) child completely stopped drinking formula (months) (n=92)	18.8 month (SD= 12.5)	

A total of 130 out of the 158 children had information on age when the child was fed anything other than breast milk or formula (juice, cow's milk, sugar water, baby food, or anything else, even water). The mean age of this was 7.9 months (SD=5.8).



Household Demographics & Measures



Section 9. Household Demographics and Measures

Parents and other caregivers brought their children to participate in the CHL measurement study. The following section summarizes the participant's relationship to the child, the parent or caregiver's marital status, educational achievement, employment status, family income, and family structure.

Relationship

Relationship of the caregiver participant to the child is summarized in the following table.

Table S.9.1. Number and Percent of Caregiver's Relationship to Child

Relationship	Number	Percent
Biological mom	119	75.8%
Legal guardian, caregiver, other	14	11.5%
Birth dad	18	8.9%
Grandmother	4	2.6%
Adoptive mom	2	1.3%

Marital Status

A total of 155 out of the 158 participants had marital status information of the respondent (see the following table).

Table S.9.2. Frequency and Percent of Caregiver's Marital Status

Marital Status	Number	Percent
Married	72	46.5%
Single and living with boyfriend, girlfriend, or partner	44	28.4%
Single and not living with boyfriend, girlfriend, or partner	24	15.5%
Other (not specified)	6	3.9%
Widowed	6	3.9%
Separated	3	1.9%

Household Size and Multi-generation Households

All 158 children had information on the number of people lived in the same household and their relationship to the child. Among them, 48 (30.4%) are from multi-generation households. Mean size of household is 5, with the minimum of 2 and maximum of 21.

Education

The education levels of the caregivers – (the parents or guardians) are shown below

Table S.9.3. Number and Percent of Caregiver's Education Level

Education	Number	Percent
Never attended school or only kindergarten	--	--
Grades 1 up to 8 (elementary to middle)	6	3.8%
Grades 9 to 11(some high school)	24	15.2%
Grades 12 or GED (high school graduate)	65	41.1%
College or technical school 1 to 3 years	40	25.3%
College 4 years or more	23	14.6%
Total	158	100%

Employment Status of the Caregiver Participants

Among the 158 children participated in Tanapag/San Rogue , all had information on whether the respondent is employed for wages/salary, whether he/she is self-employed, whether he/she is out of work for more than a year or less than a year, whether the respondent is a homemaker, a student, unable to work or has more than one job.

Table S.9.4. Number and Percent of Caregiver's Employment Status

Employment	Number	Percent
Employed for wages / salary	72	45.6%
Self-employed	4	2.5%
Out of work (less than 1 year)	6	3.8%
Out of work (more than 1 year)	31	19.6%
Homemaker	25	15.8%
Student	8	5.1%

Retired	1	0.6%
Unable to work	13	8.2%
More than one job	8	5.1%

*Note: responses may total over 100% because respondents could select more than one category.

Household Income Level

Among the 158 children participated in Tanapag/San Rogue, 125 had information on annual Household income from all sources over the past 12 months. The following table summarizes this information.

Table S.9.5. Number and Percent of Caregiver's Household Income Level

Annual household income in the past 12 months	Number	Percent
Under \$10,000	50	40.0%
From \$10,000 to less than \$20,000	40	32.0%
From \$20,000 to less than \$35,000	20	16.0%
From \$35,000 to less than \$60,000	9	7.2%
From \$60,000 to less than \$75,000	1	0.8%
\$75,000 or more	5	4.0%
Total	125	100%

Religion

Among the 158 children, a total of 154 had information on family's religious affiliation. Out of the 154, 3 (2.0%) reported no religious affiliation. Among the 151 with any type of religious affiliation, the distribution of different religious affiliations is presented in the following table. A total of 82 had information on how often they engage in religious activities. The mean number of times per month attending religious activities is 4.4 among those participants.

Table S.9.6. Number and Percent of Respondents' Religious Affiliation

Religion Affiliation	Frequency	Percent
Catholic	130	86.1%
Christian denomination not specified	10	6.6%
Other*	3	7.3%
Total	157	100%

*Includes Muslim, Other, Buddhist, and Pentecostal, Protestant

Food Security / Resource Availability

Food security and availability was included in the demographic questionnaire, to help understand the support services used by participants in our geographically varied jurisdictions. The food security questions were adapted from questions used by USDA to Assess Household Food Security (USDA, 2008). NHANES (cdc.gov/nchs/data/nhanes/nhanes_11_12/fsq_family.pdf).

Participants were asked, in the past 12 months, how often money for food or money for utilities runs out before the end of the month. Among the 158 children participated in Tanapag/San Roque , a total of 133 had information on whether money for food runs out or not and a total of 129 had information on whether money for utility runs out or not. The following table presents the answers.

Table S.9.7. Number and Percent of Caregiver's Money for Food and Utilities

Food Insecurity and Utilities in past 12 months	Number	%
Money runs out for food before the end of the month.		
Never	42	31.6%
Seldom	24	18.1%
Sometimes	51	38.4%
Most times	8	6.0%
Always	8	6.0%
Money for household utilities (water, fuel, etc.) runs out before the end of the month.		
Never	46	35.7%

Seldom	17	13.2%
Sometimes	43	33.3%
Most times or always	17	13.2%
Always	6	4.7%

A total of 156 children had information on whether they received assistance to pay food. Among those 156 children, 122 (78.2%) reported they did receive assistance. The following table summarizes different types of benefits their households have received.

Table S.9.8. Number and Percent of Caregivers Who Receive Food Assistance

Food Assistance Benefits received for those who obtained food assistance	Number	%
EBT/ SNAP / NAP (formerly called Food Stamps)	60	49.2%
Food Assistance (Food Bank / Food Pantries or Commodity foods)	13	10.7%
WIC benefits	95	77.9%
Free or reduced cost breakfast or lunch at school	34	27.9%

*Note: responses may total over 100% because respondents could select more than one category.

Culture

The degree of participants' own group's cultural and U.S. mainland cultural identifications were assessed using an acculturation questionnaire originally designed for use with Native Hawaiians (Kaholokula, Grandinetti, Nacapoy and Chang, 2008).

The following tables summarize responses to those questions.

Table S.9.9. Number and Percent of Caregiver's Knowledge of Traditional Culture and Lifestyle

Knowledge of traditional culture & lifestyle	Number	Percent
Very knowledgeable	54	34.4%
Somewhat knowledgeable	81	51.6%
Neutral or no response	18	11.5%
Somewhat not knowledgeable	2	1.3%
Not at all knowledgeable	2	1.3%

Table S.9.10. Number and Percent of Caregiver' Involvement with Traditional Culture and Lifestyle

Involved with traditional culture & lifestyle	Number	Percent
Very involved	25	16.1%
Somewhat involved	85	54.8%
Neutral or no response	37	23.9%
Somewhat not involved	4	2.6%
Not at all involved	4	2.6%

Table S.9.11. Number and Percent of Caregiver's Feelings Toward Traditional Culture and Lifestyle

Feel towards traditional culture & lifestyle	Number	Percent
Very positive	64	40.0%
Somewhat positive	53	33.1%
Neutral or no response	40	25.0%
Somewhat negative	2	1.3%
Very negative	1	0.6%

Table S.9.12. Number and Percent of Caregiver's Association with Traditional Culture and Lifestyle

How often associate with people of your traditional culture & lifestyle	Number	Percent
Most of the time	47	29.9%
Somewhat often	65	41.4%
Neutral or no response	24	15.3%
Very little of the time	14	8.9%
Not at all	7	4.5%

Table S.9.13. Number and Percent of Respondents' Knowledge of U.S. Mainland/Lower 48 Culture and Lifestyle

Knowledge of U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Very knowledgeable	25	16.0%
Somewhat knowledgeable	63	40.4%
Neutral or no response	40	25.6%
Somewhat not knowledgeable	14	9.0%
Not at all knowledgeable	14	9.0%

Table S.9.14. Number and Percent of Caregiver's Involvement in U.S. Mainland/Lower 48 Culture and Lifestyle

Involvement with U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Very involved	7	4.5%
Somewhat involved	59	37.8%
Neutral or no response	56	35.9%
Somewhat not involved	14	9.0%
Not at all involved	20	12.8%

Table S.9.15. Number and Percent of Caregiver's Feelings Toward U.S. Mainland/Lower 48 Culture and Lifestyle

Feeling towards U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Very positive	16	10.3%
Somewhat positive	69	44.2%
Neutral or no response	62	39.7%
Somewhat negative	7	4.5%
Very negative	2	1.3%

Table S.9.16. Number and Percent of Caregiver's Association with U.S. Mainland/Lower 48 Culture and Lifestyle

How often associate with U.S. Mainland / Lower 48 culture and lifestyle	Number	Percent
Most of the time	15	9.6%
Somewhat often	54	34.6%
Neutral or no response	41	26.3%
Very little of the time	26	16.7%
Not at all	20	12.8%

Community Assessment Results



VI. Community Assessment Results

The Community Assessment Toolkit or CAT is a collection of data-recording forms to evaluate the food and physical activity environments of communities. These enabled us to study determinants of healthy eating, physical activity, and obesity among youth.

Section 1. Food Resources and Physical Activity Environment

The assessment of the food environment included inventories and surveys of fast food restaurants, and food outlets, with documents adapted from other surveys (Bridging the Gap (BTG) and Community of Excellence (CX3))

- **CX3 Scores for Food outlet**
 - a. Accepts WIC and Food stamps / SNAP/ EBT
 - b. Availability of fresh fruit and quality of fruit
 - c. Availability of fresh vegetable and quality of vegetable
 - d. Other healthful foods
 - e. Unhealthy products
 - f. Nutrition information
 - g. Number of healthy and unhealthy ads present inside and outside the food outlet
 - h. Walkability
- **Fast food**
 - i. Advertisements that promoted price
 - j. Advertisements that included sugar-sweetened beverages
 - k. Number of healthy food options on the menu
 - l. Number healthy beverage options

The assessment of the physical activity environment included inventories and surveys of parks, school grounds, church grounds, and physical activity facilities, with documents adapted from Bridging the Gap (BTG). The assessment of community walkability was assessed with documents adapted from the National Center for Safe

Routes to School. Original forms can be found in Appendix A. CHL adapted forms can be found in Appendix B.

Section 2. Assessment of Parks

The Form used to assess parks is modified from the Bridging the Gap Program, University of Illinois at Chicago, Park Observation Form (See Appendix for form used). The purpose of this survey is to improve our understanding of accessibility of park settings and quality of opportunities for physical activity in these settings among CHL communities. A complete list of parks that were located within the community boundary, or on the periphery, and their locations was compiled for each community by local staff. Staff then assessed up to ten parks per community or all of them when there were less than ten parks in a community. Staff were instructed to spend about 30 minutes walking through each park to survey its accessibility, setting, amenities, sports fields (e.g., soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), walking/running/biking trails, and incivilities.

Eligible parks: Local municipal or county park that is open to the public

- Has equipment used for physical activity or play, including playing fields and courts AND/OR has green space or natural features, benches, walking paths, picnic tables, or other park features
- On-the-ground parks only. Must also have a sign designating it as a public park if no sports features are present

Exclusions: Campgrounds, golf courses, forest preserves, stadiums, zoos, state and national parks, private/resident-only (e.g., neighborhood association) parks, stand-alone fields/courts associated with a school.

Park Setting, Parking, Sidewalks, and Amenities

Upon entering the park staff assessed the presence of certain park settings, parking and sidewalk features, and certain park amenities.

Observations on park setting included whether it was a public park, whether it was adjacent to a school, and whether it shared sports features with a school. In Tanapag/San Roque, a total of 5 parks were assessed. Among the 5 parks with such information, 4 (80%) were a public park, while 1 (20%) was other communal space. None were adjacent to a school, and none had shared sports features with an adjacent school.

All have on-site parking, while only 1 have an on-site parking with overhead lighting, and none had bicycle parking. Also, only 1 had sidewalks leading up to the entrance of the park and zero sidewalks with overhead lighting.

Observation on park amenities included whether it had closing time signage, restrooms, showers, and beverage vending machine. Among the 5 parks with such information, none had closing time signage, restrooms available, any showers, or any beverage vending machines.

Table S.2.1. Park Setting (N=5)

Park Setting	Number	Percent
Setting		
Public Park	4	80.0%
Adjacent to a school	0	0.0%
Shares sports features with a school	0	0.0%
Parking		
Parking on-site available (not including street parking)	5	100.0%
Parking has lights	1	20.0%

Bicycle parking racks or cages available	0	0.0%
Sidewalk		
Sidewalks on street lead up to the entrance*	1	20.0%
Sidewalks have lighting	0	0.0%
Amenities		
Park has closing time signage	0	0.0%
Restrooms present	0	0.0%
Showers present	0	0.0%
Beverage vending machines present	0	0.0%

Park Access and Barriers to Entry

Staff assessed each park for an entrance fee, signage limiting entry and any physical barriers around the perimeter of the park. Among the 5 parks surveyed in Tanapag/San Roque, it had data on the question of whether there was an entrance fee. Since the park surveyed was a public park, we can assume there is no entrance fee. For the other items, only 4 parks had information on signage name and signage limitations, while 5 parks had information on the rest. Only 1 park (25%) had signage indicating the park name, and none had signage stating that public use of the park was limited to specific times. None of the parks had a signage restricting access or a locked fence or other physical barrier around the perimeter.

Table S.2.2. Park Access and Barriers (N=5)

Access and Barriers		
Signage indicates park name (n=4)	1	25.0%
Signage states public use of area is limited to specific times (n=4)	0	0.0%

Signage states area is private or restricted access at all times	0	0.0%
Locked fence or other physical barrier around the perimeter prevents public access	0	0.0%

Sports Features

Staff assessed each park for a specific list of sports features to determine the number of each feature present and whether such a feature had lighting or not. Staff also rated the condition of each feature.

Feature Descriptions

- **Field, Multi-use:** A multi-use field is a large, flat, open space usable as an athletic field for more than one sport.
- **Field, Football:** A field should have the appropriate layout, markings, and/or equipment in order to be identified as a football field.
- **Field, Baseball:** A field should have the appropriate layout, markings, and/or equipment in order to be identified as a baseball field.
- **Field, Soccer:** A field should have the appropriate layout, markings, and/or equipment in order to be identified as a soccer field.
- **Court, Basketball:** A court should have the appropriate layout, markings, and/or equipment in order to be identified as a basketball court.
- **Court, Tennis:** A court should have the appropriate layout, markings, and/or equipment in order to be identified as a tennis court.
- **Court, Volleyball:** A court should have the appropriate layout, markings, and/or equipment in order to be identified as a volleyball court.
- **Court, Multi-use:** This includes large courts that contain equipment or the capability of holding equipment for different sports such as both basketball and volleyball.
- **Running/Walking Track:** A running/walking track may be located on the perimeter of a field or as part of a track and field stadium. Most tracks will have lane and/or

distance markings.

- **Pool:** This includes—
 - a pool that is at least 3 feet deep at the deepest end.
 - a wading pool that is less than 3 feet deep at the deepest end and intended for use by small children.
- **Playground Area:** A playground area includes swings, monkey bars, climbing apparatuses, slides, see-saws, spring features, and other items meant for children’s play. In CHL survey, staff was trained to count only the number of areas, not the specific equipment or apparatuses.
- **Skateboarding Facilities:** Skateboarding facilities include ramps, tracks, and other apparatuses meant for use by skateboarders or in-line skaters. In CHL survey, staff was trained to count only the number of rooms or areas, not the specific equipment or apparatuses.
- **Exercise Stations with or without Signage:** Exercise stations are designated activity points. Exercise stations may also be called FitnessTrails or FitTrails.
- **Rock Climbing Wall:** A rock climbing wall is a natural or artificially constructed outdoor wall with grips for hands and feet, used for climbing.

Condition of the Feature

Staff rated the condition and the presence of lighting for each feature item. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When there was more than one item per feature, each item was evaluated for condition while the presence of lighting was assessed across all items in a feature. For example, if a park had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of basketball courts as 3, 2 of which are rated okay/good, 1 rated as poor, and one basketball courts had lighting.

Feature condition was rated based on the feature’s surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature

without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear, damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface.

Survey Results for Sports Features

Across the 5 parks surveyed in Tanapag/San Roque, there were a total of 4 features, of which 3 were rated as ok/good, 1 was rated as poor, and 0 were not rated. Among those rated features, 3 (75%) were rated as ok/good.

Basketball courts (3) and playgrounds (1) were the most frequent features. Playgrounds may be of particular interests to families with young children. In Tanapag/San Roque, there was 1 playground, and was rated as poor. The park had a playground area with no lighting features. The following table (Table S.2.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across the 5 parks in Tanapag/San Roque.

Table S.2.3. Sports Features Across 5 Parks in Tanapag/San Roque

Feature	Total number of the feature	Condition of the Feature			Number of features w/ Lighting
		OK/Good	Poor	Not rated	
Field multiuse	0	0	0	0	0
Field football	0	0	0	0	0
Field baseball	0	0	0	0	0
Field soccer	0	0	0	0	0
Court basketball	3	3	0	0	2
Court tennis	0	0	0	0	0

Court volleyball	0	0	0	0	0
Court multiuse	0	0	0	0	0
Track	0	0	0	0	0
Pool	0	0	0	0	0
Playground	1	0	1	0	0
Skateboarding	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

Park Features and Amenities

Staff assessed each park for a specific list of features and amenities to determine if the feature or amenity was present and to rate the condition of the surface or feature.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure staff selected not rated.

Feature or Amenity Descriptions

- **Green Space:** This includes natural or landscaped space not specifically designated for physical activity
- **Beaches:** This includes natural or man-made beaches on the edge of water features such as lakes, rivers, and lagoons, as well as beaches at coastal parks.
- **Beaches Swimmable:** This includes any beach area with minimal shore break for a 3-5 year old to swim in.
- **Beaches Recreational:** This includes any beach with facilities for family picnics, barbecues, sports, water-sports, etc.

- **Beaches with Lifeguard:** This may be a swimmable beach, recreational beach, or both wherein lifeguards are present to monitor activities and to alert families of changing currents.
- **Other Water Features:** This includes natural or man-made bodies of water that may be present, including streams, creeks, rivers, ponds, lakes, lagoons, and in case of coastal parks, ocean.
- **Shelters:** This refers to a permanent structure with a roof to protect users from rain or sun. Walls are not required. Cloth or lattice canopies over picnic tables or exercise equipment and pergolas are not included.
- **Picnic Tables, Shaded:** This refers to a table top with benches, including outdoor lunch tables. Shade can be provided by tree or a structure.
- **Picnic Tables, not Shaded:** This refers to a table top with benches including outdoor lunch tables. These include tables without trees or a structure.
- **Benches:** Benches are structures designed to function as seating. These do not include picnic tables or retaining/supporting/landscaped walls whose primary function is not seating.
- **Drinking Fountains:** These include freestanding or attached water dispensers intended for drinking.
- **Decorative Water Fountains:** These include ornamental structures from which jet(s) or stream(s) of water is issued and reflecting pools. Decorative fountains are not used for drinking or swimming.
- **Trash Containers:** These are receptacles for litter and refuse that can be made of metal, plastic, or paper/plastic bags. They may be stand-alone or attached to a building.
- **Grills/Fire Pits:** These are structures designed for cooking meats or other foods over open fire. A fire pit may be built directly into the ground or may be a wide and low metal container that holds coals or wood.
- **Fence:** Large areas of the park are enclosed by a fence.
- **Trails:** These include paved or unpaved pathways or footpaths for walking, biking, roller-skating, etc. Trails are distinct from running/walking tracks in that they tend not

follow a strict oval shape, but will usually follow an irregular direction and cover a greater distance than a track.

Survey Results of Park Features and Amenities

Among the 5 parks surveyed in Tanapag/San Roque, there were a total of 28 features and amenities, of which 18 were rated as ok/good, 3 were rated as poor, and 7 were not rated. Among rated features and amenities, 18 (86%) were rated as ok/good. The most common features and amenities present were shelters, green space, benches, picnic tables, and grills. Table S.2.4. summarizes the total number and condition of each individual feature/amenities which was assessed.

Table S.2.4. Park Features and Amenities Across all 5 Parks in Tanapag/San Roque

Feature	Total Number of the Feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Green Space	4	1	2	1
Beach swim	2	1	0	1
Beach recreational	2	1	0	1
Beach lifeguard	0	0	0	0
Waterpark	0	0	0	0
Shelters	5	4	0	1
Picnic Tables w/Shade	3	2	0	1
Picnic Tables w/o Shade	0	0	0	0
Benches	4	4	0	0
Drinking fountain	0	0	0	0
Décor fountain	0	0	0	0

Trash bins	2	2	0	0
Grills	3	0	1	2
Fence	3	3	0	0
Trails	0	0	0	0

Incivilities

Staff assessed each park for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation. The following items in this section were used to assess the physical disorder of the park grounds environment.

- **Garbage/Litter:** Includes paper, packaging, and other items of refuse not included in other categories below.
- **Broken Glass:** Includes any types of broken glass, such as bottles, etc.
- **Graffiti/Tagging:** Refers to “unapproved” writing such as painted or drawn signs or symbols (e.g., gang insignia) on the building and/or exterior property. Do not include painted murals or public art.
- **Evidence of Alcohol Use:** This includes beer or other alcohol-related bottles, cans or caps littering the ground or in/around overflowing trash cans. You do not need to check inside the trash cans for evidence of alcohol use.
- **Evidence of Substance Abuse:** This includes syringes, baggies, rolling papers, etc.
- **Sex Paraphernalia:** This includes condoms, condom wrappers, or other contraceptive device/material, or visible pornographic reading material.
- **Dog Refuse:** There is dog refuse visible.
- **Dogs Unattended:** There are dogs who wander the facility not under advice or leash.
- **Vandalism:** There are evidences of broken windows or other broken features.

Staff looked for incivilities throughout the park and assigned a score for each

incivility type based upon the amount that was present across the park settings. The possible ratings were: none (0), a little (1), some (2), and a lot (3). For the community, average rating for each of the item was used. Mean rating across all 9 items were then used as an overall rating of incivilities across all parks surveyed in that community.

Among the 5 parks surveyed in Tanapag/San Roque, there was a little bit of incivilities (mean= 0.3; sd=0.4). Across the 5 parks in Tanapag/San Roque, there was no evidence of broken glass, dog refuse, and sex paraphernalia. There was, however, on average, a little bit of garbage, graffiti/tagging evidence of alcohol use, evidence of substance abuse, dogs left unattended, and vandalism. (Table S.2.5).

Table S.2.5. Average Amount of Each Incivility Across 5 Parks in Tanapag/San Roque

Incivility Type	Amount
Garbage	A little
Broken glass	None
Graffiti/Tagging	A little
Evidence of Alcohol use	A little
Evidence of Substance Abuse	A little
Sex Paraphernalia	None
Dog Refuse	None
Dogs Unattended	A little
Vandalism	A little

Section 3. Assessment of Schools

Method: The tool used to assess schools is modified from the Bridging the Gap Program, University of Illinois at Chicago, School Observation Form (See APPENDIX for form used). The purpose of this survey is to improve our understanding of the availability and quality of physical activity features that are located on school grounds in CHL communities. A complete list of schools that were located within the community boundary, or on the periphery, and their locations was compiled for each community by local staff. Staff then assessed up to ten schools per community or assessed all of them when there were fewer than ten schools in a community. Staff were instructed to spend about 30 minutes walking through each school grounds to survey its accessibility, setting, amenities, sports fields (e.g., soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), other features (e.g. track, pool, and playground) and incivilities.

Eligible schools: All school grounds were eligible for assessment. This includes schools sharing some sports features with an adjacent park.

School Setting, Parking, Sidewalks, and Amenities

Method: Upon entering the school, staff assessed the presence of certain school settings, parking and sidewalk features, and certain school amenities.

Observations on school setting included whether it was adjacent to a park. In Tanapag/San Roque, a total of 3 schools were assessed. Among the 3 schools, all had information on whether the school was adjacent to a park. Out of those 3 schools, 1 (33.3%) was adjacent to a park, and none shared sports features with an adjacent park.

All schools had on-site parking, while 1 (33.3%) of schools had on-site parking with overhead lighting, and 0 (0%) had bicycle parking. Only 1 (33.3%) of schools had a sidewalk leading up to the entrance of the school, and none (0%) schools had sidewalks with overhead lighting.

Observations on school amenities included whether it had closing time signage, restrooms, showers, and beverage vending machines. Among the 3 schools with such information, 0 (0%) had closing time signage, all 3 (100%) had restrooms, 0 (0%) had showers, and 0 (0%) had beverage vending machines.

Table S.3.1. School Setting (N=3)

School Setting	Number	Percent
Setting		
Adjacent to a park	1	33.3%
Shares sports features with a park	0	0%
Parking		
Parking on-site available (not including street parking)	3	100.0%
Parking has lights	1	33.3%
Bicycle parking racks or cages available	0	0%
Sidewalk		
Sidewalks on street lead up to the entrance	1	33.3%
Sidewalks have lighting	0	0%
Amenities		
School has closing time signage	0	0%
Restrooms present	3	100.0%
Showers present	0	0%
Beverage vending machines present	0	0.0%

School Access and Barriers to Entry

Staff assessed each school for signage limiting entry and any physical barriers around the perimeter of the school. Among the three schools surveyed in Tanapag/San Roque, 3 (100.0%) had signage indicating the school name, while none had signage stating that public use of the school was limited to specific times. Furthermore, 0 (0%) of the schools had signage indicating that the school was private or had restricted access at all times (e.g. no trespassing, school use only), and all 3 (100%) of the schools had a locked fence or other physical barrier around the perimeter.

Table S.3.2. School Access and Barriers (N=3)

Access and Barriers		
Signage indicates school name	3	100.0%
Signage states public use of area is limited to specific times	0	0.0%
Signage states area is private or restricted access at all times	0	0.0%
Locked fence or other physical barrier around the perimeter prevents public access	3	100.0%

Sports Features

Staff assessed each school for a specific list of sports features to determine the number of each feature present and whether such a feature had lighting or not. Staff also rated the condition of each feature. These features are the same as those included in the assessment of parks.

Condition of the Feature

Staff rated the condition and the presence of lighting for each feature item. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When there was more than one of a particular feature, each was evaluated for condition while

the presence of lighting was assessed across all features. For example, if a school had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of basketball courts as 3, 2 of which were rated okay/good, 1 was rated as poor, and that this school had lighting for this feature.

Feature condition was rated based on the feature’s surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear, damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface.

Survey Results for Sports Features

Across the three schools surveyed in Tanapag/San Rogue, there were a total of 6 sports features, of which all 3 were rated as ok/good, 3 were rated as poor, and 0 were not rated. Among the 6 rated features, 50% were rated as ok/good.

Multi-use fields were the most frequent features (3), followed by playgrounds (2), and basketball courts (1). The following table (Table S.3.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across all 3 schools in Tanapag/San Rogue.

Table S.3.3. Sports Features Across all 3 Schools in Tanapag/San Rogue

Feature	Total number of the feature	Condition of the Feature			Number of schools w/ Lighting
		OK/Good	Poor	Not rated	
Field multiuse	3	1	2	0	0

Field football	0	0	0	0	0
Field baseball	0	0	0	0	0
Field soccer	0	0	0	0	0
Court basketball	1	1	0	0	0
Court tennis	0	0	0	0	0
Court volleyball	0	0	0	0	0
Court multiuse	0	0	0	0	0
Track	0	0	0	0	0
Pool	0	0	0	0	0
Playground	2	1	1	0	0
Skateboarding	0	0	0	0	0
Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

School Features and Amenities

Method: Staff assessed each school for a specific list of features and amenities to determine if the feature or amenity was present and to rate the condition of the surface or feature. These features are the same as those included in the assessment of parks.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure, staff selected not rated.

Survey Results of School Features and Amenities

Among the 3 schools in Tanapag/San Rogue, there were a total of 12 features and amenities, of which 11 were rated as ok/good, 1 was rated as poor, and 0 were not rated. Among the 12 rated features and amenities, 92% were rated as ok/good. The most common features and amenities present were green space (3), shelters (2), trash bins (2), fences (2), and benches (1). Table S.3.4. summarizes the total number and condition of each individual feature/amenity which was assessed.

Table S.3.4. Features and Amenities Across all 3 Schools in Tanapag/San Rogue

Feature	Total Number of the feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Green Space	3	3	0	0
Beach for swimming	1	1	0	0
Beach, recreational	1	1	0	0
Beach with lifeguard	0	0	0	0
Waterpark	0	0	0	0
Shelters	2	2	0	0
Picnic Tables w/ Shade	0	0	0	0
Picnic Tables w/o Shade	0	0	0	0
Benches	1	0	1	0
Drinking fountain	0	0	0	0
Decorative fountain	0	0	0	0
Trash bins	2	2	0	0
Grills	0	0	0	0

Fence	2	2	0	0
Trails	0	0	0	0

Incivilities

Method: Staff assessed each school for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation or markers of blight. The following items in this section were used to assess the physical disorder of the school grounds environment. These incivilities are the same as those included in the assessment of parks.

Amount of Incivilities

Staff looked for incivilities throughout the school and assigned a score for each of 9 incivility types based upon the amount that was present across the school settings. The possible ratings were: none (0), a little (1), some (2), and 3 (a lot). For the community, average rating for each of the item was used.

Among the three schools in Tanapag/San Rogue, there was no evidence of garbage, broken glass, graffiti/tagging, evidence of alcohol use, evidence of substance abuse, sex paraphernalia, dog refuse, dogs left unattended, or vandalism. (Table S.3.5).

Table S.3.5. Average Amount of Each Incivility Across 3 Schools in Tanapag/San Rogue

Incivility Type	Amount
Garbage	None
Broken glass	None
Graffiti/Tagging	None

Evidence of Alcohol use	None
Evidence of Substance Abuse	None
Sex Paraphernalia	None
Dog Refuse	None
Dogs Unattended	None
Vandalism	None

Section 4. Assessment of Churches

Method: The tool used to assess churches is modified from the Bridging the Gap Program, University of Illinois at Chicago, Park Observation Form (See APPENDIX for form used). The purpose of this survey is to improve our understanding of the availability and quality of physical activity features that are located on church grounds in CHL communities. This assessment was only performed in jurisdictions where churches are commonly used as places for physical activity. A complete list of churches that had some outdoor physical activity features, such as fields, and that were located within the community boundary, or on the periphery, and their locations, was compiled for each community by local staff. Staff then assessed up to ten churches per community or assessed all of them when there were fewer than ten churches in a community. Staff were instructed to spend about 30 minutes walking through the grounds of each church to survey its accessibility, setting, amenities, sports fields (e.g., soccer, football, baseball), courts (e.g., tennis, basketball, volleyball), other features (e.g. track, pool, and playground) and incivilities.

Eligible Churches: The grounds of any church that had outdoor physical activity features and was on the inventory list were eligible for assessment.

Church Setting, Parking, Sidewalks, and Amenities

Method: Upon entering the church grounds, staff assessed the presence of certain church settings, parking and sidewalk features, and certain church amenities.

In Tanapag/San Rogue, there were 2 churches. Observations on church settings included whether it was within a quarter mile of another community feature (e.g. a school, housing, food store). Among the 2 churches in Tanapag/San Rogue, none were near another community resource, but both (100%) were adjacent to a beach area.

Both of the churches had on-site parking, but did not have on-site parking with overhead lighting, bicycle parking, a sidewalk leading up to the entrance of the church, or sidewalks with overhead lighting.

Observations on church amenities included whether it had closing time signage, restrooms, showers, and beverage vending machines. The two churches did not have a closing time sign, any showers, restrooms, or beverage vending machines.

Table S.4.1. Church Setting (N=2)

Church Setting	Number	Percent
Setting		
Within ¼ of a mile from another community feature	0	0.0%
Adjacent to facility	2	100%
Parking		
Parking on-site available (not including street parking)	2	100.0%
Parking has lights	0	0.0%
Bicycle parking racks or cages available	0	0.0%
Sidewalk		
Sidewalks on street lead up to the entrance*	0	0.0%
Sidewalks have lighting	0	0.0%
Amenities		

Church has closing time signage	0	0.0%
Restrooms present	0	0.0%
Showers present	0	0.0%
Beverage vending machines present	0	0.0%

Church Access and Barriers to Entry

Staff assessed each church for signage limiting entry and any physical barriers around the perimeter of the church. Among the two churches surveyed in Tanapag/San Roque, 0 (0.0%) had signage indicating the church name, 0 (0.0%) had signage stating that an area was open to the public, 0 (0.0%) had signage indicating that an area was open to church members only, 0 (0.0%) had signage indicating that use of an area was limited to specific times, 0 (0.0%) had signage that use of an area required permission (e.g. from a minister or deacon), and none of the churches had information on signage stating that supervision was needed (e.g. by an adult or minister). None (0.0%) had signage stating that an area was private or restricted at all times and 0 (0.0%) had a locked fence or other physical barrier around the perimeter.

Table S.4.2. Church Access and Barriers (N=2)

Access and barriers		
Signage indicates church name	0	0.0%
Signage states an area is open to the public	0	0.0%
Signage states an area is open to church members only	0	0.0%
Signage indicates that use of an area was limited to specific times	0	0.0%
Signage states that use of an area required permission	0	0.0%

Signage states that supervision was needed	0	0.0%
Signage states area is private or restricted access at all times	0	0.0%
Locked fence or other physical barrier around the perimeter prevents public access	0	0.0%

Sports Features

Staff assessed each church for a specific list of sports features to determine the number of each feature present and whether such a feature had lighting or not. Staff also rated the condition of each feature. These features are the same as those included in the assessment of parks.

Condition of the Feature

Staff rated the condition and the presence of lighting for each feature item. The condition of a feature could be recorded as “poor”, “okay/good”, or “not rated”. When there was more than one of a particular feature, each was evaluated for condition while the presence of lighting was assessed across all features for each church. For example, if a church had 3 basketball courts and 2 were in okay condition, 1 was in poor condition, and 1 of them had lighting, then the staff would record the number of basketball courts as 3, 2 of which were rated okay/good, 1 was rated as poor, and that this church had lighting for this feature.

Feature condition was rated based on the feature’s surface and related equipment, if any was available for the feature. Ultimately the feature condition rating was related to whether or not players could safely play or engage in physical activity on a feature without risking injury or falling. Staff took into consideration the type of activities that would take place on or within a particular feature as well as the material comprising the surface when considering its condition. When assessing the condition of equipment used for physical activity, staff took into consideration age, functionality, wear and tear,

damage such as dents or sharp edges, missing pieces, and rust. For example, if a playing surface was composed of concrete, staff assessed whether smooth concrete covered the entire surface and looked for cracks or uneven slabs in the concrete surface.

Survey Results for Sports Features

Across the two churches surveyed in Tanapag/San Roque, there were a total of 0 sports features.

The following table (Table S.4.3) summarizes the number of each sports feature, the conditions of the feature, and whether lighting was present for the feature across the one church in Tanapag/San Roque.

Table S.4.3. Sports Features Across 2 Churches in Tanapag/San Roque

Feature	Total number of the feature	Condition of the Feature			Number of churches w/ Lighting
		OK/Good	Poor	Not rated	
Field multiuse	0	0	0	0	0
Field football	0	0	0	0	0
Field baseball	0	0	0	0	0
Field soccer	0	0	0	0	0
Court basketball	0	0	0	0	0
Court tennis	0	0	0	0	0
Court volleyball	0	0	0	0	0
Court multiuse	0	0	0	0	0
Track	0	0	0	0	0
Pool	0	0	0	0	0
Playground	0	0	0	0	0
Skateboarding	0	0	0	0	0

Exercise Stations	0	0	0	0	0
Rock Climbing	0	0	0	0	0

Church Features and Amenities

Method: Staff assessed each church for a specific list of features and amenities to determine if the feature or amenity was present and to rate the condition of the surface or feature. These features are the same as those included in the assessment of parks.

When staff were unable to determine the condition of one or more features of a specific type (if more than one present), they rated the features of that type that were able to be rated. When any features of a specific type could not be rated due to construction/repairs or seasonal closure, staff selected not rated.

Survey Results of Church Features and Amenities

Among the 2 churches in Tanapag/San Rogue, there were 4 features, of which 1 was rated as ok/good, and 3 were not rated. Table S.4.4. summarizes the total number and condition of each individual feature/amenity that was assessed.

Table S.4.4. Features and Amenities Across all 2 Churches in Tanapag/San Rogue

Feature	Total Number of the feature	Condition of the Feature		
		OK/Good	Poor	Not rated
Green Space	2	1	0	1
Beach for swimming	1	0	0	1
Beach, recreational	1	0	0	1
Beach with lifeguard	0	0	0	0
Waterpark	0	0	0	0

Shelters	0	0	0	0
Picnic Tables w/ Shade	0	0	0	0
Picnic Tables w/o Shade	0	0	0	0
Benches	0	0	0	0
Drinking fountain	0	0	0	0
Decorative fountain	0	0	0	0
Trash bins	1	1	0	0
Grills	0	0	0	0
Fence	0	0	0	0
Trails	0	0	0	0

Incivilities

Method: Staff assessed each church for a list of incivilities and how much each was present. The term incivility is used to describe items in the environment that might discourage physical activity. These items are often signs of area deprivation or markers of blight. The following items in this section were used to assess the physical disorder of the church grounds environment. These incivilities are the same as those included in the assessment of parks.

Amount of Incivilities

Staff looked for incivilities throughout the church and assigned a score for each of 9 incivility types based upon the amount that was present across the church settings. The possible ratings were: none (0), a little (1), some (2), and 3 (a lot). For the community,

average rating for each of the item was used.

Among the 2 churches in Tanapag/San Rogue, there was no evidence of garbage, broken glass, graffiti/tagging, evidence of alcohol use, evidence of substance abuse, sex paraphernalia, dog refuse, dogs left unattended, or vandalism (Table S.4.5).

Table S.4.5. Average Amount of Each Incivility Across 2 Churches in Tanapag/San Rogue

Incivility Type	Amount
Garbage	None
Broken glass	None
Graffiti/Tagging	None
Evidence of Alcohol use	None
Evidence of Substance Abuse	None
Sex Paraphernalia	None
Dog Refuse	None
Dogs Unattended	None
Vandalism	None

Section 5. Food Availability and Marketing Form

CHL's Food Availability Survey and Marketing Form is modified from the California Department of Health Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention program (CX3). The purpose of this survey is to assess the availability of healthy foods, price, nutrition information, and marketing of foods in stores. In addition to the food environment, we surveyed the safety and walkability around stores. A complete list of food stores, including their locations, was compiled for each community by local staff. Staff then assessed up to ten stores per community or all of them when there were less than ten stores in a community. The types of stores assessed include supermarket chain, large grocery store, small market, convenience store, and other community sources for food products.

Supermarket Chain: a large store that sells food and other items, including canned and frozen foods, fresh fruits and vegetables, and fresh (raw) and prepared meats, fish, and poultry. It is owned by a company that has many stores such as Safeway, K-mart, payless. (This type of store has twenty or more employees and at least 4 cash registers.)

Large Grocery Store (not part of a large chain): a large store that sells food and other items, including canned and frozen foods, fresh fruits and vegetables, and fresh (raw) and prepared meats, fish, and poultry. It may be part of a small regional chain of fewer than 5 stores or may be independent. (This type of store also has twenty or more employees and at least 4 cash registers.)

Small Market: usually an independent store that sells food including canned and frozen foods, fresh fruits and vegetables, and fresh (raw) and prepared meats, fish, and poultry as well as convenience items and alcohol. (This type of store has fewer than 20 employees and 3 or less cash registers.)

Convenience: a store that sells convenience items only, including bread, milk, soda, snacks and may sell alcohol and gasoline. These stores do not sell fresh (raw) meat. These stores also are known as food marts.

Other: a store that does not fit into supermarket chain, large grocery store, small market or convenience, but is seen by the community as a general source of food products. Examples would include farmers market, dollar stores or drug stores.

The following table is a breakdown of the store types surveyed in Tanapag/San Rogue. Among the 9 stores assessed, the most common store types in Tanapag/San Rogue were convenience stores (5) and small market (4).

Table S.5.1. Type of Store

Type of Store	Number	Percent
Supermarket chain	0	0%
Large grocery store	0	0%
Small market	4	44.4%
Convenience	5	55.6%
Other	0	0%

Federal Food Assistance Acceptance at Store (WIC and Food Stamps/SNAP)

Stores were assessed for whether or not they accept Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamps/SNAP benefits. WIC provides Federal grants to States to provide supplemental foods to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk (USDA, 2015). The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to eligible, low-income individuals and families.

Stores were also assessed on whether or not they display signage saying “We Accept WIC” and “We Accept Food Stamps/EBT” (electronic benefit transfer). Among the 9

stores surveyed, all stores had information on participating in WIC and on Food Stamps/EBT. Among those 9 stores, 1 (11.1%) accept WIC and 7 (77.8%) accept Food Stamps/EBT. None of the stores displayed signage for WIC being accepted, while 3 (33.3%) displayed signage for Food Stamps/EBT being accepted.

Table S.5.2. Benefits

Federal Benefits	Number	Percent
Accepts WIC	1	11.1%
Accepts Food Stamps or a SNAP vendor	7	77.8%
“We Accept WIC” signage displayed	0	0.0%
“We Accept Food Stamps/EBT” signage displayed	3	33.3%

Variety, Quality, and Availability of Fruits and Vegetables and Other Health Foods

Staff looked at the overall variety, quality, and availability of specific fruits and vegetables in stores. Stores were assessed for whether they had a wide variety (7 or more types), moderate variety (4-6 types), limited variety (1-3 types) or none of fruits and vegetables, separately. Of the 9 stores with this data in Tanapag/San Roque, 1 (14.3%) had a wide variety of fruit and 4 (57.1%) had a wide variety of vegetables.

Table S.5.3. Variety of Fruits and Vegetables

Variety	Number	Percent
Fruits		
None	4	57.1%
Limited	2	28.6%
Moderate variety	--	--
Wide variety	1	14.3%
Vegetables		
None	2	28.6%
Limited	1	14.3%
Moderate variety	--	--
Wide variety	4	57.1%

Stores were also assessed on the quality of their fruits and vegetables. Staff looked for signs of quality in the produce such as the lack of wilting, decay, shriveling, brown stems, and color changes.

- **Wilting** - leaves or stems are limp
- **Decay** - mold or blackening
- **Shriveling** - skin has wrinkles
- **Brown stems/dry stem cuts**
- **Color changes** - yellowing when item should be dark green

The quality was rated as:

- **None** - None sold
- **Poor** - All or most of fruit is of poor quality (brown, bruised, overripe, wilted)
- **Mixed Poor** - Mixed quality; more poor than good
- **Mixed Good** - Mixed quality; more good than poor
- **Good** - All or most of fruit is of good quality (very fresh, no soft spots, excellent color)

Of the 9 stores in Tanapag/San Roque assessed for quality, 3 (42.9%) had mixed good quality for fruit and 3 (42.9%) had mixed good quality for vegetables.

Table S.5.4. Quality of Fruit and Vegetables

Quality	Number	Percent
Fruit		
None	4	57.1%
Poor	--	--
Mixed Poor	--	--
Mixed Good	3	42.9%
Good	--	--
Vegetable		
None	2	28.6%
Poor	--	--
Mixed Poor	2	28.6%
Mixed Good	3	42.9%

Stores were assessed for the availability and price of specific fruits (apple, banana, and orange) and vegetables (carrot, tomato, broccoli, and cabbage). A total of 9 stores in Tanapag/San Roque had data on the availability of these produce. The most commonly available fruits were apples and oranges, in which both were in 3 (42.9%) of the stores, while bananas were in 1 (14.3%) of the stores. Among the vegetables, cabbage were in 4 (57.1%) of the stores, both carrots and broccoli were each in 3 (42.9%) of the stores, and tomatoes were only in 2 (28.6%) of the stores.

Table S.5.5. Availability of Selected Fruits and Vegetables

Availability	Number	Percent
Selected fruit		
Apple	3	50.0%
Banana	1	14.3%
Orange	3	50.0%
Selected vegetable		
Carrot	3	42.9%
Tomato	2	28.6%
Broccoli	3	42.9%
Cabbage	4	57.1%

Stores were assessed for the availability of other healthy foods. **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.

Stores were specifically assessed for a variety of items considered to be low/reduced fat dairy or soy drinks, lean meat protein, non-meat protein, whole-grain, canned/frozen fruit or vegetables, and baby food. Of the 9 stores assessed in Tanapag/San Roque, 6 (85.7%) had at least one low/reduced fat dairy or soy beverage, 7 (100%) had at least one lean meat protein, 3 (42.9%) had at least one non-meat protein, 4 (57.1%) had at least one whole-grain item, 6 (85.7%) had at least one canned/ frozen fruit or vegetable, and 3 (42.9%) had at least one baby food.

Table S.5.6. Availability of Other Healthy Foods in Stores

Other Healthy Foods	Number	Percent
Low/reduced fat dairy or soy beverage	6	85.7%
1% milk	3	42.9%
2% milk	4	57.1%
Skim milk	2	28.6%
Mozzarella	2	28.6%
Flavored soy beverage	1	14.3%
Plain soy beverage	0	0%
Lean meat protein	7	100%
Ground beef or turkey, lean (85% or higher)	0	0%
Whole chicken	5	71.4%
Tuna (light) canned in water	7	100%
Salmon canned in water	1	14.3%
Sardines canned in water, tomato, or mustard	6	85.7%
Non-meat protein	3	42.9%
Tofu, plain	2	28.6%
Beans, dried	3	42.9%
Beans, canned with no added fats, sugar or sweetener	1	14.3%
Whole grain	4	57.1%
Whole grain bread	1	14.3%
Brown rice	4	57.1%
High fiber cereal (≥ 3 grams fiber, ≤ 12 grams sugar per serving)	0	0%
Oatmeal (plain)	2	28.6%
Tortillas, soft corn or whole wheat (no lard)	2	28.6%
Canned/ frozen fruit or vegetables	6	85.7%
Any canned fruit packed in 100% fruit juice	0	0%
Any canned vegetable with no added fats, sugar, or sweetener	6	85.7%
Any frozen fruit with no added fats, sugar, or sweetener	0	0%
Any frozen vegetable with no added fats, sugar, or sweetener	5	71.4%
Baby food	3	42.9%
Baby food, jarred, single fruit	3	42.9%
Baby food, jarred, single vegetable	2	28.6%

Other Healthy Foods	Number	Percent
Baby food, jarred, single meat	1	14.3%

Store Interior Advertisements or Promotions

Stores were assessed for specific ads or promotion themes in the interior of the store. First, staff looked to see if there were health promotion items around the fruit and vegetables display. Of the 9 stores with this data, all (100%) had a health promotion item. Staff then categorized each health promotion item into one of the following themes:

- 5 A Day signs
- Nutrition information
- Fruit and Veggies: More matters
- Children’s Healthy Living (CHL) or CHL partnership
- Other

In Tanapag/San Rogue, there was 1 health promotion item, “Other: Local”. Stores were also assessed for ads promoting locally grown produce. Of the 9 stores with this data, all (100%) promoted locally grown produce.

Table S.5.7. Advertisements Inside the Store

Interior Advertisements	n	Percent
Health promotion around the fruit and vegetable display	9	100%
5 A Day signs	0	0%
Nutrition information	0	0%
Fruit and Veggies: More matters	0	0%
Children's Healthy Living (CHL) or CHL partnership	0	0%
Other: LOCAL	9	100%
Promotion of locally grown produce	3	33.3%

Staff looked at the marketing (presence of ads and product placement) of specific healthy and unhealthy foods near the main check-out area. The presence of ads or promotions recorded included those next to or below the check out, on the floor, or hanging from the ceiling. The presence of products recorded included those next to or below the check out and near the exit doorway.

The healthy products surveyed include the following:

- Granola bars (whole grain, ≥ 2 g fiber, ≤ 1 g saturated fat, ≤ 14 g sugar per serving)
- Bagged Nuts/seeds (does not include honey roasted or w/ added sugar) (next to or below counter/check-out)
- Fresh fruit (next to or below counter/check-out)
- Bottled water (next to or below counter/check-out)
- Other: specify (such as dried fruit, trail mix, 100% juice, etc.)

The unhealthy products surveyed include the following:

- Gumball or candy machine (next to counter or exit doorway)
- Candy (next to or below counter/check-out)

- Soda (next to or below counter/check-out)
- Chips (next to or below counter/check-out)
- Other: specify (such as cookies, ice cream, beef jerky, energy drinks, etc.)

Among the 9 stores surveyed all had information on the marketing near the main check-out area. Looking at ads for healthy food products, 8 stores had 0 ads and 1 store had ads for 1-2 items. Looking at ads unhealthy food products, 5 stores had ads for 1-2 items, and 4 stores had ads for 3-4 items. More stores had at least one ad for unhealthy food products compared to healthy food products near the main check-out area (5 versus 1).

Looking at the presence of healthy food products near the main check-out area, 5 stores had 0 items, 3 stores had 1-2 items, and 1 store had 3-5 items. Looking at the presence of unhealthy food products near the main check-out area, 2 stores had 0 items and 7 stores had 1-2 items. More stores had at least one unhealthy food product compared to healthy food product near the main check-out area (7 versus 3).

Table S.5.8. Store Check-out Area Marketing

Marketing next to the main check-out area	Healthy Food Products (n)	Unhealthy Food Products (n)
Presence of ads or promotions		
0	8	0
1-2 items	1	5
3-4 items	0	4
Presence of products		
0	5	2
1-2 items	3	7
3-5 items	1	0

Store Exterior Advertisements on Healthy and Unhealthy Foods

Stores were assessed for ads promoting healthy or unhealthy foods on the exterior of the store. **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.

Among the 5 stores that had data on the presence of exterior ads for healthy foods, 0 (0%) had ads on healthy foods. Among the 9 stores that had data on the presence of exterior ads for unhealthy foods, 6 (66.7%) had ads for unhealthy foods.

Store Exterior Conditions

Stores were assessed for specific exterior conditions for food promotion. Among the 9 stores surveyed, none had produce bins on the sidewalk in front of the store. None of the stores had other products (e.g., soda, water, other) displayed on the sidewalk in front of the store or inside the store next to the window so they are clearly visible from the outside. There was no information on vending machine on the sidewalk in front of any of the 9 stores surveyed. There were three ads on the roof, walls, or anywhere on the store property of any of the 9 stores surveyed. None of the stores had images of either healthy or unhealthy foods and/or beverages painted on doors or windows of the storefront. None of the stores had painted murals of healthy food and/or beverages on the building walls of the store.

Table S.5.9. Store Exterior

Exterior Conditions	Number	Percent
Produce bins on the sidewalk in front of the store	0	0%
Products displayed on the sidewalk in front for the store or inside the store next to the window	0	0%
Vending machines on the sidewalk in front of the store	0	0%
Advertising (banners, posters, temporary signs, etc.) on the roof, walls or elsewhere on the property	3	33.3%

Images of healthy food (e.g. tomato, apple) and/or beverages (e.g. milk) painted on doors or windows of the storefront	0	0%
Images of unhealthy food (e.g. hamburger, hot dog) and/or beverages (e.g. soda, shake) painted on doors or windows of the storefront	0	0%
Painted murals of healthy foods and/or beverages anywhere on the building walls	0	0%

Perceptions of Safety at Store

Store were assessed for perceptions of safety including whether there were bars or chains on the exterior, whether advertisements covered no more than 1/3 of the window area and the cash register could be seen from the outside for stores that sold alcoholic beverages (e.g. the Lee Law which was passed in California) whether people felt safe walking in and around the store, and if the store was located in a safe, walkable environment. Among the 9 stores with this information, all (100%) had bars. All of the stores complied with Lee Law. None of the stores were rated that people feel safe during the walk around or outside of the store. And none met standards for being located in a safe, walkable environment.

Table S.5.10. Perceived Safety of Store

Safety	Number	Percent
Store has bars or chains on windows or doors	9	100%
Store sells alcohol and no more than 1/3 of window area is covered with ads (Lee Law)	9	100%
People feel safe during the walk around or outside of the store	0	0%
Store meets standards for being located in a safe, walkable environment	0	0%

Overall Summary of Store Assessments

Among the 9 stores surveyed in Tanapag/San Rogue, there were strengths and areas needing improvement in order for stores to support community health.

WIC and Food Stamps/SNAP benefits:

- Not all stores accepted WIC and Food Stamp/SNAP benefits and among those who do signage on the store exterior for accepting these benefits can be improved for the 9 stores that lacked signage for accepting WIC and 6 stores that lacked signage for accepting Food Stamps/SNAP benefits.

Variety, Quality, and Availability of Fruits and Vegetables and Other Healthy Foods

- Of the 9 stores in Tanapag/San Rogue, only 1 (14.3%) store had a wide variety of fruit and 4 (57.1%) had a wide variety of vegetables. There were 2 stores that did not sell any vegetables and 4 stores that did not sell any fruits.
- For the three stores that had fruits and vegetables, 3 stores can improve their quality of fruit and 2 stores can improve their quality for vegetables.
- Four stores can improve the availability of common fruits vegetables such as bananas and tomatoes.
- Among the 9 stores assessed for Other Healthy Foods, 1 (14.3%) lacked at least one low/reduced fat dairy or soy beverage, 4 (57.1%) lacked at least one non-meat protein, 3 (42.9%) lacked at least one whole-grain item, 1 (14.3%) lacked canned/ frozen fruit or vegetable, and 4 (57.1%) lacked at least one baby food.

Ads, Promotions, and Marketing

- Among the 9 stores in Tanapag/San Rogue, all stores had health promotion items around the fruit and vegetables display. Three of them were promotion of locally grown produce.
- Stores in Tanapag/San Rogue are more likely to have ads for unhealthy food

products than healthy food products near the main check out area (5 stores versus 1 store). Similarly, more stores had at least one unhealthy food product compared to healthy food product near the main check-out area (7 versus 3).

- On the store exterior, 6 stores had ads for unhealthy foods, while 0 had ads for healthy foods.
- Looking at the store exterior conditions, none had produce bins on the sidewalk in front of the store and none of the stores had images of healthy food and/or beverages painted on doors or windows of the storefront. None of the stores had painted murals of healthy foods and/or beverages anywhere on the building walls.

Perceptions on Safety around the Store

- Of the 9 stores in Tanapag/San Rogue, all had bars or chains on the windows, only none of the stores were rated as people feeling safe around or outside of the store or in a location deemed to be a safe, walkable environment.
- All (9 out of 9) of the stores met the standards of California's Lee Law to limit the amount of space taken by advertisements for alcohol on the store exterior.

Section 6. Walkability Survey

Everyone benefits from walking. These benefits include: improved fitness, cleaner air, reduced risks of certain health problems, and a greater sense of community, but walking needs to be safe and easy.

CHL staff conducted two separate walkability survey in Tanapag/San Rogue. The survey included a checklist of items to be observed and rated, which are related to the safety and quality of the walk. The individual scores for these items were then added for a total score to get an overall rating for the community walkability.

Rating Scale for Each Walking Feature	Total Walkability Score	Community Walkability
1=awful	26-30	Celebrate! You have a great neighbourhood for walking.
2=many problems	21-25	Celebrate a little. Your neighbourhood is pretty good.
3=some problems	16-20	Okay, but it needs work.
4=good	11-15	It needs lots of work.
5=very good	5-10	It's a disaster for walking!
6=excellent		

The rating scores for Tanapag/San Roque are summarized in the table below. For the total score, the number of neighborhoods audited (n) is 1. This is followed by the mean total score (23.0), median (23.0), minimum (23.0), and maximum (23.0). According to the mean total score, the neighborhoods surveyed in Tanapag/San Roque are considered to be pretty good for walking and as a result, they may celebrate a little.

Table S.6.1. Community Walking Features

Walking Features	n	mean	sd	med	min	max
Total Walking rating	1	23.0	-	23.0	23.0	23.0
Room to walk	1	3.0	-	3.0	3.0	3.0
Ease of crossing street (s)	1	5.0	-	5.0	5.0	5.0
Ease of following safety rules	1	5.0	-	5.0	5.0	5.0
Drivers' behavior	1	5.0	-	5.0	5.0	5.0
Pleasantness of walk	1	5.0	-	5.0	5.0	5.0

*Walkability survey and rating scale is adapted from The National Center for Safe Routes to School (www.saferoutesinfo.org/sites/default/files/walkabilitychecklist.pdf)

Food Cost Survey (FCS)

The CHL Food Cost Survey (FCS), adapted from the Alaska Food Cost Survey, was conducted in all of the CHL jurisdictions in March 2014. Given the link between childhood obesity and food security, particularly in low income households, CHL conducted this survey of communities in the CHL jurisdictions. Three stores in Tanapag/San Rogue were assessed to determine the cost and availability of market foods in Tanapag/San Rogue .

The FCS is based on a meal plan, in particular, the USDA Thrifty Food Plan (TFP). The Thrifty Food plan, based on a national survey of dietary habits, is designed to meet the nutritional needs at low cost for a family of four with school age children (USDA, 1999). It assumes that the food items are bought at a store and are prepared at home. This menu is made of foods in 10 categories. The categories include fruits, vegetables, meats, legumes, dairy, egg, fats / oils, grain, sweets / beverages, and spices. Included in the report is the percent of each category towards the Thrifty Food Plan cost. The TFP is also used as the basis for determining food assistance levels provided in programs such as school lunch.

If a particular item was missing in a local area/ jurisdiction, we used the cost of a similar item as a substitute for the item that was on the national menu. However, in some cases, items were unavailable and no obvious substitutes were available.

Portland, Oregon serves as a general indicator of and reference point for the price series in a somewhat comparable mainland/lower 48 city and its food costs have been collected using the same survey as that was used by CHL. The weekly food cost for a family of four with two adults and two young school- age children in Portland was \$142.37.

It is important to note that the Thrifty food Plan menu was developed based on diets and food availability in the contiguous U.S. Further work is necessary to document local diets and food availability and to examine how they may be incorporated into an adjusted thrifty food menu for use in Tanapag/San Rogue, and its effect on community

food costs.

Results for Tanapag/San Rogue

- **Food Cost Survey, Costs of Food at Home (\$) based on the Thrifty Food Plan and USDA adjustments.**

In Tanapag/San Rogue, the following foods had no price information: orange juice, plain bagels, cottage cheese, oregano, semi-sweet chocolate chips, mozzarella cheese, molasses, paprika, Italian herb seasoning, and bottled lemon juice. The weekly food cost for the Thrifty Food Plan menu for a family of four in Tanapag/San Rogue was \$180.67. In the CHL region, the average cost was \$215.18, with a minimum of \$173.97 and a maximum of \$286.30. The cost in Portland, USA was \$142.37. Tanapag/San Rogue's costs for the same or comparable food items of the Thrifty Food Plan are 126.9% of their cost in Portland, Ore.

Table 1. Weekly and Monthly Food Cost to Eat According to the U.S. Thrifty Food Plan in Tanapag/San Rogue

Age, Groups	Weekly	Monthly
INDIVIDUALS		
Child, 6-8 years	\$37.86	\$64.08
Child, 9-11 years	\$44.93	\$194.70
Male, 20-50 years	\$51.15	\$221.66
Female, 20-50 years	\$46.72	\$202.47
FAMILY		
Family of 2, 20-50 years	\$107.69	\$466.63
Family of 4 , Couple, 20-50 years and children, 6-8 and 9-11 years	\$180.67	\$782.90

* Ratio used to calculate cost of family of other size and individuals are based on Center for Nutrition and Policy and Promotion (CNPP)'s Official USDA Alaska and Hawaii Thrifty Food Plans at <http://www.cnpp.usda.gov>

- **Thrifty Food Plan, Weekly Food Costs: By Food Category**

Cost and percent of each food category was presented in the following table (Table 2), in the order from most expensive to least expensive.

Table 2. Weekly Thrifty Food Plan Costs for a Family of 4 by Food Category in Tanapag/San Rogue

Food Group	Cost	Percent
Meat	\$37.76	20.9%
Fruit	\$35.61	19.7%
Grain	\$30.53	16.9%
Dairy	\$27.11	15.0%
Vegetable	\$22.34	12.4%
Sweets and Beverages	\$11.17	6.2%
Fats and Oils	\$4.49	2.3%
Legume	\$4.17	2.3%
Spice	\$3.83	2.1%
Egg	\$3.66	2.0%

- **Thrifty Food Plan, Weekly Food Costs: Top 10 Most Expensive Foods**

The top 10 most expensive foods in Tanapag/San Rogue were presented in Table 3.

Table 3. Top 10 Most Costly Food Items in Tanapag/San Rogue

Food	Food Group	Price	Percent
Milk, 1% milk fat	Dairy	\$17.94	9.9%
Beef, ground, lean (16 to 23% fat)	Meat	\$13.56	7.5%
Orange juice, frozen concentrate	Fruit	\$11.50	6.4%
Potatoes, any variety	Vegetable	\$9.52	5.3%
Bagels, plain, enriched	Grain	\$7.32	4.1%
Milk, whole	Dairy	\$7.18	4.0%
Oranges, any variety (bagged or loose)	Fruit	\$6.28	3.5%
Fruit drink, refrigerated, any flavor	Sweet Beverage	\$5.92	3.3%
Grapes (green or red)	Fruit	\$4.43	2.5%
Pork, ground	Meat	\$4.35	2.4%
Total		\$88.00	48.9%

Summary

The CHL food cost survey found the cost of food for a family of four, using the TFP, to be \$180.67 per week which is 26.9% higher than the weekly food cost for a family of four in Portland, Oregon. In comparison to the average of the CHL region (\$215.18), the weekly food cost in TASA was 16.0% lower.

Summary of Prevalence Study



Children's Healthy Living Program

VII. Conclusion / Summary of Prevalence Study

The purpose of this report is to inform the community of the CHL research that was conducted in Tanapag/San Rogue during 2012 and 2013. It is a “snapshot” of the community during this time period. It is hoped that this comprehensive report will help the community in designing programs, allocating resources, and advocating for policies that increase the health and well-being of young children in Tanapag/San Rogue .

By decreasing the amount of unhealthy food available at store checkouts; increasing pedestrian access to beach parks; ensuring sidewalks leading to entrance of schools; increasing healthy menu items; and improving pedestrian safety, could all serve to better the health and well-being of young children in the community.

The CHL team would like to express our gratitude and appreciation to all the children, parents, caregivers, teachers, community members and partners who assisted in the collection of this information. Without the support and participation of the community this report would not exist.

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Appendix

Appendix A: Original Forms

- CX3 Store Survey
- BTG Fast Food Survey
- BTG Park Survey
- BTG School Grounds Survey
- BTG Physical Activity facility Survey
- SRTS Walkability checklist



CX³ Tier 2 - NF 2-5 Food Availability & Marketing Survey



A. STORE INFORMATION

- 1) Store ID: _____
County - Neighborhood - Store Code
- 2) Census Tract: _____
- 3) Name/Address of Store: _____

(Street Address) (City) (Zip)
- 4) Coder Name/ID: _____
- 5) Store Type: Obtain from GIS store lists (circle one):
At store visit if store type is different, mark through circled number and circle correct store type.
1. Supermarket chain (e.g., Safeway, Ralph's)
 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): _____
- 6) Is store with in ½ mile of a school? 1 - Yes 0 - No → If Yes, Name of school: _____
- 7) WIC Vendor? 1 - Yes 0 - No (Obtain from GIS, Verify by phone or at store) 1 Elem 2 Middle 3 High 4 Contn
(circle one)
- 8) CalFresh, Food stamp or SNAP vendor? 1 - Yes 0 - No (Obtain from GIS, Verify by phone or at store)
- 9) Participate as a Network for a Healthy California retail store? 1 - Yes 0 - No

- 10) Date of visit: _____
- 34) Disposition: (circle one)
- 1 Completed
 - 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

B. STORE EXTERIOR

- 11) Is a school visible from the store (circle one)? 1 - Yes 0 - No
- 12) 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.

Tally in grey area, circle totals in white area	# 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.

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.

Do not consider:
Cigarettes or tobacco products

Updated: 01.2012

Store Exterior Conditions	Circle One
13) Are there any produce bins on the sidewalk in front of the store?	1 - Yes 0 - No
14) 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
15) 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
16) 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
17) 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
18) 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
19) Are there any painted murals of <i>healthy</i> food and/or beverages anywhere on the <i>building walls</i> ?	1 - Yes 0 - No
20) Are there permanent bars/chains on the windows or doors? (do not include sliding or rolling chains or bars)	1 - Yes 0 - No
21) 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)
22) Is "We Accept WIC" signage displayed?	1 - Yes 0 - No
23) Is "We Accept CalFresh, Food Stamps/ EBT" signage or ads displayed?	1 - Yes 0 - No
23a) Are there any ads promoting EBT with food or beverage products Please check all that apply: <input type="checkbox"/> healthy <input type="checkbox"/> unhealthy	1 - Yes 0 - No ← If Yes

C. STORE INTERIOR

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

25) 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.

D. PRODUCE SECTION

26) Is produce sold? (Circle one) 1 - Yes 0 - No If yes, continue. **If no → Go to Question 33.**

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

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

28) 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 - Network for a Healthy California: Champions for Change
- 5 - Other (specify) _____

28a) Are there any items promoting locally grown produce? (Circle one) 1 - Yes 0 - No

29) 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

30) 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)

31) 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)

32) 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 weight 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

33) 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

34) Fill out the disposition on page 1

Things to remember:

Check for missing data! Be sure all questions are complete before leaving the store.

BTG-COMP ▪ FAST FOOD OBSERVATION FORM ▪ 2012				BUSINESS ID: <u>13-12</u> - _____ - _____																																																	
BUSINESS ID:				<table border="1"> <thead> <tr> <th colspan="4">COMPLETION CODE</th> </tr> </thead> <tbody> <tr> <td>COMPLETED</td> <td colspan="3"></td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>PARTIALLY COMPLETED – CODE DISPOSITION</td> <td colspan="3"></td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>NOT STARTED – CODE DISPOSITION</td> <td colspan="3"></td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>NOT ELIGIBLE – CODE DISPOSITION</td> <td colspan="3"></td> <td><input type="checkbox"/></td> <td>96</td> </tr> </tbody> </table>				COMPLETION CODE				COMPLETED				<input type="checkbox"/>	1	PARTIALLY COMPLETED – CODE DISPOSITION				<input type="checkbox"/>	2	NOT STARTED – CODE DISPOSITION				<input type="checkbox"/>	3	NOT ELIGIBLE – CODE DISPOSITION				<input type="checkbox"/>	96																		
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START TIME _____ : _____ : _____ END TIME _____ : _____ : _____ <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> AM <input type="radio"/> PM																																																					
LITTERED CIGARETTE PACKS No Cellophane With Cellophane Number of bags used: _____																																																					
BUSINESS SAMPLE ATTRIBUTES																																																					
		NO	YES																																																		
Business is within ¼ mile of index school		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																																		
Business replaces a primary sample observation		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																																		
NOTES																																																					
A. GENERAL AND RESTAURANT EXTERIOR																																																					
A1. Is the restaurant ... ?				A2. RECORD SHARED BUSINESS NAME(S)																																																	
		NO	YES																																																		
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																																																		
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																																																		
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																																																		
d. In a shared space with another Restaurant <i>IF YES, COMPLETE A2</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																																		
A3. Restaurant Type <i>CODE ONE TYPE UNLESS MULTI-BRAND</i>				A5. Does the restaurant have ... ?																																																	
		NO	YES																																																		
Burger and Fries		<input type="checkbox"/> 1		a. Outdoor Seating		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Mexican/Latin American		<input type="checkbox"/> 2		b. Parking On-Site <i>IF NO, SKIP TO A5c</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Fried Chicken/Fried Fish		<input type="checkbox"/> 3		1. Lighted Parking		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Sandwich or Sub Shop		<input type="checkbox"/> 4		c. Sidewalk on street at address <i>IF NO, SKIP TO A5d</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Sandwich/Pastry (e.g., Panera, Cosi, Au Bon Pain)		<input type="checkbox"/> 5		1. Sidewalk Lighting		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Pizzeria/Italian		<input type="checkbox"/> 6		d. Bicycle Parking		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Chinese/Pan-Asian		<input type="checkbox"/> 7		e. Bars on Windows		<input type="checkbox"/> 0	<input type="checkbox"/> 1																																														
Other, SPECIFY:		<input type="checkbox"/> 8		A6. How much graffiti/ tagging is on building and/or property?		NONE	A LITTLE	SOME	A LOT																																												
						<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																												
A4. Number of exterior walls visible from parking lot or street <i>IF 4+, CODE 4</i>		_____		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					1 3 - 1 2 - -				
COUNT THE NUMBER OF ...	B1. on Building Exterior			B2. on Property					
	TALLY	TOTAL		TALLY	TOTAL		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						
			C1. Does the restaurant have a drive-thru? IF NO, SKIP C2-C4		NO	YES			
					<input type="checkbox"/> 0	<input type="checkbox"/> 1			
c. Cartoon character(s)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	C2. Does menu board provide calorie Info for menu items?		NO ITEMS	SOME ITEMS	ALL ITEMS		
d. TV/movie star or sports/youth celebrity	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
e. Kids' meal toy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	C3. Does menu board list suggested daily calories?		NO	YES			
f. Other child-targeted marketing	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1			
SPECIFY:			C4. Does menu board state "nutrition information available on request"?		NO	YES			
					<input type="checkbox"/> 0	<input type="checkbox"/> 1			
D. RESTAURANT INTERIOR									
D0. Is the restaurant drive-in only? <i>IF YES, SKIP TO D4</i>	NO	YES	D2. Does the restaurant have ... ?			NO	YES		
	<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. Plexiglass 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		

F. BEVERAGE ITEMS

1 3 - 1 2 - -

F1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>			F2. Size <i>SELECT OR SPECIFY SIZE</i>			F3. Price	MARK "X" IF ASKED PRICE	
	NO	YES						
a. Fountain Drink, smallest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Small	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>	
b. Fountain Drink, largest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Large	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>	
c. Packaged Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 12 oz	<input type="checkbox"/> 20 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>	
d. 100% Juice	ASK IF NOT LISTED ON MENU BOARD	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 6-7 oz	<input type="checkbox"/> 15-16 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
e. Milk, skim or 1% fat (unflavored)		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 7.5-8.5 oz	<input type="checkbox"/> 12 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
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	<input type="checkbox"/> 16.9 oz	<input type="checkbox"/> 20 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
j. Flavored Coffee Drinks (hot or iced)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES					
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

MARK "X" IF NONE FROM G1 AVAILABLE AND SKIP SECTION G

G1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>			G3. Size <i>SELECT OR SPECIFY SIZE</i>			G2. Price	MARK "X" IF ASKED PRICE
	NO	YES					
a. French Fries, smallest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Small	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
b. French Fries, largest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Large	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
c. Cheeseburger	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> ¼ lb	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
d. Chicken Sandwich, with roasted/grilled chicken	<input type="checkbox"/> 0	<input type="checkbox"/> 1				\$ _____	<input type="checkbox"/>
e. Entrée Salad, with roasted/grilled chicken	<input type="checkbox"/> 0	<input type="checkbox"/> 1				\$ _____	<input type="checkbox"/>
f. Fried Chicken, leg/drumstick & thigh	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 pc meal	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
g. Cheese Pizza, thin crust	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 10-12"	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
h. Taco, with ground beef	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> Single	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>
i. Sub Sandwich, with turkey and cheese	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 6"	<input type="checkbox"/> UNSPEC	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>

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 ... ?	
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NO	YES
			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

E. GENERAL MENU REVIEW					1 3 - 1 2 - - - - -				
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)		<input type="checkbox"/> <input type="checkbox"/>			
1. Fruit, vegetable, salad, or yogurt on dollar menu		<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Fresh fruit sides		<input type="checkbox"/> <input type="checkbox"/>			
2. Dessert on the dollar menu		<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Other fruit sides		<input type="checkbox"/> <input type="checkbox"/>			
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	<input type="checkbox"/> 1		
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						
J. NUTRITION INFORMATION									
J1. Is ... visible at the POINT OF PURCHASE?	<i>IF NO, SKIP TO NEXT ROW</i>		J2. Does it provide calorie info for menu items?			J3. Does it list suggested daily calories?		J4. Does it state "nutrition info on request"?	
	NO	YES	NO ITEMS	SOME ITEMS	ALL ITEMS	NO	YES	NO	YES
a. Menu board	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Food display tags	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
c. Posted material	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Printed material	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
e. Printed menu	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1
J5. ASK EMPLOYEE FOR NUTRITION INFO AND CODE ALL RESPONSES		J6/J7/J8. Does it provide calorie info for menu items?			J9/J10/J11. Does it list suggested daily calories?				
Referred to item coded in J1	1	<input type="checkbox"/>	NO ITEMS	SOME ITEMS	ALL ITEMS	NO	YES		
Referred to other posted material	2	<input type="checkbox"/> →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
Referred to other printed material	3	<input type="checkbox"/> →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
Gave printed material from behind the counter	4	<input type="checkbox"/> →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
Ran out of printed material	5	<input type="checkbox"/>	J12. Is printed material with nutrition info attached?		<input type="checkbox"/> 0	<input type="checkbox"/> 1			
Referred to website	6	<input type="checkbox"/>	NOTES						
No nutrition info available	7	<input type="checkbox"/>							
Does not know	8	<input type="checkbox"/>							
Other, <i>SPECIFY IN NOTES</i>	9	<input type="checkbox"/> →							

BTG-COMP ■ PARK OBSERVATION FORM ■ 2012			PARK ID: <u>1</u> <u>1</u> - <u>1</u> <u>2</u> - _____ - _____	
PARK ID : PARK NAME: 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 _____ - _____ - 2012 STAFF 1 _____ STAFF 2 _____ START TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM END TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM			DISPOSITION CODE	
LITTERED CIGARETTE PACKS No Cellophane With Cellophane Number of bags used: _____			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
PARK SAMPLE ATTRIBUTE			Permanently closed / Does not exist	<input type="checkbox"/> 8
			Other (SPECIFY):	<input type="checkbox"/> 6
Park replaces a primary sample observation <input type="checkbox"/> 0 <input type="checkbox"/> 1				
NOTES				
A. SETTING, PARKING AND AMENITIES				
A1. Setting			A2. Does the park have...?	
a. What type of setting is this?			NO	YES
Public Park <input type="checkbox"/> 1			a. Parking On-Site	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Other, SPECIFY: _____ <input type="checkbox"/> 8			1. Lighted Parking <i>IF A2a=0, LEAVE BLANK</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1
b. Is the park adjacent to a school? <i>IF NO, SKIP TO A5</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1			b. Sidewalk on street leading to entrance	<input type="checkbox"/> 0 <input type="checkbox"/> 1
<i>IF YES AND SCHOOL IS IN PRIMARY SAMPLE, RECORD UNIT ID: _____</i>			1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1
<i>IF SCHOOL NOT IN SAMPLE, RECORD NAME: _____</i>			c. Bicycle Parking	<input type="checkbox"/> 0 <input type="checkbox"/> 1
b1. Do park and school share sports features? <input type="checkbox"/> 0 <input type="checkbox"/> 1			A3. Does the park have...?	
			NO	YES
A5. Access signage and barriers to entry			a. Closing Time Signage	
a. Signage indicates park/school name <input type="checkbox"/> 0 <input type="checkbox"/> 1			b. Restrooms/Port-o-lets	
b. Signage states public use of area is limited to specific hours/period of daytime <input type="checkbox"/> 0 <input type="checkbox"/> 1			c. Showers/Locker Rooms	
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. Beverage Vending Machines	
d. Locked fence around the perimeter or other physical barrier prevents public access <input type="checkbox"/> 0 <input type="checkbox"/> 1			1. Plain Bottled Water	
<i>IF YES TO A5c AND/OR A5d, BE SURE YOU HAVE CODED A1, A5a-A5d, AND MARK THE COMPLETION CODE AS 96 (NOT ELIGIBLE).</i>			2. 100% Juice	
			3. Regular Soda	
			4. Diet Soda	
			5. Other Sweetened Drinks	
			A4. Is there an entrance fee?	
			<input type="checkbox"/> 0 <input type="checkbox"/> 1	

B. SPORTS FEATURES

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

1 1 - 1 2 - - - - -

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			1 1 - 1 2 - _____ - _____		
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. Beach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Picnic Tables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. 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? CODE ONLY 1					
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	

BTG-COMP ▪ SCHOOL OBSERVATION FORM ▪ 2012				SCHOOL ID: <u>15</u> - <u>12</u> - _____ - _____							
SCHOOL ID : SCHOOL NAME: ADDRESS:				COMPLETION CODE							
				COMPLETED		<input type="checkbox"/> 01					
				PARTIALLY COMPLETED – CODE DISPOSITION		<input type="checkbox"/> 02					
				NOT STARTED – CODE DISPOSITION		<input type="checkbox"/> 03					
DATE _____ - _____ - 2012 STAFF 1 _____ STAFF 2 _____ START TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM END TIME _____ : _____ <input type="radio"/> AM <input type="radio"/> PM				DISPOSITION CODE							
				Temporarily not accessible		<input type="checkbox"/> 1					
				Not safe		<input type="checkbox"/> 2					
				Asked to leave / Observation not allowed by staff		<input type="checkbox"/> 3					
NOTES				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					
				A. SETTING, PARKING AND AMENITIES							
				A1. Setting				A2. Does the school have...?		NO	YES
a. What type of setting is this?				a. Parking On-Site		<input type="checkbox"/> 0	<input type="checkbox"/> 1				
School Grounds		<input type="checkbox"/> 6		1. Lighted Parking <i>IF A2a=0, LEAVE BLANK</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1				
Other, SPECIFY:		<input type="checkbox"/> 8		b. Sidewalk on street leading to entrance		<input type="checkbox"/> 0	<input type="checkbox"/> 1				
c. Is school adjacent to a public park? <i>IF NO, SKIP TO A5</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1	1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i>		<input type="checkbox"/> 0	<input type="checkbox"/> 1				
<i>IF YES, RECORD PARK UNIT ID: _____</i>				c. Bicycle Parking		<input type="checkbox"/> 0	<input type="checkbox"/> 1				
c1. Do school and park share sports features?		<input type="checkbox"/> 0	<input type="checkbox"/> 1	A3. Does the school 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 park/school name		<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1				
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. Showers/Locker Rooms		<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. Beverage Vending Machines		<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	<i>IF A3d=0, SKIP 1-5</i>		1. Plain Bottled Water		<input type="checkbox"/> 0	<input type="checkbox"/> 1		
<i>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.</i>						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		

B. SPORTS FEATURES

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

1 5 - 1 2 - - - - -

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			1 5 - 1 2 - _____ - _____		
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. Beach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
c. Other Water Features	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
d. Shelters	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
e. Picnic Tables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
f. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
g. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
h. Decorative Water Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
i. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
j. Grills/Fire Pits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>
k. 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? CODE ONLY 1					
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	

BTG-COMP PA FACILITY OBSERVATION FORM - 2012			BUSINESS ID: <u>1 2 - 1 2 -</u> -	
BUSINESS ID:			CORRESPONDING SEGMENT UNIT ID: _____	
BUSINESS NAME:			COMPLETION CODE	
ADDRESS:			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 ____ - ____ - 2012 STAFF 1 ____ STAFF 2 ____			DISPOSITION CODE	
START TIME ____ : ____ <input type="radio"/> AM <input type="radio"/> PM END TIME ____ : ____ <input type="radio"/> AM <input type="radio"/> PM			Temporarily inaccessible / Outside business hours	<input type="checkbox"/> 1
LITTERED CIGARETTE PACKS No Cellophane With Cellophane			Not safe	<input type="checkbox"/> 2
Number of bags used: ____			Asked to leave / Observation not allowed by staff	<input type="checkbox"/> 3
PA SAMPLE ATTRIBUTE		NO YES	Address not found	<input type="checkbox"/> 5
Facility replaces a primary sample observation		<input type="checkbox"/> 0 <input type="checkbox"/> 1	Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7
NOTES			Permanently closed / Does not exist	<input type="checkbox"/> 8
			Other (SPECIFY):	<input type="checkbox"/> 6
A. SETTING			B. FEES	
A1. Type of Setting			MARK "X" IF FREE TO PUBLIC OR NO INFORMATION AVAILABLE AND SKIP B1-B2 <input type="checkbox"/>	
Community Recreation Center	<input type="checkbox"/> 01		B1. Are there Daily Drop-in Rates?	NO YES
Boys and Girls Club	<input type="checkbox"/> 02			<input type="checkbox"/> 0 <input type="checkbox"/> 1
Jewish Community Center	<input type="checkbox"/> 03		B2. Are there Special Discounts for...?	NO YES
YMCA/YWCA	<input type="checkbox"/> 04			a. Low Income (Sliding Scale Fees)
For-Profit PA Facility	<input type="checkbox"/> 05		b. Youth and/or Students	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Other, SPECIFY:	<input type="checkbox"/> 10		F. PARKING AND SIDEWALK	
A2. Indoor, Outdoor or Both Settings?			F1. Does the facility have ... ?	
Indoor Sports Features only	<input type="checkbox"/> 1		a. Parking On-Site	NO YES <input type="checkbox"/> 0 <input type="checkbox"/> 1
Outdoor Sports Features only	<input type="checkbox"/> 2		1. Lighted Parking IF F1a=0, LEAVE BLANK	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Both Indoor and Outdoor Sports Features	<input type="checkbox"/> 3		b. Sidewalk on street at address	<input type="checkbox"/> 0 <input type="checkbox"/> 1
A3. Does the facility have ... ?			1. Sidewalk Lighting IF F1b=0, LEAVE BLANK	<input type="checkbox"/> 0 <input type="checkbox"/> 1
a. Childcare Services for patrons	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Bicycle Parking	<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 INCIVILITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.	

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		_____		_____		_____	_____	
	C1/C3. Does the facility have ... indoors?		NO	YES	C2/C4. What is the condition?				
					POOR		OK/GOOD		COULD NOT RATE
t. Rock Climbing Wall <i>IF C1t = 1, CODE C2t</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/>		
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	NOTES						
c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
<i>IF C3d=0, SKIP 1-5</i>	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					1 2 - 1 2 - - -						
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 _____					
a. SELECT THE CONFIGURATION THAT BEST DESCRIBES THE ARRANGEMENT OF THE OUTDOOR FEATURE(S)											
<input type="checkbox"/> Facility has 1 or more exclusive outdoor features - CODE PA-ONLY FEATURES IN SECTION D. CODE PARK FEATURES ON PARK FORM											
<input type="checkbox"/> All outdoor features are part of the park - SKIP SECTION D AND CODE OUTDOOR FEATURES ON PARK FORM ONLY											
FOR EACH FEATURE BELOW, COMPLETE ITEM D1 IF D1 TOTAL >0, CODE D2 AND D3			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		
					TALLY	TOTAL	TALLY	TOTAL			
OUTDOOR FEATURES	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
	IF D1=1, CODE D2 AND D3			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 w/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	<input type="checkbox"/>	<input type="checkbox"/>		
s. Exercise Stations w/o 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	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>		
D4. Does the facility have ... outdoors? IF D4=0, SKIP D5			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					1 2 - 1 2 - - -			
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
NOTES								

Walkability Checklist

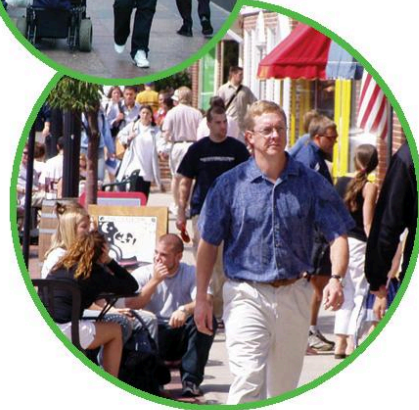
How walkable is your community?

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. But 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?

Location of walk

Rating Scale:



1. Did you have room to walk?

- Yes Some problems:
- Sidewalks or paths started and stopped
 - Sidewalks were broken or cracked
 - Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.
 - No sidewalks, paths, or shoulders
 - Too much traffic
 - Something else _____

Rating: (circle one) Locations of problems:
1 2 3 4 5 6 _____

4. Was it easy to follow safety rules? Could you and your child...

- Yes No Cross at crosswalks or where you could see and be seen by drivers?
- Yes No Stop and look left, right and then left again before crossing streets?
- Yes No Walk on sidewalks or shoulders facing traffic where there were no sidewalks?
- Yes No Cross with the light?

Rating: (circle one) Locations of problems:
1 2 3 4 5 6 _____

2. Was it easy to cross streets?

- Yes 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 blocked our view of traffic
 - Trees or plants blocked our view of traffic
 - Needed curb ramps or ramps needed repair
 - Something else _____

Rating: (circle one) Locations of problems:
1 2 3 4 5 6 _____

5. Was your walk pleasant?

- Yes Some problems:
- Needed more grass, flowers, or trees
 - Scary dogs
 - Scary people
 - Not well lighted
 - Dirty, lots of litter or trash
 - Dirty air due to automobile exhaust
 - Something else _____

Rating: (circle one) Locations of problems:
1 2 3 4 5 6 _____

3. Did drivers behave well?

- Yes Some problems: Drivers ...
- Backed out of driveways without looking
 - Did not yield to people crossing the street
 - Turned into people crossing the street
 - Drove too fast
 - Sped up to make it through traffic lights or drove through traffic lights?
 - Something else _____

Rating: (circle one) Locations of problems:
1 2 3 4 5 6 _____

How does your neighborhood stack up? Add up your ratings and decide.

1. _____	26-30	Celebrate! You have a great neighborhood for walking.
2. _____		
3. _____	21-25	Celebrate a little. Your neighborhood is pretty good.
4. _____	16-20	Okay, but it needs work.
5. _____	11-15	It needs lots of work. You deserve better than that.
Total: _____	5-10	It's a disaster for walking!

Now that you've identified the problems,
go to the next page to find out how to fix them.

Now that you know the problems, you can find the answers.

Improving your community's score

	What you and your child can do immediately	What you and your community can do with more time
1. Did you have room to walk?		
Sidewalks or paths started and stopped Sidewalks broken or cracked Sidewalks blocked No sidewalks, paths or shoulders Too much traffic	<ul style="list-style-type: none"> pick another route for now tell local traffic engineering or public works department about specific problems and provide a copy of the checklist 	<ul style="list-style-type: none"> speak up at board meetings write or petition city for walkways and gather neighborhood signatures make media aware of problem work with a local transportation engineer to develop a plan for a safe walking route
2. Was it easy to cross streets?		
Road too wide Traffic signals made us wait too long or did not give us enough time to cross Crosswalks/traffic signals needed View of traffic blocked by parked cars, trees, or plants Needed curb ramps or ramps needed repair	<ul style="list-style-type: none"> pick another route for now share problems and checklist with local traffic engineering or public works department trim your trees or bushes that block the street and ask your neighbors to do the same leave nice notes on problem cars asking owners not to park there 	<ul style="list-style-type: none"> push for crosswalks/signals/ parking changes/curb ramps at city meetings report to traffic engineer where parked cars are safety hazards report illegally parked cars to the police request that the public works department trim trees or plants make media aware of problem
3. Did drivers behave well?		
Backed without looking Did not yield Turned into walkers Drove too fast Sped up to make traffic lights or drove through red lights	<ul style="list-style-type: none"> pick another route for now set an example: slow down and be considerate of others encourage your neighbors to do the same report unsafe driving to the police 	<ul style="list-style-type: none"> petition for more enforcement request protected turns ask city planners and traffic engineers for traffic calming ideas ask schools about getting crossing guards at key locations organize a neighborhood speed watch program
4. Could you follow safety rules?		
Cross at crosswalks or where you could see and be seen Stop and look left, right, left before crossing Walk on sidewalks or shoulders facing traffic Cross with the light	<ul style="list-style-type: none"> educate yourself and your child about safe walking organize parents in your neighborhood to walk children to school 	<ul style="list-style-type: none"> encourage schools to teach walking safely help schools start safe walking programs encourage corporate support for flex schedules so parents can walk children to school
5. Was your walk pleasant?		
Needs grass, flowers, trees Scary dogs Scary people Not well lit Dirty, litter Lots of traffic	<ul style="list-style-type: none"> point out areas to avoid to your child; agree on safe routes ask neighbors to keep dogs leashed or fenced report scary dogs to the animal control department report scary people to the police report lighting needs to the police or appropriate public works department take a walk with a trash bag plant trees, flowers in your yard select alternative route with less traffic 	<ul style="list-style-type: none"> request increased police enforcement start a crime watch program in your neighborhood organize a community clean-up day sponsor a neighborhood beautification or tree-planting day begin an adopt-a-street program initiate support to provide routes with less traffic to schools in your community (reduced traffic during am and pm school commute times)
A Quick Health Check		
Could not go as far or as fast as we wanted Were tired, short of breath or had sore feet or muscles Was the sun really hot? Was it hot and hazy?	<ul style="list-style-type: none"> start with short walks and work up to 30 minutes of walking most days invite a friend or child along walk along shaded routes where possible use sunscreen of SPF 15 or higher, wear a hat and sunglasses try not to walk during the hottest time of day 	<ul style="list-style-type: none"> get media to do a story about the health benefits of walking call parks and recreation department about community walks encourage corporate support for employee walking programs plant shade trees along routes have a sun safety seminar for kids have kids learn about unhealthy ozone days and the Air Quality Index (AQI)

Need some guidance? These resources might help...

Great Resources

WALKING INFORMATION

Pedestrian and Bicycle Information Center (PBIC)

UNC Highway Safety Research Center
Chapel Hill, NC
www.pedbikeinfo.org
www.walkinginfo.org

National Center for Safe Routes to School

Chapel Hill, NC
www.saferoutesinfo.org

For More Information about Who Can Help Address Community Problems

www.walkinginfo.org/problems/help.cfm

State Bicycle & Pedestrian Coordinators

<http://www.walkinginfo.org/assistance/contacts.cfm>

FEDERAL POLICY, GUIDANCE AND FUNDING SOURCES FOR WALKING FACILITIES

Federal Highway Administration

Bicycle and Pedestrian Program
Office of Natural and Human Environment
Washington, DC
www.fhwa.dot.gov/environment/bikeped/index.htm

PEDESTRIAN SAFETY

Federal Highway Administration

Pedestrian and Bicycle Safety Team
Office Of Safety
Washington, DC
http://safety.fhwa.dot.gov/ped_bike/

National Highway Traffic Safety Administration

Traffic Safety Programs
Washington, DC
www.nhtsa.dot.gov/people/injury/pedbimot/pedSAFE

SIDEWALK ACCESSIBILITY INFORMATION

US Access Board

Washington, DC
Phone: (800) 872-2253;
(800) 993-2822 (TTY)
www.access-board.gov



Appendix B: CHL 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

**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		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 the park adjacent to a school? <small>IF NO, SKIP TO A2</small>		d. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input type="checkbox"/> 0 <input type="checkbox"/> 1		1. Plain Bottled Water		<input type="checkbox"/> 0	<input type="checkbox"/> 1
IF Yes RECORD NAME of School:		2. 100% Juice		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b1. Do park and school share sports features?		3. Regular Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input type="checkbox"/> 0 <input type="checkbox"/> 1		4. Diet Soda		<input type="checkbox"/> 0	<input type="checkbox"/> 1
A2. Does the park have...?		5. Other Sweetened Beverages		<input type="checkbox"/> 0	<input type="checkbox"/> 1
a. Parking On-Site		A4. Is there an entrance fee?		<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. Lighted Parking (IF A2a=0, LEAVE BLANK)		A5. Access signage and barriers to entry		NO	YES
<input type="checkbox"/> 0 <input type="checkbox"/> 1		a. Signage indicates park/school name		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Sidewalk on street leading to entrance		b. Signage states public use of area is limited to specific hours/period of daytime		<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. Sidewalk Lighting (IF A2b=0, LEAVE BLANK)		c. Signage states area is private or restricted access at all times (e.g. no trespassing)		<input type="checkbox"/> 0	<input type="checkbox"/> 1
<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
c. Bicycle Parking				<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:		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 <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 <input type="checkbox"/> 6	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 school adjacent to a public park? <i>IF NO, SKIP TO A2</i>	<input type="checkbox"/> 0	d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF Yes RECORD NAME of Park:</i>	IF A3d=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			
c. Do school and park share sports features?	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
A2. Does the school have...?	NO	YES	A5. Access signage and barriers to entry	
a. Parking On-Site	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NO	YES
1. Lighted Parking (IF A2a=0, LEAVE BLANK)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Signage indicates park/school name	<input type="checkbox"/> 0 <input type="checkbox"/> 1
b. Sidewalk on street leading to entrance	<input type="checkbox"/> 0	<input type="checkbox"/> 1	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
1. Sidewalk Lighting (IF A2b=0, LEAVE BLANK)	<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
c. Bicycle Parking	<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
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 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. </div>				

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		<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> </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				
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														
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?		PLEASE DON'T FORGET TO CODE E1. EXTERIOR INCLINIVITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.													
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															

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"/>			
	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	NOTES					
	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? <small>IF YES, CODE D0a BELOW</small>				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 <small>IF D1 TOTAL >0, CODE D2 AND D3</small>		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				
	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
	IF D1=1, CODE D2 AND D3	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? <small>IF D4=0, SKIP D5</small>		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.? <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					
COUNT THE NUMBER OF ...	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 ... ?	NO	YES
	<input type="checkbox"/> 0	<input type="checkbox"/> 1		d. Cookies, cakes, pies, brownies, or candy for sale at the counter	<input type="checkbox"/> 0
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 Type:³
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.

Tally in grey area, circle totals in white area	# 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: ___ soda ___ water ___ 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: ___ soda ___ water ___ 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: ___ healthy ___ 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 border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <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> </tbody> </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



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
--	---

1. Were you able to start a walk from the designated starting place?

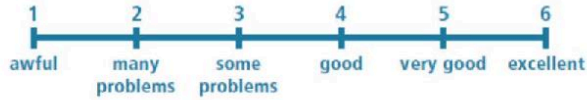
- Yes
- No
 - Obstructed by a major road
 - Obstructed by a beach or woods
 - Unsafe
 - Other reason, specify _____

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 _____

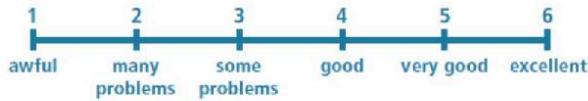
Rating (circle a number based on scale above): 1 2 3 4 5 6

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 _____