

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. 2011-48001-3033E





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

Garapan Prevalence Survey Results



United States Department of Agriculture
National Institute of Food and Agriculture
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No. 2011-68001-30335



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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!



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 Hawaii 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 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.

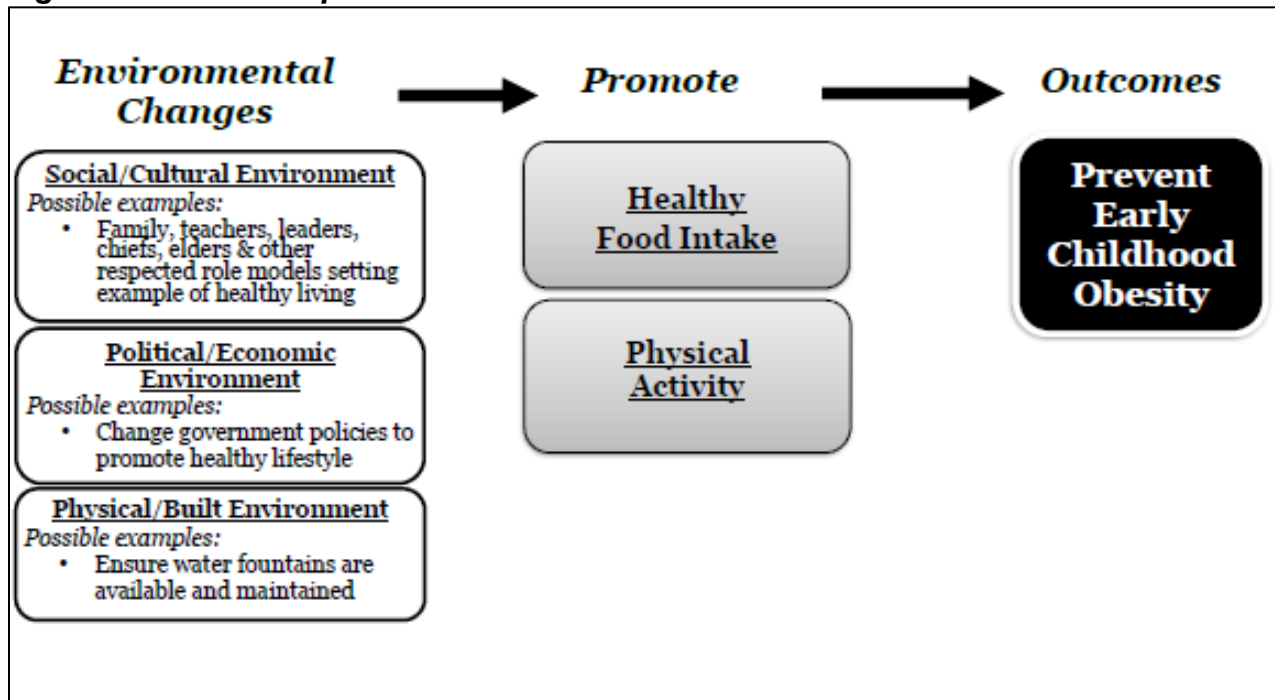
CHL strived for the following behavior targets:

- 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





III. The CHL Training Program

Training Program Objectives

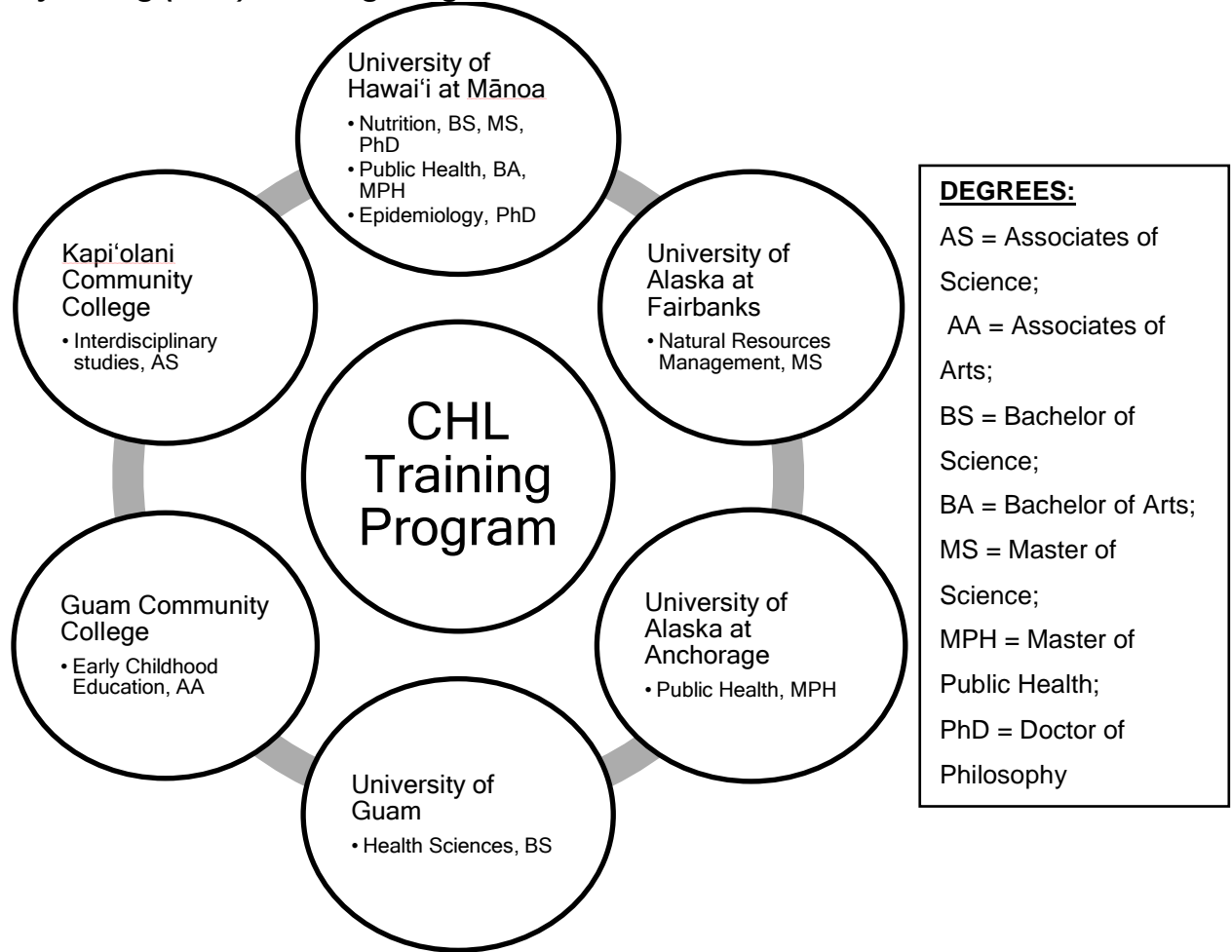
The development of the CHL Training Program (CHL-TP) is an essential component of CHL's multilevel approach to prevent childhood obesity. Approximately, one third of the program's resources are invested in training. The CHL-TP's first objective is to train 22 United States Affiliated Pacific Region students in child obesity prevention through selected academic degree programs. A second objective is 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 is 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 (Table 1).

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 utilizes an online platform, which allows 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.

Other curriculum and education 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 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 will be 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 final 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.

24 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 is committed to exploring other funding opportunities for Trainees who will not complete their degree programs within the life of the CHL grant. The CHL-TP will also continue to serve as a source for professional collaboration and career

networking for all of 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 offered through multiple venues. The Pacific adapted online 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 nutritional 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 so that it may be offered 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>



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.

This CHL research includes the 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), 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.

Longitudinal Study

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 and a few questions that were not in the baseline survey that were collected at a second data collection period in some jurisdictions. The results of the CHL-wide intervention study examining changes between baseline and 24-month data will be available later in a separate report.

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 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- Anchorage, Fairbanks, Kenai, Mat-Su Valley	713
American Samoa Fagaitua/Pagai/Amatau/Auto/Utusia, Leloaloa/Aua, Onenoa/Tula/Alao, Aoloau/Aasu	978
CNMI - Koblerville/San Antonio, Oleai, Kagman, San Roque, Saipan, Village	924
Guam- Yigo, Yona, Agat, Sinajana	885
Hawaii - Nanakuli, Waimanalo, Hilo, Wailuku, Kauai, Molokai	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



V. Garapan 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 136 children participated from Garapan. 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 136 children participated had data on sex.

Table 1. Number and Percent of Participants by Sex

Sex	Number	Percent
Boys	72	52.9%
Girls	64	47.1%
Total	136	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 2. Number and Percent of Participants by Age

Age in Years	Number	Percent
Age 3	13	9.6%
Age 4	41	30.2%
Age 5	53	39.0%
Age 6	29	21.3%
Total	136	100%

Table 3. Number and Percent of Participants by Age Group

Age in Years	Number	Percent
2-5 years old	107	78.7%
6-8 years old	29	21.3%
Total	136	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 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
Asian	86	63.7%
Native Hawaiian or other Pacific Islander	32	23.7%
More than one race	17	12.6%
Total	135	100%

Table 5. The Distribution of Race/Ethnicity of the Children Using the CHL Pacific Definition Which Prioritize the Indigenous Ethnic Groups in the Jurisdiction (CHL Pacific)

Race of child of Pacific definition	Number	Percent
Filipino	74	54.8%
Other*	15	11.1%
Chamorro	12	8.9%
Mixed Chamorro	10	7.4%
Asian, East	7	5.2%
Chuukese	7	5.2%

Race of child of Pacific definition	Number	Percent
Mixed, within NHPI and Chamorro	6	4.4%
Mixed, within NHPI and Carolinian	4	3.0%
Total	135	100%
<i>*Includes Other Asian, Mixed Filipino, Mixed Other Asian, Mixed Chuukese, Palauan, Carolinian, Mixed Carolinian, and Mixed Yapese</i>		

Child’s Birth Place

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

Table 6. Child’s Place of Birth

Birth Place	Number	Percent
CNMI	129	96.3%
Other*	5	3.8%
Total	134	100%

*Other includes China, Chuuk, Guam, New Mexico, and Oregon

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

Among the 134 children, 129 had information on this question. Among them, 121 (93.8%) lived their whole life in Garapan and the rest, 6.2%, spent one fifth to fourth fifths of their life in Garapan.

Language Child Speaks

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

Note: Language responses may total over 157 and 100% because some respondents could speak more than one language.

Table 7. Top Languages Child Speaks

Top languages child speaks	Number	Percent
English	58	43.0%
English and Tagalog	43	31.9%
English and Chuukese	7	5.2%
English and Chamorro	6	4.4%
English and Filipino	5	3.7%
English and Chinese	4	3.0%
English and Carolinian	2	1.5%
English and Nepali	2	1.5%
Other*	8	5.9%
Total	135	100%

*Other includes Chinese, Chuukese, English and one or more other languages including Cantonese, Chamorro, Chuukese, Palauan, and Yapese

English was the top language spoken at home (71.1%). Other languages children in Garapan speak at home included Tagalog, Chinese, Chuukese, Filipino, Carolinian, Nepali, Chamorro, and Cantonese. Thirty-eight percent of children only speak English at home. Fifty-eight percent of the children speak English and at least one other language.

Summary

Among the 136 children, 64 (47.1%) were girls and 72 (52.9%) were boys. Furthermore, 107 (78.7%) were of age group 2-5 years and 29 (21.3%) were of age group 6-8 years. Among the 136 children, 135 children had information on race, of which 86 (63.7%) were Asian, 32 (23.7%) were Native Hawaiian mixed with at least one other race group, and 17 (12.6%) were more than one race.



*Child Anthropometric
Measurement Results*



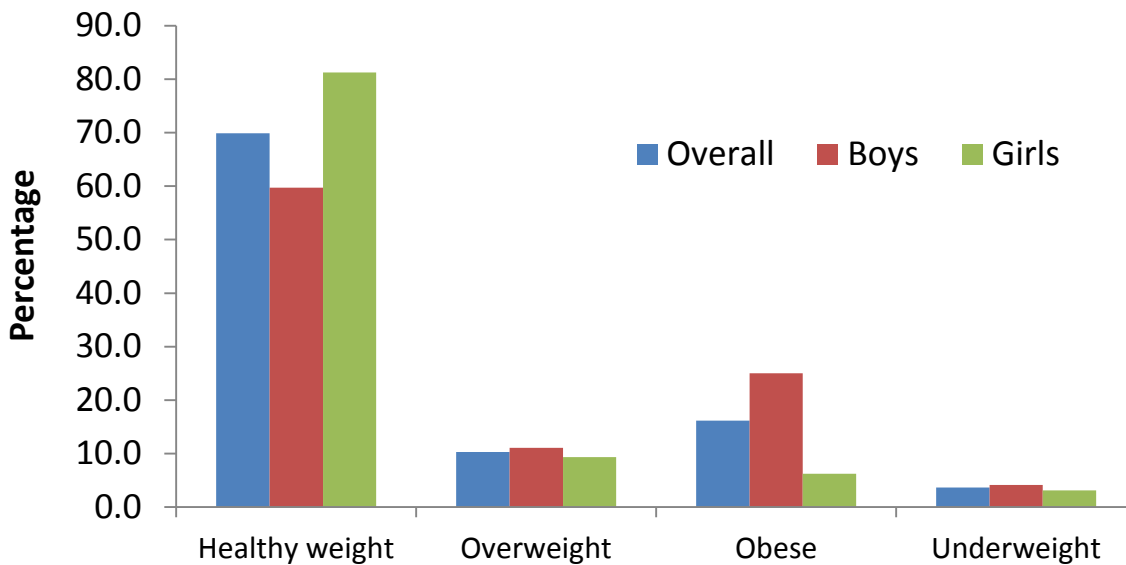
Section 2. Child Anthropometric Measurement Results

Body Mass Index

Among the 136 children who participated in Garapan, 136 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 Garapan



A total of 136 children were included for this analysis. Among them, 69.9% were healthy weight, 10.3% were overweight, 16.2% were obese, and 3.7% 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 29 participants in **Garapan** between the ages 6-8 years, **1 (3.5%) or 3 (10.3%) of children 6-8 year olds were considered as having abdominal obesity** using either the CHL cutoff or IDF cutoff value, respectively.

Summary

Overall, 26% of children measured in Garapan 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.



Section 3. 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.3.1. 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	%
3 – 5 year olds	103	100%
Less than 8 hours	7	6.8%
From 8 hours to less than 10 hours	46	44.7%
From 10 hours to 13.5 hours	50	48.5%
6 – 8 year olds	28	100%
Less than 7 hours	1	3.6%
From 7 hours to less than 9 hours	3	10.7%
From 9 hours to 13.5	24	85.7%

Table S.3.2. Number and Percent of Children Meeting Recommended Hours of Sleep

Met recommended hours of sleep	Number	%
Three to five year olds met recommendation of 10 – 13 hours of sleep	50	48.5%
Six to eight year olds met recommendation of 9 – 11 hours of sleep	24	85.7%

Summary

Among the 103 two to five year olds, 49% met the national recommendation of sleep of between 11-13 hours daily. Another 37% of children slept more than 8 hours but less than 11 hours daily and 6% slept less than 8 hours. About 53 (52%) of our younger children (2-5 years old) did not meet the national recommendation of 11-13 hours daily of sleep. This is an opportunity for both parents and educators to intervene to help children get more sleep.



Section 4. Medical

Parents answered the question: Does your child have any current medical conditions diagnosed by a doctor? Among the 134 children, 20 (14.9%) reported that their child had a medical conditions diagnosed by a doctor. The top medical condition was asthma (16, 11.8%).



*Early Life & Feeding
Of A Child*



Section 5. Early Life and Feeding of Child

Birth Weight

Among the 157 children participated from Garapan, a total of 101 had information on birth weight. The distribution of birth weight into three groups is summarized in the following table.

Table S.5.1. Number and Percent of Children by Birth Weight

Birth Size	Number	%
Low birth weight < 2500 g	9	11.4%
Healthy birth weight (2500 – 4000 g)	64	81.0%
High birth weight > 4000 g	6	7.6%

Among the 136 children participated in Garapan, a total of 24 had information on birth length. Among the 24 children, 5 (20.8%) had birth length below 5th percentile using the CDC 2000 reference data, which is at 45.57 cm.

Early Feeding Pattern

Among the 136 children participated in Garapan, a total of 131 had information on breastfeeding. Among the 131 children, 113 (86.3%) of children were reported to be ever breastfed.

Table S.5.2. Number and Percent of Children Ever Breastfed or Fed Breast Milk

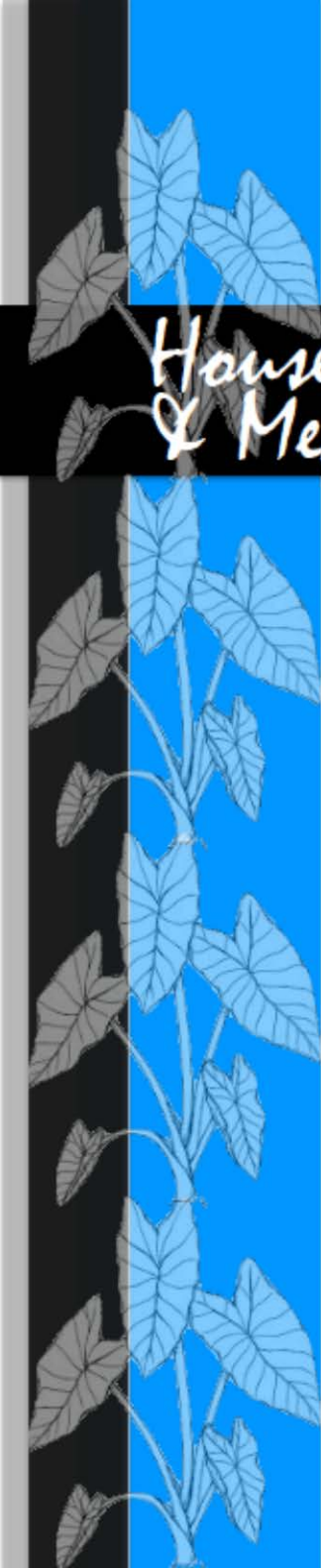
Child ever Breastfed or fed Breastmilk	Number	%
Yes	113	86.3%
No	18	13.7%
Total	131	100%
If Yes, about children who were ever breastfed		
Mean age child stopped breastfeeding or being fed breast milk (months) (n=104)	9.6 months (sd=11.1)	

Among the 136 children participated in Garapan, a total of 130 had information on formula feeding. Among those 130 children, 111 (85.4%) 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.5.3. Number and Percent of Children Ever Fed Formula

Child ever fed formula	Number	%
Yes	111	85.4%
No	19	14.6%
Total	130	100%
If Yes, about children who were fed formula		
Mean age child first fed formula (months) (n=96)	4.3 months (sd=5.2)	
Mean age child completely stopped drinking formula (months) (n=76)	18.8 months (sd=11.5)	

A total of 109 out of the 136 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 is 7.9 months (sd=6.0).



Household Demographics & Measures



Section 6. 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.6.1. Number and Percent of Caregiver’s Relationship to Child

Relationship	Number	Percent
Biological mom	100	73.5%
Birth dad	30	22.1%
Legal guardian, caregiver, other	4	2.9%
Grandmother	1	0.74%
Stepmom	1	0.74%

Marital Status

A total of 135 out of the 136 participants had marital status information of the respondent (see the following table).

Table S.6.2. Frequency and Percent of Caregiver’s Marital Status

Marital Status	Number	Percent
Married	75	55.6%
Single and living with boyfriend, girlfriend, or partner	36	26.7%
Single and not living with boyfriend, girlfriend, or partner	14	10.4%
Other*	10	7.4%
*Includes divorced, widowed, or not specified		

Household Size and Multi-generation Households

All 136 children had information on the number of people lived in the same household and their relationship to the child. Among them, 20 (14.7%) are from multi-generation households.

Mean size of household is 4, with the minimum of 2 and maximum of 18.

Education

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

Table S.6. 3. Number and Percent of Caregiver’s Education Level

Education	Number	Percent
Grades 1 up to 8 (elementary to middle)	9	6.7%
Grades 9 to 11(some high school)	11	8.2%
Grades 12 or GED (high school graduate)	41	30.4%
College or technical school 1 to 3 years	39	28.9%
College 4 years or more	35	25.9%
Total	135	100%

Employment Status of the Caregiver Participants

Among the 136 children participated in Garapan, 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, and on whether the respondent has more than one job.

Table S.6.4. Number and Percent of Caregiver's Employment Status

Employment	Number	%
Employed for wages / salary	78	57.4%
Self-employed	5	3.7%
Out of work (less than 1 year)	7	5.2%
Out of work (more than 1 year)	24	17.7%
Homemaker	17	12.5%
Student	5	3.7%
Retired	0	0.0%
Unable to work	9	6.6%
More than one job	5	3.7%

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

Household Income Level

Among the 136 children participated in Garapan, 111 had information on annual Household income from all sources over the past 12 months. The following table summarizes this information.

Table S.6.5. Number and Percent of Caregiver's Household Income Level

Annual household income in the past 12 months	Number	Percent
Under \$10,000	60	54.1%
From \$10,000 to less than \$20,000	28	25.2%
From \$20,000 to less than \$35,000	17	15.3%
From \$35,000 to less than \$60,000	6	5.4%
Total	111	100%

Religion

Among the 136 children, a total of 126 had information on family’s religious affiliation. Out of the 126, 5 (4.0%) reported no religious affiliation. Among the 121 with any type of religious affiliation, the distribution of different religious affiliations is presented in the following table. A total of 54 had information on how often they engage in religious activities. The mean number of times per month attending religious activities is 4 among those participants.

Table S.6.6. Number and Percent of Respondents’ Religious Affiliation

Religion Affiliation	Frequency	Percent
Catholic	89	73.6%
Christian, denomination not specified	13	10.7%
Protestant	8	6.6%
Other*	5	4.1%
Baptist	2	1.7%
Mormon/Latter-day Saints	2	1.7%
Pentecostal	2	1.7%
Total	121	100%

*Other includes Falun Dafa, Hindu, Jehovah’s Witness.

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 utility runs out before the end of the month. Among the 136 children participated in Garapan, a total of 121 had information on whether money for food runs out or not and a total of 115 had information on whether money for utility runs out or not. The following table presents the answers.

Table S.6.7. 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	43	35.5%
Seldom	11	9.1%
Sometimes	41	33.9%
Most times	19	15.7%
Always	7	5.8%
Money for household utilities (water, fuel, etc.) runs out before the end of the month.		
Never	43	37.4%
Seldom	10	8.7%
Sometimes	38	33.0%
Most times or always	19	16.5%
Always	5	4.4%

A total of 133 children had information on whether they received assistance to pay food. Among those 133 children, 106 (79.7%) reported they did receive assistance. The following table summarizes different types of benefits their households have received.

Table S.6.8. Number and Percent of Caregiver’s Who Receive Food Assistance

Food Assistance Benefits received for those who obtained food assistance	Number	%
EBT/ SNAP / NAP (formerly called Food Stamps)	57	53.8%
Food Assistance (Food Bank / Food Pantries or Commodity foods)	12	11.3%
WIC benefits	81	76.4%
Free or reduced cost breakfast or lunch at school	24	22.6%

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

Summary of Prevalence Study



VI. Conclusion / Summary of Prevalence Study

The purpose of this report is to inform the community of the CHL research that was conducted in Garapan during 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 Garapan.

A total of 136 children were included for this analysis. Among them, 69.9% were healthy weight, 10.3% were overweight, 16.2% were obese, and 3.7% were underweight. No difference was found between boys and girls, or between children ages 2-5 and those 6-8 years old.

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 1/2 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: 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

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

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 <small>(Store does not sell alcohol)</small>
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 (<u>attached or directly next to</u>)	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:				CORRESPONDING SEGMENT UNIT ID: _____			
BUSINESS NAME:				COMPLETION CODE			
ADDRESS:				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	
DATE _____ - 2012 STAFF 1 _____ STAFF 2 _____				DISPOSITION CODE			
START TIME _____ : _____ AM/PM END TIME _____ : _____ AM/PM				Temporarily not accessible / Outside of 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	
BUSINESS SAMPLE ATTRIBUTES			NO	YES	Address not found		
Business is within ¼ mile of index school			<input type="checkbox"/> 0	<input type="checkbox"/> 1	Does not meet study criteria - DESCRIBE IN NOTES		
Business replaces a primary sample observation			<input type="checkbox"/> 0	<input type="checkbox"/> 1	Permanently closed / Does not exist		
NOTES				Other (SPECIFY):		<input type="checkbox"/> 6	
A. GENERAL AND RESTAURANT EXTERIOR							
A1. Is the restaurant ... ?			NO	YES	A2. RECORD SHARED BUSINESS NAME(S)		
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	A5. Does the restaurant have ... ?		
A3. Restaurant Type <i>CODE ONE TYPE UNLESS MULTI-BRAND</i>					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
						<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		
a. All Advertisements		<input type="checkbox"/>		<input type="checkbox"/>		
1. Ads that include a Price Promotion		<input type="checkbox"/>		<input type="checkbox"/>		
2. Ads that include a Food		<input type="checkbox"/>		<input type="checkbox"/>		
3. Ads that include a Beverage		<input type="checkbox"/>		<input type="checkbox"/>		
a. Ads that include a Soda		<input type="checkbox"/>		<input type="checkbox"/>		
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? IF YES, SKIP TO D4	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 IF 5+, CODE 5	<input type="checkbox"/>		
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	D4. Does the restaurant have a restroom accessible to customers?	NO	YES	
c. Indoor display for kids' meal toys	<input type="checkbox"/> 0	<input type="checkbox"/> 1		<input type="checkbox"/> 0	<input type="checkbox"/> 1	
j. Any ads or displays for kids' meal toys ≤ 3 ½ feet from ground	<input type="checkbox"/> 0	<input type="checkbox"/> 1				

F1. Is item available? <i>IF NO, SKIP TO NEXT ROW</i>		NO	YES	F2. Size <i>SELECT OR SPECIFY SIZE</i>			F3. Price	MARK "X" IF ASKED PRICE	
a. Fountain Drink, smallest	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<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"/> 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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 12 oz	<input type="checkbox"/> 20 oz	<input type="checkbox"/> _____	\$ _____	<input type="checkbox"/>	
d. 100% Juice	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<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"/> 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	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
g. Bottled Water	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<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	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES					
k. Shakes or Malts	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
l. Flavored Milk (e.g., chocolate, strawberry)	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<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	G3. Size <i>SELECT OR SPECIFY SIZE</i>			G2. Price	MARK "X" IF ASKED PRICE		
a. French Fries, smallest	<input type="checkbox"/> 0 <input type="checkbox"/> 1	<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"/> 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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> ½ 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 ... ?			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		

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)			_____	
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				<input type="checkbox"/> 0	<input type="checkbox"/> 1
5. Entrée on the dollar menu			<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Low-calorie			<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Combo Meal or Meal Deal with sides			<input type="checkbox"/> 0	<input type="checkbox"/> 1	b. Low-fat			<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	c. Low-sodium			<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. Low-fat or fat-free salad dressing			<input type="checkbox"/> 0	<input type="checkbox"/> 1	f. Other healthy, <i>SPECIFY:</i>			<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>11</u> - <u>12</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						
<table border="1"> <thead> <tr> <th>PARK SAMPLE ATTRIBUTE</th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>Park replaces a primary sample observation</td> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> </tbody> </table>			PARK SAMPLE ATTRIBUTE	NO	YES	Park replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Not safe	<input type="checkbox"/> 2
			PARK SAMPLE ATTRIBUTE	NO	YES					
Park replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1								
			Address not found	<input type="checkbox"/> 5						
NOTES			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 park have...?							
a. What type of setting is this?			a. Parking On-Site	<input type="checkbox"/> 0 <input type="checkbox"/> 1						
Public Park <input type="checkbox"/> 1			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						
b. Is the park adjacent to a school? <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 AND SCHOOL IS IN PRIMARY SAMPLE, RECORD UNIT ID: ____</i>			c. Bicycle Parking	<input type="checkbox"/> 0 <input type="checkbox"/> 1						
<i>IF SCHOOL NOT IN SAMPLE, RECORD NAME: ____</i>			A3. Does the park have...?							
b1. Do park and school share sports features? <input type="checkbox"/> 0 <input type="checkbox"/> 1			a. Closing Time Signage	<input type="checkbox"/> 0 <input type="checkbox"/> 1						
A5. Access signage and barriers to entry			b. Restrooms/Port-o-lets	<input type="checkbox"/> 0 <input type="checkbox"/> 1						
a. Signage indicates park/school name <input type="checkbox"/> 0 <input type="checkbox"/> 1			c. Showers/Locker Rooms	<input type="checkbox"/> 0 <input type="checkbox"/> 1						
b. Signage states public use of area is limited to specific hours/period of daytime <input type="checkbox"/> 0 <input type="checkbox"/> 1			d. Beverage Vending Machines	<input type="checkbox"/> 0 <input type="checkbox"/> 1						
c. Signage states area is private or restricted access at all times (e.g. no trespassing) <input type="checkbox"/> 0 <input type="checkbox"/> 1			<i>IF A3d=0, SKIP 1-5</i>	1. Plain Bottled Water	<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				2. 100% Juice	<input type="checkbox"/> 0 <input type="checkbox"/> 1					
<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>				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					
			A4. Is there an entrance fee?	<input type="checkbox"/> 0 <input type="checkbox"/> 1						

B. SPORTS FEATURES							1 1 - 1 2 - - - - -			
<input type="checkbox"/> MARK "X" 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			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			
		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					
				Temporarily not accessible		<input type="checkbox"/> 1			
		Not safe		<input type="checkbox"/> 2					
NOTES _____ _____		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					
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. Signage indicates park/school name		<input type="checkbox"/> 0	<input type="checkbox"/> 1	a. Closing Time Signage		<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	b. Restrooms/Port-o-lets		<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. Showers/Locker Rooms		<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	d. Beverage Vending Machines		<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>				<i>IF A3d=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 Drinks				<input type="checkbox"/> 0	<input type="checkbox"/> 1		

B. SPORTS FEATURES									
<input type="checkbox"/> 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) <input type="checkbox"/> 0 <input type="checkbox"/> 1
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	<input type="checkbox"/> 0 <input type="checkbox"/> 1
Both Indoor and Outdoor Sports Features		<input type="checkbox"/> 3	IF F1a=0, LEAVE BLANK	
A3. Does the facility have ... ?			b. Sidewalk on street at address	<input type="checkbox"/> 0 <input type="checkbox"/> 1
a. Childcare Services for patrons		<input type="checkbox"/> 0 <input type="checkbox"/> 1	1. Sidewalk Lighting	<input type="checkbox"/> 0 <input type="checkbox"/> 1
b. Teen Center		<input type="checkbox"/> 0 <input type="checkbox"/> 1	IF F1b=0, LEAVE BLANK	
			c. Bicycle Parking	<input type="checkbox"/> 0 <input type="checkbox"/> 1
PLEASE DON'T FORGET TO CODE E1.EXTERIOR INCIVILITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.				

C. INDOOR FEATURES				1 2 - 1 2 - - -				
<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							
	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? <small>IF YES, CODE D0a BELOW</small>				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	NO
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		
	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		
	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?			D5. What is the condition?			NOTES				
IF D4=0, SKIP D5			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



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 fastp
 - 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

1. Did you have room to walk? **What you and your child can do immediately** **What you and your community can do with more time**

- | | | |
|---|---|---|
| <p>Sidewalks or paths started and stopped
Sidewalks broken or cracked
Sidewalks blocked
No sidewalks, paths or shoulders
Too much traffic</p> | <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?

- | | | |
|--|---|---|
| <p>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</p> | <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?

- | | | |
|---|--|--|
| <p>Backed without looking
Did not yield
Turned into walkers
Drove too fast
Sped up to make traffic lights or drove through red lights</p> | <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?

- | | | |
|--|--|--|
| <p>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</p> | <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?

- | | | |
|---|--|---|
| <p>Needs grass, flowers, trees
Scary dogs
Scary people
Not well lit
Dirty, litter
Lots of traffic</p> | <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

- | | | |
|---|--|---|
| <p>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?</p> | <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: 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	COMPLETION CODE		
	COMPLETED	<input type="checkbox"/> 01	
	PARTIALLY COMPLETED – <i>CODE DISPOSITION</i>	<input type="checkbox"/> 02	
	NOT STARTED – <i>CODE DISPOSITION</i>	<input type="checkbox"/> 03	
	NOT ELIGIBLE – <i>CODE DISPOSITION</i>	<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 – <i>DESCRIBE IN NOTES</i>	<input type="checkbox"/> 7	
	Permanently closed / Does not exist	<input type="checkbox"/> 8	
	Other (<i>SPECIFY</i>):	<input type="checkbox"/> 6	
NOTES			
A. SETTING, PARKING AND AMENITIES			
A1. Setting	A3. Does the park have...?	NO	YES
a. What type of setting is this?	a. Closing Time Signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1
Public Park <input type="checkbox"/> 1	b. Restrooms/Port-o-lets	<input type="checkbox"/> 0	<input type="checkbox"/> 1
Other, <i>SPECIFY</i> : <input type="checkbox"/> 8	c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Is the park adjacent to a school? <small>IF NO, SKIP TO A2</small>	d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1
<small>IF Yes RECORD NAME of School:</small>	1. Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b1. Do park and school share sports features? <input type="checkbox"/> 0 <input type="checkbox"/> 1	<i>IF A3d=0, SKIP 1-5</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
A2. Does the park have...?	2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1
a. Parking On-Site	3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. Lighted Parking (<i>IF A2a=0, LEAVE BLANK</i>)	4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Sidewalk on street leading to entrance	5. Other Sweetened Beverages	<input type="checkbox"/> 0	<input type="checkbox"/> 1
1. Sidewalk Lighting (<i>IF A2b=0, LEAVE BLANK</i>)	A4. Is there an entrance fee?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Bicycle Parking	A5. Access signage and barriers to entry	NO	YES
	a. Signage indicates park/school name	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	b. Signage states public use of area is limited to specific hours/period of daytime	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	c. Signage states area is private or restricted access at all times (e.g. no trespassing)	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	d. Locked fence around the perimeter or other physical barrier prevents public access	<input type="checkbox"/> 0	<input type="checkbox"/> 1

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

B. SPORTS FEATURES									
<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> MARK "X" IN BOX IF NO SPORTS FEATURES AND SKIP SECTION B </div>									
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					
<i>FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2</i>	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? 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
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


B. SPORTS FEATURES									
<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> MARK "X" IN BOX IF NO SPORTS FEATURES AND SKIP SECTION B </div>									
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					
<i>FOR EACH FEATURE, COMPLETE C1 IF C1=1, CODE C2</i>	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:		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 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. 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?	<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						
Community Recreation Center	<input type="checkbox"/> 01	B2. Are there Special Discounts for...?	<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	a. Low Income (Sliding Scale Fees)	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
Church Community Center	<input type="checkbox"/> 03	b. Youth and/or Students	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
YMCA/YWCA	<input type="checkbox"/> 04	F. PARKING AND SIDEWALK					
For-Profit PA Facility	<input type="checkbox"/> 05	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> </tbody> </table>	NO	YES	<input type="checkbox"/> 0	<input type="checkbox"/> 1
NO	YES						
<input type="checkbox"/> 0	<input type="checkbox"/> 1						
Other, SPECIFY:	<input type="checkbox"/> 10	a. Parking On-Site	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
		1. Lighted Parking IF F1a=0, LEAVE BLANK	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
A2. Indoor, Outdoor or Both Settings?		b. Sidewalk on street at address	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
Indoor Sports Features only	<input type="checkbox"/> 1	1. Sidewalk Lighting IF F1b=0, LEAVE BLANK	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
Outdoor Sports Features only	<input type="checkbox"/> 2	c. Bicycle Parking	<input type="checkbox"/> 0 <input type="checkbox"/> 1				
Both Indoor and Outdoor Sports Features	<input type="checkbox"/> 3	PLEASE DON'T FORGET TO CODE E1. EXTERIOR INCLINIVITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.					
A3. Does the facility have... ?							
		NO	YES				
a. Childcare Services for patrons	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1				
b. Teen Center	<input type="checkbox"/> 0	<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?				
				1. POOR		2. OK/GOOD		COULD NOT RATE
		TALLY	TOTAL	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			
a. SELECT THE CONFIGURATION THAT BEST DESCRIBES THE ARRANGEMENT OF THE OUTDOOR FEATURE(S)											
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											
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?		
					1. POOR		2. OK/GOOD		COULD NOT RATE	NO	YES
TALLY	TOTAL	TALLY	TOTAL	TALLY	TOTAL						
OUTDOOR FEATURES	a. Field, Multi-use		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	b. Field, Football		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	c. Field, Baseball		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	d. Field, Soccer		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	e. Court, Basketball		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	f. Court, Tennis		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	g. Court, Volleyball		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	i. Court, Multi-use		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	m. Running /Walking Track		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	n. Pool (> 3ft deep)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	o. Wading Pool / Spray Grounds		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	p. Playground Area		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	q. Skateboarding Facilities		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<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			
		<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"/> 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"/> 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							
<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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>							
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:	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		
COMMUNITY:			
CHURCH ID :			
CHURCH NAME:			
GEOGRAPHIC COORDINATES:			
ADDRESS:			
DATE ___-___-20___ STAFF 1 _____ STAFF2 _____			
START TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM AM <input type="checkbox"/> PM <input type="checkbox"/>			
END TIME ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM			
PM			
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) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <i>IF YES, Describe:</i>		b. Sidewalk on street leading to entrance <input type="checkbox"/> 0 <input type="checkbox"/> 1	
c. Are grounds adjacent or near (1/4 miles) to a school, homes park, small garden, Plantation, beach canteen, food store, etc.? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <i>If yes, RECORD what it is adjacent/near to:</i>		1. Sidewalk Lighting <i>IF A2b=0, LEAVE BLANK</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1	
		C. Bicycle Parking <input type="checkbox"/> 0 <input type="checkbox"/> 1	

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

B. SPORTS FEATURES									
<input type="checkbox"/> 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 IF NO TRAILS, SKIP 1 AND 2 BELOW	<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				

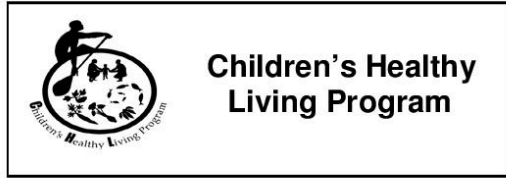
D. INCIVILITIES				
D1. How much of ... is on the church property?	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 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

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

D. RESTAURANT INTERIOR						
D0. Is the restaurant drive-in only? <i>IF YES, SKIP TO D4</i>	NO	YES	D2. Does the restaurant have ... ?	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. 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	<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				

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
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**



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:**
- (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

- 1) Store Type:
- 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 Contr
(Circle one)

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

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

B. STORE EXTERIOR

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

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

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

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

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

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

Other products are considered neither healthy nor unhealthy, such as regular cuts of meat (not lean), coconut milk or seimoi. 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 (<u>attached or directly next to</u>)	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 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

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

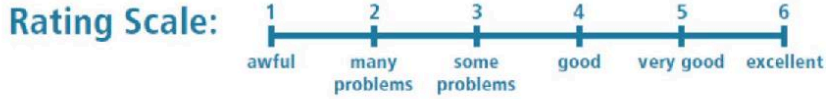
Getting started:

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.





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 _____

