

Assessment Tool: Food and Beverage Marketing in Schools

This tool assesses food and beverage advertising and other marketing for food and beverages on your school campus. To answer some of the questions, you will need to walk around the school campus to observe any advertising, marketing or promotion of foods or beverages. Complete the form to the best of your knowledge. Be as comprehensive as possible and collect information for all food and beverage marketing. You may want to take some pictures with a camera or smartphone to illustrate what you have found.

The results of this assessment will describe and quantify the amount of advertising present in the school environment in order to inform strategies to include in your school improvement plan to bring or keep you school in compliance with its wellness plan marketing policy on unhealthy foods and beverages in schools.

Topics covered by the assessment tool include:	
Advertising on vending machines	Electronic advertising on Channel One, school public address systems, or school websites
Advertisements displayed on school facilities including walls, scoreboards, and sports arenas	Advertising or logos on equipment or accessories such as: physical education equipment (including beverage coolers), sports/band uniforms, cups, napkins, book covers and other school supplies, and containers used for storage, e.g. boxes in the library
Print advertising in newsletters, school papers, yearbooks etc.	Food and beverage marketing events such as product giveaways, coupons, taste-tests
Corporate incentive programs	Presence of corporate sponsored curriculum
Market research activities such as surveys, focus groups or tasting panels	Descriptions of types of food and beverages advertised in each location

SCHOOL INFORMATION

SCHOOL: _____ **Name:** _____ **Date:** _____

POSTERS & SIGNS

1. As you walk around the school, describe the **posters and signs with food or beverage product pictures, names, logos, spokespersons or characters, or other product representations** everywhere in the school. For a sample, see the first row. *(Don't include vending machine advertisements here; report them in question #2.)*

STEP 1: Identify Number of Posters/Signs in Location		STEP 2: List All Products/Logos Shown	STEP 3: Number of times Product/Logo Shown
Location	Total number of posters and/or signs	Products, product names, logos or other representations shown on posters or signs.	Provide the number of times each is shown.
<i>SAMPLE</i> School entrance	<u>3</u>	<i>Pizza Hut Book It! Poster (logo, pizza)</i>	<i>2</i>
		<i>Minute Maid juice poster promoting breakfast (logo, bottle)</i>	<i>1</i>
School entrance and hallways	<u>(‘0’ for none; N/A if school doesn’t have this location)</u>		
Cafeteria	<u>(‘0’ for none; N/A if school doesn’t have this location)</u>		

STEP 1: Number of Posters/Signs in Location		STEP 2: List All Products/Logos Shown	STEP 3: Number of times Product/Logo Shown
Location	Total number of posters and/or signs	Products, product names, logos or other product representations shown on posters or signs.	Provide the number of times each is shown.
Snack bars/school store/coffee shop	<hr/> <i>(‘0’ for none; N/A if school doesn’t have this location)</i>		
Clinic or nurse’s area	<hr/> <i>(‘0’ for none; N/A if school doesn’t have this location)</i>		
Classrooms: (3 to 5 rooms) # of classrooms observed: ____	<hr/>		

STEP 1: Number of Posters/Signs in Location		STEP 2: List All Products/Logos Shown	STEP 3: Number of times Product/Logo Shown
Location	Total number of posters and/or signs	Products, product names, logos or other product representations shown on posters or signs.	Provide the number of times each is shown.
Athletic area/gym, locker room, concession stand, stadium (including score boards and banners)	<i>(‘0’ for none; N/A if school doesn’t have this location)</i>		
Quads or courtyards	<i>(‘0’ for none; N/A if school doesn’t have this location)</i>		
Other location (e.g., offices, library, bathroom, walls, bulletin boards, school calendars, & fences) Describe the location: _____ _____	<i>(‘0’ for none; N/A if school doesn’t have this location)</i>		

STEP 1: Location		STEP 2: Identify Products			STEP 3: Describe Brands/Logos	
#	Location (MARK ONE)	Types of products in this machine (MARK ALL THAT APPLY)			Marketing on machine <i>Describe product and/or brand shown on machines. Write 'NONE' if there is nothing on the machine.</i>	
		Food Items		Beverages	OUTSIDE	
1	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Chips (regular)	<input type="checkbox"/>	<input type="checkbox"/> Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/> Chips (baked)	<input type="checkbox"/>	<input type="checkbox"/> Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/> Pretzels	<input type="checkbox"/>	<input type="checkbox"/> Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers w/cheese or peanut butter	<input type="checkbox"/>	<input type="checkbox"/> 100% Fruit Juice	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers or Chex Mix	<input type="checkbox"/>	<input type="checkbox"/> Water	<input type="checkbox"/>	
		<input type="checkbox"/> Granola/cereal bars	<input type="checkbox"/>	<input type="checkbox"/> Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/> Low-fat cookies and baked goods	<input type="checkbox"/>	<input type="checkbox"/> Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/> Nuts/trail mix	<input type="checkbox"/>	<input type="checkbox"/> Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Fruit snacks	<input type="checkbox"/>	<input type="checkbox"/> Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Cookies, snack cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/> Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/> Candy	<input type="checkbox"/>	<input type="checkbox"/> Other sweetened drink	<input type="checkbox"/>	
		<input type="checkbox"/> Other Snacks	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	
2	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Chips (regular)	<input type="checkbox"/>	<input type="checkbox"/> Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/> Chips (baked)	<input type="checkbox"/>	<input type="checkbox"/> Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/> Pretzels	<input type="checkbox"/>	<input type="checkbox"/> Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers w/cheese or peanut butter	<input type="checkbox"/>	<input type="checkbox"/> 100% Fruit Juice	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers or Chex Mix	<input type="checkbox"/>	<input type="checkbox"/> Water	<input type="checkbox"/>	
		<input type="checkbox"/> Granola/cereal bars	<input type="checkbox"/>	<input type="checkbox"/> Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/> Low-fat cookies and baked goods	<input type="checkbox"/>	<input type="checkbox"/> Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/> Nuts/trail mix	<input type="checkbox"/>	<input type="checkbox"/> Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Fruit snacks	<input type="checkbox"/>	<input type="checkbox"/> Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Cookies, snack cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/> Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/> Candy	<input type="checkbox"/>	<input type="checkbox"/> Other sweetened drink	<input type="checkbox"/>	
		<input type="checkbox"/> Other Snacks	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	

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		Food Items		Beverages	OUTSIDE	
3	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Chips (regular)	<input type="checkbox"/>	<input type="checkbox"/> Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/> Chips (baked)	<input type="checkbox"/>	<input type="checkbox"/> Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/> Pretzels	<input type="checkbox"/>	<input type="checkbox"/> Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers w/cheese or peanut butter	<input type="checkbox"/>	<input type="checkbox"/> 100% Fruit Juice	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers or Chex Mix	<input type="checkbox"/>	<input type="checkbox"/> Water	<input type="checkbox"/>	
		<input type="checkbox"/> Granola/cereal bars	<input type="checkbox"/>	<input type="checkbox"/> Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/> Low-fat cookies and baked goods	<input type="checkbox"/>	<input type="checkbox"/> Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/> Nuts/trail mix	<input type="checkbox"/>	<input type="checkbox"/> Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Fruit snacks	<input type="checkbox"/>	<input type="checkbox"/> Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Cookies, snack cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/> Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/> Candy	<input type="checkbox"/>	<input type="checkbox"/> Other sweetened drink	<input type="checkbox"/>	
<input type="checkbox"/> Other Snacks	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>			
4	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Chips (regular)	<input type="checkbox"/>	<input type="checkbox"/> Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/> Chips (baked)	<input type="checkbox"/>	<input type="checkbox"/> Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/> Pretzels	<input type="checkbox"/>	<input type="checkbox"/> Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers w/cheese or peanut butter	<input type="checkbox"/>	<input type="checkbox"/> 100% Fruit Juice	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers or Chex Mix	<input type="checkbox"/>	<input type="checkbox"/> Water	<input type="checkbox"/>	
		<input type="checkbox"/> Granola/cereal bars	<input type="checkbox"/>	<input type="checkbox"/> Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/> Low-fat cookies and baked goods	<input type="checkbox"/>	<input type="checkbox"/> Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/> Nuts/trail mix	<input type="checkbox"/>	<input type="checkbox"/> Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Fruit snacks	<input type="checkbox"/>	<input type="checkbox"/> Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Cookies, snack cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/> Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/> Candy	<input type="checkbox"/>	<input type="checkbox"/> Other sweetened drink	<input type="checkbox"/>	
<input type="checkbox"/> Other Snacks	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>			

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5	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Chips (regular)	<input type="checkbox"/>	<input type="checkbox"/> Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/> Chips (baked)	<input type="checkbox"/>	<input type="checkbox"/> Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/> Pretzels	<input type="checkbox"/>	<input type="checkbox"/> Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
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		<input type="checkbox"/> Crackers or Chex Mix	<input type="checkbox"/>	<input type="checkbox"/> Water	<input type="checkbox"/>	
		<input type="checkbox"/> Granola/cereal bars	<input type="checkbox"/>	<input type="checkbox"/> Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/> Low-fat cookies and baked goods	<input type="checkbox"/>	<input type="checkbox"/> Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/> Nuts/trail mix	<input type="checkbox"/>	<input type="checkbox"/> Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Fruit snacks	<input type="checkbox"/>	<input type="checkbox"/> Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Cookies, snack cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/> Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/> Candy	<input type="checkbox"/>	<input type="checkbox"/> Other sweetened drink	<input type="checkbox"/>	
		<input type="checkbox"/> Other Snacks	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	
6	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Chips (regular)	<input type="checkbox"/>	<input type="checkbox"/> Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/> Chips (baked)	<input type="checkbox"/>	<input type="checkbox"/> Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/> Pretzels	<input type="checkbox"/>	<input type="checkbox"/> Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/> Crackers w/cheese or peanut butter	<input type="checkbox"/>	<input type="checkbox"/> 100% Fruit Juice	<input type="checkbox"/>	
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		<input type="checkbox"/> Low-fat cookies and baked goods	<input type="checkbox"/>	<input type="checkbox"/> Sports drink	<input type="checkbox"/>	
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		<input type="checkbox"/> Fruit snacks	<input type="checkbox"/>	<input type="checkbox"/> Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/> Cookies, snack cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/> Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/> Candy	<input type="checkbox"/>	<input type="checkbox"/> Other sweetened drink	<input type="checkbox"/>	
		<input type="checkbox"/> Other Snacks	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	

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		Food Items		Beverages	OUTSIDE	
7	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/>	Chips (regular)	<input type="checkbox"/>	Soda (regular)	
		<input type="checkbox"/>	Chips (baked)	<input type="checkbox"/>	Soda (diet)	
		<input type="checkbox"/>	Pretzels	<input type="checkbox"/>	Fruit Drinks (min. of 50% fruit juice)	
		<input type="checkbox"/>	Crackers w/cheese or peanut butter	<input type="checkbox"/>	100% Fruit Juice	
		<input type="checkbox"/>	Crackers or Chex Mix	<input type="checkbox"/>	Water	
		<input type="checkbox"/>	Granola/cereal bars	<input type="checkbox"/>	Flavored Water	
		<input type="checkbox"/>	Low-fat cookies and baked goods	<input type="checkbox"/>	Sports drink	
		<input type="checkbox"/>	Nuts/trail mix	<input type="checkbox"/>	Whole or 2% Milk	
		<input type="checkbox"/>	Fruit snacks	<input type="checkbox"/>	Low fat or non-fat Milk	
		<input type="checkbox"/>	Cookies, snack cakes, pastries	<input type="checkbox"/>	Iced tea, lemonade	
		<input type="checkbox"/>	Candy	<input type="checkbox"/>	Other sweetened drink	
		<input type="checkbox"/>	Other Snacks	<input type="checkbox"/>	Other	
8	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/>	Chips (regular)	<input type="checkbox"/>	Soda (regular)	
		<input type="checkbox"/>	Chips (baked)	<input type="checkbox"/>	Soda (diet)	
		<input type="checkbox"/>	Pretzels	<input type="checkbox"/>	Fruit Drinks (min. of 50% fruit juice)	
		<input type="checkbox"/>	Crackers w/cheese or peanut butter	<input type="checkbox"/>	100% Fruit Juice	
		<input type="checkbox"/>	Crackers or Chex Mix	<input type="checkbox"/>	Water	
		<input type="checkbox"/>	Granola/cereal bars	<input type="checkbox"/>	Flavored Water	
		<input type="checkbox"/>	Low-fat cookies and baked goods	<input type="checkbox"/>	Sports drink	
		<input type="checkbox"/>	Nuts/trail mix	<input type="checkbox"/>	Whole or 2% Milk	
		<input type="checkbox"/>	Fruit snacks	<input type="checkbox"/>	Low fat or non-fat Milk	
		<input type="checkbox"/>	Cookies, snack cakes, pastries	<input type="checkbox"/>	Iced tea, lemonade	
		<input type="checkbox"/>	Candy	<input type="checkbox"/>	Other sweetened drink	
		<input type="checkbox"/>	Other Snacks	<input type="checkbox"/>	Other	

STEP 1: Location		STEP 2: Identify Products		STEP 3: Describe Brands/Logos	
#	Location (MARK ONE)	Types of products in this machine (MARK ALL THAT APPLY)		Marketing on machine <i>Describe product and/or brand shown on machines. Write 'NONE' if there is nothing on the machine.</i>	
		Food Items	Beverages	OUTSIDE	
9	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	Chips (regular)	Soda (regular)		
		Chips (baked)	Soda (diet)		
		Pretzels	Fruit Drinks (min. of 50% fruit juice)		
		Crackers w/cheese or peanut butter	100% Fruit Juice		
		Crackers or Chex Mix	Water		
		Granola/cereal bars	Flavored Water		
		Low-fat cookies and baked goods	Sports drink		
		Nuts/trail mix	Whole or 2% Milk		
		Fruit snacks	Low fat or non-fat Milk		
		Cookies, snack cakes, pastries	Iced tea, lemonade		
		Candy	Other sweetened drink		
		Other Snacks	Other		
10	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	Chips (regular)	Soda (regular)		
		Chips (baked)	Soda (diet)		
		Pretzels	Fruit Drinks (min. of 50% fruit juice)		
		Crackers w/cheese or peanut butter	100% Fruit Juice		
		Crackers or Chex Mix	Water		
		Granola/cereal bars	Flavored Water		
		Low-fat cookies and baked goods	Sports drink		
		Nuts/trail mix	Whole or 2% Milk		
		Fruit snacks	Low fat or non-fat Milk		
		Cookies, snack cakes, pastries	Iced tea, lemonade		
		Candy	Other sweetened drink		
		Other Snacks	Other		

STEP 1: Location		STEP 2: Identify Products			STEP 3: Describe Brands/Logos		
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		Food Items		Beverages	OUTSIDE		
11	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/>	Chips (regular)	<input type="checkbox"/>	Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/>	Chips (baked)	<input type="checkbox"/>	Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/>	Pretzels	<input type="checkbox"/>	Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/>	Crackers w/cheese or peanut butter	<input type="checkbox"/>	100% Fruit Juice	<input type="checkbox"/>	
		<input type="checkbox"/>	Crackers or Chex Mix	<input type="checkbox"/>	Water	<input type="checkbox"/>	
		<input type="checkbox"/>	Granola/cereal bars	<input type="checkbox"/>	Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/>	Low-fat cookies and baked goods	<input type="checkbox"/>	Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/>	Nuts/trail mix	<input type="checkbox"/>	Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/>	Fruit snacks	<input type="checkbox"/>	Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/>	Cookies, snack cakes, pastries	<input type="checkbox"/>	Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/>	Candy	<input type="checkbox"/>	Other sweetened drink	<input type="checkbox"/>	
<input type="checkbox"/>	Other Snacks	<input type="checkbox"/>	Other	<input type="checkbox"/>			
12	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/>	Chips (regular)	<input type="checkbox"/>	Soda (regular)	<input type="checkbox"/>	
		<input type="checkbox"/>	Chips (baked)	<input type="checkbox"/>	Soda (diet)	<input type="checkbox"/>	
		<input type="checkbox"/>	Pretzels	<input type="checkbox"/>	Fruit Drinks (min. of 50% fruit juice)	<input type="checkbox"/>	
		<input type="checkbox"/>	Crackers w/cheese or peanut butter	<input type="checkbox"/>	100% Fruit Juice	<input type="checkbox"/>	
		<input type="checkbox"/>	Crackers or Chex Mix	<input type="checkbox"/>	Water	<input type="checkbox"/>	
		<input type="checkbox"/>	Granola/cereal bars	<input type="checkbox"/>	Flavored Water	<input type="checkbox"/>	
		<input type="checkbox"/>	Low-fat cookies and baked goods	<input type="checkbox"/>	Sports drink	<input type="checkbox"/>	
		<input type="checkbox"/>	Nuts/trail mix	<input type="checkbox"/>	Whole or 2% Milk	<input type="checkbox"/>	
		<input type="checkbox"/>	Fruit snacks	<input type="checkbox"/>	Low fat or non-fat Milk	<input type="checkbox"/>	
		<input type="checkbox"/>	Cookies, snack cakes, pastries	<input type="checkbox"/>	Iced tea, lemonade	<input type="checkbox"/>	
		<input type="checkbox"/>	Candy	<input type="checkbox"/>	Other sweetened drink	<input type="checkbox"/>	
<input type="checkbox"/>	Other Snacks	<input type="checkbox"/>	Other	<input type="checkbox"/>			

*****ATTENTION*****

IF YOU HAVE MORE THAN 12 VENDING MACHINES IN YOUR SCHOOL, PLEASE MAKE COPIES OF THE NEXT PAGE AS NEEDED PRIOR TO COMPLETING IT.

STEP 1: Location		STEP 2: Identify Products		STEP 3: Describe Brands/Logos	
#	Location (MARK ONE)	Types of products in this machine (MARK ALL THAT APPLY)		Marketing on machine <i>Describe product and/or brand shown on machines. Write 'NONE' if there is nothing on the machine.</i>	
		Food Items	Beverages	OUTSIDE	
—	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	Chips (regular)	Soda (regular)		
		Chips (baked)	Soda (diet)		
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		Nuts/trail mix	Whole or 2% Milk		
		Fruit snacks	Low fat or non-fat Milk		
		Cookies, snack cakes, pastries	Iced tea, lemonade		
		Candy	Other sweetened drink		
		Other Snacks	Other		
—	<input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Quad/CT. Yard <input type="checkbox"/> Gym/Ath. area <input type="checkbox"/> Other _____ _____ _____	Chips (regular)	Soda (regular)		
		Chips (baked)	Soda (diet)		
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		Crackers w/cheese or peanut butter	100% Fruit Juice		
		Crackers or Chex Mix	Water		
		Granola/cereal bars	Flavored Water		
		Low-fat cookies and baked goods	Sports drink		
		Nuts/trail mix	Whole or 2% Milk		
		Fruit snacks	Low fat or non-fat Milk		
		Cookies, snack cakes, pastries	Iced tea, lemonade		
		Candy	Other sweetened drink		
		Other Snacks	Other		

3. Does your school have a **school store or coffee shop**? **YES** **NO**

If yes, please mark () in the box next to the products that are sold in the school store:

Food Items		Beverages	
<input type="checkbox"/>	Chips (regular)	<input type="checkbox"/>	Soda (regular)
<input type="checkbox"/>	Chips (baked)	<input type="checkbox"/>	Soda (diet)
<input type="checkbox"/>	Pretzels	<input type="checkbox"/>	Fruit Drinks (min. of 50% fruit juice)
<input type="checkbox"/>	Crackers w/cheese or peanut butter	<input type="checkbox"/>	100% Fruit Juice
<input type="checkbox"/>	Crackers or Chex Mix	<input type="checkbox"/>	Water
<input type="checkbox"/>	Granola/cereal bars	<input type="checkbox"/>	Flavored Water
<input type="checkbox"/>	Low-fat cookies and baked goods	<input type="checkbox"/>	Sports drink
<input type="checkbox"/>	Nuts/trail mix	<input type="checkbox"/>	Whole or 2% Milk
<input type="checkbox"/>	Fruit snacks	<input type="checkbox"/>	Low fat or non-fat Milk
<input type="checkbox"/>	Cookies, snack cakes, pastries	<input type="checkbox"/>	Iced tea, lemonade
<input type="checkbox"/>	Candy	<input type="checkbox"/>	Other sweetened drink
<input type="checkbox"/>	Fresh Fruit	<input type="checkbox"/>	Coffee drinks
<input type="checkbox"/>	Other Snacks	<input type="checkbox"/>	Other

Do any school groups raise money by operating the school store or coffee shop? **YES** **NO**

4. Please describe any other types of food or beverage advertising or promotion on the school campus or other information that you have not already noted in this survey.

Questions to ask the principal or others at the school. For answers to some of the remaining questions you may need to speak to the principal or person identified by the principal, e.g. teachers, students, cafeteria manager, or athletic director. If they need to research the answer, provide a copy of the questions for them to review and answer for you.

1. Does the school show **Channel One or other school-based television programming**? **YES** **NO**
 If *yes*, does Channel One or television programming play food or beverage advertising? **YES** **NO**
2. Does the school have a **radio station or PA system for announcements**? **YES** **NO**
 If *yes*, does the radio station or PA system play food or beverage advertising? **YES** **NO**
3. Does the school have a **newsletter or newspaper**? **YES** **NO**
 If *yes*, does the newsletter or newspaper include food or beverage advertising? **YES** **NO**
5. Does the school have a **yearbook**? **YES** **NO**
 If *yes*, does the yearbook include food or beverage advertising? **YES** **NO**
6. The next section is about equipment and supplies, such as football uniforms with the Gatorade logo on them. In the past year, have you purchased, received as a gift, or seen with students items printed with food or beverage products, product names, company spokespersons or characters, logos, or other product representation? Please respond regarding each of the following categories:

STEP 1: IDENTIFY EQUIPMENT/SUPPLIES <i>(Read one category)</i>	STEP 2: RECORD RESPONSE <i>(Yes or No)</i>	STEP 3: IF YES IN STEP 2, ASK FOR A DESCRIPTION OF THE NAME, PRODUCT, OR LOGOS. <i>(Ask for Specific Examples)</i>
Type of equipment or supplies	Present at school	Products, product names, or logos shown. <i>Example: Gatorade name on football uniforms</i>
Book covers, pencils, notebooks or other school supplies	Yes No	
Food or beverage coolers or display cases	Yes No	
Cups, napkins or plates used during meal period, events, games, etc.	Yes No	
PE or gym equipment such as balls, basketball hoops, etc.	Yes No	
Athletic uniforms or other clothing	Yes No	
Containers/boxes used in classrooms, library, gym, etc. storing supplies	Yes No	
Other: Describe	Yes No	

7. The next section is about food and beverage company activities, sponsorship and scholarships, and fundraising activities in which the school has participated. Please respond regarding each of the following types of activities:

STEP 1: IDENTIFY PROMOTIONAL ACTIVITY (Read one category)	STEP 2: PROVIDE EXAMPLES (Read examples)	STEP 3: RECORD RESPONSE (Record response to category)	STEP 4: IF YES, ASK FOR A DESCRIPTION OF THE SPECIFIC COMPANY/PRODUCT AND ACTIVITY (Ask for details on activity)
Promotional activity	Examples:	School has participated (circle one)	Name of food and beverage company(ies) and/or food product and description of activity
Product giveaways	<i>(includes foods and beverages, as well as clothes, supplies, flyer or other items with company names, products or logos)</i>	Yes No	
Curriculum or educational activities or incentives	<i>Dairy Council curricula or PepsiCo's "Get Kids in Action" website</i>	Yes No	
Sponsorship of school events	<i>Coca-Cola sponsorship of the senior prom</i>	Yes No	
Scholarships	<i>Coca-Cola's Hispanic Scholarship</i>	Yes No	
Fundraising Activities that sell brand name foods or beverages	<i>Drama club sells Hershey candy bars or Krispy Kreme donuts</i>	Yes No	
Receipt or proof of purchase rebate programs	<i>Campbell's Labels for Education</i>	Yes No	
School Discount nights at restaurants	<i>10% of profits from Tuesday Nights at Wendy's</i>	Yes No	
Other Describe		Yes No	

