

Baltimore Healthy Stores Project

FOOD SOURCE CHECKLIST

Food Source Name: _____ Date ___/___/___ Day of the week _____ Time ___:___ Tract: _____

Street Location: _____ Open ___ Closed ___ (if closed, state reason: _____)

GPS: Lat.: _____ Long: _____ Accept WIC/Food Stamps? ___Yes ___No

Type of Food Source

Supermarkets ___1 Medium Store ___2 Small Store ___3 Specialty stores ___4 Full-service restaurants ___5
 Fast-food restaurants ___6 Carry out places ___7 Convenience ___8 Vending machine ___9 Community gardens ___10
 Food pantries ___11 Soup Kitchens ___12 Church ___13 Community Center ___14 Pharmacy ___15

Food Stores		Management/Owners Ethnicity: _____	
Layout	Y	N	Communication
Need be buzzed in			Easy ___1
Can touch food			Some difficulty ___2
Can see food / read label before purchasing?			Difficult ___3
			No English Spoken ___4
Foods Availability			
Fresh Vegetables ___	Variety: _____		
Fresh Fruits ___	Variety: _____		
Milk	Whole ___	2% ___	1% ___ Skim Milk ___ Price of milk US\$ _____
Frozen Fruit ___	Canned Fruit ___	Frozen Vegetables ___	Canned vegetables ___
100% fruit juice ___	Pretzel ___	Diet Soda ___	Cooking Spray ___

For All Food Sources
Describe Health-Related Signs (nutrition-related or not)
Describe Promotion of Healthy Foods

Take Out/Fast Food/Carry out/ Restaurant/Vending Machines		
	Y	N
Nutrition Information Available		
Nutrition Information easy to see and read ?		
Healthier alternatives in menu?		

Other observations or healthy foods availability: _____
