

SAMPLE BEVERAGE VENDING MACHINE OBSERVATIONAL ASSESSMENT

Instructions

1. Take a few moments to read over the assessment tool before beginning.
2. Schedule a tour of the building to observe all of the beverage vending machines on site and to complete the assessment.
3. For each building, make a copy of this page and fill out section A and B below. Make copies of the table on the next page (section C) to record the characteristics of each beverage vending machine in the building.
4. When the assessment is completed, read through the results and determine the appropriate strategies for decreasing consumption of sugar- sweetened beverages.

Completed by: _____ Date: _____

Section A: Building Characteristics

This section assesses the general characteristics of the building.

1. Name of the building:

2. Address of the building:

3. Contact person and title:

4. What type of building is this? Government building, Other: _____

5. Number of employees in the building: _____

6. Number of visitors in the building (per month): _____

Section B: Beverage Vending Machine Access

This section assesses access to beverage vending machines in the facility.

1. Number of beverage vending machines in the building: _____

2. How many of these machines are in locations for employees only? _____

Section C: Beverage Vending Machine Characteristics

Vending Machine # _____ Location: _____			
Type of machine (Glass-front or Solid-front): _____			
Beverages	# of buttons or slots (circle one) in the machine	Position(s) in Vending Machine	Sizes available
Regular Soda		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Sports Drinks		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Energy Drinks		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Iced Teas (sweetened)		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Fruit Drinks (other than 100% fruit juice)		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Other:		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
TOTAL # of Sugar Sweetened Beverages:			
Diet Soda		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Diet Sports Drinks		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Diet Energy Drinks		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Iced Teas (unsweetened)		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
100% Fruit Juice		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Plain Water (unsweetened)		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
Other:		<input type="checkbox"/> Top 2 rows <input type="checkbox"/> Middle <input type="checkbox"/> Bottom 2 rows	<input type="checkbox"/> 12 oz or less <input type="checkbox"/> 12-19.9 oz <input type="checkbox"/> 20 oz or more
TOTAL # of NON- Sugar Sweetened Beverages:			