

B. FRESH PRODUCE

MARK "X" IF NONE AVAILABLE AND SKIP SECTION B

1 4 - 1 2 - - - - -

IF B1= NO, SKIP B2-B7	B1. AVAILABLE		B2. TYPE <i>IF None, SKIP B3-B7</i>		B3. QUALITY		B4. QTY	B5. UNIT <i>IF None, SKIP B6-B7</i>		B6. CURRENT PRICE <i>IF 77.77 (DK), SKIP B7</i>		B7. PRICE TYPE	
	NO	YES			POOR*	OK					REG	SPECIAL	
a. Apples	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Red Delicious	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Granny Smith	<input type="checkbox"/> 2				Piece	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
b. Bananas	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Regular yellow	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			None of above	<input type="checkbox"/> 8				Piece	<input type="checkbox"/> 2				
								None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
c. Oranges	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Navel	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Valencia	<input type="checkbox"/> 2				Piece	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
d. Grapes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Red Seedless	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Green	<input type="checkbox"/> 2				Bunch	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
e. Carrots	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Full-sized	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Baby-sized	<input type="checkbox"/> 2				Bunch	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
f. Tomatoes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Regular slicing	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Roma	<input type="checkbox"/> 2				Piece	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
g. Broccoli	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Bunch	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Crown	<input type="checkbox"/> 2				Bunch	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y
h. Lettuce	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Iceberg	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		Pound	<input type="checkbox"/> 1	\$ _____ . _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Romaine	<input type="checkbox"/> 2				Head	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8				None of above	<input type="checkbox"/> 8				Loose? <input type="checkbox"/> N <input type="checkbox"/> Y

B8. Total number of Fresh Fruit options	_____ (IF 20+, CODE 20)
B9. Total number of Fresh Vegetable options	_____ (IF 20+, CODE 20)

NOTES

* ≥ 25% of product batch is poor quality

C. DAIRY, EGGS and MEAT

MARK "X" IF NONE AVAILABLE AND SKIP SECTION C

1 4 - 1 2 - - - - -

IF C1= NO, SKIP C2-C6	C1. AVAILABLE		C2. BRAND	C3. QTY	C4. PACKAGE SIZE <i>IF None SKIP C5-C6</i>		C5. CURRENT PRICE <i>IF 77.77 (DK), SKIP C6</i>	C6. PRICE TYPE	
	NO	YES			REG	SPECIAL			
a. Milk, whole (vitamin D), unflavored	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive		Gallon	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
					½ Gallon	<input type="checkbox"/> 2			
					None of above	<input type="checkbox"/> 8			
							Asked? <input type="checkbox"/> N <input type="checkbox"/> Y		
b. Milk, 2% fat, unflavored	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive		Gallon	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
					½ Gallon	<input type="checkbox"/> 2			
					None of above	<input type="checkbox"/> 8			
							Asked? <input type="checkbox"/> N <input type="checkbox"/> Y		
c. Milk, 1% fat, unflavored	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive		Gallon	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
					½ Gallon	<input type="checkbox"/> 2			
					None of above	<input type="checkbox"/> 8			
							Asked? <input type="checkbox"/> N <input type="checkbox"/> Y		
d. Milk, skim (fat free), unflavored	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive		Gallon	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
					½ Gallon	<input type="checkbox"/> 2			
					None of above	<input type="checkbox"/> 8			
							Asked? <input type="checkbox"/> N <input type="checkbox"/> Y		
e. Eggs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive		Dozen	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
					½ Dozen	<input type="checkbox"/> 2			
					None of above	<input type="checkbox"/> 8			
							Asked? <input type="checkbox"/> N <input type="checkbox"/> Y		
f. Cheese	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>(Sliced, shredded or block cheese, any flavor – Do not include cottage cheese, cream cheese, soy cheese, imitation cheese, or pasteurized process cheese products)</i>						
g. Low or reduced fat Cheese	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
IF C1= NO, SKIP C2-C6	C1. AVAILABLE		C2. FAT CONTENT	C3. QTY	C4. UNIT <i>IF None SKIP C5-C6</i>		C5. CURRENT PRICE <i>IF 77.77 (DK), SKIP C6</i>	C6. PRICE TYPE	
	NO	YES			REG	SPECIAL			
h. Ground Beef, regular (≥20% fat)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	% fat <input type="text"/>		Pound	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			% lean <input type="text"/>		None of above	<input type="checkbox"/> 8			
			<i>IF DK, SPECIFY CUT:</i>						
i. Ground Beef, extra lean (≤10% fat)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	% fat <input type="text"/>		Pound	<input type="checkbox"/> 1	\$ <input type="text"/> . <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			% lean <input type="text"/>		None of above	<input type="checkbox"/> 8			
			<i>IF DK, SPECIFY CUT:</i>						
							Asked? <input type="checkbox"/> N <input type="checkbox"/> Y		
j. Any Fresh Meat	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>(Fresh beef, pork, chicken, turkey, lamb, etc. – Do not include fresh or frozen fish, frozen meats or processed meats like hot dogs, bacon, ham, bologna, or other cold cuts)</i>						

NOTES

Ground Beef, regular includes ground chuck, hamburger, ground beef; Ground Beef, extra lean includes ground round, ground sirloin

D. CEREALS and BREADS

1 4 - 1 2 - - - - -

<i>IF D1= NO, SKIP D2-D6</i>	D1. AVAILABLE		D2. BRAND <i>IF None, SKIP D3-D6</i>	D3. QTY	D4. PACKAGE SIZE <i>IF None, SKIP D5-D6</i>	D5. CURRENT PRICE <i>IF 77.77 (DK), SKIP D6</i>	D6. PRICE TYPE			
	NO	YES					REG	SPECIAL		
a. Cereal, higher sugar content (≥ 6g sugar/svg)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Frosted Flakes <input type="checkbox"/> 1	17 - 18 oz	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
			Honey Nut Cheerios <input type="checkbox"/> 2						14 - 15 oz	<input type="checkbox"/> 2
			Honey Bunches of Oats <input type="checkbox"/> 3						7 - 9 oz	<input type="checkbox"/> 3
			None of above <input type="checkbox"/> 8						None of above	<input type="checkbox"/> 8
b. Cereal, lower sugar content (< 6g sugar/svg)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Cheerios, plain <input type="checkbox"/> 1	17 - 18 oz	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
			Corn Flakes <input type="checkbox"/> 2						14 - 15 oz	<input type="checkbox"/> 2
			Rice Krispies <input type="checkbox"/> 3						7 - 9 oz	<input type="checkbox"/> 3
			None of above <input type="checkbox"/> 8						None of above	<input type="checkbox"/> 8
c. Any low-sugar, high-fiber cereal	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>(e.g., Wheaties, Total, Shredded Wheat, Grape Nuts, Bran Flakes, Weetabix, Fiber One, Wheat or Multi-Grain Chex, Barbara's Puffins, Uncle Sam's or others with < 6g sugar and ≥ 3g fiber/serving)</i>							
d. Bread, white	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive	24 oz	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
					20 oz				<input type="checkbox"/> 2	
					None of above				<input type="checkbox"/> 8	
e. Bread, 100% whole wheat	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Least Expensive	24 oz	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2		
					20 oz				<input type="checkbox"/> 2	
					None of above				<input type="checkbox"/> 8	

E. CANNED PRODUCTS

<i>IF E1= NO, SKIP E2-E6</i>	E1. AVAILABLE		E2. BRAND <i>IF None, SKIP E3-E6</i>	E3. QTY	E4. PACKAGE SIZE <i>IF None, SKIP E5-E6</i>	E5. CURRENT PRICE <i>IF 77.77 (DK), SKIP E6</i>	E6. PRICE TYPE		
	NO	YES					REG	SPECIAL	
a. Tomatoes, canned	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Hunt's <input type="checkbox"/> 1	14.5 oz, Diced	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Del Monte <input type="checkbox"/> 2		28 oz, Diced				<input type="checkbox"/> 2
			None of above <input type="checkbox"/> 8		None of above				<input type="checkbox"/> 8
b. Green Beans, canned	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Del Monte <input type="checkbox"/> 1	14 - 15 oz	<input type="checkbox"/> 1	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Green Giant <input type="checkbox"/> 2		None of above				<input type="checkbox"/> 8
			None of above <input type="checkbox"/> 8						
c. Any canned beans w/o added fat or sauce	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>(Kidney, black, navy, pinto, black-eyed, garbanzo etc.)</i>						

E7. Total number of Canned Fruit options

_____ (IF 10+, CODE 10)

E8. Total number of Canned Vegetable options

_____ (IF 10+, CODE 10)

F. BEVERAGES

1 4 - 1 2 - -

FAMILY SIZE (≥ 1 liter/33.8 fl oz)	<i>IF F1= NO, SKIP F2-F6</i>	F1. AVAILABLE		F2. BRAND <i>IF None, SKIP F3-F6</i>			F3. QTY	F4. PACKAGE SIZE <i>IF None, SKIP F5-F6</i>			F5. CURRENT PRICE <i>IF 77.77 (DK), SKIP F6</i>		F6. PRICE TYPE	
		NO	YES							REG	SPECIAL			
		<input type="checkbox"/> 0	<input type="checkbox"/> 1											
FAMILY SIZE (≥ 1 liter/33.8 fl oz)	a. Orange Juice, 100% juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Minute Maid	<input type="checkbox"/> 1	59 - 64 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
				Tropicana	<input type="checkbox"/> 2	89 oz	<input type="checkbox"/> 2							
				None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8							
	b. Juice Drink, <50% juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Minute Maid	<input type="checkbox"/> 1	59 - 64 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
				Tropicana	<input type="checkbox"/> 2	128 oz	<input type="checkbox"/> 2							
				None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8							
c. Juice Box/Pouch ≤ 10% juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Hi-C	<input type="checkbox"/> 1	Box of 10	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Capri Sun	<input type="checkbox"/> 2	Case of 40	<input type="checkbox"/> 2								
			None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8								
d. Soda, regular	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Coca-Cola	<input type="checkbox"/> 1	2 Liter	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Pepsi	<input type="checkbox"/> 2	12 can case	<input type="checkbox"/> 2								
			None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8								
											Asked?	<input type="checkbox"/> N	<input type="checkbox"/> Y	
e. Soda, diet	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Coca-Cola	<input type="checkbox"/> 1	2 Liter	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Pepsi	<input type="checkbox"/> 2	12 can case	<input type="checkbox"/> 2								
			None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8								
											Asked?	<input type="checkbox"/> N	<input type="checkbox"/> Y	
f. Soda, least expensive regular cola	<i>IF NO SODA AVAILABLE, SKIP ROW</i>					2 Liter	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
					12 can case	<input type="checkbox"/> 2								
					None of above	<input type="checkbox"/> 8								
											Asked?	<input type="checkbox"/> N	<input type="checkbox"/> Y	
INDIVIDUAL SIZE (< 1 liter/33.8 fl oz)	g. Orange Juice, 100% juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Minute Maid	<input type="checkbox"/> 1	15.2 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
				Tropicana	<input type="checkbox"/> 2	12 oz	<input type="checkbox"/> 2							
				None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8							
	h. Juice Drink, <50% juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Minute Maid	<input type="checkbox"/> 1	15.2 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
				Tropicana	<input type="checkbox"/> 2	12 oz	<input type="checkbox"/> 2							
				None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8							
	i. Soda, regular	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Coca-Cola	<input type="checkbox"/> 1	20 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
				Pepsi	<input type="checkbox"/> 2	12 oz	<input type="checkbox"/> 2							
				None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8							
												Asked?	<input type="checkbox"/> N	<input type="checkbox"/> Y
	j. Soda, diet	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Coca-Cola	<input type="checkbox"/> 1	20 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
				Pepsi	<input type="checkbox"/> 2	12 oz	<input type="checkbox"/> 2							
				None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8							
												Asked?	<input type="checkbox"/> N	<input type="checkbox"/> Y
k. Energy Drink, regular	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Red Bull	<input type="checkbox"/> 1	8-8.5 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Monster	<input type="checkbox"/> 2	16 oz	<input type="checkbox"/> 2								
			Rockstar	<input type="checkbox"/> 3	None of above	<input type="checkbox"/> 8								
			None of above	<input type="checkbox"/> 8										
l. Isotonic Sports Drink, regular	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Gatorade	<input type="checkbox"/> 1	20 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Powerade	<input type="checkbox"/> 2	32 oz	<input type="checkbox"/> 2								
			None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8								
m. Enhanced Water, regular	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Vitamin Water	<input type="checkbox"/> 1	20 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Sobe Life	<input type="checkbox"/> 2	16-17 oz	<input type="checkbox"/> 2								
			Propel	<input type="checkbox"/> 3	None of above	<input type="checkbox"/> 8								
			None of above	<input type="checkbox"/> 8										
n. Bottled Water, plain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Dasani	<input type="checkbox"/> 1	20 oz	<input type="checkbox"/> 1	\$	_____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2				
			Aquafina	<input type="checkbox"/> 2	24 oz	<input type="checkbox"/> 2								
			None of above	<input type="checkbox"/> 8	None of above	<input type="checkbox"/> 8								
											Asked?	<input type="checkbox"/> N	<input type="checkbox"/> Y	

G. SNACKS

1 4 - 1 2 - - - - -

<i>IF G1= NO, SKIP G2-G6</i>	G1. AVAILABLE		G2. BRAND <i>IF None, SKIP G3-G6</i>		G3. QTY	G4. PACKAGE SIZE <i>IF None, SKIP G5-G6</i>		G5. CURRENT PRICE <i>IF 77.77 (DK), SKIP G6</i>		G6. PRICE TYPE	
	NO	YES								REG	SPECIAL
a. Potato Chips, regular, salted (<3 oz)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Lay's	<input type="checkbox"/> 1		1.75 - 1.90 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Ruffles	<input type="checkbox"/> 2		2.50 - 2.88 oz	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8		None of above	<input type="checkbox"/> 8				
b. Potato Chips, regular, salted (≥3 oz)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Lay's	<input type="checkbox"/> 1		10 - 11 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Ruffles	<input type="checkbox"/> 2		7.00 oz	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8		None of above	<input type="checkbox"/> 8				
c. Flamin' Hot Cheetos (or equivalent, <3 oz)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Frito Lay	<input type="checkbox"/> 1		1.00 - 1.25 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			None of above	<input type="checkbox"/> 8		2.35 - 2.40 oz	<input type="checkbox"/> 2				
						None of above	<input type="checkbox"/> 8				
d. Flamin' Hot Cheetos (or equivalent, ≥3 oz)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Frito Lay	<input type="checkbox"/> 1		8.50 - 9.75 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			None of above	<input type="checkbox"/> 8		3.25 - 3.75 oz	<input type="checkbox"/> 2				
						None of above	<input type="checkbox"/> 8				
e. Baked or low-fat potato chips	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<i>(Less than 4 grams of fat per 1 oz serving)</i>								
f. Snack Cakes (Ho Hos, Cupcakes or Swiss Rolls)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Hostess	<input type="checkbox"/> 1		2 - 3.5 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Little Debbie	<input type="checkbox"/> 2		13 - 15 oz	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8		None of above	<input type="checkbox"/> 8				
g. Cookies	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Oreos	<input type="checkbox"/> 1		18 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Chips Ahoy	<input type="checkbox"/> 2		14 - 16.6 oz	<input type="checkbox"/> 2				
			None of above	<input type="checkbox"/> 8		5 - 6 oz	<input type="checkbox"/> 3				
						None of above	<input type="checkbox"/> 8				
h. Candy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	M&Ms, plain	<input type="checkbox"/> 1		1.5 - 1.75 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Hershey bar	<input type="checkbox"/> 2		2 - 2.5 oz	<input type="checkbox"/> 2				
			Snickers	<input type="checkbox"/> 3		3 - 3.5 oz	<input type="checkbox"/> 3				
			None of above	<input type="checkbox"/> 8		None of above	<input type="checkbox"/> 8				

H. FROZEN VEGETABLES

<i>IF H1= NO, SKIP H2-H6</i>	H1. AVAILABLE		H2. BRAND <i>IF None, SKIP H3-H6</i>		H3. QTY	H4. PACKAGE SIZE <i>IF None, SKIP H5-H6</i>		H5. CURRENT PRICE <i>IF 77.77 (DK), SKIP H6</i>		H6. PRICE TYPE	
	NO	YES								REG	SPECIAL
a. Frozen Green Beans w/o added sauce	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Birds Eye	<input type="checkbox"/> 1		12 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Pictsweet	<input type="checkbox"/> 2		16 oz	<input type="checkbox"/> 2				
			Green Giant	<input type="checkbox"/> 3		28 oz	<input type="checkbox"/> 3				
			None of above	<input type="checkbox"/> 8		None of above	<input type="checkbox"/> 8				
b. Frozen Corn w/o added sauce	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Birds Eye	<input type="checkbox"/> 1		12 oz	<input type="checkbox"/> 1	\$ _____.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			Pictsweet	<input type="checkbox"/> 2		16 oz	<input type="checkbox"/> 2				
			Green Giant	<input type="checkbox"/> 3		28 oz	<input type="checkbox"/> 3				
			None of above	<input type="checkbox"/> 8		None of above	<input type="checkbox"/> 8				
H7. Total number of Frozen Fruit options								<i>(IF 10+, CODE 10)</i>			
H8. Total number of Frozen Vegetable options								<i>(IF 10+, CODE 10)</i>			

K. EXTERIOR MARKETING

1 4 - 1 2 - - - - -

COUNT THE NUMBER OF...	K1. on Building Exterior		K2. on Property	
	TALLY	TOTAL	TALLY	TOTAL
a. All Tobacco Advertisements <i>(IF 10+, CODE 10)</i>		<input type="text"/>		<input type="text"/>
1. Ads that include Cigarettes		<input type="text"/>		<input type="text"/>
a. Cigarette ads that include a Price Promotion		<input type="text"/>		<input type="text"/>
2. Ads that include Snus		<input type="text"/>		<input type="text"/>
a. Snus ads that include a Price Promotion		<input type="text"/>		<input type="text"/>
3. Ads that include Moist Snuff		<input type="text"/>		<input type="text"/>
a. Moist snuff ads that include a Price Promotion		<input type="text"/>		<input type="text"/>
4. Ads that include Dissolvable Tobacco Products		<input type="text"/>		<input type="text"/>
a. Dissolvable Tobacco Product ads that include a Price Promotion		<input type="text"/>		<input type="text"/>
b. All Food and/or Beverage Advertisements <i>(IF 20+, CODE 20)</i>		<input type="text"/>		<input type="text"/>
1. Ads that include a Price Promotion		<input type="text"/>		<input type="text"/>
2. Ads that include a Food		<input type="text"/>		<input type="text"/>
a. Ads that include Fresh Produce (Salad, fruit, vegetables)		<input type="text"/>		<input type="text"/>
3. Ads that include a Beverage		<input type="text"/>		<input type="text"/>
a. Ads that include Regular Soda		<input type="text"/>		<input type="text"/>
a1. Ads that include Diet Soda		<input type="text"/>		<input type="text"/>
b. Ads that include Regular Energy Drink		<input type="text"/>		<input type="text"/>

L. STORE EXTERIOR

L1. Does the store have...?	NO	YES	L3. How much graffiti/tagging is on building and/or property?	NONE	A LITTLE	SOME	A LOT
a. Parking On-Site <i>IF NO, SKIP TO L1b</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
1. Lighted Parking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	L4. 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. Bicycle Parking	<input type="checkbox"/> 0	<input type="checkbox"/> 1			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Bars on Windows	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES				
d. A sidewalk on street at address <i>IF NO, SKIP TO L2</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
1. Sidewalk Lighting	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
L2. Does the store sell gasoline?	<input type="checkbox"/> 0	<input type="checkbox"/> 1					