

Sample 2: Vending Machine Assessment Form

School: _____

Observer: _____

Location

- Entrance/hallway
- Cafeteria
- Gym
- Outside building
- Teacher lounge/staff room
- Other (please describe the location)

Type of Machine

1. Beverage

2. Machine Availability	On	On	On	On	On	On	On	On	On	On
	Off	Off	Off	Off	Off	Off	Off	Off	Off	Off
Is the machine currently on and available to students or is it turned off?										

Reference: (Assessment format) B Oldenburg et al. Checklist of Health Promotion Environments at Worksites (CHEW): Development and Measurement Characteristics. Am J Health Promot. 2002;16(5):288-299; (Items) Centers for Disease Control and Prevention. The School Health Policies and Programs Study (SHPPS) Questionnaires. <http://www.cdc.gov/HealthyYouth/shpps/index.htm>. 2004