

Store Observation Form **

After the store owner has agreed to participate, it's helpful to assess what products the store currently stocks and promotes, what is healthy and where there is room for improvement. Use the following form to conduct your assessment.



Ambassador Name: _____ **Date:** _____
Store Name: _____ **Address:** _____

1. Check one:
 Baseline Observation Follow-Up Observation

2. Are there ads for the following products on the outside of the store? Mark all that apply.
 Tobacco Sugary Drinks
 Beer Other, please specify: _____

3. Are there ads for the following products on the inside of the store? Mark all that apply.
 Tobacco Sugary Drinks
 Beer Other, please specify: _____

4. Are there any ads on the front door?
 Yes No

5. Are there any shelf talkers or signs that identify healthy food choices?
 Yes No

6. How many types of fresh vegetables are for sale? _____

7. How many types of fresh fruits are for sale? _____

8. Please circle the number that best describes the overall quality of fresh produce.

At this site, what is the overall quality of the....	Poor quality (brown, bruised, overripe, wilted)	Low mixed quality (more poor than good)	High mixed quality (more good than poor)	Good quality (absolutely NO rotting or moldy items, all very fresh, no soft spots, good color)
Fresh Vegetables	1	2	3	4
Fresh Fruit	1	2	3	4

9. Please select YES or NO to indicate whether the store has/does the following:

	Yes	No
Stocks low-fat milk (1% or fat-free)	<input type="checkbox"/>	<input type="checkbox"/>
Stocks canned fruit in 100% juice	<input type="checkbox"/>	<input type="checkbox"/>
Stocks canned vegetables, beans or soups with a label that says "low sodium," "low-salt," "no salt added" or other messages indicating low in sodium	<input type="checkbox"/>	<input type="checkbox"/>
Stocks baked potato chips	<input type="checkbox"/>	<input type="checkbox"/>
Stocks dried fruit with no sugar added	<input type="checkbox"/>	<input type="checkbox"/>
Stocks nuts with no sugar added and no more than 200 milligrams of sodium per serving	<input type="checkbox"/>	<input type="checkbox"/>
Places produce, or other 'healthy' snacks, at the cash register	<input type="checkbox"/>	<input type="checkbox"/>
Places produce near the front entrance of the store	<input type="checkbox"/>	<input type="checkbox"/>
Places refrigerated water at eye level	<input type="checkbox"/>	<input type="checkbox"/>
Places refrigerated low-calorie drinks at eye level (low-calorie drinks have no more than 25 calories per 8-ounce serving)	<input type="checkbox"/>	<input type="checkbox"/>

Total Score: _____

To score the store:

Questions 1-4: No score

Question 5: 1 point for 'Yes', 0 points for 'No'

Question 6: 1 point for each fresh vegetable offered

Question 7: 1 point for each fresh fruit offered

Question 8: The same number of points as the number you circled (ie: 2 points if you circled 2)

Question 9: 1 point for each 'Yes' response

Total the number of points received.

Your goal should be to see an increase the total store by the end of the fiscal year (or when you finish your work with the score.

** Form adapted from NYC Adopt-a-Shop Store Observation Form.

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