Healthy Hospital
Food and Beverage
Environment Scan

CDC

Contents

For a complete guide on how
to use this scan please <u>click here</u>.

Scan Cover Page

Rater ID: [ ][ ]   Hospital Name: _____

Hospital ID: [ ][ ] [ ] [ ] [ ] [ ] [ ][ ][ ] (Optional)

Code as: State-Location-Type-#Employees-#Beds-Teaching Hospital

- ■ State: Two letter state

- ■ Location: 0=Urban; 1=Rural; 2=Suburban

- ■ Type: 0=Tertiary; 1=General; 2=Specialty, Children's; 3=Specialty, Geriatric;
  4=Specialty, Surgical; 5=Psychiatric; 6=Women's health, OB/GYN; 7=Community; 8=Federal; 9=Other

  (Specify: _____)

- ■ #Employees (not including residents): 0= <1000; 1=1000-3000; 2=3000-5000; 3= >5000; Actual #= _____

- ■ #Beds: 0=1-100; 2=101-300; 3=301-500; 4=>500; Actual #= _____

- ■ Hospital Abbreviation(4 letters)

Scan Date:

Date: [ ][ ] / [ ][ ] / [ ][ ] (MM/DD/YY)

Overall Start Time: [ ][ ] : [ ][ ] ☐ AM ☐ PM

Overall End Time: [ ][ ] : [ ][ ] ☐ AM ☐ PM

Sites Visited:

☐ Cafeteria

☐ Vending Machines

Rater ID: ☐☐   Date: ☐☐/☐☐/☐☐   Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Cafeteria

Time of Scan:

Start Time: ☐☐:☐☐ ☐ AM ☐ PM   End Time: ☐☐:☐☐ ☐ AM ☐ PM

Number of Cash Registers: ☐☐

Data Sources:

OBSERVATION:

Nutrition information on a large display or menu boards?	☐ Yes ☐ No
Identification of healthier items in cafeteria?	☐ Yes ☐ No
Printed brochure in cafeteria?	☐ Yes ☐ No
Nutrition information in brochure?	☐ Yes ☐ No
Brochure on intra/internet?	☐ Yes ☐ No

Comments:

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Hours of Operation:

TYPICAL WEEKDAY

Open: ☐☐:☐☐ ☐ AM ☐ PM

Closed: ☐☐:☐☐ ☐ AM ☐ PM

TYPICAL WEEKEND DAY

Open: ☐☐:☐☐ ☐ AM ☐ PM

Closed: ☐☐:☐☐ ☐ AM ☐ PM

Comments on Hours of Operation:

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Completed page: ☐

Facilitators and Barriers:

OBSERVATION:		COMMENTS
Does the cafeteria have signs or other displays that encourage general healthy eating? (posters on wall, signs, table tents)	☐ Yes ☐ No	
Do signs or displays encourage less healthy food choices or overeating (table tents with rich deserts, supersizing, all you can eat)?	☐ Yes ☐ No	
Is a "Feature of the Day" or special combination meal promoted?	☐ Yes ☐ No	
Are there signs, table tents, or other displays encouraging healthy food choices as part of a wellness or benefit program?	☐ Yes ☐ No	
Is there any other information on promotions or pricing strategies (e.g. farmers markets, discounts on healthy items) presented within the cafeteria?	☐ Yes ☐ No	

General Comments: Facilitators and Barriers

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Completed page: ☐

Grab and Go Food Items (Excludes salad bar, sandwich bar, hot bar items)

Item	Available	Most Common Price per Item	Located Near Point of Purchase	Total # of Varieties*
Fruit†	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐
Vegetables††	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Comments:
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Cereal

Low-sugar cereal/total cereal:
Healthier cereal proportion of total shelf space

☐ 0%   ☐ 1–10%   ☐ 11–33%   ☐ 34–50%   ☐ 51%+

Healthier Option (<7g sugar/ serving):	Size (oz.)	Available	Price	Near Point of Purchase	Total # of Varieties**
Cheerios or if unavailable, alternate Low-sugar cereal. Alternate name: _____	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Regular Option (≥7g sugar/ serving)	Size (oz.)	Available	Price	Near Point of Purchase	Total # of Varieties
Cheerios (flavored) or if unavailable, alternate High-sugar cereal. Alternate name: _____	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Comments:
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* Varieties: apples, oranges, bananas, peaches, carrots, celery, edamame, mushrooms

** Varieties: cereals such as kix, sugar pops, raisin bran

† At least 3 whole or sliced fruits should be available daily (see U.S. General Service's administration guidelines at: http://www.gsa.gov/portal/content/104429).

†† GSA states at least 1 raw salad-type vegetable must contain ≤230 mg of sodium as served
(see U.S. General Service's administration guidelines at: http://www.gsa.gov/portal/content/104429).

Completed page: ☐

Rater ID: ☐☐ Date: ☐☐/☐☐/☐☐ Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Chips

Baked chips/total chips:
Healthier option proportion of shelf space

☐ 0% ☐ 1–10% ☐ 11–33% ☐ 34–50% ☐ 51%+

Healthier Option (Low-fat chips ≤3g fat/1 oz. serving):	**Size (oz.)**	**Available**	**Price**	**Near Point of Purchase**	**Total # of Varieties****
Baked chips; if unavailable, alternate low-fat chips. Alternate name:	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Regular Option (>3g fat/1 oz. serving):	**Size (oz.)**	**Available**	**Price**	**Near Point of Purchase**	**Total # of Varieties**
Lays chips; if unavailable, alternate regular chips. Alternate name:	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Comments:
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Completed page: ☐

Milk

(Skim and/or 1% milk) /All milks:
Healthier option proportion of total milk shelf space

☐ 0% ☐ 1–10% ☐ 11–33% ☐ 34–50% ☐ 51%+

Item	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Healthier Item: Skim or 1% milk (report lowest-fat milk available)	☐☐	☐ Yes ☐ No	$ ☐.☐☐	☐ Yes ☐ No	☐☐
Regular Option: 2% milk and/or whole milk (report lowest-fat milk available)	☐☐	☐ Yes ☐ No	$ ☐.☐☐	☐ Yes ☐ No	☐☐

† GSA guidelines state 2%, 1% and fat-free milk should be offered (see U.S. General Service's administration guidelines at: http://www.gsa.gov/portal/content/104429).

Comments:
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Soda

Diet soda/total soda:
Proportion of total soda shelf space

☐ 0% ☐ 1–10% ☐ 11–33% ☐ 34–50% ☐ 51%+

Healthier Item	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Diet Coke	☐☐	☐ Yes ☐ No	$ ☐.☐☐	☐ Yes ☐ No	☐☐
Alternate choice of diet soda: _____	☐☐	☐ Yes ☐ No	$ ☐.☐☐	☐ Yes ☐ No	☐☐

Regular Option	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Coke	☐☐	☐ Yes ☐ No	$ ☐.☐☐	☐ Yes ☐ No	☐☐
Alternate choice sugared soda: _____	☐☐	☐ Yes ☐ No	$ ☐.☐☐	☐ Yes ☐ No	☐☐

Comments:
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Juices

100% Juice/Juice Drink:
Healthier option proportion of total juice shelf space

☐ 0% ☐ 1–10% ☐ 11–33% ☐ 34–50% ☐ 51%+

Item	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Healthier Item: 100% Fruit \Vegetable Juice	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐
Regular Option: Juice Drink	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Comments:

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Other Drinks

Item	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Unsweetened Tea	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐
Sweetened Tea	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐
Flavored Water (< 40 calories/serving)	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐
Sports Drinks	☐☐	☐ Yes ☐ No	$☐.☐☐	☐ Yes ☐ No	☐☐

Comments:

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Rater ID: ☐☐ Date: ☐☐ / ☐☐ / ☐☐ Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Fountain Drinks

Regarding the FOUNTAIN DRINK STATIONS: Please indicate the number of more healthy and total options for the following: (examples of healthy options are provided below)

Item	# More Healthy Options	Total # Options	N/A
Soda (e.g. diet soda)	☐☐	☐☐	☐ N/A
Juice (e.g. 100% fruit juice)	☐☐	☐☐	☐ N/A
Tea (e.g. unsweetened tea)	☐☐	☐☐	☐ N/A
Other:	☐☐	☐☐	☐ N/A

Are FREE refills promoted for fountain sugar drinks or sweetened tea? ☐ Yes ☐ No ☐ N/A

Is there access to FREE drinking water within the cafeteria? ☐ Yes ☐ No ☐ N/A

If yes, what options exist for free drinking water?

    ☐ Served as part of fountain drink station

    ☐ Independent water dispenser (e.g. water cooler, water jug)

    ☐ Water fountains

    ☐ Other: ....

Is there a CHARGE FOR CUPS/GLASSES to use at drinking water source(s)? ☐ Yes ☐ No ☐ N/A

    ☐ Comment on price if applicable: ....

    ☐ Comment on charge for water if customer brings his/her own container/bottle:

    ....

Are the **sources of FREE drinking water OPERATIONAL at time of scan**? ☐ Yes ☐ No ☐ N/A

Comments:
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Completed page: ☐

Rater ID: ☐☐ Date: ☐☐/☐☐/☐☐ Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Menu Review (Includes grill, hot bar, salad bar)

Item:	Available	# of Choices	Comments
Main Dishes/Entrees			
Total # main dishes/entrees	☐ Yes ☐ No	☐☐	
Healthier options	☐ Yes ☐ No	☐☐	
Undetermined	☐ Yes ☐ No	☐☐	
Burgers			
Total # burgers	☐ Yes ☐ No	☐☐	
Total # healthier options?	☐ Yes ☐ No	☐☐	
Undetermined	☐ Yes ☐ No	☐☐	

Item:	Available	# of Choices	Comments
Vegetable with no fat or oil (w/o added sauce)	☐ Yes ☐ No	☐☐	
Whole grain starch side (w/o added sauce)*	☐ Yes ☐ No	☐☐	
Total # starch	☐ Yes ☐ No	☐☐	
Total # healthier options?	☐ Yes ☐ No	☐☐	
Undetermined	☐ Yes ☐ No	☐☐	
Non-cream based soup	☐ Yes ☐ No	☐☐	
Total # soup	☐ Yes ☐ No	☐☐	
Total # healthier options?	☐ Yes ☐ No	☐☐	
Undetermined	☐ Yes ☐ No	☐☐	

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Completed page: ☐

Rater ID: ☐☐   Date: ☐☐ / ☐☐ / ☐☐   Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Salad bar available? (if no, skip to next page)   ☐ Yes ☐ No   ☐☐   ....

    Low-fat or fat free salad dressings   ☐ Yes ☐ No   ☐☐   ....

    Are healthier options indicated?
(e.g., "Go, Slow, Whoa", icons, or other system)   ☐ Yes ☐ No   ☐☐

Item:	Select One	Comments

Menu Pricing

Please rate the price of healthier entrees to comparable regular entrées.
- ☐ More
- ☐ Less ....
- ☐ Same ....
- ☐ N/A ....

Please rate the price of healthier sandwiches, wraps, and/or burgers to comparable regular ones.
- ☐ More ....
- ☐ Less ....
- ☐ Same ....
- ☐ N/A ....

General Comments: Menu Review and Pricing Sections:

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Completed page: ☐

Point of Decision and Point of Purchase

Does the cafeteria identify items on the menu or in stalls as "healthy" or "light"? ☐ Yes ☐ No

If yes, what nutritional standards do they list for these items? (Open Response)

☐ No standards are provided

Is nutrition information posted on the menu boards, brochures or in other display areas?

☐ Yes, for all times

☐ Yes, only for healthier items

☐ Yes, for some items
    (healthier and/or unhealthy)

☐ No

Are there options near the point-of-purchase that do not meet healthier nutrition criteria?

☐ Yes ☐ No

If yes, count the number of slots of these options (e.g. non-baked chips, candy, cookies, ice-cream, non-diet sodas, energy/sports drinks). You can also count the number of shelves. Enter method for counting in comments.

☐ 0–5

☐ 6–10

☐ 11–20

☐ More than 20

☐ N/A

Comments:

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Rater ID: ☐☐ Date: ☐☐ / ☐☐ / ☐☐ Hospital Name: ....

(MM/DD/YY)

Hospital ID: ☐☐☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Vending Machines

☐ Not Applicable

Location of Vending Machines:

(Please choose vending machine cluster on a main hospital floor with most traffic.)

☐ Lobby/Waiting area
☐ Outside/Near Cafeteria
☐ Employee break room
☐ Patient floor
☐ Other: ....

Time of Scan:

Start Time: ☐☐ : ☐☐ ☐ AM ☐ PM   End Time: ☐☐ : ☐☐ ☐ AM ☐ PM

Data Sources:

OBSERVATION:

Identification of healthier items in machine?

☐ Yes, both food & beverage machine
☐ Yes, only food machines
☐ Yes, only beverage machines

Comments:

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Completed page: ☐

Rater ID: ☐☐ Date: ☐☐/☐☐/☐☐ Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Food Vending Machine(s)

Number of Food machines in cluster: ☐☐

Facilitators and Barriers:		**Comments**

Are **specific healthier** items in the vending machine identified using signs or displays (e.g. icons)?
☐ Yes ☐ No
☐ Cannot Determine

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Does the vending machine have signs, displays or images that encourage **unhealthy** food choices (e.g., bag of regular chips, or candy)?
☐ Yes ☐ No
☐ Cannot Determine

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Does the exterior of the vending machine depict an image of a **healthier** food item (e.g. fruit, baked chips, vegetables)?
☐ Yes ☐ No
☐ Cannot Determine

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Are there signs or other displays encouraging healthier food choices as part of a wellness or benefit program?
☐ Yes ☐ No
☐ Cannot Determine

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....

Access

Please indicate the total slot space dedicated to each of the following items in all food machines of cluster:
(See nutrition criteria reference)

	GREEN (Go)	YELLOW (Slow)	RED (Whoa)	Other/non-nutritive	Empty
# slots in food machine(s):	☐☐	☐☐	☐☐	☐☐	☐☐

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Completed page: ☐

Rater ID: ☐☐　　Date: ☐☐ / ☐☐ / ☐☐　　Hospital Name: ....

(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Are baked chips available? ☐ Yes ☐ No ☐ N/A

    If yes, what is the size and price in comparison to regular chips?
    (Circle if ounce or gram and round to nearest whole number.)

Item	Size	Price	N/A
Baked Chips (<3 gm fat/serving)	☐☐ oz./g	$ ☐☐.☐☐	☐ N/A
Regular Chips	☐☐ oz./g	$ ☐☐.☐☐	☐ N/A

Is nutrition information posted on or near the vending machines for food items?
(This should include calories/article)

    ☐ Yes, for all items

    ☐ Yes, for only healthier items

    ☐ Yes, for some items (healthier and/or unhealthy)

    ☐ No

    ☐ N/A

    If yes, what information is provided?

    ☐ Calories/article

    ☐ Trans fat/serving

    ☐ Fiber/serving

    ☐ Total fat/serving

    ☐ Sodium/serving*

    ☐ Saturated fat/serving

    ☐ None of these

    ☐ Nutrition info available elsewhere

    Location: ....

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Completed page: ☐

Rater ID: ☐☐   Date: ☐☐/☐☐/☐☐   Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Beverage Vending Machine(s)

Number of Beverage machines in cluster: ☐☐

Facilitators and Barriers: **Comments**

Are **specific healthier** items in the vending machine identified using signs or displays (e.g. icons)?   ☐ Yes ☐ No

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Does the vending machine have signs, displays or images that encourage **less healthy** beverage choices?   ☐ Yes ☐ No

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Does the exterior of the vending machine depict an image of a **healthy** item (e.g. bottled water, diet soda)?   ☐ Yes ☐ No

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Are there signs or other displays encouraging healthy beverage choices as part of a wellness or benefit program?   ☐ Yes ☐ No

....
....

Access

Count the number of buttons/slots devoted to healthy options (e.g. water, diet soda, low-calorie drink), the number of total buttons/slots, and the number of empty slots or "sold out" items

	Healthy Options	Empty or "Sold Out" of Healthy	Total Options	Empty or "Sold Out" of Total
# slots in beverage machine(s):	☐☐	☐☐	☐☐	☐☐

Completed page: ☐

Rater ID: ☐☐   Date: ☐☐/☐☐/☐☐   Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐ ☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Provide the number of buttons/slots, size and price for the following items:

Item:	# Slots/Buttons	Size	Price	Not Applicable
Water (plain)	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Diet soda	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Regular soda	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
100% fruit/vegetable juice	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Juice drink	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Sports Drink	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Energy Drink	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Unsweetened Tea	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Sweetened Tea	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Skim, 1% or 2%	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Whole Milk	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Other	☐☐	☐☐ oz.	$☐.☐☐	☐ N/A
Total # slots/buttons	☐☐			

Comments: ....

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Completed page: ☐

Rater ID: ☐☐ Date: ☐☐ / ☐☐ / ☐☐ Hospital Name: ....
(MM/DD/YY)

Hospital ID: ☐☐☐ ☐ ☐ ☐ ☐☐☐ (Optional)

Is nutrition information posted on or near the vending machines for drink items?
(This should include calories/article)

☐ Yes, for all items

☐ Yes, for only healthier items

☐ Yes, for some items (healthier and/or unhealthy)

☐ No

If yes, what information is provided?

☐ Calories/article

☐ Trans fat/serving

☐ Fiber/serving

☐ Total fat/serving

☐ Sodium/serving*

☐ Saturated fat/serving

☐ None of these

☐ Nutrition info available elsewhere

Location: ....

General Comments—Vending Sections:

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