

Store ID: _____	Baltimore Food Store Study 2016				Data Collector: _____		
Healthy Food Availability Index and Whole Staple Food Assessment							
<input type="checkbox"/> Public Market <input type="checkbox"/> Supermarket <input type="checkbox"/> Small Grocery <input type="checkbox"/> Specialty Store <input type="checkbox"/> Discount Store <input type="checkbox"/> Corner Store <input type="checkbox"/> Pharmacy <input type="checkbox"/> Convenience Store <input type="checkbox"/> Gas Station <input type="checkbox"/> Behind Glass Store	Store Name: _____				Grid: _____	Date: _____	
	Store Address: _____				Prepared Food: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> New	WIC: <input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Registers: _____	# Aisles: _____	Fridge Fridge - Staple Freezer Freezer - Staple	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Perm. closed	Comments: _____					
	<input type="checkbox"/> Refusal						
<input type="checkbox"/> Unable							
<input type="checkbox"/> Not open (2x)							

FRESH FRUIT & VEG	CANNED FRUIT & VEG	DRIED/CANNED OTHER
Type(s) of Fresh Fruit: <u>1-5</u> (#)	Type(s) of Canned Fruit: <u>.5</u> (#)	Dried Beans <u>[.5] Yes</u> Available: <input type="checkbox"/> No
Quality of Fresh Fruit: <input type="checkbox"/> A <input type="checkbox"/> UA	Type(s) of Canned Veg: <u>.5</u> (#)	Canned Beans <input type="checkbox"/> Yes <input type="checkbox"/> No
Type(s) of Fresh Veg: <u>1-5</u> (#)	FROZEN FOODS	Available:
Quality of Fresh Veg: <input type="checkbox"/> A <input type="checkbox"/> UA	Type(s) of Frozen Fruit: <u>1</u> (#)	Soup(s) <input type="checkbox"/> Yes Available: <input type="checkbox"/> No
Comments:	Type(s) of Frozen Veg: <u>1</u> (#)	Low-Sodium Soup(s) <u>[1] Yes</u> <input type="checkbox"/> No
	Meal(s) <input type="checkbox"/> Yes Available: <input type="checkbox"/> No	Available:
JUICE	Healthier <u>[1] Yes</u>	Nuts/Seeds <input type="checkbox"/> Yes Available: <input type="checkbox"/> No
100% Fruit Juice <u>[1] Yes</u> Available: <input type="checkbox"/> No	Meal(s) <input type="checkbox"/> No Available:	Nut Butter <input type="checkbox"/> Yes Available: <input type="checkbox"/> No
100% Veg Juice <input type="checkbox"/> Yes <input type="checkbox"/> No Available:	Comments:	Canned Protein <input type="checkbox"/> Meat <input type="checkbox"/> Poultry Available: <input type="checkbox"/> Seafood

MEAT	CHICKEN	SEAFOOD
Ground Beef <u>[1] Yes</u> Available: <input type="checkbox"/> No	Chicken breast <u>[1] Yes</u> Available: <input type="checkbox"/> No	Finned Fish <u>[1] Yes</u> Available: <input type="checkbox"/> No
Quality of Ground Beef: <input type="checkbox"/> A <input type="checkbox"/> UA	Quality Of Chicken: <input type="checkbox"/> A <input type="checkbox"/> UA	Quality Of Fish: <input type="checkbox"/> A <input type="checkbox"/> UA
% Lean: <u>1</u> (if 85%+) % Fat: _____	Other Chicken: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shell Fish <input type="checkbox"/> Yes Available: <input type="checkbox"/> No
Other Beef <input type="checkbox"/> Yes Available: <input type="checkbox"/> No	Other Poultry: <input type="checkbox"/> Yes <input type="checkbox"/> No	Option(s) <input type="checkbox"/> Fresh Available: <input type="checkbox"/> Frozen
Pork <input type="checkbox"/> Yes Available: <input type="checkbox"/> No	Option(s) <input type="checkbox"/> Fresh Available: <input type="checkbox"/> Frozen	Comments:
Deli Meat <input type="checkbox"/> Yes Available: <input type="checkbox"/> No	OTHER PROTEIN	
Other Meat <input type="checkbox"/> Yes Available: <input type="checkbox"/> No	Eggs <input type="checkbox"/> Yes Available: <input type="checkbox"/> No	
Option(s) <input type="checkbox"/> Fresh Available: <input type="checkbox"/> Frozen	Meat <input type="checkbox"/> Yes Alternative <input type="checkbox"/> No Available:	

DAIRY		GRAINS/CEREALS	
Milk	<input checked="" type="checkbox"/> Yes	Loaf Bread	<input type="checkbox"/> Yes
Available:	<input type="checkbox"/> No	Available:	<input type="checkbox"/> No
Low Fat Milk	<input checked="" type="checkbox"/> Yes	100% WW	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	Available:	<input type="checkbox"/> No
Available:		Tortillas	<input type="checkbox"/> Yes
Butter	<input type="checkbox"/> Yes	Available	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Corn Tortillas	<input type="checkbox"/> Yes
Margarine	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Pasta	<input checked="" type="checkbox"/> Yes
Hard Cheese	<input type="checkbox"/> Yes	Available	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Rice	<input checked="" type="checkbox"/> Yes
Soft Cheese	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Bagel	<input type="checkbox"/> Yes
Vegan Cheese	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Pita	<input type="checkbox"/> Yes
Other Milk	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Roll/Bun/Bisc.	<input type="checkbox"/> Yes
Plant Milk	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available	<input type="checkbox"/> No	Pie/Crust	<input type="checkbox"/> Yes
Yogurt/Sour	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Waffle/Pancake	<input type="checkbox"/> Yes
Infant formula	<input type="checkbox"/> Yes	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> No	Corn Meal/Grits	<input type="checkbox"/> Yes
Option(s)	<input type="checkbox"/> Fresh	Available:	<input type="checkbox"/> No
Available:	<input type="checkbox"/> Shelf-Stable	Flour/Baking	<input type="checkbox"/> Yes
		Available:	<input type="checkbox"/> No
Dairy Varieties:	_____ (#)	Corn Meal/Grits	<input type="checkbox"/> Yes
		Available:	<input type="checkbox"/> No