

Healthy Hospital Food and Beverage Environment Scan



National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity



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For a complete guide on how to use this scan please [click here](#).

Adapted with permission from:

* Saelens BE, Glanz K, Sallis JF, Frank LD. Nutrition Environment Measures Study in Restaurants (NEMS-R). *Am J Prev Med* 2007; 32(4): 273-81.

Glanz K, Sallis JF, Saelens BF, Frank LD. Nutrition environment measures survey in stores (NEMS-S). *Am J Prev Med* 2007;32(4):282-289.

Adapted with permission from:

** Adapted with permission from: Iowa Department of Public Health. Nutrition Environment Measures Survey-Vending. Available at <http://www.nems-v.com/index.html>.

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: // (MM/DD/YY) Hospital Name: _____
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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Rater ID:

Date: / /
(MM/DD/YY)

Hospital Name:

Hospital ID: (Optional)

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

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Do signs or displays encourage less healthy food choices or overeating (table tents with rich deserts, supersizing, all you can eat)? Yes No

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Is a "Feature of the Day" or special combination meal promoted? Yes No

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Are there signs, table tents, or other displays encouraging healthy food choices as part of a wellness or benefit program? Yes No

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Is there any other information on promotions or pricing strategies (e.g. farmers markets, discounts on healthy items) presented within the cafeteria? Yes No

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General Comments: Facilitators and Barriers

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Rater ID: Date: // (MM/DD/YY) Hospital Name: _____
 Hospital ID: (Optional)

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[†]	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Vegetables^{††}	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

Comments: _____

Cereal

Low-sugar cereal/total cereal: 0% 1–10% 11–33% 34–50% 51%+
 Healthier cereal proportion of total shelf space

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: _____	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

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: _____	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

Comments: _____

* 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>).

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

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

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Yes No

Comments:

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Rater ID:
 Date: / /
 (MM/DD/YY) Hospital Name: _____
 Hospital ID:
 (Optional)

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)	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Regular Option: 2% milk and/or whole milk (report lowest-fat milk available)	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

* 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	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Alternate choice of diet soda:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Regular Option	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Coke	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Alternate choice sugared soda:	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

Comments:

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Rater ID: Date: / / (MM/DD/YY) Hospital Name: _____
 Hospital ID: (Optional)

Juices

100% Juice/Juice Drink: 0% 1-10% 11-33% 34-50% 51%+
 Healthier option proportion of total juice shelf space

Item	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Healthier Item: 100% Fruit Vegetable Juice	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Regular Option: Juice Drink	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

Comments:

Other Drinks

Item	Size (oz.)	Available	Price	Located Above Waist Level	Total # of Varieties**
Unsweetened Tea	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Sweetened Tea	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Flavored Water (< 40 calories/serving)	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>
Sports Drinks	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>

Comments:

Rater ID: Date: // (MM/DD/YY) Hospital Name: _____
 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)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> N/A
Juice (e.g. 100% fruit juice)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> N/A
Tea (e.g. unsweetened tea)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> N/A
Other: _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> 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:

Rater ID: Date: / / (MM/DD/YY) Hospital Name: _____
 Hospital ID: (Optional)

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

Item:	Available	# of Choices	Comments
Main Dishes/Entrees			
Total # main dishes/entrees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Healthier options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Undetermined	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Burgers			
Total # burgers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Total # healthier options?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Undetermined	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____

Item:	Available	# of Choices	Comments
Vegetable with no fat or oil (w/o added sauce)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Whole grain starch side (w/o added sauce)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Total # starch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Total # healthier options?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Undetermined	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Non-cream based soup	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Total # soup	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Total # healthier options?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____
Undetermined	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	_____

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

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
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Menu Pricing

Please rate the price of healthier entrees to comparable regular entrées.

- More
- Less
- Same
- N/A

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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:

.....

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

Hospital ID: (Optional)

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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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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine	_____ _____ _____ _____ _____ _____
Does the vending machine have signs, displays or images that encourage unhealthy food choices (e.g., bag of regular chips, or candy)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine	_____ _____ _____ _____ _____ _____
Does the exterior of the vending machine depict an image of a healthier food item (e.g. fruit, baked chips, vegetables)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine	_____ _____ _____ _____ _____ _____
Are there signs or other displays encouraging healthier food choices as part of a wellness or benefit program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Determine	_____ _____ _____ _____ _____ _____

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):	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Rater ID: Date: // (MM/DD/YY) Hospital Name: _____
 Hospital ID: (Optional)

Beverage Vending Machine(s)

Number of Beverage machines in cluster:

Facilitators and Barriers:	Comments
<p>Are specific healthier items in the vending machine identified using signs or displays (e.g. icons)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Does the vending machine have signs, displays or images that encourage less healthy beverage choices?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Does the exterior of the vending machine depict an image of a healthy item (e.g. bottled water, diet soda)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Are there signs or other displays encouraging healthy beverage choices as part of a wellness or benefit program?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>.....</p> <p>.....</p> <p>.....</p>

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):	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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

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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For more information please contact

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov

Web: www.atsdr.cdc.gov

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