

# Building Healthy NYCHA Communities through Food

## Healthy Food Retail Audit Form

Name of Community Researcher: \_\_\_\_\_

Date: \_\_\_\_\_

Name of retail site: \_\_\_\_\_

Address: \_\_\_\_\_

Intersection: \_\_\_\_\_

### 1. Type of site:

|   |  |
|---|--|
| <input type="checkbox"/> Bodega                             | <input type="checkbox"/> Fast Food Restaurant    |
| <input type="checkbox"/> Supermarket                        | <input type="checkbox"/> Street Food Vendor      |
| <input type="checkbox"/> Restaurant (with seating)          | <input type="checkbox"/> Farmer's Market         |
| <input type="checkbox"/> Prepared food/take out             | <input type="checkbox"/> Bakery/Café/Coffee Shop |
| <input type="checkbox"/> Produce cart/green cart            | <input type="checkbox"/> Food Truck              |
| <input type="checkbox"/> Specialty Food Store? (what kind?) | <input type="checkbox"/> Other? Describe _____   |

2. Hours of operation: \_\_\_\_\_

3. Does it accept EBT? \_\_\_\_\_ WIC \_\_\_\_\_

4. Does it sell fresh produce? \_\_\_\_\_

5. How many fresh produce items? 0-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 11-20 \_\_\_\_\_ >20 \_\_\_\_\_

\_\_\_\_\_ Fruits \_\_\_\_\_ Green Veggies (broccoli, spinach, collards) \_\_\_\_\_ Other Veg \_\_\_\_\_

6. Describe condition of produce: \_\_\_\_\_

\_\_\_\_\_

7. Does it sell frozen produce? \_\_\_\_\_ Describe condition of frozen produce: \_\_\_\_\_

\_\_\_\_\_

8. Does it have a deli/prepared foods? \_\_\_\_\_ Describe the types of foods they make:

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9. Does it sell local and/or organic products? \_\_\_\_\_ Describe what types: \_\_\_\_\_

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10. Does it sell any of the following healthy food options:

\_\_\_ 100% whole grain products

\_\_\_ Low fat milk

\_\_\_ 100% fruit juice

\_\_\_ Low fat/cholesterol prepared foods (e.g. cooked vegetables, grains, etc.)

\_\_\_ Healthy food prepared at an onsite deli (salads, whole grain sandwich options, yogurt and fruit, smoothies)

\_\_\_ Other? List: \_\_\_\_\_

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11. At this food outlet, is the cost of food:

\_\_\_ Expensive

\_\_\_ Average or reasonable

\_\_\_ A good value

12. Customer traffic? low \_\_\_\_\_ moderate \_\_\_\_\_ high \_\_\_\_\_

13. General comments on the condition of the overall space and other characteristics that stand out about the business or its location: \_\_\_\_\_

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