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:

| ___Bodega | ___Fast Food Restaurant |
| ___Supermarket | ___Street Food Vendor |
| ___Restaurant (with seating) | ___Farmer’s Market |
| ___Prepared food/take out | ___Bakery/Café/Coffee Shop |
| ___Produce cart/green cart | ___Food Truck |
| ___Specialty Food Store? (what kind?) | ___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:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

9. Does it sell local and/or organic products? ______ Describe what types:_______
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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: _______________________________________________________
______________________________________________________________________

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:______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________