Community Organization Beverage Assessment

Please choose a group or organization in your community and find out about its beverage environment, practices and policies. If possible, interview an employee of the organization to gather this information.

ABOUT THE ORGANIZATION:

1. Type of organization (choose one)
   ___4-H
   ___OSU Extension
   ___Child Care
   ___Hospital/health care
   ___YMCA/YWCA
   ___Social Services

2. Which populations listed below does the organization serve? (select all that apply)
   ___general population
   ___families
   ___parents
   ___pregnant women
   ___children 0-5 years
   ___school-age children
   ___teens
   ___young Adults
   ___older Adults
   ___other (please

WATER AVAILABILITY:

3. In 2014, what sources of free water were available to staff and/or volunteers within the organization? (Select all that apply)
   ___water fountain, drinking fountain, or “bubbler”
   ___bottled water
   ___tap water (from faucet or pitcher)
   ___other (please specify)

   _____________________________________________________________

___water was not freely available

4. In 2014, was drinking water freely available at all times to people served by the organization?
   ___yes
   ___no
   ___not sure
5. What sources of free water were available to people served by the organization? (Select all that apply)
   ___ water fountain, drinking fountain, or “bubbler”
   ___ bottled water
   ___ tap water (from faucet or pitcher)
   ___ other (please specify)
   ___ water was not freely available

BEVERAGES FOR PURCHASE:

6. In 2014, were beverage vending machines available in the organization’s building(s) or on the property?
   ___ yes
   ___ no
   ___ not sure
   ___ N/A

7. If yes, what types of beverages were available in the vending machines? (Select all that apply)
   ___ water
   ___ milk
   ___ soda
   ___ diet soda
   ___ 100% fruit juice
   ___ artificially sweetened fruit juice
   ___ sports drinks
   ___ coffee
   ___ Other (please specify)

8. In 2014, who had access to the areas where vending machines are located in the organization’s building(s) (select all that apply)
   ___ only staff and professional visitors
   ___ customers or the general public, in addition to staff and professional visitors

9. In 2014, did the organization have standards (policies, contracts, guidelines, etc.) for vending machines written specifically to promote healthy beverage choices? (Select all that apply)
   ___ pricing
   ___ times of operation
   ___ does not apply
   ___ stocking
   ___ location of vending machine
   ___ none
   ___ does not apply
   ___ don’t know
10. In 2014, were beverages sold in the organization’s building(s) or on their property in any of the following food service venues? (Select all that apply)
   ___ cafeteria
   ___ food cart
   ___ sales by individuals
   ___ Other (please specify)

11. If yes, what types of beverages were available in food service venues? (Select all that apply)
   ___ water
   ___ milk
   ___ soda
   ___ diet soda
   ___ 100% fruit juice
   ___ artificially sweetened fruit juice
   ___ flavored water
   ___ sports drinks
   ___ coffee
   ___ Other (please specify)

12. In 2014, who had access to the food service venues described above (select all that apply)
   ___ staff
   ___ customers
   ___ visitors
   ___ general public (e.g. food carts located outside the building and accessible to people who may not be entering the building)
   ___ Other (please specify)

13. Did the organization have standards (policies, contracts, guidelines, etc.) for beverages sold in food service venues related to any of following in 2014 written specifically to promote healthy beverage choices? (Select all that apply)
   ___ pricing
   ___ stocking
   ___ location of vending machine
   ___ times of operation
   ___ none

STAFF EDUCATION ABOUT BEVERAGE CHOICES

14. In 2014, what types of resources or instruction were supplied to employees related to the health benefits of water? (Select all that apply)
   ___ presentations
   ___ professional development
   ___ brochures and handouts
   ___ posters
   ___ email
   ___ social media messages
   ___ informal communication
   ___ Other (please specify)
   ___ None
   ___ N/A
PROMOTION

15. In 2014, did the organization promote water as the healthier beverage choice through any of the following? Include pictures, images, and verbal messages in your response. (Select all that apply)
   ___ social media
   ___ posters
   ___ brochures
   ___ pictures
   ___ commercials
   ___ Other (please specify)
   ___ none

16. In 2014, did any of your organization’s print materials or other media (TV, videos, radio, signage, etc.) contain advertisements or endorsements (i.e. logos) for sugar-sweetened beverages?
   ___ yes
   ___ no
   ___ not sure
   ___ n/a

BEVERAGE POLICIES AND PRACTICES

17. In 2014, did the group or organization regularly serve any of the following beverages at meetings, celebrations or special events? (Select all that apply)
   ___ water
   ___ tea
   ___ soda
   ___ flavored water (unsweetened)
   ___ diet soda
   ___ 100% fruit juice
   ___ sports drinks
   ___ fruit flavored drinks (eg. Kool aid)
   ___ milk
   ___ artificially sweetened fruit juice
   ___ coffee
   ___ Other (please specify) ___________________________________________
18. In 2014, did the group or organization have policies related to serving any of the following beverages at meetings, celebrations or special events written specifically to promote healthy beverage choices? (Select all that apply)

___ water  ___ flavored water (unsweetened)
___ soda  ___ 100% fruit juice
___ diet soda  ___ fruit flavored drinks (eg. Kool aid)
___ sports drinks  ___ artificially sweetened fruit juice
___ milk  ___ other (please specify) ________________
___ coffee  ___ no beverage policies for meetings, celebrations, or special events
___ tea

19. Is there anything else that the organization did in 2014 to promote drinking water or reduce sugar sweetened beverage consumption among employees or people they serve? Please describe:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
These are optional questions for the person you interview:

20. Consuming 1-2 sugar-sweetened beverages per day will increase the incidence of type 2 diabetes in adults by approximately 25%.
   ___true
   ___false

21. More than 80 studies have shown that soft drinks are the food most strongly associated to the increase of obesity and risk for diabetes.
   ___true
   ___false

22. The general recommendation for daily water intake for teens and adults is:
   ___2-4 cups
   ___4-6 cups
   ___6-8 cups
   ___8-12 cups

23. Each additional serving of sugar-sweetened beverages may increase the incidence of obesity in childhood by how much?
   ___25%
   ___60%
   ___45%
   ___90%