

OHIO STATE UNIVERSITY EXTENSION

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)

- | | |
|---|--|
| <input type="checkbox"/> 4-H | <input type="checkbox"/> School / K-12 Education |
| <input type="checkbox"/> OSU Extension | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Hospital/health care | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> YMCA/YWCA | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Other (please |

2. Which populations listed below does the organization serve? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> general population | <input type="checkbox"/> school-age children |
| <input type="checkbox"/> families | <input type="checkbox"/> teens |
| <input type="checkbox"/> parents | <input type="checkbox"/> young Adults |
| <input type="checkbox"/> pregnant women | <input type="checkbox"/> older Adults |
| <input type="checkbox"/> children 0-5 years | <input type="checkbox"/> 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



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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)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> pricing | <input type="checkbox"/> times of operation | <input type="checkbox"/> none |
| <input type="checkbox"/> stocking | <input type="checkbox"/> does not apply | <input type="checkbox"/> don’t know |
| <input type="checkbox"/> location of vending machine | | |



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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

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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)

- | | |
|--|---|
| <input type="checkbox"/> water | <input type="checkbox"/> tea |
| <input type="checkbox"/> soda | <input type="checkbox"/> flavored water (unsweetened) |
| <input type="checkbox"/> diet soda | <input type="checkbox"/> 100% fruit juice |
| <input type="checkbox"/> sports drinks | <input type="checkbox"/> fruit flavored drinks (eg. Kool aid) |
| <input type="checkbox"/> milk | <input type="checkbox"/> artificially sweetened fruit juice |
| <input type="checkbox"/> coffee | <input type="checkbox"/> Other (please specify) _____ |



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

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:



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BEVERAGE CONSUMPTION AWARENESS

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%

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