

Southwest Chicago Food Store Audit Instrument



Illinois Prevention Research Center

Observer Name (1):	Observer Name (2):
Date (mm/dd/yyyy):	
Start Time: Circle One: AM PM	End Time: Circle One: AM PM
Store Name:	
Address:	
Store Operating Hours: Weekdays _____ AM to _____ PM Weekends _____ AM to _____ PM	

Contact Shannon Zenk, PhD (szenk@uic.edu) for more information about this instrument, including instructions for use.

Funded by the NCI Cancer Education and Career Development Program (5 R25T CA57699-12).

AVAILABILITY: FRUITS & VEGETABLES

Does the store sell **fresh** fruit or vegetables? Yes No
 Does the store sell **canned** fruit or vegetables? Yes No
 Does the store sell **frozen** fruit or vegetables? Yes No

ITEM	FRESH	CANNED	FROZEN	ITEM	FRESH	CANNED	FROZEN
Apple				Kidney beans	D		
Apricot				Kiwi			
Arracacha				Kohlrabi			
Artichoke				Leeks			
Asparagus				Lemon			
Avocado				Lentils			
Banana				Lettuce (chard)			
Batata				Lettuce (iceberg)			
Beet				Lettuce (green leaf)			
Bitter melon				Lettuce (red leaf)			
Black beans	D			Lettuce (romaine)			
Blackberries				Lettuce (spinach)			
Black-eye peas	D			Lima beans	D		
Blueberries				Lime			
Bok choy				Malanga (Yautia)			
Borage				Mango			
Broccoli				Maya coba beans	D		
Brussel sprouts				Mushroom			
Cabbage (green)				Nappa			
Cabbage (red)				Navy beans	D		
Cantaloupe				Nectarine			
Carrot				Okra			
Cassava (Yucca)				Onion			
Cauliflower				Orange			
Celery				Papaya			
Cherimoya				Passion fruit			
Cherries				Peach			
Coconut				Pear			
Corn				Peas			
Cucumber				Pepino melon			
Eggplant				Pepper (chile)			
Endive				Pepper (green bell)			
Fava beans				Pepper (red bell)			
Fennel				Pepper (yellow bell)			
Garbanzo beans	D			Pepper (jalepeno)			
Ginger				Pepper (poblano)			
Grapes (green)				Pepper (serrano)			
Grapes (red)				Pepper (chipotle)			
Grapefruit				Persimmon			
Green beans	D			Pigeon peas			
Green onion				Pineapple			
Greens (collard)				Pinto beans	D		
Greens (kale)				Plantain			
Greens (mustard)				Plum			
Greens (turnip)				Potato			
Guava				Potato (sweet)			
Honeydew (melon)				Prickly pear (Cactus)			
Jicama				Pumpkin			

AVAILABILITY: FRUITS & VEGETABLES

ITEM	FRESH	CANNED	FROZEN	ITEM	FRESH	CANNED	FROZEN
Quince				Verdolaga			
Radish				Watercress			
Raspberries				Watermelon			
Red beans	D			Other			
Rhubarb				Other			
Rutabaga				Other			
Shallots				Other			
Snow peas				Other			
Sprouts (alfalfa, bean)				Other			
Strawberries				Other			
Squash (acorn)				Other			
Squash (buttercup)				Other			
Squash (butternut)				Other			
Squash (chayote)				Other			
Squash (spaghetti)				Other			
Squash (yellow)				Other			
Squash (zucchini)				Other			
Starfruit				Other			
Tangerine				Other			
Taro root (eddo, kalo)				Other			
Tomatillo				Other			
Tomato				Other			
Turnip				Other			

PRICE: FRESH FRUITS & VEGETABLES

ITEM	UNIT/WEIGHT (Circle One)	PRICE (LOWEST COST)	ON SALE?
Apples	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Avocado	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Bananas	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Broccoli	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Collard greens	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Iceberg lettuce (head)	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No

PRICE: FRESH FRUITS & VEGETABLES			
ITEM	UNIT/WEIGHT (Circle One)	PRICE (LOWEST COST)	ON SALE?
Mangos	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Oranges	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Papaya	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Peppers— green bell	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Plantain	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Potatoes -- sweet	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Tomatoes	Per pound Per item	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No

QUALITY: FRESH FRUITS & VEGETABLES					
ITEM	RATING	COMMENTS	ITEM	RATING	COMMENTS
Apples (individual)	1 3 2 4		Iceberg lettuce (head)	1 3 2 4	
Bananas (individual)	1 3 2 4		Mangos (individual)	1 3 2 4	
Broccoli (bunch)	1 3 2 4		Peppers --green bell (individual)	1 3 2 4	
Collard greens (bunch)	1 3 2 4		Tomatoes (individual)	1 3 2 4	

AVAILABILITY: DRY GOODS		
Any dry goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
White bread	<input type="checkbox"/> Yes	<input type="checkbox"/> No
100% whole wheat bread	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multigrain bread	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flour tortillas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corn tortillas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
White rice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brown rice, long grain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
White pasta	<input type="checkbox"/> Yes	<input type="checkbox"/> No
100% whole wheat pasta	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frosted flakes (any brand)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corn flakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cream of wheat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oatmeal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular potato chips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baked potato chips	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRICE: DRY GOODS			
ITEM	UNIT/WEIGHT	PRICE (LOWEST COST)	ON SALE?
White bread	Per loaf (20 oz)	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
100% whole wheat bread	Per loaf (20 oz)	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
White rice	Per 2 lb bag or box	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Brown rice, long grain	Per 2 lb bag or box	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
White pasta	Per 1 lb box	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
100% whole wheat pasta	Per 1 lb box	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No

PRICE: DRY GOODS			
Flour tortilla	Pack of 1 dozen	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Corn tortilla	Pack of 1 dozen	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Frosted flakes	20 oz box	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Corn flakes	18 oz box	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Kidney beans	1 lb bag	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Black beans	1 lb bag	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No

AVAILABILITY: CANNED OR BOTTLED GOODS		
Any canned or bottled goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any bottled/shelved 100% fruit or vegetable juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Remember to check for canned fruits and vegetables (pages 2-3).**

PRICE: CANNED OR BOTTLED GOODS			
Kidney beans	15 oz	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Black beans	15 oz	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No



AVAILABILITY: FRESH MEATS

Any fresh meat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Split chicken breast with skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boneless, skinless chicken breast	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular ground beef	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lean ground beef (85-94% lean, 6-15% fat)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extra lean ground beef (95-100% lean, 0-5% fat)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ground turkey	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lean ground turkey (90-94% lean, 6-10%)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extra lean ground turkey (95-100% lean, 0-5% fat)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pork	<input type="checkbox"/> Yes	<input type="checkbox"/> No
“Lean” pork	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fresh fish	<input type="checkbox"/> Yes How many types? _____	<input type="checkbox"/> No

PRICE: FRESH MEATS

ITEM	UNIT/WEIGHT	PRICE (LOWEST COST)	ON SALE?
Split chicken breast with skin	Per pound	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Boneless, skinless chicken breast	Per pound	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Regular ground beef	Per pound	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Extra lean ground beef (95-100% lean, 0-5% fat)	Per pound	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Ground turkey	Per pound	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Extra lean ground turkey (95-100% lean, 0-5% fat)	Per pound	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No




Items adapted from Community Health Council, Inc.

AVAILABILITY: FROZEN FOODS		
JUICE -- FROZEN		
Any frozen 100% fruit or vegetable juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frozen 100% orange juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Remember to check for frozen fruits and vegetables (pages 2-3).**

PRICE: FROZEN FOODS			
100% orange juice	12 oz	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No

 AVAILABILITY: REFRIGERATED FOODS		
Any refrigerated dairy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whole milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2% milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1% milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fat free milk (skim)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular yogurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nonfat/fat free yogurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular cheese -- any variety or form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduced fat/2% cheese -- any variety or form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fat free cheese -- any variety or form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular/whole milk cream cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduced fat cream cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fat free cream cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular/whole milk cottage cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fat free cottage cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soy milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tofu	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any fresh 100% fruit or vegetable juice	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fresh 100% orange juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Items adapted from Community Health Council, Inc.

PRICE: REFRIGERATED FOODS

ITEM	UNIT/WEIGHT	PRICE (LOWEST COST)	ON SALE?
Whole milk	Per gallon	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Whole milk	Per half gallon	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Fat free milk (skim)	Per gallon	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Fat free milk (skim)	Per half gallon	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Regular yogurt	6 oz	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Fat free yogurt	6 oz	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Regular cheese, cheddar	8 oz brick	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Reduced fat cheese/2%, cheddar	8 oz brick	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
Fat free cheese	8 oz brick	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No
100% orange juice	64 oz	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Preferred <input type="checkbox"/> No

ADDITIONAL OBSERVATIONS

1. How many operational cash registers does the store have?	_____ registers	
2. Does the store have bullet-proof glass at the check-out counter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the store have a turnstile at the check-out counter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are there any non-English words used to label foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the store have signage in languages other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are there any window ads for tobacco products in the front of the store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are there any window ads for alcoholic beverages in the front of the store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do the check-out lanes carry candy or gum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any of these health promotion signs in the store? <input type="checkbox"/> 5-A-Day (fruits and vegetables) <input type="checkbox"/> Food guide pyramid <input type="checkbox"/> Nutritional information <input type="checkbox"/> Healthy recipes		
10. Is a liquor sign the main sign for the store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Store cleanliness? <input type="checkbox"/> Very clean <input type="checkbox"/> Somewhat dirty <input type="checkbox"/> Somewhat clean <input type="checkbox"/> Very dirty		
12. Does the store have any of the following: (check all that apply) <input type="checkbox"/> Fresh meat and poultry section <input type="checkbox"/> Fresh produce section <input type="checkbox"/> Deli section <input type="checkbox"/> Bakery <input type="checkbox"/> Pharmacy		
13. What is the primary good for sale? (select one) <input type="checkbox"/> Meat <input type="checkbox"/> Medications (drug store or pharmacy) <input type="checkbox"/> Fruits & vegetables <input type="checkbox"/> Liquor <input type="checkbox"/> Baked goods (bakery) <input type="checkbox"/> Deli <input type="checkbox"/> No primary good <input type="checkbox"/> Other: _____		
14. Is there a gas station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. How would you categorize this store? <input type="checkbox"/> Chain grocery store <input type="checkbox"/> Convenience store (without a gas station) <input type="checkbox"/> Independent grocery store <input type="checkbox"/> Convenience store with gas station <input type="checkbox"/> Bakery <input type="checkbox"/> Fruit & vegetable market <input type="checkbox"/> Drug store or pharmacy <input type="checkbox"/> Meat market <input type="checkbox"/> Deli <input type="checkbox"/> Limited assortment store <input type="checkbox"/> Supercenter <input type="checkbox"/> Wholesale club <input type="checkbox"/> Other: _____		
16. Does the store accept any of the following? <input type="checkbox"/> LINK cards <input type="checkbox"/> WIC (Women, Infants & Children) coupons		