



Nutrition Environment Measures Survey-Vending (NEMS-V)

Individual Machine Cover Page

Date _____ Site Name _____ Vending Location Name (i.e. SE hall in Myer Bldg) _____
If more than one machine in location, assigned no./name _____
City _____ ZIP Code _____ User e-mail address _____

1. Is machine in working order?

- Yes
- No

2. Hours Available? (Check all that apply)

- 24 Hours
- Work Hours
- Before or After School
- Other _____

3. Type of Machine (Check all that apply)

- Hot Beverage
- Cold Beverage
- Refrigerated Only
- Combination (Refrigerated and non-refrigerated – cold beverage and snack)
- Ice Cream
- Snack
- Milk Only

4. Who Can Use Machine? Check all that apply.

- Public
- Employees
- Students
- Other _____

5. Cleanliness of machine

- Acceptable
- Not Acceptable

6. Location in building

- Break room
- Hallway within office/factory
- Cafeteria
- Other _____

7. Advertising of healthy or unhealthy vending item(s) (Check all that apply and name product)

- Green _____
- Yellow _____
- Red _____

8. Please complete the Food and Beverage Recording Page for this machine and fill in the results below

number of slots with **RED** items =

number of slots with **YELLOW** items =

number of slots with **GREEN** items =

Total number of filled vending slots =

9. **Award Level** achieved for this machine

(automatically calculated when you enter online)

- None (less than 30% food and 55% beverage choices yellow and green)
- Bronze** (30% food or 55% beverage choices are yellow and green)
- Silver** (40% food or 65% beverage choices are yellow and green)
- Gold** (50% food or 75% beverage choices are yellow and green (with no unhealthy advertising))

