



Vending Location Cover Page

Date _____ Site Name _____ Time Start _____ Time Finish _____

City _____ ZIP code _____ User e-mail address _____ Rater ID _____

1. Number of Vending Machines

- 1
- 2
- 3
- _____

2. Is the vending the only food source in the establishment

- Yes
- No

3. Number of Employees _____

4. Site Location

- Factory
- School
- Worksite
- Truck Stop/Gas Station
- Non-work Public (example public buildings, airports, courthouse, etc.)
- Other _____

5. How close is your site to the nearest:

Restaurant

- < ½ mile ½-1 mile > 1 mile

Convenience Store

- < ½ mile ½-1 mile > 1 mile

Grocery Store

- < ½ mile ½-1 mile > 1 mile

Cannot leave worksite for lunch or break

6. Type of machine in the business (fill in the number of machines in each category; total should match number identified in question #1)

	Number
Hot Beverage	
Cold Beverage	
Refrigerated Only	
Combination refrigerated	
Ice cream	
Snack	
Milk only	
TOTAL	

7. Who determines vending choices?

- Cafeteria
- Contract
- Employee
- Other _____

8. Who receives profits?

- Employees
- Business
- Students
- Don't know

9. Population size of community

- 20,000 or more, adjacent to a metropolitan area
- 20,000 or more, NOT adjacent to a metropolitan area
- 2,500 – 19,999, adjacent to a metropolitan area
- 2,500 – 19,999, NOT adjacent to a metropolitan area
- < 2,500, adjacent to a metropolitan area
- < 2,500, NOT adjacent to a metropolitan area