

Store ID: «StoreID»

Name of store: «Name»

Address: «StoreAddress», «City», IA-«ZipCode1»

County: «County»

Assessor ID:

Date: ___ ___ / ___ ___ / ___ ___ (mm/dd/yy)

Start Time: ___ ___ : ___ ___ AM PM

*****Version 9/27/2018*****

Comment: «Edits» «Comment».**Google Map Coordinates: - Lat: «lat3», Long: «long3»**

1. Does the name on the store building match the assigned store name (printed in header)?

Yes, store name matches assigned name

No – Enter correct name: _____

2. Does the physical store address match the assigned store address (printed in header)?

Yes, the physical store address matches assigned address

No – Enter correct address: _____

3. Store type (choose one):

Convenience store with or without gas (e.g. Casey's, Kum & Go, Kwik Star)

Drug store/pharmacy (e.g. Walgreens, CVS, local pharmacy)

Beer, wine, or liquor store

Grocery store (e.g., small market/produce market) or supermarket (e.g., Fareway, Hy-Vee)

Mass merchandiser (e.g., Walmart, Costco) or discount store (e.g., Dollar General)

Small merchandiser (e.g., bait & tackle, farm equipment, repair shop)

Tobacco shop (e.g., cigar shops or other tobacco shops)

Hookah lounge

E-cigarette/vape shop

Bar and/or restaurant

Other (e.g., club house / country club, tattoo, adult store/club) (specify): _____

Note to Assessor:**If you are not able to assess the store because it does not exist, is permanently closed, or under construction, go to post-assessment**

EXTERIOR ADVERTISEMENTS


4. Which of the following products are advertised outside the store (e.g., on windows/doors, building, sidewalk, fuel pumps, or elsewhere)? Mark yes, no, or not sure for each.

	Yes	No	Not Sure
a. Cigarettes – non-menthol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cigarettes – menthol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic smoking devices (e.g. e-cigarettes, JUUL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cigarillos / little cigars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Large cigars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chew, moist or dry snuff, dip or snus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Produce (i.e., fruits & vegetables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

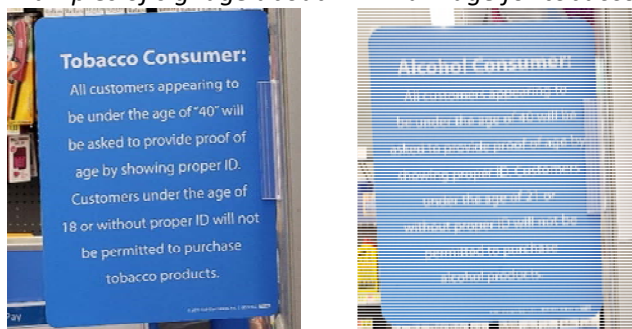
5. Approximately, how many ads/signs for alcohol products are displayed outside the store (e.g., on windows/doors facing out, building, sidewalk, fuel pumps, or elsewhere)?

- No ads/signs visible from outside the store
- 1-4 ads/signs
- 5-9 ads/signs
- 10 or more ads/signs

6. Any tobacco or nicotine products, including electronic smoking devices, sold here (e.g., cigarettes, cigars, cigarillos / little cigars, chew, moist or dry snuff, dips, snus, e-cigarettes, JUUL)? Yes, and visible to customers
 Yes, but not visible to customers
 No [STOP. Go to Post-Assessment, p.11]
 (Choose one)

- | | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| 7. Alcoholic beverages sold here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the store have a pharmacy counter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. WIC accepted here? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. SNAP accepted here? (i.e., food stamps, EBT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the store display a health warning sign about the negative health consequences of tobacco use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the store have WeCard signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | | | |
| 13. Does the store have a sign about the minimum age (e.g., <u>Under 18</u>) to purchase <u>tobacco</u> products? (Not including WeCard) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does the store have a sign about the minimum age (e.g., <u>Under 21</u>) to purchase <u>alcohol</u> products? (Not including WeCard) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Examples of signage about minimum age for tobacco (Q13) and alcohol (Q14)



DAIRY

15. What is the lowest fat cow's milk available?
(Check only one)

- No cow's milk available
 Skim
 1%
 2%
 Whole
 Not sure

16. Low fat (1%) or fat-free dairy products
(cheese, yogurt) available?

- | Yes | No | Not Sure |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please mark whether the following items are available.

GRAINS

17. Whole grain cereal
(first ingredient listed is whole grain)

- | Yes | No | Not Sure |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. Whole grain pasta
(first ingredient listed is whole grain)

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

19. Brown rice

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

FRUITS AND VEGETABLES

20. Canned vegetables

- | Yes | No | Not Sure |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Canned fruit

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

22. Frozen vegetables

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

23. Frozen fruit

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

24. Fresh vegetables

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

25. Fresh fruit

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

LEAN PROTEIN

26. Uncooked eggs

- | Yes | No | Not Sure |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Ground beef 90% lean or more

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

28. Whole cuts of meat
(i.e., raw, not cured, smoked, or processed in any way)

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

29. Processed deli / luncheon meats with
1 gram of fat or less per serving

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

BEVERAGES

For beverages, first find the smallest packaged single unit available, i.e., single bottle or can. No multi-packs. No products that are added to water or other beverages (e.g. powders, concentrated flavor drops / enhancers). Among the smallest packaged single unit, find the lowest price and refer to that product when answering questions about price and size.

	a. Available?	b. Price for smallest single unit sold	c. Size of smallest packaged single unit (oz.)
30. Diet soda:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	\$ ____ . ____ <input type="checkbox"/> N/A	____ . ____ oz. <input type="checkbox"/> N/A
31. Regular soda:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	\$ ____ . ____ <input type="checkbox"/> N/A	____ . ____ oz. <input type="checkbox"/> N/A
32. 100% juice, 16 oz or less: (e.g., Tropicana, Minute Maid, or Simply)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	\$ ____ . ____ <input type="checkbox"/> N/A	____ . ____ oz. <input type="checkbox"/> N/A
33. Juice drink (not 100% juice; e.g., Snapple, SunnyD, Simply Lemonade):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	\$ ____ . ____ <input type="checkbox"/> N/A	____ . ____ oz. <input type="checkbox"/> N/A
34. Unsweetened iced tea (e.g., Gold Peak or Pure Leaf unsweetened)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	\$ ____ . ____ <input type="checkbox"/> N/A	____ . ____ oz. <input type="checkbox"/> N/A
35. Bottled water:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	\$ ____ . ____ <input type="checkbox"/> N/A	____ . ____ oz. <input type="checkbox"/> N/A
36. Is there free access to dispensed water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		

TOBACCO PRODUCTS**CIGARETTES**

T1. Any cigarettes sold here?

Yes**No****Not Sure****Yes****No****Not Sure**a. **Menthol** cigarettes sold here?b. Any cigarettes (menthol or non-menthol) within 12 inches of toys, candy, gum, slushy/soda machines, or ice cream?c. Cigarette ad (menthol or non-menthol) within 3 feet of the floor?

d. Any cigarette price promotions? (e.g., price discounts, multi-pack discounts, contests, or sweepstakes)

e. Any menthol cigarette price promotions? (e.g., price discounts, multi-pack discounts, contests, or sweepstakes)

ELECTRONIC SMOKING DEVICES

T2. Electronic smoking devices sold here?

Yes**No****Not Sure****Yes****No****Not Sure**

a. Flavored electronic smoking devices?

b. Electronic smoking devices within 12 inches of toys, candy, gum, slushy/soda machines, or ice cream?c. Ad for electronic smoking devices within 3 feet of the floor?

d. Any electronic smoking device price promotions?

e. Cross-product promotion with cigarettes?

CIGARILLOS/LITTLE CIGARS

T3. Cigarillos/little cigars sold here?

Yes**No****Not Sure****Yes****No****Not Sure**

a. Flavored cigarillos/little cigars?

b. Singles sold here?

c. Advertised for less than \$1?

d. Cigarillos/little cigars within 12 inches of toys, candy, gum, slushy/soda machines, or ice cream?e. Ad for cigarillos/little cigars within 3 feet of the floor?

f. Any price promotions?

CHEW, MOIST/DRY SNUFF, DIP, OR SNUF

T4. Chew, moist/dry snuff/dip, or snus sold here?

Yes	No	Not Sure
-----	----	----------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

↓

Yes	No	Not Sure
-----	----	----------

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Flavored chew, moist/dry snuff/dip, or snus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Chew, moist/dry snuff/dip, or snus <u>within 12 inches</u> of toys, candy, gum, slushy/soda machines, or ice cream? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ad for chew, moist/dry snuff/dip, or snus <u>within 3 feet</u> of the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any price promotions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cross-product promotion with cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LARGE CIGARS

T5. Premium large cigars sold here?

Yes	No	Not Sure
-----	----	----------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

↓

Yes	No	Not Sure
-----	----	----------

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Flavored large cigars? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Large cigars <u>within 12 inches</u> of toys, candy, gum, slushy/soda machines, or ice cream? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ad for large cigars <u>within 3 feet</u> of the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HOOKAH TOBACCO

T6. Hookah tobacco sold here?

Yes	No	Not Sure
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

↓

Yes	No	Not Sure
-----	----	----------

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Flavored hookah tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hookah tobacco <u>within 12 inches</u> of toys, candy, gum, slushy/soda machines, or ice cream? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ad for hookah tobacco <u>within 3 feet</u> of the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any price promotions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cross-product promotion with cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LOOSE TOBACCO

T7. Loose tobacco sold here?

Yes	No	Not Sure
-----	----	----------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

↓

Yes	No	Not Sure
-----	----	----------

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Flavored loose tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Loose tobacco <u>within 12 inches</u> of toys, candy, gum, slushy/soda machines, or ice cream? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ad for loose tobacco <u>within 3 feet</u> of the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any price promotions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cross-product promotion with cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tobacco Prices	a. Sold here?	b. Enter single pack / item price [Format \$XX.XX]	c. Sales tax included?	d. How was price obtained?
T8. Cheapest cigarette pack	<input type="checkbox"/> Yes → <input type="checkbox"/> No cigarettes <input type="checkbox"/> Not sure	\$ ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Cashier provided <input type="checkbox"/> Advertised <input type="checkbox"/> Unable to determine (e.g., only cartons sold)
T9. Newport menthol (Regular hard pack):	<input type="checkbox"/> Yes → <input type="checkbox"/> No Newport <input type="checkbox"/> Not sure	\$ ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Cashier provided <input type="checkbox"/> Advertised <input type="checkbox"/> Unable to determine (e.g., only cartons sold)
T10. Blu disposable e-cigarette menthol :	<input type="checkbox"/> Yes → <input type="checkbox"/> No Blu <input type="checkbox"/> Not sure	<input type="checkbox"/> Single (1/pack) *OR* <input type="checkbox"/> Double (2/pack) \$ ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Cashier provided <input type="checkbox"/> Advertised <input type="checkbox"/> Unable to determine (e.g., only kits sold)
T11. Grizzly long cut:	<input type="checkbox"/> Yes → <input type="checkbox"/> No Grizzly <input type="checkbox"/> Not sure	\$ ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Cashier provided <input type="checkbox"/> Advertised <input type="checkbox"/> Unable to determine (e.g., only multi-pack logs sold)
T12. JUUL Pods (4/pack)	<input type="checkbox"/> Yes → <input type="checkbox"/> No Juul <input type="checkbox"/> Not sure	\$ ____ . ____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Cashier provided <input type="checkbox"/> Advertised <input type="checkbox"/> Unable to determine

ALCOHOL QUESTIONS -

Complete this section if store is a convenience store (with or without gas) or grocery store

LOCATION OF ALCOHOL PRODUCTS

In which of the following areas of the store are alcohol products located:

Mark yes, no, or not sure for each.

	Yes	No	Not Sure
A1. In a cooler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Any singles sold cold on cooler shelves? (wall cooler with doors or walk-in cooler)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any singles sold cold in cooler door displays? (attached to the inside of the cooler door)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Iced-down in a free-standing display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. On a shelf (not refrigerated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. Stacked on the floor (not refrigerated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5. Any alcohol <u>within 12 inches</u> of toys, candy, gum, slushy/soda machines, or ice cream?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6. Any alcohol <u>in front / beside / below</u> cash register counter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7. Is there a refill station for growlers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8. Are energy drinks displayed next to alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALCOHOL PRODUCT PROMOTION

	Yes	No	Not Sure
A9. Ad for alcohol product(s) <u>within 3 feet</u> of the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALCOHOLIC BEVERAGE PRICES

Complete this page if store is a convenience store (with or without gas) or a grocery store

	a. Sold as singles?	b. Price for cheapest single bottle or can	c. Size of cheapest single bottle or can
A10. Regular and light beers (e.g., Budweiser, Bud Light, and Miller GD)	<input type="checkbox"/> Yes →	\$ ____ . ____	____ . ____ oz.
	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Not sure		
A11. Craft or microbrew beers, local or regional (e.g., Blonde Fatale from Peace Street Brewing)	<input type="checkbox"/> Yes →	\$ ____ . ____	____ . ____ oz.
	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Not sure		
A12. Flavored malt beverages (e.g. Smirnoff Ice, Mike's Hard Lemonade, or Bacardi Silver)	<input type="checkbox"/> Yes →	\$ ____ . ____	____ . ____ oz.
	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Not sure		
A13. Spirits or liquor (e.g., vodka, rum, tequila)	<input type="checkbox"/> Yes →	\$ ____ . ____	____ mL
	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
	<input type="checkbox"/> Not sure		

Post-Assessment (Complete this page after you leave the store)

End Time (HH:MM) ____ : ____ : ____ AM PM

During your audit...

- | | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| P1. Were you questioned by the store staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P2. Did you get pushback from the store staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P3. When, if ever, did you provide the store staff with the information/contact card? | <input type="checkbox"/> | At the beginning | |
| | <input type="checkbox"/> | During | |
| | <input type="checkbox"/> | After | |
| | <input type="checkbox"/> | Did not provide a card | |

P4. Were you able to assess this store?

- | | |
|--|--|
| <input type="checkbox"/> Yes, I can (completed) | <input type="checkbox"/> Yes, but incomplete (finish later) |
| <input type="checkbox"/> No, store does not sell tobacco | <input type="checkbox"/> No, store is closed (seasonal / outside business hours; specify) _____ |
| <input type="checkbox"/> No, asked to leave and don't come back (hard refusal) | <input type="checkbox"/> No, asked to leave (soft refusal, try again) |
| <input type="checkbox"/> No, store does not exist | <input type="checkbox"/> No, environment is unsafe for me (Detail in comments) |
| <input type="checkbox"/> No, store is permanently closed / out-of-business | <input type="checkbox"/> No, under 21 not allowed to enter |
| <input type="checkbox"/> No, membership or fee required to enter | <input type="checkbox"/> No, need permission from owner/manager or corporate office (Detail in comments) |
| <input type="checkbox"/> No, store is an adult entertainment store | <input type="checkbox"/> Other (specify) _____ |

P5. Additional comments/concerns about this store assessment. (Use the back if necessary):

For example, describe notable interactions with store staff, contact information for district manager if permission is needed, unique aspects of the data collection for this store, etc.

For CSBR staff use only

RA data entry ID: _____

Data entry date (MM/DD/YYYY): ____ / ____ / ____