

Pledge the Practice!

Pass the Policy!

**Pass the Policy!**

Implementing a Healthy Beverage Policy:

Beverage availability Assessment Tool

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Adapted from:

Generations Community Wellness: Wellness Policy Toolkit

Boston Public Health Commission: Healthy Beverage Toolkit

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## Beverage Availability Assessment Tool

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Answer Y, N, or NA | Staff meetings & events | Public/client/community meetings & events | Cafeteria | Vending machines | Staff room | Coffee shop/gift shop | Snack bar |  Other(Describe) |
| Beverages sold in this location?  |  |  |  |  |  |  |  |  |
| Beverages served/ provided for free in this location?  |  |  |  |  |  |  |  |  |
| Types of beveragesFor each location check the beverage types available:  |
| Coffee/Tea Drinks (Unsweetened)  |  |  |  |  |  |  |  |  |
| Coffee/Tea Drinks (Sweetened) |  |  |  |  |  |  |  |  |
| Energy Drinks  |  |  |  |  |  |  |  |  |
| Diet Energy Drinks |  |  |  |  |  |  |  |  |
| Hot Chocolate |  |  |  |  |  |  |  |  |
| 100% Juice  |  |  |  |  |  |  |  |  |
| Sweetened Juice/Fruit Drinks |  |  |  |  |  |  |  |  |
| Plain Milk |  |  |  |  |  |  |  |  |
| Sweetened/Flavored Milk |  |  |  |  |  |  |  |  |
| Sweetened/Flavored Non-Dairy Milk (ie soy, rice, almond milk) |  |  |  |  |  |  |  |  |
| Answer Y, N, or NA | **Staff meetings** **& events** | **Public/client/****community** **meetings & events** | **Cafeteria** | **Vending machines****(Indicate # of machines)** | **Staff room** | **Coffee shop/****gift shop** | **Snack bar** |  Other(Describe) |
| Smoothies 100% Juice or Fruit |  |  |  |  |  |  |  |  |
| Smoothies-Sweetened |  |  |  |  |  |  |  |  |
| Sodas |  |  |  |  |  |  |  |  |
| Diet Sodas |  |  |  |  |  |  |  |  |
| Sports Drinks |  |  |  |  |  |  |  |  |
| Diet Sports Drinks |  |  |  |  |  |  |  |  |
| Plain Water |  |  |  |  |  |  |  |  |
| Sweetened/Flavored Water with Calories |  |  |  |  |  |  |  |  |
| Sweetened/Flavored Water No Calories |  |  |  |  |  |  |  |  |
| Other Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |
| Other Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |  |  |  |
| Other Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |  |  |  |
| Other Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |

Number of vending machines\_\_\_\_\_\_\_\_