

DRAFT FOR REFERRAL PURPOSES ONLY

Province ID

Community ID

FSA

**A. Does this Reserve have:****1) A major grocery store on Reserve:**

- Yes → please audit this store and complete Q14 to Q19
- No → Is there a small local grocery/convenient store on reserve?
- Yes → please audit this store and complete Q14-19
- No

**2) A major grocery store Off- Reserve:**

- Yes → please audit this store and complete Q26 to Q31
- No → Is there a small local grocery/convenient store off reserve?
- Yes → please audit this store and complete Q26-31
- No

**3) An Alcohol outlet:**

- Yes → please audit this outlet and complete Q20 and 21.
- No → Is there an Off Reserve Alcohol outlet?
- Yes → please audit this store and complete Q20-21
- No, why? \_\_\_\_\_

**4) A Tobacco outlet (any place that sells tobacco):**

- Yes → please audit this outlet and complete Q7 to Q13
- No → Is there an Off Reserve tobacco outlet?
- Yes → please audit this store and complete Q7-13
- No, why? \_\_\_\_\_

**5) A family restaurant:**

- Yes → please audit this restaurant and complete Q22 to Q25
- No → Is there an Off Reserve family restaurant?
- Yes → please audit this restaurant and complete Q22-25
- No, why? \_\_\_\_\_

**B. Does this community have any of the following:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| i). Community fish from fishing to be shared with members at no cost          | <input type="checkbox"/> | <input type="checkbox"/> |
| ii). Community fish from fishing to be purchased from other community members | <input type="checkbox"/> | <input type="checkbox"/> |
| iii). Community meat from hunting to be shared with members at no cost        | <input type="checkbox"/> | <input type="checkbox"/> |
| iv). Community meat from hunting to be purchased from other community members | <input type="checkbox"/> | <input type="checkbox"/> |
| v). Community Garden to be shared with members at no cost                     | <input type="checkbox"/> | <input type="checkbox"/> |
| vi). Community Garden to be purchased from other community members            | <input type="checkbox"/> | <input type="checkbox"/> |
| vii). Farmer's Market   | <input type="checkbox"/> | <input type="checkbox"/> |
| viii). Healthy Food box   | <input type="checkbox"/> | <input type="checkbox"/> |
| ix). Other: (please specify) _____  | <input type="checkbox"/> | <input type="checkbox"/> |

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Today's date:

year

month

date

Auditor's Initials

F L

**Community Demographics**

1. FSA code for area \_\_\_\_\_

2. How many postal codes are contained within this FSA? \_\_\_\_\_

3. a) Cost per unit area of residential land \_\_\_\_\_  Sq. Meter  Sq. Feet  
 Acres

b) Average house cost  \$CAD

4. Is this a rural community? A rural community is a population living in towns and municipalities outside the commuting zone of urban centres(ie.outside the commuting zone of centres with population of 10,000 or more).

No

Yes

5. What is the estimated distance from the centre of this community area to each of the following (in kilometers)?

a) Nearest city/major urban centre \_\_\_\_\_  .  km

b) Nearest provincial highway \_\_\_\_\_  .  km

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**6. a) Is this community connected by bus/a regular bus service?**
 No, there are no regular services (**Go to Question #6b**)

 Yes → Frequency per hour 

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 or if less than 1 per hour → Frequency per day 

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**b) Is this community connected by a regular subway or above-ground rail service?**
 No, there are no regular services (**Go to Question #7**)

 Yes → Frequency per hour 

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 or if less than 1 per hour → Frequency per day 

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**7. Attend a tobacco store on the Reserve and record the correct address below. Please complete all components.**

Address:

Apt/House #

Street Name

City/Town

Postal Code

**8. Referring to the above store, do you see any of the following:**

No Yes

- Point-of-sale tobacco advertising
- Cigarettes/smoked tobacco openly displayed (can you see cigarettes without requesting to buy them)
- Signs that prohibit smoking in the store
- Signs/information regarding the harmful effects of smoking visible on entering the store/ approaching the counter

**9. a) How many brands of cigarettes are sold in this store?**

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 N/A

**b) How many brands of chewing tobacco/smokeless tobacco are sold in this store?**

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 N/A

**c) Are e-cigarettes sold here?**  Yes  No
**10. In what size packets are cigarettes sold in this store? (Mark all that apply)**

- Singles Units  2-10/pack  11-19/pack  20 - 24/pack  25 - 30/pack  >30 or multi-pack carton/bag

**11. Record the cost of a pack of the cheapest cigarettes and a pack of Marlboro.**

	Brand	Price	Number in Pack							
a) Cheapest pack	_____	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
b) Marlboro (or if not available, list another international brand)	_____	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

**12. Use the label of the cheapest pack of cigarettes to answer the following questions:**
**a) How many health warnings are on the packet?**

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b) What is the location of the warning(s) on the packet (Mark all that apply)

 Front  Back  Side 1  Side 2  Top  Bottom13. Are any smoking cessation aids sold here? (ie. nicotine patch/gum)  No  Yes

14. From a this grocery store, record the cost of the list of groceries below:

Food Item	Brand Name	Unit and amount available (eg. 435 g)	Lowest regular priced option available	If available, indicate price of organic option	If item is on sale indicate the sale price
1 kg Apples					
1 kg Oranges					
1 kg Bananas					
1 kg Pears					
1 kg Blueberries					
1 kg Strawberries					
1 kg Green grapes					
1 kg Carrots					
1 kg Tomatoes					
1 Medium sized lettuce					
1 Bundle/bag spinach					
1L of Regular (2%) milk					
1L of Low fat (1%) milk					
1 Loaf of white bread					
1 Loaf of stone ground bread					
1 kg White rice					
1 kg brown rice					
1 kg Chicken drumsticks with skin					
1 kg Boneless skinless chicken					
1 kg Pork meat (pork lion chops)					
1 Tray of 12 eggs					
1 Can/bottle of Cola					
1 Small chocolate bar					
Regular ground Beef					
1 loaf Corn Bread					
Native Corn (note size)					

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15. a) Was this grocery store:  A major chain store on reserve  
 A small local store on reserve

b)

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*Apt/House #**Street Name**City/Town**Postal Code*

16. Please assess this store for the presence of the following:

- |   | None                     | 1-2                      | >=3                      |
|---|--------------------------|--------------------------|--------------------------|
| a) Junk food advertisements             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Sweet drink advertisements           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Fruits and vegetable advertisements  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Cigarette and tobacco advertisements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Alcohol advertisements               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. What types of fresh fruit were available in this store/ group of stores you have attended? (Check all that apply)

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Apple         | <input type="checkbox"/> Fire Dragon fruit | <input type="checkbox"/> Mango          | <input type="checkbox"/> Pineapple    |
| <input type="checkbox"/> Apricots      | <input type="checkbox"/> Grapefruit        | <input type="checkbox"/> Nectarine      | <input type="checkbox"/> Plum         |
| <input type="checkbox"/> Avocado       | <input type="checkbox"/> Grapes            | <input type="checkbox"/> Orange         | <input type="checkbox"/> Pomegranate  |
| <input type="checkbox"/> Banana        | <input type="checkbox"/> Guava             | <input type="checkbox"/> Other berries  | <input type="checkbox"/> Pumpkin      |
| <input type="checkbox"/> Cantaloupe    | <input type="checkbox"/> Honeydew Melon    | <input type="checkbox"/> Papaya/Paw paw | <input type="checkbox"/> Raspberries  |
| <input type="checkbox"/> Cherries      | <input type="checkbox"/> Jackfruit         | <input type="checkbox"/> Passion fruit  | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Coconut       | <input type="checkbox"/> Kiwi              | <input type="checkbox"/> Peach          | <input type="checkbox"/> Sweet Lime   |
| <input type="checkbox"/> Dates (fresh) | <input type="checkbox"/> Lemon/Lime        | <input type="checkbox"/> Pear           | <input type="checkbox"/> Watermelon   |
| <input type="checkbox"/> Fig           | <input type="checkbox"/> Lychee            | <input type="checkbox"/> Persimmon      |                                       |

18. Answer the following question with regard to the fruit display in the store (or first store if multiple) that you visited to price fruit.

- a) Do more than 3 kinds of fruits appear to be damaged (bruised, rotten, or of poor quality)?  No  Yes
- b) Have more than 3 kinds of fruits in this store been specially packaged, wrapped or boxed for sale?  No  Yes

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**19. a) What types of fresh vegetables were available in this store/ group of stores you have attended?**  
(Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alfalfa sprouts    | <input type="checkbox"/> Cucumber         | <input type="checkbox"/> Onions                         |
| <input type="checkbox"/> Artichokes         | <input type="checkbox"/> Eggplant         | <input type="checkbox"/> Other Chinese green vegetables |
| <input type="checkbox"/> Asparagus          | <input type="checkbox"/> Green beans      | <input type="checkbox"/> Other Sprouts                  |
| <input type="checkbox"/> Beets              | <input type="checkbox"/> Green leafy      | <input type="checkbox"/> Parsnips                       |
| <input type="checkbox"/> Bok Choi           | <input type="checkbox"/> Gourd            | <input type="checkbox"/> Peas                           |
| <input type="checkbox"/> Broad (Lima) beans | <input type="checkbox"/> Kale             | <input type="checkbox"/> Pepper                         |
| <input type="checkbox"/> Broccoli           | <input type="checkbox"/> Kusk             | <input type="checkbox"/> Radish                         |
| <input type="checkbox"/> Brussels Sprouts   | <input type="checkbox"/> Kohlrabi leaf    | <input type="checkbox"/> Snow Pea/Holland bean          |
| <input type="checkbox"/> Cabbage            | <input type="checkbox"/> Leek             | <input type="checkbox"/> Spinach                        |
| <input type="checkbox"/> Carrots            | <input type="checkbox"/> Lettuce          | <input type="checkbox"/> Squash                         |
| <input type="checkbox"/> Cauliflower        | <input type="checkbox"/> Mushrooms        | <input type="checkbox"/> Tomatoes                       |
| <input type="checkbox"/> Celery             | <input type="checkbox"/> Mustard Greens   | <input type="checkbox"/> Turnip                         |
| <input type="checkbox"/> Chard              | <input type="checkbox"/> Okra/lady finger | <input type="checkbox"/> Winter melon                   |
| <input type="checkbox"/> Collards           | <input type="checkbox"/> Corn, Native     | <input type="checkbox"/> Zucchini                       |
| <input type="checkbox"/> Corn, Yellow       | <input type="checkbox"/> Potato           |   |

**b) Season of audit:**       Winter       Spring       Summer       Fall

**20. Identify any store or outlet that sells alcohol in the FSA and record the correct address below:**

**Address:** \_\_\_\_\_  
Apt/House #      Street Name      City/Town      Postal Code

**21. Record the cost of:**

	Brand Name	Cost
a) Case of 24 cans of beer (12 oz. each)		
b) A bottle of white wine (750 ml)		

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**Restaurant Assessment**

22. Find a family-style restaurant that serves lunch and dinner.

What is the location of the restaurant closest to the start point?

Address:

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*Apt/House #**Street Name**City/Town**Postal Code*

23. In the restaurant or restaurant area:

a) Do signs/table information/menus highlight healthy menu options?  No  Yes

If yes, what healthy menu options are provided?

 Low Sodium Low Calorie Low Fat Other \_\_\_\_\_b) Does the menu include any main dish salads?  No  Yesc) Are there options in this restaurant to increase the portion size of your meal for a small price? (eg: all you can eat/super-size)  No  Yesd) Is there a buffet service in this restaurant?  No  Yese) Are there health check items or calorie reduced items?  No  Yesf) Do any provide nutritional information for orders via pamphlet or web-link?  No  Yes

24. Is smoking allowed in this restaurant?

 Nowhere  In a separate section  Anywhere

25. Are cigarettes/tobacco products sold in this restaurant?

 No  Yes →  Direct sale  
 Vending machine

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**Off- Reserve Grocery Store**

26. a) Was this grocery store:  A major chain store off-reserve  
 A small local store off-reserve

b) Name of the store: \_\_\_\_\_

c) How far is this from community Center (km) ? d) Address: \_\_\_\_\_  
*Apt/House #* *Street Name* *City/Town* *Postal Code***27. Please assess this store for the presence of the following:**

- |   | None                     | 1-2                      | >=3                      |
|---|--------------------------|--------------------------|--------------------------|
| a) Junk food advertisements             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Sweet drink advertisements           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Fruits and vegetable advertisements  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Cigarette and tobacco advertisements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Alcohol advertisements               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**28. What types of fresh fruit were available in this store/ group of stores you have attended? (Check all that apply)**

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Apple         | <input type="checkbox"/> Fire Dragon fruit | <input type="checkbox"/> Mango          | <input type="checkbox"/> Pineapple    |
| <input type="checkbox"/> Apricots      | <input type="checkbox"/> Grapefruit        | <input type="checkbox"/> Nectarine      | <input type="checkbox"/> Plum         |
| <input type="checkbox"/> Avocado       | <input type="checkbox"/> Grapes            | <input type="checkbox"/> Orange         | <input type="checkbox"/> Pomegranate  |
| <input type="checkbox"/> Banana        | <input type="checkbox"/> Guava             | <input type="checkbox"/> Other berries  | <input type="checkbox"/> Pumpkin      |
| <input type="checkbox"/> Cantaloupe    | <input type="checkbox"/> Honeydew Melon    | <input type="checkbox"/> Papaya/Paw paw | <input type="checkbox"/> Raspberries  |
| <input type="checkbox"/> Cherries      | <input type="checkbox"/> Jackfruit         | <input type="checkbox"/> Passion fruit  | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Coconut       | <input type="checkbox"/> Kiwi              | <input type="checkbox"/> Peach          | <input type="checkbox"/> Sweet Lime   |
| <input type="checkbox"/> Dates (fresh) | <input type="checkbox"/> Lemon/Lime        | <input type="checkbox"/> Pear           | <input type="checkbox"/> Watermelon   |
| <input type="checkbox"/> Fig           | <input type="checkbox"/> Lychee            | <input type="checkbox"/> Persimmon      |                                       |



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29. Answer the following question with regard to the fruit display in the store (or first store if multiple) that you visited to price fruit.

a) Do more than 3 kinds of fruits appear to be damaged (bruised, rotten, or of poor quality)?  No  Yes

b) Have more than 3 kinds of fruits in this store been specially packaged, wrapped or boxed for sale?  No  Yes

30. a) What types of fresh vegetables were available in this store/ group of stores you have attended?  
(Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alfalfa sprouts    | <input type="checkbox"/> Cucumber         | <input type="checkbox"/> Onions                         |
| <input type="checkbox"/> Artichokes         | <input type="checkbox"/> Eggplant         | <input type="checkbox"/> Other Chinese green vegetables |
| <input type="checkbox"/> Asparagus          | <input type="checkbox"/> Green beans      | <input type="checkbox"/> Other Sprouts                  |
| <input type="checkbox"/> Beets              | <input type="checkbox"/> Green leafy      | <input type="checkbox"/> Parsnips                       |
| <input type="checkbox"/> Bok Choi           | <input type="checkbox"/> Gourd            | <input type="checkbox"/> Peas                           |
| <input type="checkbox"/> Broad (Lima) beans | <input type="checkbox"/> Kale             | <input type="checkbox"/> Pepper                         |
| <input type="checkbox"/> Broccoli           | <input type="checkbox"/> Kusk             | <input type="checkbox"/> Radish                         |
| <input type="checkbox"/> Brussels Sprouts   | <input type="checkbox"/> Kohlrabi leaf    | <input type="checkbox"/> Snow Pea/Holland bean          |
| <input type="checkbox"/> Cabbage            | <input type="checkbox"/> Leek             | <input type="checkbox"/> Spinach                        |
| <input type="checkbox"/> Carrots            | <input type="checkbox"/> Lettuce          | <input type="checkbox"/> Squash                         |
| <input type="checkbox"/> Cauliflower        | <input type="checkbox"/> Mushrooms        | <input type="checkbox"/> Tomatoes                       |
| <input type="checkbox"/> Celery             | <input type="checkbox"/> Mustard Greens   | <input type="checkbox"/> Turnip                         |
| <input type="checkbox"/> Chard              | <input type="checkbox"/> Okra/lady finger | <input type="checkbox"/> Winter melon                   |
| <input type="checkbox"/> Collards           | <input type="checkbox"/> Corn, Native     | <input type="checkbox"/> Zucchini                       |
| <input type="checkbox"/> Corn, Yellow       | <input type="checkbox"/> Potato           |   |

b) Season of audit:  Winter  Spring  Summer  Fall

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## 31. From this grocery store, record the cost of the list of groceries below:

Food Item	Brand Name	Unit and amount available (eg. 435 g)	Lowest regular priced option available	If available, indicate price of organic option	If item is on sale indicate the sale price
1 kg Apples					
1 kg Oranges					
1 kg Bananas					
1 kg Pears					
1 kg Blueberries					
1 kg Strawberries					
1 kg Green grapes					
1 kg Carrots					
1 kg Tomatoes					
1 Medium sized lettuce					
1 Bundle/bag spinach					
1L of Regular (2%) milk					
1L of Low fat (1%) milk					
1 Loaf of white bread					
1 Loaf of stone ground bread					
1 kg White rice					
1 kg brown rice					
1 kg Chicken drumsticks with skin					
1 kg Boneless skinless chicken					
1 kg Pork meat (pork lion chops)					
1 Tray of 12 eggs					
1 Can/bottle of Cola					
1 Small chocolate bar					
Regular ground Beef					
1 loaf Corn Bread					
Native Corn (note size)					