

Texas Nutrition Environment Assessment in Restaurants (TxNEA-R) Survey

Project ID:				Rater ID:				Survey Number:			Date:	M	M	/	D	D	/	Y	Y	Y	Y
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A. OUTSIDE OF FOOD OUTLET

Section A is completed by making observations outside of the restaurant.

1) Type of Food Outlet (Choose one)	3) Days open (Choose all that apply)	Hours of operation
<input type="checkbox"/> Table Service* (A) <input type="checkbox"/> Stand-alone restaurant (01) <input type="checkbox"/> In a hotel (02) <input type="checkbox"/> Other Service (03): _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Open 24 hours, 7 days/week	___AM/PM to___ AM/PM ___AM/PM to___ AM/PM ___AM/PM to___ AM/PM ___AM/PM to___ AM/PM ___AM/PM to___ AM/PM ___AM/PM to___ AM/PM ___AM/PM to___ AM/PM ___AM/PM to___ AM/PM
<input type="checkbox"/> Fast Food / Fast Casual* (B) <input type="checkbox"/> Cafeteria-style (04) <input type="checkbox"/> Buffet (05) <input type="checkbox"/> Fast-food (06) <input type="checkbox"/> Bar (07) <input type="checkbox"/> Fast Casual (08) <input type="checkbox"/> Other Fast (09): _____		
<input type="checkbox"/> Take-away* (C) <input type="checkbox"/> Food Truck (10) <input type="checkbox"/> Food Stand (11) <input type="checkbox"/> Carry-out (12) <input type="checkbox"/> Other Take-Away (13): _____		
<input type="checkbox"/> In-store* (D) <input type="checkbox"/> Grocery store (14) <input type="checkbox"/> Gas station/ convenience store (15) <input type="checkbox"/> Super store (16) <input type="checkbox"/> Other in-store (17): _____		
<input type="checkbox"/> Other Food Outlet: (E) _____		
2) Cuisine (Choose one) <input type="checkbox"/> BBQ (q) <input type="checkbox"/> Deli/Café (d) <input type="checkbox"/> Mexican/Tex-Mex (t) <input type="checkbox"/> Italian (i) <input type="checkbox"/> Asian (a) <input type="checkbox"/> Pizza (p) <input type="checkbox"/> Breakfast/Brunch (b) <input type="checkbox"/> American (m) <input type="checkbox"/> Other (o) _____	4) Yes <input type="checkbox"/> No <input type="checkbox"/> 5) Yes <input type="checkbox"/> No <input type="checkbox"/>	Drive-up/Drive through Chain or franchise*
	6) Advertising and promotions (outside)	Number of Ads
	Less healthy foods*	_____
	Healthier foods*	_____
	Sugar-sweetened beverages*	_____
	Healthier beverages*	_____

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B. INSIDE OF FOOD OUTLET

Section B is completed by making observations inside of the restaurant.

<p>7) Seats Number of indoor and outdoor seats: _____</p> <p>8) Buffet and Salad Bar All-you-can-eat buffet (may include salad) <input type="checkbox"/> Yes <input type="checkbox"/> No Free-standing salad bar <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9) Which complimentary items, if any, are automatically brought to the table before the meal without asking? (Choose all that apply.)</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Tortilla chips</p> <p><input type="checkbox"/> Vegetable-based sauce</p> <p><input type="checkbox"/> Bread, cornbread, or biscuits</p> <p><input type="checkbox"/> Butter or oil</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p>
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C. MENU REVIEW

Section C is completed by a review of the menu and asking questions of restaurant staff, if necessary.

10) Which menus are being reviewed? Choose all that apply. The review for the children's menu starts on Question 19.

Breakfast Yes No
 Brunch Yes No
 Lunch Yes No
 Dinner Yes No

Appetizers/Starters Yes No
 Dessert Yes No
 Bar Yes No
 Seniors Yes No

Other: _____

11) Number of main courses: _____

	Healthier*	Less Healthy*
<p>12) Proteins Number of lean proteins* _____ Number of high fat proteins* _____</p>	— —	— —
<p>13) Vegetables and Fruits Number of vegetable* sides offered _____ Number of fruit* sides offered _____</p>	— —	— —
<p>14) Meals with Fruits and Vegetables Number of main courses with at least 2 vegetable* or fruit* side options _____ Number of main courses with at least 2 vegetables* or fruits* with a healthier cooking method as the default side or as part of the main course (includes salads) _____</p>		— —

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15) Grains

How many of the following items are available?

- Grains*
- Whole grains*
- Main courses with a whole grain* included or as the default side

16) Desserts (not plain fruit)

- Number of desserts*
- Number of meals that come with a dessert

17) Beverages

How many of the following beverages are available?

- | | |
|--|--|
| <input type="checkbox"/> Unsweetened, no-calorie beverages | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Diet soda or other diet beverage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Sugar sweetened beverages* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Unsweetened milk or milk product | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 100% fruit juice | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Free refills?

- | |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

18) Advertising and displays (inside)

- Number of advertisements/displays for **less healthy** food*
- Number of advertisements/displays for **healthier** food*
- Number of advertisements/displays for **sugar-sweetened beverages***
- Number of advertisements/displays for **healthier** beverages*

Healthy options are identified and/or prominently displayed in the following ways:

- | | |
|--|--|
| Participating in a branded recognition program* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nutrition information labeled | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health-related pictures, symbols or logos | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Key words used | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Highlighted using bold, larger or different font | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Listed first in each menu category | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other <input type="checkbox"/> Yes <input type="checkbox"/> No : _____ | |
| Healthy options are not identified or prominently displayed. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Smaller portions are offered or meals can be split. If no, skip the following 4 questions. Yes No

- Age restrictions
- Time restrictions
- Smaller portion priced lower than full size portion
- No charge for splitting meals

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Are substitutions* allowed?

- Yes, with extra charge on all items
 Yes, with extra charge on some items
 Yes, with no extra charge
 No
 Not Sure

Wording on menu encourages larger portions. Yes No

Lower price for adding or bundling items. Yes No

19) Children's menu available? Yes No If no children's menu, skip questions 20-26.

20) Children's Menu Age Limit

Is there an age limit for ordering from the children's menu? Yes No Not Sure

Age limit for ordering from the children's menu _____

21) Children's Menu Beverages

The default beverage served with the meal is (choose one):

- Unsweetened, no-calorie beverages
 Sugar-sweetened beverages*
 Diet soda or other diet beverage
 Unsweetened milk or milk product
 100% fruit juice
 No default beverage

Free refills?

- Yes No Not available
 Yes No Not available
 Yes No Not available
 Yes No Not available
 Yes No Not available

22) Number of main courses on the children's menu: _____

23) Proteins on Children's Menu

Lean proteins*

High fat proteins*

Cooking Method

Healthier* Less Healthy*

____ ____
 ____ ____

Cooking Method

24) Vegetables and Fruits on Children's Menu

____ Number of vegetable* sides offered

____ Number of fruit* sides offered

____ Number of main courses with at least 2 vegetable or fruit side options

____ Number of main courses with at least 2 vegetables or fruits cooked with a healthier cooking method **as the default side or included in the main course** (includes salads)

Healthier* Less Healthy*

____ ____
 ____ ____

25) Grains on Children's Menu

____ Number of grains* offered on the menu

____ Number of whole grains* offered on the menu

____ Number of main courses with a whole grain* included as the default side or within the entrée

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26) Children’s Menu Advertising and Promotions

A vegetable, fruit, or whole grain prepared with a healthier cooking method can be substituted for assigned side with no extra charge. Yes No

Dessert* (other than fruit*) is included with the meal Yes No

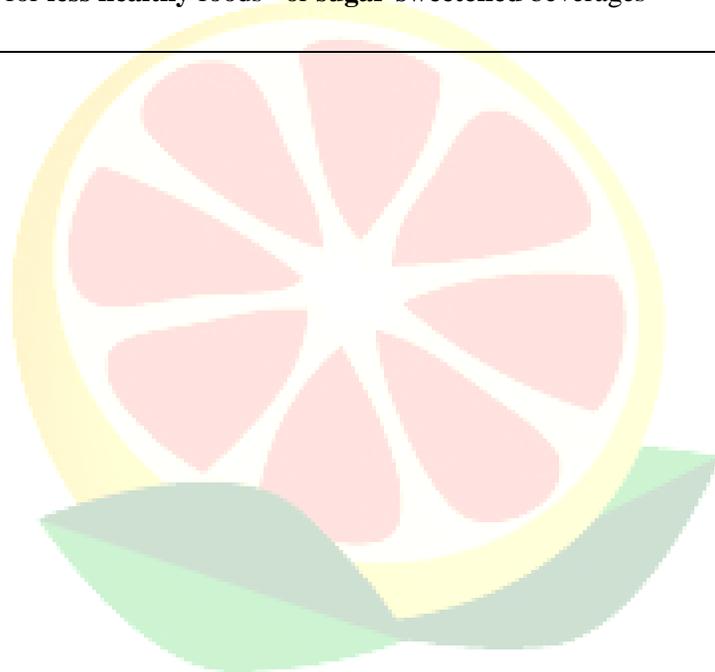
There is nutrition information on the menu. Yes No

Observe the targeted promotion, such as branded marketing, included on children’s menu items.

___ Number of promotions for **healthier** foods* or **healthier** beverages*

___ Number of promotions for **less healthy** foods* or **sugar-sweetened** beverages*

Comments:



TxNEA