**Hospital Food Service Administrator Baseline Survey**

*Note: This survey is to be completed by a member of management relating to Food Service.*

*We are working with your hospital as part of a CDC grant to the NYC Health Department. The purpose of this survey is to find out more about your hospital retail food environment. Your identity will not be revealed and the hospital will not be identified in any publication or release of results unless notified. The data will be used for scientific purposes only and all of your answers will be kept confidential in a secured database. Your participation is voluntary. We will contact you for the follow-up survey in approximately one year. Should you choose to not participate, it will have no bearing on your relationship with the Health Department.*

*Do you consent to participate in this survey?*

* *Yes*
* *No (Terminate survey.)*

**Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interviewee Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General:**

1. Do you hold any of the following credentials? (Check all that apply)

□ 1- Registered Dietitian

□ 2- Masters in Public Health

□ 3- Masters in Nutrition

□ 4- Bachelors in Nutrition

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does an outside food service management company operate cafeteria food services at your hospital?

(E.g. Sodexho, Aramark, etc.) □ Yes □ No

* + 1. If yes, please specify companies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you use a group purchasing organization for any of your food service purchases such as Premier or Novation?

□ Yes □ No

1. If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. On a scale of 1 to 5, with 1 meaning never and 5 meaning always, how often do you take the nutritional value of foods into account when planning your menu?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  Never | **2**  Rarely | **3**  Some of the time | **4**  Most of the time | **5**  Always |

1. What are your top two considerations when planning menu items?

* 1- Consumer preferences
* 2- Cost
* 3- Variety
* 4- Nutritional value
* 5- Taste
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On a scale of 1 to 5, with 1 meaning not harmful and 5 meaning very harmful, what impact do you believe high sodium intake has on health?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  Not at all harmful | **2**  Not very harmful | **3**  Somewhat harmful | **4**  Harmful | **5**  Very Harmful |

1. Which of the following do you believe are the largest sources of sodium in the average diet? (Choose two)

|  |  |
| --- | --- |
| □ 1- Added while cooking | □ 4- Added at the table |
| □ 2- Processed foods | □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ 3- Foods purchased away from home |  |

1. On a scale of 1 to 5, with 1 meaning no role and 5 meaning a large role, what role do you believe hospital cafeterias can play in reducing their employees’ sodium consumption?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1**  No role | **2**  Little role | **3**  Neutral | **4**  Some role | **5**  Large role |

1. Are franchises currently operating food service establishments at your hospital? (E.g. Au Bon Pain, Starbucks, etc.) □ Yes □ No
   1. If yes, please specify companies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does this hospital have more than one cafeteria for employees and visitors? □ Yes □ No
   1. If yes, please specify the location of the main cafeteria (highest traffic):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please consider the main cafeteria location to answer the rest of the questions.**

1. Does the cafeteria analyze the nutrition content of items prepared on-site? □ Yes □ No
2. Does the hospital have the ability to track sales data per food item? For example, to know how many bottles of whole milk are sold compared to how many bottles of 1% milk are sold during a specified time. □ Yes □ No
3. Does the hospital subsidize employee use of the cafeteria in any way? □ Yes □ No
   1. If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the cafeteria offer foods that are deep fried? □ Yes □ No
2. Does the hospital follow nutrition standards for food offered in the cafeteria? For example, standards that the hospital developed or American Heart Association guidelines. □ Yes □ No
   1. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Food Purchasing and Preparation:**

1. Are there barriers to purchasing lower sodium items? □ Yes □ No
   1. If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. During the food preparation process, what, if anything, do you do to lower the sodium content in your meals? (Check all that apply)

* 1- Remove salt from food preparation stations
* 2- Decrease salt in recipes
* 3- Use lower sodium purchased products
* 4- Cook from scratch
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Menu and Healthy Options:**

1. Who creates the menu for this cafeteria (please include their title – ex. Executive Chef)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your cafeteria menu cycle rotation?

* 1 week
* 2 weeks
* 3 weeks
* 4 weeks
* Menu doesn’t change
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you follow standardized recipes that are used repeatedly at your facility? □ Yes □ No
   1. If yes, where do you get your recipes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you predetermine portion sizes of entrees and sides (e.g. in-service trainings, pre-portioned utensils, etc.)? □ Yes □ No
   1. If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Which of the following limitations, if any, do you face in making healthy changes other than cost? (check all that apply)

* 1- Can’t move fixtures (salad bar, etc.)
* 2- Fryer built in
* 3- Food prepared off site
* 4- Lack of employee support
* 5- Lack of upper management support
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your participation.*