

Checkout Aisle Assessment Instrument

1. Volunteer Information

Name: _____

Phone: (_____) _____ Email: _____

Date of Assessment: _____ Start Time: _____ End Time: _____

2. Store Information

Name of store: _____

Location (Address, City, Zip code) : _____

Type (Circle):

Grocery

Home Goods or Bath

Clothing

Supercenter/Warehouse

Electronics Store

Department Store

Drug Store

Book Store

Toy Store

Convenience (gas/no gas)

Sporting Goods Store

Other _____

Dollar Store

Home

Improvement/Hardware

Office Supply

3. Checkout Design

For stores that have individual lines for each register: Checkout includes the end of aisle racks/shelves or cooler attached to the register aisle, the aisle itself, the area over the belt, and bins and standing displays within one pace (approximately 30 inches) of the aisle.

For stores that have a one line for multiple registers (for example at self-checkout or in a pharmacy): Checkout includes the area where people wait in line, product displayed under or alongside of the register, and bins, displays, or coolers within one pace of where people wait in line. If each register has its own display, choose one to evaluate.

Checkout Type	Total number of checkout lines	Is there a common area where people line up for this checkout type? (Yes/No)	Number of checkout lines evaluated
Standard (manned cash register)			
Self-Checkout			
Express			
Healthier/Family Friendly (or similar)			
Total			

4. Food, Beverage, and Merchandise Evaluation – take a photo of each checkout assessed.

In the first row, indicate the checkout type. For the following rows, indicate the number of facings for each type of food, beverage, or merchandise in that checkout line or area. There are separate rows for bins and free-standing displays. For items not listed, indicate the type and amount in the second to last line of each table.

In the “Additional Notes” section on the last page of this evaluation form, please note any particularly creative (healthy or unhealthy) options available at checkout.

Food	Checkout #1	Checkout #2	Checkout #3	Checkout #4
Checkout Type (Standard, Self, Express, Healthier/Family Friendly)				
	# of Facings	# of Facings	# of Facings	# of Facings
Candy (chocolate, skittles, sour patch kids, etc.)				
Gum & Mints				
Chips and Pretzels (Goldfish, potato chips, tortilla chips, fried yuca, Cheetos, etc.)				
Popcorn				
Cookies & Snack Cakes				
Granola & Cereal Bars (include boxes or personal cups of cereal/oatmeal)				
Energy & Power Bars (Cliff bars, PowerBars, etc.)				
Trail Mix (with Candy)				

Nuts, Seeds & Trail Mix (No Candy)				
Dried & Canned Fruit & Vegetables				
Fresh Fruit & Vegetables				
Dried Meat/Jerky				
Other Food – Indicate Type & # Facings				
Bins - Indicate # of display bins and product				
Free-Standing Displays – Indicate # of facings and product				

Beverages	Checkout #1	Checkout #2	Checkout #3	Checkout #4
Checkout Type (Standard, Self, Express, Healthy)				
	# of Facings	# of Facings	# of Facings	# of Facings
Sweetened Beverages (calorically sweetened drinks such as soda, energy drinks, sports drinks, teas, coffees, lemonade, fruit punch, vitamin water, etc.)				
100% Juice (no added sweetener)				
Water/Seltzer (no added sweetener)				

Diet/Non-Caloric Beverages (can contain artificial sweeteners)				
Other Drink (soy milk, almond milk, ground or unsweetened coffee, skim, 2%, or chocolate milk, etc.) – Indicate Type & # Facings				

Merchandise	Checkout #1	Checkout #2	Checkout #3	Checkout #4
Checkout Type (Standard, Self, Express, Healthy)				
	# of Facings	# of Facings	# of Facings	# of Facings
Books, Greeting Cards, Magazines & Other Print				
Phone & Gift Cards				
Batteries				
Film & Cameras				
Personal Care Products (lip balm, condoms, hand sanitizer, toothbrush, etc.)				
Audio, Video, & Other Technology (phone chargers, headphones, etc.)				
Children’s Toys & Games (balloons, jump ropes, bouncy balls, etc.)				
Home Goods (incense, air fresheners, plants, cleaning supplies, paper towels, water bottles, cups, lighters, etc.)				
Accessories (reusable shopping bags, ID holders, umbrellas, reading glasses, keychains, etc.)				
Other – Indicate Type & # Facings				

5. Additional Notes

Here, you can add extra information such as particularly creative facings or problems encountered during data collection.

Checkout Assessment Decision Rules

When deciding which checkout aisles to assess, choose lanes that are closed or least active.

Counting Rules (see photos)

1. A box/container = 1 facing. (Ex: the hanging bags of Chex Mix = 1 facing; the box of peanut M&Ms = one facing; etc.)
2. If the product is hanging vertical, count each grouping as one facing (#1).
3. If a slot is empty but it is clearly marked what goes in there, count it as a facing (#2).
4. If product is stacked, count as one facing (#3a; candy bars piled on top of one another). If the same product is on different shelves, then count as 2 facings (#3b; plain M&Ms).
5. If different types of candy are mixed together in a bin, count as one facing (#4a).
6. If the candy is split into sections or clearly divided, count as separate facings. (#4b).

