

Implementing and Evaluating Nutrition Policies and Standards in Food Pantries

Purpose

This document provides guidance for implementing and evaluating nutrition standards (also known as food service guidelines) in food pantry environments. It describes and operationalizes nutrition standards for food pantries as a specific setting and provides resources for implementation and evaluation. Using this document will help public health personnel and relevant partners enable food pantries to evaluate and ultimately improve the quality and healthfulness of foods they provide.

Food pantries can be a key intervention point for improving health in the United States since they fill a vital role in distributing food to food insecure Americans. Chronic illnesses, including obesity, are closely linked to poor nutrition. Poor nutrition is more common among low-income and food insecure Americans, who may lack convenient access to healthy food retail outlets. Similarly, stressors of food insecurity and limited ability to find and choose foods that meet specific needs and preferences can lead to reduced ability to self-manage chronic disease. Therefore, it is critical to increase the number of appealing healthy options available at food pantries and to promote awareness, selection, and use of these healthy foods. There is evidence that nutrition standards can improve food offerings, including how food is distributed, identified, and promoted. In turn, healthy food offerings and environments can lead to improved diet quality for consumers. Food pantries are promising settings for improving nutrition and food security among at-risk Americans. This document draws upon this research to provide guidance for implementing and evaluating nutrition standards in food pantries to help address the need for healthier options in this setting.

Note that this document is primarily intended for working with food pantries rather than food banks. Food banks are food distribution hubs that distribute large scale food donations to food pantries where they are distributed to clients for consumption. While much of the information in this guide will still be useful to those working directly with food banks, it is suggested that you consult other resources for such work. For example, an extensive online course, *“Developing A Food Bank Nutrition Policy: A Guide to Procure Healthy Foods”* is available at <https://learn.canvas.net/courses/426>. In addition, the *Nutrition In Food Banking Toolkit* also features extensive resources. You can also contact Feeding America (<https://www.feedingamerica.org/>) to gain further assistance.

What this Document Contains

Depending on their resources and capacity, food pantries can choose to implement simple but meaningful nutrition policies such as committing to offer fresh or frozen produce or committing to not offer sugar sweetened beverages or other foods with limited nutritional value such as candy, cookies, or desserts. Alternately, food pantries can choose to implement more comprehensive nutrition standards, known as food ranking systems (FRS).

Several evidence-based FRS have been developed to categorize the foods that are obtained and distributed by food pantries according to their healthfulness. These FRS can be used as the basis for improving nutrition in food pantries. This document briefly summarizes strategies that can be applied to improve nutrition in diverse food pantries using these existing food ranking systems. This resource provides additional guidance on four components: 1) selecting a nutrition policy and/or food ranking system for food pantries, 2) implementing nutrition policy and/or FRS in food pantries, 3) evaluating implementation, and 4) evaluating long-term outcomes for food pantries.

Because food pantries vary widely in their capacity in terms of staff, resources, and infrastructure, they also vary widely in their ability to implement nutrition policies or FRS. This document lists multiple nutrition policy and FRS strategies and flexible evaluation procedures to fit local pantry capacity for implementation.

I. Selecting a Food Ranking System to Use in Food Pantries

In general, nutrition standards (also known as food service guidelines) serve to translate the Dietary Guidelines for Americans (DGA) into specific actionable recommendations for various settings where foods are sold, served, or distributed. Several different FRS have been developed to translate DGA recommendations into specific actions for food pantries to identify and promote healthy foods. Each FRS has unique benefits or barriers. Food pantries, and public health entities that support them, should consider these when deciding which FRS to use. To facilitate technical support and food categorization, it may also be beneficial to choose the same FRS that is supported by your pantry's food bank.

Pantries without capacity to fully implement FRS may also choose to implement simpler nutrition policies, such as not distributing sugar sweetened beverages or desserts, to improve the nutrition of the foods they distribute. It is critical to provide flexible options for pantries based on the capacity of individual operations and facilities.

Existing Food Ranking Systems

Many systems exist to classify pantry foods according to their nutritional content, but these systems differ in the criteria used to determine healthfulness, the number of categories deemed appropriate to measure food's healthiness, and the nutritional cut-points for those categories. Although this poses a challenge, particularly for those who would seek a unified food ranking system, this also presents an opportunity for food pantries and partners they are working with.

Each food pantry is unique in terms of food acquisition sources, staffing capacity, budget, clientele, physical setting, food distribution methods, and other factors. It may be useful to have several food ranking systems for pantries to choose from that provide nutritional criteria for ranking foods' healthiness and aligns with their capacity and available resources. Each of the following systems described in this document (see Table 1 below) is evidence-based, but their differences allow pantries to be flexible by choosing whichever best fits their needs. While other systems do exist and can be used, the following FRS have the most evidence and documentation supporting them as well as resources available to facilitate implementation. It should be noted that the most up-to-date FRS currently available is "[Healthy Eating Research Nutrition Guidelines for the Charitable Food System](#)", which was built upon lessons learned from previous FRS and incorporates the latest nutrition science.

Table 1 Summary of Existing Food Ranking Systems Recommended Based on Current Evidence and Resources Available to Support Implementation

Summary of Criteria and System	Points are assigned to foods based on their daily percentage of healthy (e.g., calcium, vitamin A) and unhealthy (e.g., sugar) nutrients to make a “CHOP score”. Foods with like dietary functions (e.g., dairy products) are then ranked relative to each other using CHOP score.	Foods are assigned to one of three health categories according to their levels of each of the following nutrients: saturated fat, sugar, and sodium. The criteria for each of these nutrients varies depending on food group (e.g., dairy products, vegetables). Foods are ranked relative to other foods in their food group.	Foods in certain food groups (e.g., vegetables) are eligible to be considered as “Foods to Encourage” or “F2E” (i.e., healthy foods), whereas others (e.g., desserts) are not. In order for a food in an approved group to be F2E, it must meet further nutritional standards.	Foods are assigned to one of three health categories according to their levels of each of the following nutrients: saturated fat, added sugar, and sodium. The criteria for each of these nutrients varies depending on food group (e.g., dairy products, vegetables). Foods are ranked relative to other foods in their food group.
Food Healthfulness Ranking Categories	1. CHOP 1 (choose frequently, green) 2. CHOP 2 (choose occasionally, yellow) 3. CHOP 3 (choose sparingly, red)	1. Green (choose often) 2. Yellow (choose sometimes) 3. Red (choose rarely)	1. Foods to Encourage (F2E) 2. Other Foods	1. Green (choose often) 2. Yellow (choose sometimes) 3. Red (choose rarely)
Capacity Needed for Implementation	High	Medium	Low	Medium
Amount of Support Resources Available Online	High	High	Medium	High

Strengths	Comprehensive- accounts for levels of both healthy and unhealthy nutrients; Enables comparisons for nutrient-rich to calorie-rich foods.	Intuitive “stoplight” system streamlines distribution (ideal in choice pantries); Includes guidance for all food groups without requiring many nutrient inputs. SWAP 2.0 version uses same rankings as HER Nutrition guidelines.	Most straightforward system; Requires low investment for implementation; Accounts for both healthy and unhealthy nutrients.	Most up-to-date FRS built upon lessons learned from previous FRS. Intuitive “stoplight” system streamlines distribution (ideal in choice pantries); Includes guidance for all food groups without requiring many nutrient inputs; most information needed for ranking is available on Nutrition Facts Label.
Weaknesses	CHOP score calculation requires many nutrient inputs (even ones no longer on nutrition labels), which requires high investment from pantry personnel and IT systems. Foods fortified with vitamins and minerals may be classified as green even when they are high in added sugar, refined grains, or other unhealthy components.	Only accounts for unhealthy nutrients, rather than healthy nutrients (e.g., may consider nut butters to be unhealthy, despite richness of nutrients).	Binary categories limits representation for variance in healthiness of foods.	

II. Implementing FSG in Food Pantries

Successful implementation and evaluation of policies, including FSGs, are strengthened by including all stakeholders, especially pantry clients, throughout the process starting with planning. Including stakeholders in the planning process will also support a better understanding of the demographics of the clients who participate in food programs and what types of food they may need and prefer. Hunger and Health and Feeding America have developed a resource to help with integrating cultural competence: [*Applying an Intercultural Competence Lens*](#).

There are also many detailed guides on implementation that consider client-focused planning and implementation efforts. For example, the [*Nutrition In Food Banking Toolkit*](#) features extensive resources on implementation, developing a policy, and behavioral design strategies to encourage client selection of healthy foods. This guide offers general implementation guidance while focusing more in depth on evaluation of FSG.

Best Practices for Implementation

Based on existing research, the following are general components of best practice strategies for FRS implementation at food pantries:

- Perform an assessment of the pantry using a tool such as the [*Healthy Food Pantry Assessment Toolkit*](#) to help determine priorities for improving healthy food distribution, pantry capacity, and client needs and preferences.
- Develop a formal policy to specifically outline how the FRS or other standards will be implemented at the pantry. *Role of Food Bank Nutrition Policies: A Guide To Action* is a valuable resource for composing a food pantry policy can be found as part of the [*Nutrition in Food Banking Toolkit*](#).
 - The formal policy should consider how the FRS or standards will apply to each different acquisition source from which the food pantry receives food (food banks, purchased, or donated).
 - Set quantitative, realistic, measurable goals and incorporate them into your policy. Pantries can set goals for the percent of food acquired from each source (from food bank, purchased, or donated) that meet specified nutrition standards. For example, a policy might specify that 100% of foods purchased by the pantry should be fruits and vegetables or other foods classified as green (healthiest) by the FRS being used. Likewise, a pantry might specify that 50% of foods ordered from the food bank will be from the green (healthiest) FRS category.
- Use nutrition standards to guide both food acquisition (purchases, donations, and/or food bank orders) and food distribution to clients (how food at pantries is categorized, selected, and displayed).
- Ensure implementation strategies are efficient and practical to address pantries' potentially limited resources, staff, and space.
- Incorporate prevailing strategies of behavioral design (nudge) strategies in FRS implementation to encourage client selection of healthier foods and maximize the impact of FRS.

Best Steps for Implementation

Food pantry management, personnel, and other relevant partners can collaborate to use the following basic steps to implement their FRS of choice in their pantry. Note that it is recommended that food pantries develop a formal policy that reflect how the FRS or nutrition policy selected will be implemented across various food acquisition sources (food bank, purchased foods, and community donations).

1. Plan for Evaluation:

- a. After an FRS is selected and an implementation plan is developed, it may be a good time to discuss how and when an audit can be conducted to validate implementation.

2. Food Bank Acquisition (foods that are received from food banks):

- a. Assess the percentage of foods received that fall into each FRS health category. This can include pounds, number of units, or other units of measure the pantry already tracks.
- b. Request/order food from food banks, donors, and other sources that falls into healthier FRS categories (e.g., requesting more fresh fruits, vegetables, and lean proteins) to increase the percentages of foods that fall into healthier FRS categories.

3. Food Pantry Purchasing of Foods: If purchasing foods, pantries have more freedom to directly prioritize foods in healthier FRS categories.

- a. Assess percentage of purchased foods that fall into each FRS category and adjust purchasing to increase percentages of foods that fall into healthier FRS categories.
- b. Encourage pantries to purchase mostly foods that fall within healthier FRS categories to supplement the lower quality foods that come in commonly from other sources. If pantry has adequate cold storage, consider restricting food pantry purchasing to only fresh or frozen unprocessed fruit and vegetables to ensure they are available to pantry clients.

4. Community Donations:

- a. Encourage donors to donate types of foods that fall within healthier FRS categories.

5. Sort Foods by Food Group: All approved FRS require foods to first be sorted by group before being sorted according to health quality. This ensures that rankings for food's nutrient value are relative to similar foods that fulfill similar roles in diet patterns and nutrition. Note that some FRS do not classify some types of foods, such as cooking staples, special foods for specific populations (e.g., baby food), or condiments used for cooking from raw ingredients.

- a. Sort current inventory according to food groups as described in the FRS. For instance, pantries using "Foods to Encourage" (F2E) as their FRS should sort foods into F2E's 13 main food groups (e.g., cereal, dairy, fruits, etc.).
- b. Recommendations for this step include training sessions with personnel, clear signage displaying procedure and criteria for grouping, and dedicated software (e.g., Excel spreadsheet) for tracking inventory by sorted group.

6. Organize Foods by FRS Category:

- a. Within food groups (e.g., after sorting by food group), sort current inventory according to healthfulness of foods using the criteria described in the FRS.
- b. For instance, pantries using F2E as their FRS should sort cereals as either F2E or not F2E based on their whole grain, fiber, sodium, sugar, and fat content (and sort the other food groups following their F2E criteria also). Food acquired from food banks may already have been categorized by the food bank.

- c. Like step 3, recommendations for this step include training sessions with personnel, clear signage displaying procedure and criteria for grouping, and dedicated software (e.g., Excel spreadsheet) for tracking inventory by sorted group.
- d. Keep records/lists of FRS ranking of foods as they are acquired and sorted. This will make it easier to organize foods when the same types of foods are acquired again later by the pantry. It will also help facilitate evaluation efforts.

7. ***Behavioral Design:*** Behavioral design (sometimes called “Nudge”) refers to strategies that encourage clients to select foods that fall into healthier FRS categories more often and those that fall into less healthy categories less often. These strategies work synergistically with healthy food acquisition strategies to create demand for healthy foods among pantry clients. Best practices begin with clear, concise labeling of foods according to their health ranking. Additionally, client choice food pantry models, often called choice pantries, allow clients to choose the types of foods that they want and can offer more dignity to clients over pre-boxed models. Pantries may utilize pre-boxed/bagged models and/or choice models based on their resources and structure.

- a. Ranking categories are usually associated with color cues (e.g., for SWAP, foods labelled in green indicate clients should choose them often, foods labelled in yellow indicate clients should choose them sometimes, and foods labelled in red indicate clients should choose them rarely).
- b. For pantries that pre-box or pre-bag food for clients, there should be clear protocols for the percentages of foods in each category to include in the boxes/bags, and such protocols should prioritize healthier foods as much as possible.
- c. Protocols should be clearly listed and personnel should be trained in their use. For choice pantries, foods in the same categories should also be shelved together.
- d. Foods in healthier ranking categories should be shelved in convenient locations (e.g., at the front of the pantry, at eye-level, or at a level where they are easy to access), whereas foods in less healthy categories should be shelved in locations that are less convenient to access.
- e. Overall layout, shelving, and displays of healthier foods should be more visually appealing and should be more clearly promoted than less healthy foods. All pantries should also distribute and display promotional materials encouraging clients to choose foods that are labeled as healthier and, where possible, provide materials or trainings to help clients more easily incorporate healthier category foods into their diet (e.g., providing recipes or demonstrations for cooking with vegetables).
- f. More information on behavioral design strategies is also available at: <https://hungerandhealth.feedingamerica.org/explore-our-work/nutrition-education-initiatives/strategies/nudges/>.
- g. *Pantries served by Feeding America can also access the Choice Pantry Nudge Toolkit*

Resources to Assist in Implementation of Each FRS

Each of the systems summarized above have a wealth of associated resources, including implementation guides and toolkits. While comprehensive implementation guidelines for each FRS are not included in this document, the following resources detail how to implement the specific FRS:

- **CHOP:**
 - <https://www.centraltexasfoodbank.org/file/735/download?token=XfXEB1JN>
 - <https://www.slideserve.com/dugan/chop-choose-healthy-options-program-powerpoint-ppt-presentation>
- **SWAP:**
 - <https://indd.adobe.com/view/0be29257-c5f3-441e-b144-828b7ff00cf9>
 - <https://hungerandhealth.feedingamerica.org/resources/?search=SWAP&resource-types=null&languages=null&sources=null>
- **F2E:**
 - http://hungerandhealth.feedingamerica.org/wp-content/uploads/legacy/mp/files/tool_and_resources/files/f2e-background-detail.v1.pdf
- **HER:**
 - <https://healthyeatingresearch.org/research/healthy-eating-research-nutrition-guidelines-for-the-charitable-food-system/>
 - <https://hungerandhealth.feedingamerica.org/resource/nutrition-in-food-banking-toolkit/>

III. Implementation Evaluation

Tracking implementation can help assess progress and next steps.

1. Occasional written audits of each food pantry can help to demonstrate the extent to which the pantry is complying with the specific nutrition policies or FRS standards agreed upon. It can also inform where further work may be required.
 - An existing audit tool available is the Healthy Food Pantry Assessment Toolkit (HPAT), which assesses the availability of a variety of healthy food categories and behavioral design practices. The toolkit also includes a variety of additional supporting resources. <https://snaped.fns.usda.gov/library/materials/healthy-food-pantry-assessment-toolkit>.
 - The table below (Table 2) provides an additional example of an audit tool to assess implementation at multiple levels of pantry processes (i.e., acquisition and distribution) using several methods.
2. It may be helpful to set goals over time for % of foods that fall into the healthier FRS categories from each acquisition source.

Table 2 Example Checklist for Food Pantry Food Ranking System (FRS) Implementation

Criteria	Activity	Status
Acquisition-Donated Food Requested	<p><i>Pantries request foods from food banks (and other free sources, like donations) based on FRS categories, prioritizing foods in healthier categories.</i></p> <p>Potential Evidence of Implementation:</p> <ul style="list-style-type: none"> • Policy/protocol prioritize requesting healthier foods. • Determine count and percentage of requests for foods in various FRS categories (Only possible for pantries that keep electronic or paper records from pantry's existing systems of food requests to food bank or requests for donations). 	
Acquisition-Donated Food Actually Acquired	<p><i>Count and percentage of food items acquired (from food bank or donations) in each FRS category.</i></p> <ul style="list-style-type: none"> • Analysis of electronic or paper records from pantry's existing systems for food shipments from food banks (for pre-implementation, this will require post-hoc sorting of foods into FRS categories). • “Snapshot” of items received from food banks—pantry personnel or partner visits pantry and sorts foods from food banks currently at pantry into FRS categories, counts them, and calculates percentages. 	
Purchasing Strategies	<p><i>Pantries purchase foods based on FRS categories, prioritizing foods in healthier categories.</i></p> <p>Potential Options for Evidence of Implementation:</p> <ul style="list-style-type: none"> • Policy/protocol prioritize purchasing healthier foods. 	
Purchasing Outcomes	<p><i>Count and percentage of food items purchased in each FRS category (e.g., 20% of purchased foods at Pantry A are CHOP 1, choose frequently).</i></p> <p>Potential Evidence of Implementation:</p> <ul style="list-style-type: none"> • Analysis of electronic or paper purchasing records from pantry's existing systems (for pre-implementation, this will require post-hoc sorting of foods into FRS categories). • “Snapshot” of purchased items—pantry personnel or partner visits pantry and sorts purchased foods currently at pantry into FRS categories, counts them, and calculates percentages. 	

Sort Foods by Food Group	<p><i>Personnel sort foods into food groups as defined by the pantry's FRS.</i></p> <p>Potential Options for Evidence of Implementation:</p> <ul style="list-style-type: none"> • List of food groups used for sorting. • Protocols for personnel to follow for sorting. • Photographs (taken by evaluator) of foods sorted, or being sorted, by food groups. • Reports from personnel of regular sorting by food groups. 	
Organize Foods by FRS Category	<p><i>Within food groups, personnel organize foods into categories based on their nutrition content as defined by their FRS.</i></p> <p>Potential Options for Evidence of Implementation:</p> <ul style="list-style-type: none"> • Visual, printed displays of nutrition cut-points and other guidance for personnel to organize foods into FRS categories (e.g., hand-outs, posters, signs, etc.). • Protocols for organizing and tracking records. • Photographs of foods organized by FRS categories. • Reports from personnel of regular sorting by FRS categories. 	
Distribution/ Behavioral Design	<p><i>Pantries distribute foods based on FRS categories, prioritizing foods in healthier categories for promotion.</i></p> <p>Potential Options for Evidence of Implementation (via observation, photos, or reports from personnel):</p> <ul style="list-style-type: none"> • Foods labelled according to FRS categories. • Foods shelved/boxed according to FRS categories. • Foods promoted to clients or boxed according to FRS categories (e.g., fruits and vegetables promoted). <p><i>Count and Percentage of food items displayed in each FRS category.</i></p> <ul style="list-style-type: none"> • CHOICE PANTRIES: Analysis of electronic or paper records from pantry's existing systems for all food items (i.e., purchased, from banks, donated, or otherwise) displayed (i.e., stocked on shelves and available to clients) to determine count and percentage of foods in different FRS categories. • CHOICE PANTRIES: "Snapshot" of items displayed/available in pantry—pantry personnel or partner visits pantry and counts total foods displayed, foods displayed in each FRS category, and calculates percentages. • BOX PANTRIES: Calculate percentages of FRS category foods per box/basket or, if each box is different, track counts for each box, calculate average percentage per box/bag. Can be measured by pantry personnel count or via photograph for later count and calculation. 	
Total Implementation Score*	0-5 = Pantry has generally NOT implemented FRS 5-10 = Pantry is working towards implementing FRS 10-15 = Pantry has largely implemented FRS	____/15 (max)

*Note that the implementation score is intended to guide efforts to improve implementation.

Estimating Number of People Impacted by FRS Implementation at Food Pantries

Many pantries require a form of documentation to receive services, and therefore may have accurate counts of the number of people who come into the pantry to receive food. Evaluators can assess how many people are receiving services at a given pantry using one the following methods. Because pantries will differ in their capacity to accurately gather information about number of clients, these methods are presented in order of accuracy, which means the generally more accurate methods are listed first. Evaluators can use whichever method is feasible.

1. Pantry uses an electronic system (e.g., Link2Feed or OasisInsight) to track the number of clients who receive foods and can count clients per day, week, month, and year. This information should include, as often as possible, data on how many people are being fed using food received from the pantry (e.g., one client is shopping for themselves and their family of 5 total people).
2. Pantry uses a written system to track the number of clients who receive foods and can count clients per day, week, month, and year. This information should include, as often as possible, data on how many people are being fed using food received from the pantry (e.g., one client is shopping for themselves and their family of 5 total people).
3. Pantry personnel can count number of clients who receive food every day for a week in preparation for evaluation and, wherever possible, ask about how many people the client plans to feed with the food received.
4. Evaluator can audit pantry by counting the number of clients who receive food on a given day as a snapshot measurement.
5. Evaluator can receive an estimate from pantry manager or other pantry personnel of total people served by the pantry per day, week, month, or year, whichever they believe is most accurate.

IV. Evaluating Impact of FSG Implementation in Pantries (Long-Term Outcome Evaluation)

Ultimately, the goal of implementing FRS in food pantries is to improve the health of pantry clients by improving the nutritional quality of the foods they acquire. While evaluating implementation is useful (i.e., healthy foods are more available or offered after implementation), long-term impact should address the effectiveness of implementation (i.e., healthier foods are acquired by pantry clients). Therefore, the primary long-term evaluation question is:

To what extent have efforts to implement nutrition standards or in food pantries led to pantry clients receiving healthier foods?

To answer this question, pantries will need to assess the healthfulness of foods that clients received before and after implementation. In addition, they can also assess the availability of healthy foods in the pantry before and after implementation, since this directly relates to the foods received by clients.

The table below (Table 3) describes ways to measure the impact of implementation in food pantries, including multiple methods for gathering data for each example indicator. It is important to note that data for these measures should be collected both before and after implementation. Note that not all of these indicators will be feasible to measure in every pantry.

Table 3 Example Indicators for Long-term Outcome Evaluation for FRS Implementation in Food Pantries

<p style="text-align: center;">Instructions:</p> <p>Record these measures before and after implementation of FRS, then compare data.</p>	
Example Indicators	Collection Methods
Count and Percentage of food items received (by clients) in each FRS category*	<ul style="list-style-type: none"> CHOICE PANTRIES: Use pantry's existing inventory tracking systems (electronic or paper) to track foods present before opening pantry and at close of pantry to determine what foods were received/consumed; calculate percentages of foods from each FRS category. CHOICE PANTRIES: If no existing inventory tracking system, pantry personnel or partner tracks inventory before opening and after close to determine what foods were received/consumed; calculate percentages of foods from each FRS category. CHOICE PANTRIES: If low capacity, pantry personnel can photograph clients' baskets or carts full of selected foods at check-out/exit. A sample of photos would provide a way to later analyze percentages of FRS categories for foods received. BOX PANTRIES: Calculate percentages of FRS category foods per box/basket or, if each box is different, track counts for each box; calculate average percentage per box/bag. Can be measured by pantry personnel count or via photograph for later count and calculation. HYBRID PANTRIES (choice and box): Choose one or more of the above collection methods based on pantry resources.
Count and Percentage of food items received (by pantry) in each FRS category*	<ul style="list-style-type: none"> If it is not possible to assess the foods acquired by clients, the foods acquired by the pantry can also be assessed. For example, proportion of healthier foods (according to FRS categories) purchased by the pantry or ordered from the food bank can be compared before and after implementation. If the food bank serving the pantry uses SWAP ranking in the inventory database, you may be able to run reports on SWAP rankings of foods received and distributed. This SWAP resource explains more: Using Inventory Data to Produce Reports for Stakeholders.
Client satisfaction and perceptions of health for foods available and received/consumed (Supplemental indicator to address client satisfaction)	<ul style="list-style-type: none"> For pantries with high capacity, pantry personnel or partner ask client to complete a very short survey (less than 30 seconds) using a 1-5 rating as they leave the pantry. The survey will include the following items: <ul style="list-style-type: none"> How satisfied are you with the quantity of food that was available at this pantry today? How satisfied are you with the variety of food that was available at this pantry today? How satisfied are you with the quality of food that was available at this pantry today? How healthy was the food that was available at this pantry today? To what extent did the pantry provide the kinds of food you would like to feed your family? How satisfied were you with the food you received at this pantry last time you came? How healthy was the food you received at this pantry last time you came? What types of foods/food categories do you want to see more of? The survey may be administered to clients verbally (although responses can be recorded electronically or on paper), on paper, or electronically by either pantry personnel or partners. Of importance to note: the first languages of pantry clients may be diverse so it may be important/valuable to have these questions translated or to use an interpreters/volunteers that can speak client languages.

* Classifying foods into FRS categories during evaluation can be facilitated if the pantry keeps lists of food ranking categories for foods offered as they are acquired and categorized by pantry personnel. If lists of FRS categories are not available during evaluation, it is often possible to look up nutrition information, such as that featured on the nutrition facts label, on the internet.