

APPENDIX A:
HOUSEHOLD QUESTIONNAIRE

HOME VISIT COMPUTER-ASSISTED INTERVIEW CONTENT

Public reporting burden of this collection of information has an estimated average of 31 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., program director at hcs@nhlbi.nih.gov

HOME VISIT 1

NOTE: The following questions will be asked during the first home visit for all Standard and Enhanced Protocol families. These questions will be programmed into a computer-assisted interview (CAI) and asked of the adult and/or child respondent as indicated. They will be asked by the interviewer or self-administered as indicated. These questions are in addition to other home visit data collection activities (modified windshield survey, anthropometric measurements, obtaining signed medical record release, instructing on use of the accelerometer) which will be completed on paper and in addition to completing the ASA24-Kids dietary recall through a website (for Enhanced Protocol families). No interviewer prompts, wording probes, or other question-by-question specifications are captured in this document. Those additional details will be provided in an annotated version to be used during interviewer training and will be programmed into the CAI. The ORDER of the questions in this version may be revised to adjust for the changes made to the instrument. Consideration will still be given to issues of child fatigue, need for privacy, etc., and when appropriate, simultaneous activities will be planned (for example, measuring the adult respondent while an older child respondent is self-completing sensitive questions).

GROUP 1

THIS GROUP WILL BE INTERVIEWER ADMINISTERED.

FOR 4-5 YEAR OLDS, THE ADULT IS THE RESPONDENT, BUT THE CHILD WILL NEED TO JOIN TO ASSIST WITH THE FINAL SET OF QUESTIONS.

FOR 6-8 YEAR OLDS, THE ADULT IS THE RESPONDENT, BUT THE CHILD SHOULD BE PRESENT TO ASSIST.

FOR 9-11 YEAR OLDS, THE ADULT IS THE RESPONDENT FOR THE FIRST SET OF QUESTIONS, WITH THE CHILD PRESENT TO ASSIST, BUT THEN THE CHILD WILL BE THE PRIMARY RESPONDENT FOR THE REMAINING QUESTIONS, WITH THE ADULT REMAINING PRESENT TO ASSIST.

FOR 12-15 YEAR OLDS, THE CHILD IS THE RESPONDENT, BUT THE ADULT SHOULD BE PRESENT TO ASSIST WITH THE FIRST TWO SETS OF QUESTIONS. AFTER THOSE, THE ADULT IS FREE TO LEAVE FOR A FEW MINUTES.

SECTION A: COMMUNITY EXPOSURE

Interviewer administered

Child aged 4 – 5: Adult respondent

Child aged 6 – 11 Adult respondent/child present to assist

Child aged 12 – 15: Child respondent/adult present to assist

The first questions ask about your community or neighborhood. A community may have many different things including schools, after school programs, childcare centers, work places, businesses, food stores, and markets, restaurants, places for sports, places for entertainment, churches, and other locations for community activities, and billboards with advertising.
HAND SHOW CARD A.

A1. During the past six months, **how often** (have you/has your child) participated in or used any community or neighborhood programs or places that encourage healthy eating or make healthy eating easier? Would you say (READ ANSWERS)?

Never (SKIP TO A2) 1
 Rarely 2
 Sometimes 3
 Often..... 4
 Very Often 5
 REFUSED (SKIP TO A2) -1
 DON'T KNOW (SKIP TO A2) -2

A. What were the names of the programs or places that encouraged healthy eating or made it easier?

PROGRAM 1: _____
 PROGRAM 2: _____
 PROGRAM 3: _____
 REFUSED -1
 DON'T KNOW -2

A2. During the past six months, **how often** (have you/has your child) participated in or used any community or neighborhood programs or places that encourage physical activity or make physical activity easier? Would you say (READ ANSWERS)?

Never (END SECTION) 1
Rarely 2
Sometimes 3
Often 4
Very Often 5
REFUSED (END SECTION) -1
DON'T KNOW (END SECTION) -2

A. What were the names of the programs or places that encouraged physical activity or made it easier?

PROGRAM 1: _____
PROGRAM 2: _____
PROGRAM 3: _____
REFUSED -1
DON'T KNOW -2

SECTION J: NUTRITION QUESTIONS (PIECE 1)

Domain 1: Food and Beverage Intake

Interviewer administered

Child aged 4 – 5: Adult respondent

Child aged 6 – 8: Adult respondent/child present to assist

Child aged 9 – 15: Child respondent/adult present to assist

(IF CHILD AGED 9-11: I would now like to ask the next questions of (CHILD NAME).) These questions are about the different kinds of foods (you/your child) ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at school, in restaurants, and anyplace else. HAND SHOW CARD B.

J1. During the past month, how often did (you/your child) eat **hot or cold cereals**? You can answer per day, per week or per month.

PER DAY 1
PER WEEK 2
PER MONTH 3
OF TIMES
NEVER (SKIP TO J3) 0
REFUSED (SKIP TO J3) -1
DON'T KNOW (SKIP TO J3) -2

IF J1 RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY), OR
IF J1 RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J1 RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK A.

A. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J1) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

J2. During the past month, what **kinds of cereal** did (you/your child) usually eat?

CEREAL1: (SELECT CEREAL FROM DROP DOWN LIST)
CEREAL2: (SELECT CEREAL FROM DROP DOWN LIST)
REFUSED -1
DON'T KNOW -2

J3. During the past month, how often did (you/your child) have **milk either to drink or on cereal**? Do **not** include soy milk or small amounts of milk in coffee or tea. You can answer per day, per week or per month.

PER DAY 1
PER WEEK 2
PER MONTH 3
OF TIMES
NEVER (SKIP TO J5) 0
REFUSED (SKIP TO J5) -1
DON'T KNOW (SKIP TO J5) -2

INCLUDE: SKIM, NON-FAT, LOW-FAT, WHOLE MILK, BUTTERMILK, AND LACTOSE-FREE MILK. ALSO INCLUDE CHOCOLATE OR OTHER FLAVORED MILKS.

DO NOT INCLUDE: CREAM.

IF J3 RESPONSE > 2 AND UNIT RESPONSE = 1 (DAY), (Does not apply for participants 4-11 years old) OR,
IF J3 RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J3 RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK A.

A. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J3) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

J4. During the past month, what **kind of milk** did (you/your child) usually drink?

WHOLE OR REGULAR MILK 1
2% FAT OR REDUCED-FAT MILK 2
1%, 1/2%, OR LOW-FAT MILK 3
FAT-FREE, SKIM OR NONFAT MILK 4
SOY MILK 5
OTHER 6
REFUSED -1
DON'T KNOW -2

J5. During the past month, how often did (you/your child) drink the following beverages? You can answer per day, per week or per month.

	PER DAY	PER WEEK	PER MONTH	# OF TIMES	NEVER	RF	DK
a. Regular soda or pop that contains sugar? Do not include diet soda.	1	2	3	<input type="text"/> <input type="text"/>	0	-1	-2

INCLUDE: MANZANITA AND PEÑAFIEL SODAS.
DO NOT INCLUDE: DIET OR SUGAR-FREE FRUIT DRINKS. DO NOT INCLUDE JUICES OR TEA IN CANS.

IF J5a. RESPONSE > 2 AND UNIT = RESPONSE = 1 (DAY), OR
IF J5a. RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5a. RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5a1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J5a) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

b. 100% pure fruit juice such as orange, mango, apple, grape, and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.	1	2	3	<input type="text"/> <input type="text"/>	0	-1	-2
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INCLUDE: ONLY 100% PURE JUICES.
DO NOT INCLUDE: FRUIT-FLAVORED DRINKS WITH ADDED SUGAR, LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT.

IF J5b. RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) (Does not apply for participants 4-11 years old) OR,
IF J5b. RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5b. RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5b1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J5b) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

IF AGE 4-11 YEARS OLD, SKIP TO J5d.

- c. **Coffee or tea** that had **sugar or honey** added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do **not** include **artificially** sweetened coffee or diet tea.
- | | | | | | | | |
|--|---|---|---|--|---|----|----|
| | 1 | 2 | 3 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | 0 | -1 | -2 |
|--|---|---|---|--|---|----|----|

IF J5c. RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY), OR
IF J5c. RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5c. RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5c1

- | | |
|---|---|
| 1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES (CONTINUE)..... 1
NO (RETURN TO J5c)..... 2
REFUSED (CONTINUE)..... -1
DON'T KNOW (CONTINUE)..... -2 |
|---|---|

- d. **Sports or energy drinks**, such as Gatorade, Red Bull, or Vitamin Water?
- | | | | | | | | |
|--|---|---|---|--|---|----|----|
| | 1 | 2 | 3 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | 0 | -1 | -2 |
|--|---|---|---|--|---|----|----|

IF J5d. RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) (Does not apply for participants 4-11 years old) OR,
IF J5d. RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5d. RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5d1

- | | |
|---|---|
| 1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES (CONTINUE)..... 1
NO (RETURN TO J5d)..... 2
REFUSED (CONTINUE)..... -1
DON'T KNOW (CONTINUE)..... -2 |
|---|---|

- e. **Sweetened fruit drinks**, such as Kool-Aid, cranberry drink, Hi-C or lemonade? Include fruit drinks you made at home and added sugar to. Do **not** include diet drinks or artificially sweetened drinks.
- | | | | | | | | |
|--|---|---|---|--|---|----|----|
| | 1 | 2 | 3 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | 0 | -1 | -2 |
|--|---|---|---|--|---|----|----|

INCLUDE: DRINKS WITH ADDED SUGAR, TAMPICO, SUNNY DELIGHT, AND TWISTER.
DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER OR FRUIT-FLAVORED TEAS.

IF J5e. RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) (Does not apply for participants 4-11 years old) OR,
IF J5e. RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5e. RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5e1

- | | |
|---|---|
| 1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES (CONTINUE)..... 1
NO (RETURN TO J5e)..... 2
REFUSED (CONTINUE)..... -1
DON'T KNOW (CONTINUE)..... -2 |
|---|---|

During the past month, how often did (you/your child) eat the following foods? You can answer per day, per week or per month.

- f. **Fruit?** Include fresh, frozen, or canned fruit. Do **not** include juices
- | | | | | | | | |
|--|---|---|---|--|---|----|----|
| | 1 | 2 | 3 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | 0 | -1 | -2 |
|--|---|---|---|--|---|----|----|

DO NOT INCLUDE: DRIED FRUITS.

IF J5f. RESPONSE > 2 AND UNIT RESPONSE = 1 (DAY), OR
IF J5f. RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5f. RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5f1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J5f) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

- g. A **green leafy or lettuce salad**, with or without other vegetables?

1 2 3 0 -1 -2

INCLUDE: SPINACH SALADS.

IF J5g RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5g RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5g RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5g1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J5g) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

- h. Any kind of **fried potatoes**, including french fries, home fries, or hash brown potatoes?

1 2 3 0 -1 -2

DO NOT INCLUDE: POTATO CHIPS.

IF J5h RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5h RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5h RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5h1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J5h) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

- i. Any **other kind of potatoes**, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

1 2 3 0 -1 -2

INCLUDE: ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.

IF J5i RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5i RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5i RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5i1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE) 1
NO (RETURN TO J5i) 2
REFUSED (CONTINUE) -1
DON'T KNOW (CONTINUE) -2

- j. Refried beans, baked beans, beans in soup, pork and beans or any other type of **cooked dried beans**? Do **not** include green beans. 1 2 3 0 -1 -2

INCLUDE: SOYBEANS, KIDNEY, PINTO, GARBANZO, LENTILS, BLACK, BLACK-EYED PEAS, COW PEAS, AND LIMA BEANS.

IF J5j RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5j RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5j RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5j1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE)..... 1
NO.....(RETURN TO J5j) 2
REFUSED (CONTINUE)..... -1
DON'T KNOW (CONTINUE)..... -2

- k. Not including what you just told me about lettuce salads, potatoes, cooked dried beans and not including rice, how often did (you/your child) eat **other vegetables**? 1 2 3 0 -1 -2

DO NOT INCLUDE: RICE
EXAMPLES OF OTHER VEGETABLES INCLUDE: TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE ANY FORM OF THE VEGETABLE (RAW, COOKED, CANNED, OR FROZEN).

IF J5k RESPONSE > 2 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5k RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5k RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5k1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE)..... 1
NO.....(RETURN TO J5k)..... 2
REFUSED (CONTINUE)..... -1
DON'T KNOW (CONTINUE)..... -2

During the past month, how often did (you/your child) eat the following foods? You can answer per day, per week or per month.

- l. **Pizza**? Include frozen pizza, fast food pizza, and homemade pizza. 1 2 3 0 -1 -2

IF J5l RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5l RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5l RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5l1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE)..... 1
NO.....(RETURN TO J5l) 2
REFUSED (CONTINUE)..... -1
DON'T KNOW (CONTINUE)..... -2

- m. Mexican-type **salsa** made with tomato? 1 2 3 0 -1 -2

INCLUDE: ALL TOMATO-BASED SALSAS.

IF J5m RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5m RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5m RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5m1

- | | | | | | | | | | | |
|----|--|------------------|----------------------|----|--|--|--|--|--|--|
| 1. | You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES | (CONTINUE)..... | 1 | | | | | | |
| | | NO..... | (RETURN TO J5m)..... | 2 | | | | | | |
| | | REFUSED | (CONTINUE)..... | -1 | | | | | | |
| | | DON'T KNOW | (CONTINUE)..... | -2 | | | | | | |
- n. **Tomato sauces** such as with spaghetti, noodles, or mixed into foods such as lasagna? Please do **not** count tomato sauce on pizza.
- | | | | | | | | |
|---|---|---|----------------------|----------------------|---|----|----|
| 1 | 2 | 3 | <input type="text"/> | <input type="text"/> | 0 | -1 | -2 |
|---|---|---|----------------------|----------------------|---|----|----|

IF J5n RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5n RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5n RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5n1

- | | | | | | | | | | | |
|----|--|------------------|----------------------|----|--|--|--|--|--|--|
| 1. | You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES | (CONTINUE)..... | 1 | | | | | | |
| | | NO..... | (RETURN TO J5n)..... | 2 | | | | | | |
| | | REFUSED | (CONTINUE)..... | -1 | | | | | | |
| | | DON'T KNOW | (CONTINUE)..... | -2 | | | | | | |
- o. **Cheese?** Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Please do **not** count cheese on pizza.
- | | | | | | | | |
|---|---|---|----------------------|----------------------|---|----|----|
| 1 | 2 | 3 | <input type="text"/> | <input type="text"/> | 0 | -1 | -2 |
|---|---|---|----------------------|----------------------|---|----|----|

INCLUDE: MACARONI AND CHEESE, ENCHILADAS.
DO NOT INCLUDE: CREAM CHEESE OR CHEESES MADE FROM NON-DAIRY FOODS, SUCH AS SOY OR RICE, OR CHEESE ON PIZZA.

IF J5o RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5o RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5o RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5o1

- | | | | | | | | | | | |
|----|--|------------------|----------------------|----|--|--|--|--|--|--|
| 1. | You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES | (CONTINUE)..... | 1 | | | | | | |
| | | NO..... | (RETURN TO J5o)..... | 2 | | | | | | |
| | | REFUSED | (CONTINUE)..... | -1 | | | | | | |
| | | DON'T KNOW | (CONTINUE)..... | -2 | | | | | | |
- p. **Whole grain bread** including toast, rolls and in sandwiches? Whole grain breads include whole wheat, rye, oatmeal, and pumpernickel. Do **not** include white bread.
- | | | | | | | | |
|---|---|---|----------------------|----------------------|---|----|----|
| 1 | 2 | 3 | <input type="text"/> | <input type="text"/> | 0 | -1 | -2 |
|---|---|---|----------------------|----------------------|---|----|----|

INCLUDE: CRACKED WHEAT, MULTI-GRAIN, BRAN BREADS, WHOLE GRAIN WHITE BREAD.

IF J5p RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR
IF J5p RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR
IF J5p RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH),
ASK J5p1

- | | | | | | | | | | | |
|----|--|------------------|----------------------|----|--|--|--|--|--|--|
| 1. | You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? | YES | (CONTINUE)..... | 1 | | | | | | |
| | | NO..... | (RETURN TO J5p)..... | 2 | | | | | | |
| | | REFUSED | (CONTINUE)..... | -1 | | | | | | |
| | | DON'T KNOW | (CONTINUE)..... | -2 | | | | | | |



q. Brown rice or other cooked whole grains, such as bulgur, cracked wheat, or millet? Do not include white rice. 1 2 3 [] [] 0 -1 -2

BROWN RICE IS A TYPE OF WHOLE GRAIN. IT IS BROWN IN COLOR AND TAKES LONGER TO COOK THAN WHITE RICE. IT CONTAINS ALMOST ALL OF THE RICE GRAIN AND IS NOT AS PROCESSED AS WHITE RICE. COMPARED TO WHITE RICE IT ALSO CONTAINS MORE FIBER AND MORE OF SOME VITAMINS AND MINERALS THAT ARE LOST DURING THE PROCESSING OF RICE.

IF J5q RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5q RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5q RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5q1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE) 1 NO (RETURN TO J5q) 2 REFUSED (CONTINUE) -1 DON'T KNOW (CONTINUE) -2

During the past month, how often did (you/your child) eat the following foods? You can answer per day, per week or per month.

r. Chocolate or any other types of candy? Do not include sugar-free candy. 1 2 3 [] [] 0 -1 -2

IF J5r RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5r RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5r RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5r1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE) 1 NO (RETURN TO J5r) 2 REFUSED (CONTINUE) -1 DON'T KNOW (CONTINUE) -2

s. Doughnuts, sweet rolls, Danish, muffins, pan dulce, or pop-tarts? Do not include sugar-free items. 1 2 3 [] [] 0 -1 -2

INCLUDE: LOW-FAT KINDS. DO NOT INCLUDE: PANCAKES, WAFFLES, FRENCH TOAST, CAKE, ICE CREAM AND OTHER FROZEN DESSERTS OR CANDY.

IF J5s RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5s RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5s RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5s1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE) 1 NO (RETURN TO J5s) 2 REFUSED (CONTINUE) -1 DON'T KNOW (CONTINUE) -2



t. Cookies, cake, pie or brownies? Do not include sugar-free kinds. 1 2 3 [] [] 0 -1 -2

INCLUDE: LOW-FAT KINDS, TWINKIES AND HOSTESS CUPCAKES. DO NOT INCLUDE: ICE CREAM AND OTHER FROZEN DESSERTS OR CANDY.

IF J5t RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5t RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5t RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5t1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE) 1 NO (RETURN TO J5t) 2 REFUSED (CONTINUE) -1 DON'T KNOW (CONTINUE) -2

u. Ice cream or other frozen desserts? Do not include sugar-free kinds, popsicles, or sno-cones. 1 2 3 [] [] 0 -1 -2

INCLUDE: LOW-FAT KINDS. ALSO INCLUDE FROZEN YOGURT AND SHERBET. DO NOT INCLUDE: NON-DAIRY FROZEN DESSERTS, SUCH AS SORBET, SNO-CONES, POPSICLES.

IF J5u RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5u RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5u RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5u1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE) 1 NO (RETURN TO J5u) 2 REFUSED (CONTINUE) -1 DON'T KNOW (CONTINUE) -2

v. Popcorn? 1 2 3 [] [] 0 -1 -2

INCLUDE: LOW-FAT POPCORN.

IF J5v RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5v RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5v RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5v1

1. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct? YES (CONTINUE) 1 NO (RETURN TO J5v) 2 REFUSED (CONTINUE) -1 DON'T KNOW (CONTINUE) -2

w. Potato chips, corn chips, or crackers? 1 2 3 [] [] 0 -1 -2

INCLUDE: LOW-FAT KINDS.

IF J5w RESPONSE > 1 AND UNIT RESPONSE = 1 (DAY) , OR IF J5w RESPONSE > 14 AND UNIT RESPONSE = 2 (WEEK), OR IF J5w RESPONSE > 60 AND UNIT RESPONSE = 3 (MONTH), ASK J5w1

A. You said (DISPLAY NUMBER FROM ABOVE) times per (DISPLAY UNIT FROM ABOVE). Is that correct?

YES (CONTINUE)..... 1
 NO..... (RETURN TO J5w) 2
 REFUSED (CONTINUE)..... -1
 DON'T KNOW (CONTINUE)..... -2

Domain 2: Food Patterns and Behaviors

Interviewer administered

Child aged 4 – 5: Adult respondent

Child aged 6 – 8: Adult respondent/child present to assist

Child aged 9 – 11: Child respondent/adult present to assist

Child aged 12 – 15: Child respondent

(IF CHILD AGED 12-15: (ADULT NAME) – thank you so much for helping with the first part of this section. If there is anything you need to do, please feel free to leave for a few minutes. These next questions are for (CHILD NAME). I will let you know when we need your help again.) These next questions are about meals during the past week, that is, the past 7 days.

J6. During the past 7 days, on how many days did (you/your child) eat breakfast or a morning meal?

DAYS.....
 REFUSED -1
 DON'T KNOW..... -2

J7. HAND SHOW CARD A. When (you eat/your child eats) at home, how often is a television on while you are eating? Would you say (READ ANSWERS)?

Never 1
 Rarely 2
 Sometimes 3
 Often 4
 Very Often 5
 REFUSED -1
 DON'T KNOW -2

J8. During the past 7 days, on how many days did (you/your child) eat or drink anything from a **fast food restaurant** such as McDonald's, Taco Bell, or KFC?

DAYS.....
 REFUSED -1
 DON'T KNOW..... -2

J9. During the past 7 days, on how many days did (you/your child) and all or most of your **family sit down and eat dinners or suppers together?**

DAYS.....
 REFUSED -1
 DON'T KNOW..... -2

Domain 3: Perceived Social Support Regarding Healthy Eating and Peer Influence

Interviewer administered

Child aged 4 – 5: Adult respondent – Family ratings only

Child aged 6 – 8: Adult respondent/child present to assist – Family ratings only

Child aged 9 – 11: Child respondent/adult present to assist – Family ratings only

Child aged 12 – 15: Child respondent – Ratings of both Family and Friends

I am next going to read a list of things people might do or say to someone who is trying to improve their eating habits. (Please rate each question twice.) (For family, rate/Rate) how often anyone living in your household has said or done what is described during the last month. (For friends, rate how often your friends have said or done what is described, during the last month.) HAND SHOW CARD A.

J10. Complimented (you/your child) on eating habits, for example “Keep it up,” “We are proud of you”.

	Never	Rarely	Sometimes	Often	Very Often	RF	DK
a. Would you say your family has done this (READ ANSWERS)?	1	2	3	4	5	-1	-2
b. Would you say your friends have done this (READ ANSWERS)?	1	2	3	4	5	-1	-2

J11. Encouraged (you/your child) to eat fruits and vegetables when tempted not to.

	Never	Rarely	Sometimes	Often	Very Often	RF	DK
a. Would you say your family has done this (READ ANSWERS)?	1	2	3	4	5	-1	-2

- b. Would you say your friends have done this (READ ANSWERS)?
- | | | | | | | | |
|--|---|---|---|---|---|----|----|
| | 1 | 2 | 3 | 4 | 5 | -1 | -2 |
|--|---|---|---|---|---|----|----|

Domain 5: Perceived School Environment Regarding Healthy Eating

Interviewer administered

Child aged 4 – 8: Adult respondent/child present to assist

Child aged 9 – 11: Child respondent/adult present to assist

Child aged 12 – 15: Child respondent

(IF CHILD AGED 4-5: We would like to have (CHILD NAME) join us now for these next questions.) I'm going to read you statements about foods at school during this school year. How often are these statements true in your opinion? HAND SHOW CARD A. Would you say never, rarely, sometimes, often, or very often?

- | | |
|---|--|
| <p>J12. The school lunch is healthy.</p> | <p>NEVER1
 RARELY2
 SOMETIMES3
 OFTEN4
 VERY OFTEN.....5
 DOES NOT APPLY/NO SCHOOL LUNCH6
 REFUSED -1
 DON'T KNOW -2</p> |
| <p>J13. The foods and beverages that are sold in places like vending machines, snack bars, carts, or stores at my (child's) school are healthy.</p> | <p>NEVER1
 RARELY2
 SOMETIMES3
 OFTEN4
 VERY OFTEN.....5
 DOES NOT APPLY/NO FOODS OR BEVERAGES SOLD AT SCHOOL VENDING MACHINES, SNACK BARS, CARTS, OR STORES..... 6
 REFUSED -1
 DON'T KNOW -2</p> |

Think about this school year, when you answer the following questions.

- | | |
|---|---|
| <p>J14. How many days a week (does your child/do you) usually eat the school breakfast?</p> | <p>DAYS <input type="checkbox"/>
 DOES NOT APPLY/NO SCHOOL BREAKFAST..... -3
 REFUSED -1
 DON'T KNOW -2</p> |
| <p>J15. How many days a week (does your child/do you) usually eat the school lunch?</p> | <p>DAYS <input type="checkbox"/>
 DOES NOT APPLY/NO SCHOOL LUNCH -3
 REFUSED -1
 DON'T KNOW -2</p> |

FOR ENHANCED PROTOCOL, ADMINISTER ASA24-KIDS DIETARY RECALL HERE

GROUP 2

THIS GROUP IS SELF-ADMINISTERED.

FOR CHILDREN AGES 4-8, FIRST THE ADULT IS THE RESPONDENT WITH THE CHILD PRESENT TO ASSIST AND THEN THE CHILD WILL BECOME THE RESPONDENT WITH THE ADULT PRESENT TO ASSIST. FOR CHILDREN WHO CANNOT READ YET, THE ADULT MAY NEED TO REMAIN IN CONTROL OF THE COMPUTER AT THAT TIME, BUT THEY SHOULD BE RECORDING THE CHILD'S ANSWERS FOR THAT SECTION WITH THE INTERVIEWER HELPING TO READ THE QUESTIONS AND ANSWERS TO THE CHILD.

FOR CHILDREN AGES 9-11, THE CHILD IS THE RESPONDENT WITH THE ADULT PRESENT TO ASSIST.

FOR CHILDREN AGES 12-15, THE CHILD IS THE RESPONDENT WITH THE ADULT PRESENT TO ASSIST FOR THE FIRST SECTION. THEN THE ADULT WILL LEAVE TO BE MEASURED WHILE THE CHILD FINISHES THE OTHER SECTIONS IN PRIVATE.

SECTION G: PHYSICAL ACTIVITY BEHAVIORS RECALL

Self administered

Child aged 4 – 8: Adult respondent/child present to assist

Child aged 9 – 15: Child respondent/ adult present to assist

Now we have a few questions that we would like (CHILD/you) to answer on the computer with (your/ CHILD's) help. I can show you how to get started with the questions. DEMONSTRATE COMPUTER USAGE TO CHILD & ADULT AND PROVIDE AGE AND GENDER APPROPRIATE INTENSITY SHOW CARD. MAKE SURE BOTH ADULT AND CHILD KNOW HOW TO ANSWER QUESTIONS ON THE TABLET BECAUSE BOTH WILL NEED TO COMPLETE SELF-ADMINISTERED SECTIONS LATER IN THE INTERVIEW.

The next questions are going to ask you about the activities that (you have/your child has) done over the **past week**. Please only think about the activities (**you have/your child has**) done between last (DAY OF WEEK) and today, not activities that (you like/your child likes) or would like to do. For each activity, answer whether or not (you/your child) did the activity in the past 7 days (one week). For those activities that you mark yes, then select the days on which (you/your child) did the activity. Then, using the word and picture descriptions on the card as a guide, select how physically hard or intense the activity was. Remember, these pictures are just a guide, and not the activities you are answering questions about.

Once you have finished this part, you will be asked some additional questions about the activities that (you/your child) did yesterday.

INTENSITY RATINGS FOR BOYS AGED 4 – 11:

Light

slow, easy movement



Moderate

medium pace movement



Hard

fast pace movement



Very hard

very fast pace movement





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INTENSITY RATINGS FOR GIRLS AGED 4 – 11:

Light

slow, easy movement



Hard

fast pace movement



Moderate

medium pace movement



Very hard

very fast pace movement



INTENSITY RATINGS FOR BOYS AGED 12 – 15:

Light

slow, easy movement



Hard

fast pace movement



Moderate

medium pace movement



Very hard

very fast pace movement



INTENSITY RATINGS FOR GIRLS AGED 12 – 15:

Light

slow, easy movement



Moderate

medium pace movement



Hard

fast pace movement



Very hard

very fast pace movement



G1. Did (you/your child) **have physical education (PE) class in school** in the past 7 days?

- YES 1
- NO (SKIP TO G2) 2
- REFUSED (SKIP TO G2) -1
- DON'T KNOW (SKIP TO G2) -2

A. Which days did (you/your child) **have PE?**
Choose all the days that apply.

- MONDAY 2
- TUESDAY 3
- WEDNESDAY 4
- THURSDAY 5
- FRIDAY 6
- REFUSED -1
- DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
- MODERATE 2
- HARD 3
- VERY HARD 4
- REFUSED -1
- DON'T KNOW -2

G2. Did (you/your child) **have recess or other free-play at school** in the past 7 days?

- YES 1
- NO (SKIP TO G3) 2
- REFUSED (SKIP TO G3) -1
- DON'T KNOW (SKIP TO G3) -2

A. Which days did (you/your child) **have recess or other free-play at school?**
Choose all the days that apply.

- MONDAY 2
- TUESDAY 3
- WEDNESDAY 4
- THURSDAY 5
- FRIDAY 6
- REFUSED -1
- DON'T KNOW -2



B. (Were you/Was your child) physically active during recess or free play?

- YES 1
NO (SKIP TO G3) 2
REFUSED..... (SKIP TO G3) -1
DON'T KNOW..... (SKIP TO G3) -2

C. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED..... -1
DON'T KNOW -2

G3. Did (you/your child) have dance or other physically active classes at school (other than PE class) in the past 7 days?

- YES 1
NO (SKIP TO G4) 2
REFUSED..... (SKIP TO G4) -1
DON'T KNOW..... (SKIP TO G4) -2

A. Which days did (you/your child) have dance or other physically active classes at school (other than PE class)? Choose all the days that apply.

- MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
REFUSED..... -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED..... -1
DON'T KNOW -2

G4. Did (you/your child) participate in physical activity breaks during classes at school in the past 7 days?

- YES 1
NO (SKIP TO G5) 2
REFUSED..... (SKIP TO G5) -1
DON'T KNOW..... (SKIP TO G5) -2

A. Which days did (you/your child) participate in physical activity breaks during classes at school? Choose all the days that apply.

- MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
REFUSED..... -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED..... -1
DON'T KNOW -2

G5. Did (you/your child) practice or play with a school sports team in the past 7 days?

- YES 1
NO (SKIP TO G6) 2
REFUSED..... (SKIP TO G6) -1
DON'T KNOW..... (SKIP TO G6) -2

A. Which days did (you/your child) practice or play with a school sports team? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED..... -1
DON'T KNOW -2



B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G6. Did (you/your child) practice or play with a non-school sports team in the past 7 days?

- YES 1
NO (SKIP TO G7) 2
REFUSED (SKIP TO G7) -1
DON'T KNOW (SKIP TO G7) -2

A. Which days did (you/your child) practice or play with a non-school sports team? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G7. Did (you/your child) participate in pick-up sports (basketball, football, baseball/softball, etc.) in the past 7 days?

- YES 1
NO (SKIP TO G8) 2
REFUSED (SKIP TO G8) -1
DON'T KNOW (SKIP TO G8) -2

A. Which days did (you/your child) participate in pick-up sports? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G8. Did (you/your child) participate in physical activity during an afterschool program in the past 7 days?

- YES 1
NO (SKIP TO G9) 2
REFUSED (SKIP TO G9) -1
DON'T KNOW (SKIP TO G9) -2

A. Which days did (you/your child) participate in physical activity during an afterschool program? Choose all the days that apply.

- MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2



G9. Did (you/your child) play any physically active games (hopscotch, red rover, tag, jumping rope, skating, etc.) in the past 7 days?

A. Which days did (you/your child) play any physically active games? Choose all the days that apply.

B. How physically hard or intense was this activity?

- YES 1
NO (SKIP TO G10) 2
REFUSED (SKIP TO G10) -1
DON'T KNOW (SKIP TO G10) -2

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G10. Did (you/your child) swim or play games in a pool, lake, or ocean in the past 7 days?

A. Which days did (you/your child) swim or play games in a pool, lake, or ocean? Choose all the days that apply.

B. How physically hard or intense was this activity?

- YES 1
NO (SKIP TO G11) 2
REFUSED (SKIP TO G11) -1
DON'T KNOW (SKIP TO G11) -2

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G11. Did (you/your child) do any outdoor or adventure sports (hiking, kayaking, rock climbing, surfing, skiing, etc.) in the past 7 days?

A. Which days did (you/your child) do any outdoor or adventure sports? Choose all the days that apply.

B. How physically hard or intense was this activity?

- YES 1
NO (SKIP TO G12) 2
REFUSED (SKIP TO G12) -1
DON'T KNOW (SKIP TO G12) -2

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G12. Did (you/your child) walk or bike to or from school in the past 7 days?

- YES 1
NO (SKIP TO G13) 2
REFUSED (SKIP TO G13) -1
DON'T KNOW (SKIP TO G13) -2



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A. Which days did (you/your child) walk or bike to or from school? Choose all the days that apply.

- MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G13. Did (you/your child) walk or bike to or from a store, park, or playground or a friend's house in the past 7 days?

- YES 1
NO (SKIP TO G14) 2
REFUSED (SKIP TO G14) -1
DON'T KNOW (SKIP TO G14) -2

A. Which days did (you/your child) walk or bike to or from a store, park, or playground or a friend's house? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G14. Did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise in the past 7 days?

- YES 1
NO (SKIP TO G15) 2
REFUSED (SKIP TO G15) -1
DON'T KNOW (SKIP TO G15) -2

A. Which days did (you/your child) walk or ride a bike, scooter, skateboard or skates for fun or exercise? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

G15. Did (you/your child) use a computer for games or playing on the internet (not for schoolwork or social networks) in the past 7 days?

- YES 1
NO (SKIP TO G16) 2
REFUSED (SKIP TO G16) -1
DON'T KNOW (SKIP TO G16) -2



A. Which days did (you/your child) use a computer for games or playing on the internet? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

G16. Did (you/your child) use a computer or phone for social networking (Facebook, MySpace, Twitter, IM, texting, etc.) in the past 7 days?

- YES 1
NO (SKIP TO G17) 2
REFUSED (SKIP TO G17) -1
DON'T KNOW (SKIP TO G17) -2

A. Which days did (you/your child) use a computer or phone for social networking? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

G17. Did (you/your child) watch TV in the past 7 days?

- YES 1
NO (SKIP TO G18) 2
REFUSED (SKIP TO G18) -1
DON'T KNOW (SKIP TO G18) -2

A. Which days did (you/your child) watch TV? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

G18. Did (you/your child) play non-active video games in the past 7 days?

- YES 1
NO (SKIP TO G19) 2
REFUSED (SKIP TO G19) -1
DON'T KNOW (SKIP TO G19) -2

A. Which days did (you/your child) play non-active video games? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2

G19. Did (you/your child) play physically active video games (Wii, DDR, Xbox Kinect, PlayStation Move, etc.) in the past 7 days? A physically active video game is one where some physical effort is involved in playing the game.

- YES 1
NO (SKIP TO G20) 2
REFUSED (SKIP TO G20) -1
DON'T KNOW (SKIP TO G20) -2

A. Which days did (you/your child) play physically active video games? Choose all the days that apply.

- SUNDAY 1
MONDAY 2
TUESDAY 3
WEDNESDAY 4
THURSDAY 5
FRIDAY 6
SATURDAY 7
REFUSED -1
DON'T KNOW -2



B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

IF G1A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G21

G20. You answered that (you/your child) had physical education (PE) class in school yesterday. Is this correct?

- YES 1
NO (SKIP TO G21) 2
REFUSED (SKIP TO G21) -1
DON'T KNOW (SKIP TO G21) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) have PE class in school yesterday?

- MINUTES..... [] [] [] []
REFUSED -1
DON'T KNOW -2

C. When (you/your child) had PE class in school, what exactly (were you/was your child) doing?

- TEAM SPORT SKILLS 1
INDIVIDUAL SPORT SKILLS 2
DANCE/TUMBLING SKILLS 3
WATER ACTIVITY SKILLS 4
CARDIOVASCULAR MACHINES OR CONDITIONING (RUNNING, CYCLING, STAIRCLIMBER, ROWERS, ETC.)5
CLIMBING WALL ACTIVITIES 6
EXERCISES/CALISTHENICS 7
FRISBEE OR FRISBEE GOLF 8
JUMPROPE/PLYOMETRICS/CONDITIONING 9
WEIGHT TRAINING 10
YOGA/PILATES 11
OTHER (SPECIFY) 12
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF G2A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G22

G21. You answered that (you/your child) had recess or other free-play at school yesterday. Is this correct?

- YES 1
NO (SKIP TO G22) 2
REFUSED (SKIP TO G22) -1
DON'T KNOW (SKIP TO G22) -2

A. (Were you/Was your child) physically active when (you/your child) had recess or other free-play yesterday?

- YES 1
NO (SKIP TO G22) 2
REFUSED (SKIP TO G22) -1
DON'T KNOW (SKIP TO G22) -2

B. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

C. For how many minutes did (you/your child) have recess or other free-play at school yesterday?

- MINUTES..... [] [] [] []
REFUSED -1
DON'T KNOW -2



D. When (you/your child) had recess or other free-play at school, what exactly (were you/was your child) doing?

- PLAYGROUND GAME (KICKBALL, FOUR SQUARE, DODGEBALL, ETC.)..... 1
ORGANIZED SPORT GAME (BASEBALL, BASKETBALL, FOOTBALL, ETC.)..... 2
TAG/CAPTURE THE FLAG/RED ROVER/ETC. 3
FIXED EQUIPMENT (MONKEY BARS, SLIDES, SWINGS, ETC.)..... 4
HANGING OUT WITH FRIENDS 5
DOING SCHOOL WORK 6
OTHER (SPECIFY)..... 7
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

IF G3A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G23

G22. You answered that (you/your child) had dance or other physically active classes at school (other than PE class) yesterday. Is this correct?

- YES 1
NO (SKIP TO G23) 2
REFUSED..... (SKIP TO G23) -1
DON'T KNOW..... (SKIP TO G23) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

B. For how many minutes did (you/your child) have dance or other physically active classes at school (other than PE class) yesterday?

- MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. When (you/your child) had dance or other physically active classes at school (other than PE class), what exactly (were you/was your child) doing?

- DANCE 1
WEIGHTLIFTING 2
OTHER (SPECIFY)..... 3
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

IF G4A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G24

G23. You answered that (you/your child) participated in physical activity breaks during classes at school yesterday. Is this correct?

- YES 1
NO (SKIP TO G24) 2
REFUSED..... (SKIP TO G24) -1
DON'T KNOW..... (SKIP TO G24) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

B. For how many minutes did (you/your child) participate in physical activity breaks during classes at school yesterday?

- MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. When (you/your child) participated in physical activity breaks during classes at school, what exactly (were you/was your child) doing?

- IN-CLASS PHYSICAL ACTIVITY 1
VIDEO/STRUCTURED ACTIVITY IN HOMEROOM/ANNOUNCEMENTS..... 2
WALKING LAPS 3
OTHER (SPECIFY)..... 4
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____



IF G5A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G25

- G24. You answered that (you/your child) practiced or played with a school sports team yesterday. Is this correct?
A. How physically hard or intense was this activity?
B. For how many minutes did (you/your child) practice or play with a school sports team yesterday?
C. When (you/your child) practiced or played with a school sports team, what exactly (were you/was your child) doing?

SPECIFY: _____

IF G6A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G26

- G25. You answered that (you/your child) practiced or played with a non-school sports team yesterday. Is this correct?
A. How physically hard or intense was this activity?
B. For how many minutes did (you/your child) practice or play with a non-school sports team yesterday?
C. Where did (you/your child) practice or play with a non-school sports team? CODE ALL THAT APPLY

SPECIFY: _____



D. When (you/your child) practiced or played with a non-school sports team, what exactly (were you/was your child) doing?

- BASEBALL/SOFTBALL 1
FOOTBALL/SOCCER/LACROSSE/HOCKEY/ BASKETBALL 2
SWIM TEAM/DIVING/WATER POLO..... 3
GOLF/TENNIS..... 4
TRACK AND FIELD/CROSS COUNTRY 5
CHEER/DANCE TEAM 6
WRESTLING 7
VOLLEYBALL 8
MARTIAL ARTS..... 9
ROWING/CANOE/KAYAK 10
BOWLING..... 11
SKIING 12
OTHER (SPECIFY)..... 13
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

IF G7A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G27

G26. You answered that (you/your child) participated in pick-up sports yesterday. Is this correct?

- YES 1
NO (SKIP TO G27) 2
REFUSED..... (SKIP TO G27) -1
DON'T KNOW..... (SKIP TO G27) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED..... -1
DON'T KNOW..... -2

B. For how many minutes did (you/your child) participate in pick-up sports yesterday?

- MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. Where did (you/your child) participate in pick-up sports? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER..... 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

D. Who did (you/your child) participate in pick-up sports with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS..... 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED..... -1
DON'T KNOW..... -2

E. When (you/your child) participated in pick-up sports, what exactly (were you/was your child) doing?

- BASEBALL/SOFTBALL 1
FOOTBALL/SOCCER/LACROSSE/HOCKEY/ BASKETBALL 2
SWIM TEAM/DIVING/WATER POLO..... 3
OTHER (SPECIFY)..... 4
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

IF G8A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G28



G27. You answered that (you/your child) participated in physical activity during an afterschool program yesterday. Is this correct?

- YES 1
NO (SKIP TO G28) 2
REFUSED (SKIP TO G28) -1
DON'T KNOW (SKIP TO G28) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes (were you/was your child) physically active during (your/his/her) afterschool program yesterday?

- MINUTES [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) participate in physical activity during an afterschool program? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) participate in physical activity during an afterschool program with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) participated in physical activity during an afterschool program, what exactly (were you/was your child) doing?

- PLAYGROUND GAME (KICKBALL, FOUR SQUARE, DODGEBALL, ETC.) 1
ORGANIZED SPORT GAME (BASEBALL, BASKETBALL, FOOTBALL, ETC.) 2
TAG/CAPTURE THE FLAG/RED ROVER/ETC. 3
FIXED EQUIPMENT (MONKEY BARS, SLIDES, SWINGS, ETC.) 4
DANCE/STEP TEAM 5
DOUBLE-DUTCH 6
OTHER (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF G9A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G29

G28. You answered that (you/your child) played physically active games yesterday. Is this correct?

- YES 1
NO (SKIP TO G29) 2
REFUSED (SKIP TO G29) -1
DON'T KNOW (SKIP TO G29) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2



B. For how many minutes did (you/your child) play any physically active games yesterday?

MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) play any physically active games? CODE ALL THAT APPLY

AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) play any physically active games with?

BY (MYSELF/HIMSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) played physically active games, what exactly (were you/was your child) doing?

TAG 1
RED ROVER/DUCK DUCK GOOSE/ETC. 2
HOPSCOTCH 3
OTHER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF G10A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G30

G29. You answered that (you/your child) swam or played games in a pool, lake, or ocean yesterday. Is this correct?

YES 1
NO (SKIP TO G30) 2
REFUSED (SKIP TO G30) -1
DON'T KNOW (SKIP TO G30) -2

A. How physically hard or intense was this activity?

LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) swim or play games in a pool, lake, or ocean yesterday?

MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) swim or play games in a pool, lake, or ocean? CODE ALL THAT APPLY

AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____



D. Who did (you/your child) swim or play games in a pool, lake, or ocean with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) swam or played games in a pool, lake, or ocean, what exactly (were you/was your child) doing?

- SWIMMING 1
WATER GAMES (MARCO POLO, SHARK AND MINNOWS, ETC.) 2
WATERPLAY 3
OTHER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF G11A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G31

G30. You answered that (you/your child) did outdoor or adventure sports yesterday. Is this correct?

- YES 1
NO (SKIP TO G31) 2
REFUSED (SKIP TO G31) -1
DON'T KNOW (SKIP TO G31) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) do any outdoor or adventure sports yesterday?

- MINUTES..... [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) do outdoor or adventure sports? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) do outdoor or adventure sports with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) did outdoor or adventure sports, what exactly (were you/was your child) doing?

- HIKING 1
ROCK CLIMBING 2
SURFING/SKIMBOARDING/BODYBOARDING 3
SNOW SKIING/SNOWBOARDING 4
WATER SKIING/WAKEBOARDING 5
KAYAKING 6
OTHER (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____



IF G12A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G32

- G31. You answered that (you/your child) walked or biked to or from school yesterday. Is this correct?
A. How physically hard or intense was this activity?
B. For how many minutes did (you/your child) walk or bike to or from school yesterday?
C. Who did (you/your child) walk or bike to or from school with?
D. When (you/your child) walked or biked to or from school, what exactly (were you/was your child) doing?

IF G13A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G33

- G32. You answered that (you/your child) walked or biked to or from a store, park, or playground or a friend's house yesterday. Is this correct?
A. How physically hard or intense was this activity?
B. For how many minutes did (you/your child) walk or bike to or from a store, park, or playground or a friend's house yesterday?
C. Where did (you/your child) walk or bike to or from a store, park, or playground or a friend's house? CODE ALL THAT APPLY

SPECIFY: _____



D. Who did (you/your child) walk or bike to or from a store, park, or playground or a friend's house with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) walked or biked to or from a store, park, or playground or a friend's house, what exactly (were you/was your child) doing?

- WALK 1
BIKE 2
REFUSED -1
DON'T KNOW -2

IF G14A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G34

G33. You answered that (you/your child) walked or rode a bike, scooter, skateboard, or skates for fun or exercise yesterday. Is this correct?

- YES 1
NO (SKIP TO G34) 2
REFUSED (SKIP TO G34) -1
DON'T KNOW (SKIP TO G34) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise yesterday?

- MINUTES [][][][]
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) walked or rode a bike, scooter, skateboard, or skates for fun or exercise, what exactly (were you/was your child) doing?

- WALK 1
BIKE 2
SCOOTER 3
SKATEBOARD 4
SKATES/ROLLERBLADES 5
OTHER (SPECIFY) 6
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF G15A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G35



G34. You answered that (you/your child) used a computer for games or playing on the internet (not for schoolwork or social networks) yesterday. Is this correct?

- YES 1
NO (SKIP TO G35) 2
REFUSED..... (SKIP TO G35) -1
DON'T KNOW..... (SKIP TO G35)..... -2

A. For how many minutes did (you/your child) use a computer for games or playing on the internet yesterday?

- MINUTES..... [] [] []
REFUSED..... -1
DON'T KNOW..... -2

B. Where did (you/your child) use a computer for games or playing on the internet? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER..... 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

C. Who did (you/your child) use a computer for games or playing on the internet with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS..... 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED..... -1
DON'T KNOW..... -2

D. When (you/your child) used a computer for games or playing on the internet, what exactly (were you/was your child) doing?

- PLAYING GAMES 1
SURFING THE INTERNET 2
OTHER (SPECIFY)..... 3
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

IF G16A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G36

G35. You answered that (you/your child) used a computer or phone for social networking yesterday. Is this correct?

- YES 1
NO (SKIP TO G36) 2
REFUSED..... (SKIP TO G36) -1
DON'T KNOW..... (SKIP TO G36)..... -2

A. For how many minutes did (you/your child) use a computer or phone for social networking yesterday?

- MINUTES..... [] [] []
REFUSED..... -1
DON'T KNOW..... -2

B. Where did (you/your child) use a computer or phone for social networking? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER..... 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____



C. Who did (you/your child) use a computer or phone for social networking with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED.....-1
DON'T KNOW.....-2

D. When (you/your child) used a computer or phone for social networking, what exactly (were you/was your child) doing?

- IM/CHAT/TWITTER 1
SOCIAL NETWORKING ON THE COMPUTER 2
TEXTING 3
OTHER (SPECIFY)..... 4
REFUSED.....-1
DON'T KNOW.....-2

SPECIFY: _____

IF G17A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G37

G36. You answered that (you/your child) watched TV yesterday. Is this correct?

- YES 1
NO (SKIP TO G37) 2
REFUSED..... (SKIP TO G37) -1
DON'T KNOW..... (SKIP TO G37) -2

A. For how many minutes did (you/your child) watch TV yesterday?

- MINUTES..... [] [] []
REFUSED..... -1
DON'T KNOW..... -2

You can enter any number of minutes from 1 to 480. If you need help converting hours to minutes, please use the table provided.

Table with 2 columns: Hours, Minutes. Rows: 1 Hour = 60 Minutes, 2 Hours = 120 Minutes, 3 Hours = 180 Minutes, 4 Hours = 240 Minutes, 5 Hours = 300 Minutes, 6 Hours = 360 Minutes, 7 Hours = 420 Minutes, 8 Hours = 480 Minutes.

B. Where did (you/your child) watch TV? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

C. Who did (you/your child) watch TV with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED..... -1
DON'T KNOW..... -2



D. When (you/your child) watched TV, what exactly (were you/was your child) doing?

- WATCHING EDUCATIONAL TV OR VIDEOS 1
WATCHING NON-EDUCATIONAL TV OR VIDEOS 2
OTHER (SPECIFY)..... 3
REFUSED.....-1
DON'T KNOW.....-2

SPECIFY: _____

IF G18A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G38

G37. You answered that (you/your child) played non-active video games yesterday. Is this correct?

- YES 1
NO (SKIP TO G38) 2
REFUSED..... (SKIP TO G38) -1
DON'T KNOW..... (SKIP TO G38) -2

A. For how many minutes did (you/your child) play non-active video games yesterday?

- MINUTES..... [] [] [] []
REFUSED.....-1
DON'T KNOW.....-2

B. Where did (you/your child) play non-active video games? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER..... 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED.....-1
DON'T KNOW.....-2

SPECIFY: _____

C. Who did (you/your child) play non-active video games with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF)..... 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS..... 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED.....-1
DON'T KNOW.....-2

D. When (you/your child) played non-active video games, what exactly (were you/was your child) doing?

- PLAYING GAMES ON A GAME CONSOLE 1
PLAYING GAMES ON A HANDHELD GAMING DEVICE .. 2
OTHER (SPECIFY)..... 3
REFUSED.....-1
DON'T KNOW.....-2

SPECIFY: _____

IF G19A DOES NOT INCLUDE PREVIOUS DAY OF WEEK, SKIP TO G39

G38. You answered that (you/your child) played physically active video games yesterday. A physically active video game is one where some physical effort is involved in playing the game. Is this correct?

- YES 1
NO (SKIP TO G39) 2
REFUSED..... (SKIP TO G39) -1
DON'T KNOW..... (SKIP TO G39) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED.....-1
DON'T KNOW.....-2

B. For how many minutes did (you/your child) play physically active video games yesterday?

- MINUTES..... [] [] [] []
REFUSED.....-1
DON'T KNOW.....-2



C. Where did (you/your child) play physically active video games? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) play physically active video games with?

- BY (MYSELF/HIMSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) played physically active video games, what exactly (were you/was your child) doing?

- PLAYING WII/KINECT/MOVE, ETC 1
DANCE, DANCE REVOLUTION 2
OTHER (SPECIFY) 3
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

G39. Did (you/your child) do any other physical activities yesterday that were not already mentioned?

- YES 1
NO (SKIP TO SECTION H) 2
REFUSED (SKIP TO SECTION H) -1
DON'T KNOW (SKIP TO SECTION H) -2

A. What were the other activities?

- ACTIVITY 1: _____
ACTIVITY 2: _____
ACTIVITY 3: _____
ACTIVITY 4: _____
REFUSED -1
DON'T KNOW -2

B. How physically hard or intense were these activities?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

C. For how many minutes did (you/your child) do these other activities?

- MINUTES [][][][]
REFUSED -1
DON'T KNOW -2

D. Where did (you/your child) do these other activities? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

E. Who did (you/your child) do these other activities with?

- BY (MYSELF/HIMSELF/HERSELF)..... 1
- WITH 1 OTHER FRIEND 2
- WITH SEVERAL FRIENDS..... 3
- WITH (MY/HIS/HER) TEAM OR CLASS 4
- WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
- REFUSED.....-1
- DON'T KNOW.....-2

SECTION H: PHYSICAL ACTIVITY CHILD SURVEY

Self administered

Child aged 4 – 11: Child respondent/adult present to assist

Child aged 12 – 15: Child respondent

(IF CHILD AGED 4-8: We would like your child to answer the following questions. Please turn the laptop to face your child, but please stay with your child to help (him/her) answer the following questions.)

(IF CHILD AGED 12-15: Please tell the interviewer that you have finished the section. INTERVIEWER: PLEASE TAKE THE ADULT TO BE MEASURED NOW.)

H1. How much do you agree or disagree with the following statements?

	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	REFUSED	DON'T KNOW
a. There are many places I like to go within easy walking distance of my home.	1	2	3	4	-1	-2
b. There are sidewalks on most of the streets in my neighborhood.	1	2	3	4	-1	-2
c. There are bicycle or walking trails in my neighborhood.	1	2	3	4	-1	-2
d. It is safe to walk or jog in my neighborhood during the day.	1	2	3	4	-1	-2
e. People in my neighborhood can easily see walkers and bikers on the streets from their homes.	1	2	3	4	-1	-2
f. There is so much traffic that it makes it hard to walk in my neighborhood.	1	2	3	4	-1	-2
g. There is a lot of crime in my neighborhood.	1	2	3	4	-1	-2
h. I often see other girls or boys playing outdoors in my neighborhood.	1	2	3	4	-1	-2
i. There are many interesting things to look at while walking in my neighborhood.	1	2	3	4	-1	-2
j. My neighborhood streets are well lit at night.	1	2	3	4	-1	-2
k. There are lots of loose or scary dogs in my neighborhood.	1	2	3	4	-1	-2
l. There is enough equipment (like balls, bikes, etc.) for me to use at home.	1	2	3	4	-1	-2

H2. How much do you agree or disagree with the following statements?

	Disagree A Lot	Disagree A Little	Agree A Little	Agree A Lot	REFUSED	DON'T KNOW
a. My closest friends are physically active on most days	1	2	3	4	-1	-2



- b. My school has non-sports programs for students to be physically active... 1 2 3 4 -1 -2
c. My school has sports teams that you have to try out for... 1 2 3 4 -1 -2
d. My school has sports teams where everyone can participate (no try-outs)... 1 2 3 4 -1 -2

H3. How much do you agree or disagree with the following statement?

Table with 8 columns: Disagree A Lot, Disagree A Little, Agree A Little, Agree A Lot, Does Not Apply To Me, REFUSED, DK. Row: I enjoy physical education classes at my school. Values: 1, 2, 3, 4, 5, -1, -2.

H4. How do you rate your physical activity level compared to others of the same age and gender?

- Much Less Than Others1
Somewhat Less Than Others2
About The Same3
Somewhat More Than Others4
Much More Than Others5
REFUSED-1
DON'T KNOW-2

(IF CHILD AGED 4-11: Thank you. You have finished this part of the survey. Please tell the interviewer that you are finished.)

SECTION J: NUTRITION QUESTIONS (PIECE 2 JUST FOR 12 – 15 YEAR OLDS)

Domain 9: Dieting Behaviors (FOR 12 – 15 YEAR OLDS)

Self-administered

Child aged 4 – 11: NOT ADMINISTERED IN THIS FORMAT OR POINT IN THE SURVEY

Child aged 12 – 15: Child respondent

- J16. At this time do you feel that you are? Underweight1
About the right weight2
Overweight3
REFUSED-1
DON'T KNOW-2

- J17. Which of the following are you trying to do about your weight? Lose weight1
Gain weight2
Stay the same weight3
Not trying to do anything about weight4
REFUSED-1
DON'T KNOW-2

- J18. Thinking about the past year, how often has someone said something to you about your weight or your eating that made you feel bad? Never1
Less than once a year2
A few times a year3
A few times a month4
At least once a week5
REFUSED-1
DON'T KNOW-2



J19. Some people skip meals to keep from gaining weight or to try to lose weight. During the past 7 days, on how many days did you skip meals to keep from gaining weight or to try to lose weight?

- NONE1
1 DAY2
2 DAYS3
3 DAYS4
4 DAYS5
5 DAYS6
6 DAYS7
7 DAYS8
REFUSED-1
DON'T KNOW-2

J20. At this time how satisfied are you with your weight? Please choose a number between 1 and 5 with 1 being very satisfied and 5 being not at all satisfied.

- VERY SATISFIED NOT AT ALL SATISFIED
1 2 3 4 5
REFUSED-1
DON'T KNOW-2

SECTION E: CHILD SELF-REPORTED BEHAVIORS

Self administered

Child aged 4 – 11: NOT ADMINISTERED

Child aged 12 – 15: Child respondent

These next questions ask about behaviors and perceptions that are linked to children's health. Remember that no one else in your home will see your answers.

E1. We first want you to answer some questions about smoking. Have you smoked at least one cigarette within the last 30 days?

- YES 1
NO (SKIP TO E2) 2
REFUSED -1
DON'T KNOW -2

A. During the past 30 days, did you smoke cigarettes to help you lose weight or to keep you from gaining weight?

- YES 1
NO 2
I DO NOT SMOKE 3
REFUSED -1
DON'T KNOW -2

IF CHILD IS MALE, END SECTION

E2. Have your periods or menstrual cycles started yet?

- YES 1
NO (SKIP TO E4) 2
REFUSED (SKIP TO E4) -1
DON'T KNOW (SKIP TO E4) -2

E3. How old were you when you had your first menstrual period?

- AGE (SKIP TO E4) [] [] []
REFUSED (SKIP TO E4) -1
DON'T KNOW -2

A. Were you (SHOW ANSWERS)?
If you are having trouble remembering your age, try to think of what grade you were in and when during the school year you first started your period.

- YOUNGER THAN 10 1
10 TO 12 2
13 TO 15, OR 3
16 OR OLDER 4
REFUSED -1
DON'T KNOW -2

E4. Are you pregnant now?

- YES 1
NO 2
REFUSED -1
DON'T KNOW -2

Thank you. You have finished this part of the survey. Please tell the interviewer that you are finished.

GROUP 3

FOR ALL AGES, THIS GROUP STARTS OFF SELF-ADMINISTERED WITH THE ADULT RESPONDENT ONLY. AFTER THE FIRST SECTION, YOU WILL ASK THE REMAINING QUESTIONS OF THE ADULT.

SECTION I: PHYSICAL ACTIVITY PARENT SURVEY

Self administered

Child aged 4 – 15: Adult respondent

Now we have a few questions that we would like you to answer on the computer. If you have any questions about using the computer, please let me know.

11. In my home or yard, my child has access to the following. Choose all that apply.

- BASKETBALL HOOP/SPORTS GOALS (SOCCER)..... 1
- BICYCLE 2
- BIG YARD/EMPTY FIELD..... 3
- ACTIVE VIDEO GAME SYSTEMS (WII, PLAYSTATION MOVE, XBOX KINECT) OR EXERCISE VIDEO TAPES.. 4
- INDOOR PLAY SPACE (PLAYROOM, EMPTY GARAGE)5
- CARDIO OR WEIGHT LIFTING EQUIPMENT (TREADMILL, STATIONARY BICYCLE, STEP CLIMBER, ELLIPTICAL MACHINE, ROWING MACHINE, FREE WEIGHTS, NAUTILUS)..... 6
- JUNGLE GYM/TREE HOUSE/SWINGS/SLIDES 7
- WHEELED TOYS (SCOOTER, SKATEBOARD, INLINE SKATES, ROLLER SKATES, ETC.) 8
- ACTIVE EQUIPMENT (BALLS, JUMPROPES FRISBEES, RACQUETS, BATS, ETC.)..... 9
- SWIMMING POOL..... 10
- OTHER, PLEASE SPECIFY 11
- REFUSED -1
- DON'T KNOW -2

SPECIFY: _____

12. In my community or neighborhood, my child has access to the following. Choose all that apply.

- BASKETBALL HOOP/SPORTS GOALS (SOCCER)..... 12
- BIG YARD/EMPTY FIELD..... 13
- INDOOR PLAY SPACE (CLUBHOUSE) 14
- CARDIO OR WEIGHT LIFTING EQUIPMENT (TREADMILL, STATIONARY BICYCLE, STEP CLIMBER, ELLIPTICAL MACHINE, ROWING MACHINE, FREE WEIGHTS, NAUTILUS)..... 15
- LAKE OR OCEAN 16
- PLAYGROUND (JUNGLE GYM, SLIDES, SWINGS, ETC.) 17
- SWIMMING POOL 18
- TENNIS COURT 19
- PARK..... 20
- WALKING OR BIKING PATH/TRAIL..... 21
- YMCA/BOYS AND GIRLS CLUB/ETC. 22
- SKATE PARK/PLACE FOR SKATEBOARDING 23
- OTHER, PLEASE SPECIFY 24
- REFUSED -1
- DON'T KNOW -2

SPECIFY: _____

Please read each of the following statements and select the response that best indicates how much you agree or disagree with the statement.

13. I allow my child to play video games or computer games as much as (he/she) wants.

- STRONGLY DISAGREE 1
- DISAGREE 2
- AGREE 3
- STRONGLY AGREE..... 4
- REFUSED -1
- DON'T KNOW -2

14. I allow my child to watch as much TV as (he/she) wants.

- STRONGLY DISAGREE 1
- DISAGREE 2
- AGREE 3
- STRONGLY AGREE..... 4
- REFUSED -1
- DON'T KNOW -2



- 15. If my child has been occupied for a long time with inside activities and the weather is nice, I encourage (him/her) to play outside.
16. My child is allowed to play outside without adult supervision. Would you say yes or no?
17. How often does a member of your household take (CHILD) to a place where (he/she) can participate in physical activities?
18. How do you rate your child's level of physical activity, compared to others of the same age and gender?

Thank you for answering those questions. Please give the tablet back to the interviewer now.

SECTION J: NUTRITION QUESTIONS (PIECE 2 FOR 4 – 11 YEAR OLDS, PIECE 3 FOR 12 – 15 YEAR OLDS)

Domain 4: Perceived Home Environment Regarding Healthy Eating

Interviewer administered

Child aged 4 – 15: Adult respondent

The next questions ask how often you have certain types of food available at home. HAND SHOW CARD A.

- J21. How often do you have fruits available at home? Would you say (READ ANSWERS)?
J22. How often do you have any of these dark green vegetables available at home? Broccoli; spinach and other greens like collard, mustard, and turnip greens; and dark green leafy lettuce like romaine. Would you say (READ ANSWERS)?
J23. How often do you have salty snacks such as chips and crackers available at home? Do not include nuts. Would you say (READ ANSWERS)?

- J24. How often do you have **1% fat, skim, non-fat or fat-free milk** available at home? Do not include 2% milk. Would you say (READ ANSWERS)?
- J25. How often do you have **soft drinks, sports drinks, fruit-flavored drinks, or fruit punch** available at home? Do not include diet drinks or 100% juice. Would you say (READ ANSWERS)?
- | | |
|--|---------------------|
| | Never 1 |
| | Rarely 2 |
| | Sometimes 3 |
| | Often 4 |
| | Very Often 5 |
| | REFUSED -1 |
| | DON'T KNOW -2 |

Domain 6: Perceived Community Environment Regarding Healthy Eating
Interviewer administered
Child aged 4 – 15: Adult respondent

In the next question, I am going to ask you about obtaining food.

- J26. When shopping for food, how often does the main food shopper in your household go to each of the following places? HAND SHOW CARD A. Would you say (READ ANSWERS)?

	Never	Rarely	Sometimes	Often	Very Often	RF	DK
a. Large chain grocery store or supermarket?	1	2	3	4	5	-1	-2
b. Natural or organic supermarket such as Whole Foods Market?	1	2	3	4	5	-1	-2
c. Small local store or corner store?	1	2	3	4	5	-1	-2
d. Convenience store such as 7-Eleven, Quick Stop, mini market?	1	2	3	4	5	-1	-2
e. Warehouse club store such as Sam's Club or Costco?	1	2	3	4	5	-1	-2
f. Discount superstore such as Wal-Mart or Target?	1	2	3	4	5	-1	-2
g. Online delivery such as Peapod or Fresh Direct?	1	2	3	4	5	-1	-2
h. Ethnic market?	1	2	3	4	5	-1	-2
i. Farmer's market/co-op?	1	2	3	4	5	-1	-2

The next question is about eating prepared food, including when you eat at restaurants, go through the drive-thru, carry out, or have it delivered.

- J27. When you eat out or get takeout food, how often do you go to each of the following places? HAND SHOW CARD A. Would you say (READ ANSWERS)?

	Never	Rarely	Sometimes	Often	Very Often	RF	DK
--	-------	--------	-----------	-------	------------	----	----



Table with 8 columns and 7 rows (a-g) listing food service types and their corresponding ratings.

In this next set of questions, I am going to ask you about the availability, cost, and quality of food in your community. Remember, community is defined as the place where you live, including your neighborhood and the neighborhoods that you are easily able to get to. HAND SHOW CARD C.

J28. Please tell me how much you agree or disagree with the following statements. Do you disagree a lot, disagree a little, agree a little, or agree a lot?

Table with 7 columns (DISAGREE A LOT, DISAGREE A LITTLE, AGREE A LITTLE, AGREE A LOT, RF, DK) and 3 rows (a-c) of statements about fresh produce availability and quality.

Domain 7: Infant Feeding History
Interviewer administered
Child aged 4 – 15: Adult respondent

The next questions are about breastfeeding your child.

Table with 2 columns and 2 rows (J29, J30) for questions about breastfeeding history and duration.

Domain 8: Household Food Insecurity
Interviewer administered
Child aged 4 – 15: Adult respondent

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months – that is, since last (CURRENT MONTH).

- J31. We worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for your household in the last 12 months?
- J32. The food that we bought just didn't last, and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months?

Domain 9: Dieting Behaviors (FOR 4 – 11 YEAR OLDS)

Interviewer administered

Child aged 4 – 11: Adult respondent

Child aged 12 – 15: NOT ADMINISTERED IN THIS FORMAT OR POINT IN THE SURVEY

- J33. At this time do you feel that your child is (READ ANSWERS)?

- J34. At this time how satisfied are you with your child's weight? Please choose a number between 1 and 5 with 1 being very satisfied and 5 being not at all satisfied.

SECTION B: DEMOGRAPHIC AND SOCIO-ECONOMIC INFORMATION

Interviewer administered

Child aged 4 – 15: Adult respondent

Now we have some basic background and demographic information to ask you. These questions are simple, straightforward, and will be kept private under the Privacy Act. Your name will not be on your questionnaire. For the following questions, please consider the other people who live in your household as they relate to (CHILD).

- B1. HAND SHOW CARD D. Who lives in this household? Please select all the numbers that apply. Please remember not to include anyone who usually lives somewhere else. CODE ALL THAT APPLY

IF B1 RESPONSE INCLUDES 3, ASK A.

- A. HAND SHOW CARD E. Please indicate the number of each type of adult who lives in this household. Please only include adults 18 years old or older. ASK FOR COUNT FOR EACH TYPE BY LETTER.

- A: NON-BIOLOGICAL PARENTS (ADOPTIVE, STEP OR FOSTER).....
- B: PARENT'S UNMARRIED PARTNER.....
- C: GRANDPARENTS.....
- D: AUNTS/UNCLES.....
- E: OTHER ADULT RELATIVES.....
- F: OTHER ADULT NON-RELATIVES.....
- REFUSED..... -1
- DON'T KNOW..... -2



IF B1 RESPONSE INCLUDES 4, ASK B.

B. HAND SHOW CARD F. Please indicate the number of each type of child, other than (CHILD) who lives in this household. Please only include children less than 18 years old. ASK FOR COUNT FOR EACH TYPE BY LETTER.

- G: BROTHERS/SISTERS (BIOLOGICAL/ADOPTIVE/STEP/FOSTER)
H: COUSINS
I: NIECES/NEPHEWS
J: STUDY CHILD'S CHILDREN
K: OTHER RELATIVE CHILDREN
L: OTHER NON-RELATIVE CHILDREN
REFUSED
DON'T KNOW

B2. HAND SHOW CARD G. How are you related to (CHILD)? Please tell me the number of your answer. REMOVE SHOW CARD G.

- BIOLOGICAL MOTHER (SKIP TO B4)
BIOLOGICAL FATHER (SKIP TO B4)
ADOPTIVE/STEP/FOSTER MOTHER (SKIP TO B4)
ADOPTIVE/STEP/FOSTER FATHER (SKIP TO B4)
PARTNER OF STUDY CHILD'S MOTHER OR FATHER
GRANDPARENT
BROTHER/SISTER (BIOLOGICAL/ADOPTIVE/STEP/IN-LAW/FOSTER)
AUNT/UNCLE
OTHER RELATIVE
OTHER NONRELATIVE
LEGAL GUARDIAN (SKIP TO B4)
STUDY CHILD IS WARD OF STATE OR COURT (SKIP TO B4)
REFUSED
DON'T KNOW

B3. Are you (CHILD)'s guardian?

- YES
NO
REFUSED
DON'T KNOW

B4. How old are you?

- AGE
REFUSED
DON'T KNOW

B5. RECORD GENDER WITHOUT ASKING

- MALE
FEMALE

B6. Are you now married, widowed, divorced separated, never married or living with a partner?

- MARRIED
WIDOWED
DIVORCED
SEPARATED
NEVER MARRIED
LIVING WITH PARTNER
REFUSED
DON'T KNOW



B7. Do you consider yourself Hispanic/Latin(o/a)? YES 1 NO (SKIP TO B8) 2 REFUSED (SKIP TO B8) -1 DON'T KNOW (SKIP TO B8) -2

A. Which of the following represent your Hispanic origin or ancestry? READ ANSWERS AND CODE ALL THAT APPLY Puerto Rican 1 Dominican (Republic) 2 Mexican/Mexican American 3 Cuban/Cuban American 4 Central/South American 5 Other Latin American 6 Other Hispanic Or Latin(o/a) 7 REFUSED -1 DON'T KNOW -2

B8. (In addition to being Hispanic, what/What) race do you consider yourself to be? CODE ALL THAT APPLY WHITE 1 BLACK/ AFRICAN AMERICAN 2 AMERICAN INDIAN/ALASKA NATIVE 3 NATIVE HAWAIIAN/PACIFIC ISLANDER 4 ASIAN 5 REFUSED -1 DON'T KNOW -2

IF B8 RESPONSE INCLUDES 4, ASK A

A. Which Native Hawaiian and/or Pacific Islander group? CODE ALL THAT APPLY NATIVE HAWAIIAN 1 GUAMANIAN 2 SAMOAN 3 OTHER PACIFIC ISLANDER (SPECIFY) 4 REFUSED -1 DON'T KNOW -2

SPECIFY: _____

IF B8 RESPONSE INCLUDES 5, ASK B

B. Which Asian group? CODE ALL THAT APPLY ASIAN INDIAN 1 CHINESE 2 FILIPINO 3 JAPANESE 4 KOREAN 5 VIETNAMESE 6 OTHER ASIAN (SPECIFY) 7 REFUSED -1 DON'T KNOW -2

SPECIFY: _____

B9. Where were you born? US STATE (SPECIFY) (SKIP TO B10) 1 US TERRITORY OR FOREIGN COUNTRY (SPECIFY) 2 REFUSED (SKIP TO B10) -1 DON'T KNOW (SKIP TO B10) -2

SPECIFY: _____

A. What year did you come to live in the United States? YEAR [][][][] REFUSED -1 DON'T KNOW -2

Now I am going to ask you about language use.

IF B7=1, SKIP TO B11

B10. What languages do you usually speak at home? CODE ALL THAT APPLY ENGLISH 1 SPANISH 2 OTHER 3 REFUSED -1 DON'T KNOW -2

SKIP TO B12

B11. What languages do you usually speak at home?
Would you say (READ ANSWERS)?

- Only Spanish 1
- More Spanish Than English 2
- Both Equally 3
- More English Than Spanish 4
- Only English 5
- Other 6
- REFUSED.....-1
- DON'T KNOW.....-2

Now, I have some questions about educational history to ask you.

B12. What is the highest grade or year of school you
have completed or the highest degree you have
received?

- NEVER ATTENDED/KINDERGARTEN ONLY 1
- 1ST GRADE 2
- 2ND GRADE 3
- 3RD GRADE 4
- 4TH GRADE 5
- 5TH GRADE 6
- 6TH GRADE 7
- 7TH GRADE 8
- 8TH GRADE 9
- 9TH GRADE 10
- 10TH GRADE 11
- 11TH GRADE 12
- 12TH GRADE 13
- 12TH GRADE, NO DIPLOMA 14
- HIGH SCHOOL GRADUATE 15
- GED OR EQUIVALENT 16
- SOME COLLEGE, NO DEGREE 17
- ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL,
OR VOCATIONAL PROGRAM 18
- ASSOCIATE DEGREE: ACADEMIC PROGRAM..... 19
- BACHELOR'S DEGREE (BA, AB, BS, BBA) 20
- MASTER'S DEGREE (MA, MS, MENG, MED, MBA) 21
- PROFESSIONAL SCHOOL DEGREE (MD,
DDS, DVM, JD)..... 22
- DOCTORAL DEGREE (PHD, EDD) 23
- REFUSED.....-1
- DON'T KNOW.....-2

B13. We would like to know about what you do – are
you working full-time for pay now, working part-
time for pay, looking for work, retired, keeping
house, a student, or what? CODE ALL THAT
APPLY

- WORKING FULL-TIME FOR PAY NOW 1
- WORKING PART-TIME FOR PAY NOW 2
- ONLY TEMPORARILY LAID OFF, ON SICK LEAVE OR
MATERNITY LEAVE..... 3
- LOOKING FOR WORK, UNEMPLOYED..... 4
- RETIRED 5
- DISABLED, PERMANENTLY OR TEMPORARILY 6
- KEEPING HOUSE 7
- STUDENT..... 8
- OTHER (SPECIFY)..... 9
- REFUSED.....-1
- DON'T KNOW.....-2

SPECIFY: _____

B14. How many nights a week does (CHILD) usually
sleep in this house?

- NIGHTS
- REFUSED.....-1
- DON'T KNOW.....-2

IF B2>02, SKIP TO B25

You said that you are (CHILD)'s biological (mother/father). I would like to ask some questions now about (his/her) other biological parent.

B15. How old is (he/she)?

- AGE
- DECEASED 95
- KNOW NOTHING ABOUT THIS PERSON 96
- REFUSED.....-1
- DON'T KNOW.....-2

B16. RECORD GENDER OF OTHER BIOLOGICAL PARENT WITHOUT ASKING

MALE 1
FEMALE 2

IF B15 = 96, SKIP TO B43
IF B15 = 95 SKIP TO B18
IF B2=1 AND B1 DOES NOT INCLUDE 2 [RESPONDENT= BIO MOTHER, BIO FATHER DOES NOT LIVE IN HH] OR B2=2 AND B1 DOES NOT INCLUDE 1 [RESPONDENT=BIO FATHER, BIO MOTHER DOES NOT LIVE IN HH] SKIP TO B18

B17. Is (he/she) now married, widowed, divorced, separated, never married, or living with a partner?

MARRIED 1
WIDOWED 2
DIVORCED 3
SEPARATED 4
NEVER MARRIED 5
LIVING WITH PARTNER 6
REFUSED -1
DON'T KNOW -2

B18. (IF B15 = 95, READ: I am sorry to hear that. I would still like to ask a few questions about (him/her) at the time of (his/her) death.)

Do you consider (him/her) Hispanic/Latin(o/a)?

YES 1
NO (SKIP TO B19) 2
REFUSED (SKIP TO B19) -1
DON'T KNOW (SKIP TO B19) -2

A. Which of the following represent (his/her) Hispanic origin or ancestry? READ ANSWERS AND CODE ALL THAT APPLY

Puerto Rican 1
Dominican (Republic) 2
Mexican/Mexican American 3
Cuban/Cuban American 4
Central/South American 5
Other Latin American 6
Other Hispanic Or Latin(o/a) 7
REFUSED -1
DON'T KNOW -2

B19. (In addition to being Hispanic, what/What) race do you consider (him/her) to be? CODE ALL THAT APPLY

WHITE 1
BLACK/ AFRICAN AMERICAN 2
AMERICAN INDIAN/ALASKA NATIVE 3
NATIVE HAWAIIAN/PACIFIC ISLANDER 4
ASIAN 5
REFUSED -1
DON'T KNOW -2

IF B19 RESPONSE INCLUDES 4, ASK A

A. Which Native Hawaiian and/or Pacific Islander group? CODE ALL THAT APPLY

NATIVE HAWAIIAN 1
GUAMANIAN 2
SAMOAN 3
OTHER PACIFIC ISLANDER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B19 RESPONSE INCLUDES 5, ASK B

B. Which Asian group? CODE ALL THAT APPLY

ASIAN INDIAN 1
CHINESE 2
FILIPINO 3
JAPANESE 4
KOREAN 5
VIETNAMESE 6
OTHER ASIAN (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B15 = 95 SKIP TO B23
IF B2=1 AND B1 DOES NOT INCLUDE 2 [RESPONDENT= BIO MOTHER, BIO FATHER DOES NOT LIVE IN HH] OR B2=2 AND B1 DOES NOT INCLUDE 1 [RESPONDENT=BIO FATHER, BIO MOTHER DOES NOT LIVE IN HH] SKIP TO B23

B20. Where was (he/she) born? US STATE (SPECIFY).....(SKIP TO B21)..... 1
US TERRITORY OR FOREIGN COUNTRY(SPECIFY) ... 2
REFUSED..... (SKIP TO B21) -1
DON'T KNOW..... (SKIP TO B21) -2

SPECIFY: _____

A. What year did (he/she) come to live in the United States? YEAR.....
REFUSED..... -1
DON'T KNOW..... -2

Now I am going to ask you about (his/her) language use.

IF B18=1, SKIP TO B22

B21. What languages (does/did) (he/she) usually speak at home? CODE ALL THAT APPLY ENGLISH..... 1
SPANISH..... 2
OTHER..... 3
REFUSED..... -1
DON'T KNOW..... -2

SKIP TO B23

B22. What languages (does/did) (he/she) usually speak at home? Would you say (READ ANSWERS)? Only Spanish 1
More Spanish Than English 2
Both Equally 3
More English Than Spanish 4
Only English 5
Other 6
REFUSED..... -1
DON'T KNOW..... -2

Now, I have some questions about (his/her) educational history to ask you.

B23. What is the highest grade or year of school (he/she) (has/had) completed or the highest degree (he/she) (has/had) received? NEVER ATTENDED/KINDERGARTEN ONLY 1
1ST GRADE 2
2ND GRADE 3
3RD GRADE 4
4TH GRADE 5
5TH GRADE 6
6TH GRADE 7
7TH GRADE 8
8TH GRADE 9
9TH GRADE 10
10TH GRADE 11
11TH GRADE 12
12TH GRADE 13
12TH GRADE, NO DIPLOMA 14
HIGH SCHOOL GRADUATE 15
GED OR EQUIVALENT 16
SOME COLLEGE, NO DEGREE 17
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM 18
ASSOCIATE DEGREE: ACADEMIC PROGRAM 19
BACHELOR'S DEGREE (BA, AB, BS, BBA) 20
MASTER'S DEGREE (MA, MS, MENG, MED, MBA) 21
PROFESSIONAL SCHOOL DEGREE (MD, DDS, DVM, JD) 22
DOCTORAL DEGREE (PHD, EDD) 23
REFUSED..... -1
DON'T KNOW..... -2

IF B15 = 95, SKIP TO B43
IF B2=1 AND B1 DOES NOT INCLUDE 2 [RESPONDENT= BIO MOTHER, BIO FATHER DOES NOT LIVE IN HH] OR B2=2 AND B1 DOES NOT INCLUDE 1 [RESPONDENT=BIO FATHER, BIO MOTHER DOES NOT LIVE IN HH] SKIP TO B43

B24. We would like to know about what (he/she) does-
is (he/ she) working full-time for pay now, working
part-time for pay, looking for work, retired, keeping
house, a student, or what? CODE ALL THAT
APPLY

WORKING FULL-TIME FOR PAY NOW 1
WORKING PART-TIME FOR PAY NOW 2
ONLY TEMPORARILY LAID OFF, ON SICK LEAVE OR
MATERNITY LEAVE..... 3
LOOKING FOR WORK, UNEMPLOYED..... 4
RETIRED 5
DISABLED, PERMANENTLY OR TEMPORARILY 6
KEEPING HOUSE 7
STUDENT..... 8
OTHER (SPECIFY)..... 9
REFUSED.....-1
DON'T KNOW.....-2

SPECIFY: _____

SKIP TO B43

You said that you are not (CHILD)'s biological parent. I would like to ask some questions now about (his/her) biological mother and father.

B25. How old is (his/her) biological mother?

AGE
DECEASED 95
KNOW NOTHING ABOUT THIS PERSON 96
REFUSED.....-1
DON'T KNOW.....-2

IF B25 = 96, SKIP TO B34
IF B25 = 95, SKIP TO B27
IF B1 DOES NOT INCLUDE 1, SKIP TO B27

B26. Is she now married, widowed, divorced,
separated, never married, or living with a partner?

MARRIED 1
WIDOWED..... 2
DIVORCED..... 3
SEPARATED 4
NEVER MARRIED 5
LIVING WITH PARTNER 6
REFUSED.....-1
DON'T KNOW.....-2

B27. (IF B25 = 95, READ: I am sorry to hear that. I would
still like to ask a few questions about her at the
time of her death.)

YES 1
NO (SKIP TO B28) 2
REFUSED..... (SKIP TO B28) -1
DON'T KNOW..... (SKIP TO B28) -2

Do you consider her Hispanic/ Latina?

A. Which of the following represent her Hispanic
origin or ancestry? READ ANSWERS AND
CODE ALL THAT APPLY

Puerto Rican..... 1
Dominican (Republic) 2
Mexican/Mexican American..... 3
Cuban/Cuban American 4
Central/South American 5
Other Latin American..... 6
Other Hispanic Or Latin(o/a)..... 7
REFUSED.....-1
DON'T KNOW.....-2

B28. (In addition to being Hispanic, what/What) race do
you consider her to be? CODE ALL THAT APPLY

WHITE 1
BLACK/ AFRICAN AMERICAN 2
AMERICAN INDIAN/ALASKA NATIVE..... 3
NATIVE HAWAIIAN/PACIFIC ISLANDER 4
ASIAN..... 5
REFUSED.....-1
DON'T KNOW.....-2

IF B28 RESPONSE INCLUDES 4, ASK A



A. Which Native Hawaiian and/or Pacific Islander group? CODE ALL THAT APPLY

- NATIVE HAWAIIAN 1
GUAMANIAN 2
SAMOAN 3
OTHER PACIFIC ISLANDER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B28 RESPONSE INCLUDES 5, ASK B

B. Which Asian group? CODE ALL THAT APPLY

- ASIAN INDIAN 1
CHINESE 2
FILIPINO 3
JAPANESE 4
KOREAN 5
VIETNAMESE 6
OTHER ASIAN (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B25 = 95, SKIP TO B32
IF B1 DOES NOT INCLUDE 1, SKIP TO B32

B29. Where was she born?

- US STATE (SPECIFY) (SKIP TO B30) 1
US TERRITORY OR FOREIGN COUNTRY (SPECIFY) ... 2
REFUSED (SKIP TO B30) -1
DON'T KNOW (SKIP TO B30) -2

SPECIFY: _____

A. What year did she come to live in the United States?

- YEAR [][][][]
REFUSED -1
DON'T KNOW -2

Now I am going to ask you about her language use.

IF B27=1, SKIP TO B31

B30. What languages (does/did) she usually speak at home? CODE ALL THAT APPLY

- ENGLISH 1
SPANISH 2
OTHER 3
REFUSED -1
DON'T KNOW -2

SKIP TO B32

B31. What languages (does/did) she usually speak at home? Would you say (READ ANSWERS)?

- Only Spanish 1
More Spanish Than English 2
Both Equally 3
More English Than Spanish 4
Only English 5
Other 6
REFUSED -1
DON'T KNOW -2

Now, I have some questions about her educational history to ask you.



B32. What is the highest grade or year of school she (has/had) completed or the highest degree she (has/had) received?

- NEVER ATTENDED/KINDERGARTEN ONLY 1
1ST GRADE 2
2ND GRADE 3
3RD GRADE 4
4TH GRADE 5
5TH GRADE 6
6TH GRADE 7
7TH GRADE 8
8TH GRADE 9
9TH GRADE 10
10TH GRADE 11
11TH GRADE 12
12TH GRADE 13
12TH GRADE, NO DIPLOMA 14
HIGH SCHOOL GRADUATE 15
GED OR EQUIVALENT 16
SOME COLLEGE, NO DEGREE 17
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM 18
ASSOCIATE DEGREE: ACADEMIC PROGRAM 19
BACHELOR'S DEGREE (BA, AB, BS, BBA) 20
MASTER'S DEGREE (MA, MS, MENG, MED, MBA) 21
PROFESSIONAL SCHOOL DEGREE (MD, DDS, DVM, JD) 22
DOCTORAL DEGREE (PHD, EDD) 23
REFUSED -1
DON'T KNOW -2

IF B25 = 95, SKIP TO B34
IF B1 DOES NOT INCLUDE 1, SKIP TO B34

B33. We would like to know about what she does – is she working full-time for pay now, working part-time for pay, looking for work, retired, keeping house, a student, or what? CODE ALL THAT APPLY

- WORKING FULL-TIME FOR PAY NOW 1
WORKING PART-TIME FOR PAY NOW 2
ONLY TEMPORARILY LAID OFF, ON SICK LEAVE OR MATERNITY LEAVE 3
LOOKING FOR WORK, UNEMPLOYED 4
RETIRED 5
DISABLED, PERMANENTLY OR TEMPORARILY 6
KEEPING HOUSE 7
STUDENT 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

Now I would like to ask the same questions about (CHILD)'s biological father.

B34. How old is (his/her) biological father?

- AGE [][][]
DECEASED 95
KNOW NOTHING ABOUT THIS PERSON 96
REFUSED -1
DON'T KNOW -2

IF B34 = 96, SKIP TO B43
IF B34 = 95, SKIP TO B36
IF B1 DOES NOT INCLUDE 2, SKIP TO B36

B35. Is he now married, widowed, divorced, separated, never married, or living with a partner?

- MARRIED 1
WIDOWED 2
DIVORCED 3
SEPARATED 4
NEVER MARRIED 5
LIVING WITH PARTNER 6
REFUSED -1
DON'T KNOW -2



B36. (IF B34 = 95, READ: I am sorry to hear that. I would still like to ask a few questions about him at the time of his death.)

- YES 1
NO (SKIP TO B37) 2
REFUSED (SKIP TO B37) -1
DON'T KNOW (SKIP TO B37) -2

Do you consider him Hispanic/ Latino?

A. Which of the following represent his Hispanic origin or ancestry? READ ANSWERS AND CODE ALL THAT APPLY

- Puerto Rican 1
Dominican (Republic) 2
Mexican/Mexican American 3
Cuban/Cuban American 4
Central/South American 5
Other Latin American 6
Other Hispanic Or Latin(o/a) 7
REFUSED -1
DON'T KNOW -2

B37. (In addition to being Hispanic, what/What) race do you consider him to be? CODE ALL THAT APPLY

- WHITE 1
BLACK/ AFRICAN AMERICAN 2
AMERICAN INDIAN/ALASKA NATIVE 3
NATIVE HAWAIIAN/PACIFIC ISLANDER 4
ASIAN 5
REFUSED -1
DON'T KNOW -2

IF B37 RESPONSE INCLUDES 4, ASK A

A. Which Native Hawaiian and/or Pacific Islander group? CODE ALL THAT APPLY

- NATIVE HAWAIIAN 1
GUAMANIAN 2
SAMOAN 3
OTHER PACIFIC ISLANDER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B37 RESPONSE INCLUDES 5, ASK B

B. Which Asian group? CODE ALL THAT APPLY

- ASIAN INDIAN 1
CHINESE 2
FILIPINO 3
JAPANESE 4
KOREAN 5
VIETNAMESE 6
OTHER ASIAN (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B34 = 95, SKIP TO B41
IF B1 DOES NOT INCLUDE 2, SKIP TO B41

B38. Where was he born?

- US STATE (SPECIFY) (SKIP TO B39) 1
US TERRITORY OR FOREIGN COUNTRY (SPECIFY) ... 2
REFUSED (SKIP TO B39) -1
DON'T KNOW (SKIP TO B39) -2

SPECIFY: _____

A. What year did he come to live in the United States?

- YEAR [][][][]
REFUSED -1
DON'T KNOW -2

Now I am going to ask you about his language use.

IF B36=1, SKIP TO B40



B39. What languages (does/did) he speak at home? CODE ALL THAT APPLY

- ENGLISH..... 1
SPANISH..... 2
OTHER..... 3
REFUSED..... -1
DON'T KNOW..... -2

SKIP TO B41

B40. What languages (does/did) he usually speak at home? Would you say (READ ANSWERS)?

- Only Spanish..... 1
More Spanish Than English..... 2
Both Equally..... 3
More English Than Spanish..... 4
Only English..... 5
Other..... 6
REFUSED..... -1
DON'T KNOW..... -2

Now, I have some questions about his educational history to ask you.

B41. What is the highest grade or year of school he (has/had) completed or the highest degree he (has/had) received?

- NEVER ATTENDED/KINDERGARTEN ONLY..... 1
1ST GRADE..... 2
2ND GRADE..... 3
3RD GRADE..... 4
4TH GRADE..... 5
5TH GRADE..... 6
6TH GRADE..... 7
7TH GRADE..... 8
8TH GRADE..... 9
9TH GRADE..... 10
10TH GRADE..... 11
11TH GRADE..... 12
12TH GRADE..... 13
12TH GRADE, NO DIPLOMA..... 14
HIGH SCHOOL GRADUATE..... 15
GED OR EQUIVALENT..... 16
SOME COLLEGE, NO DEGREE..... 17
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM..... 18
ASSOCIATE DEGREE: ACADEMIC PROGRAM..... 19
BACHELOR'S DEGREE (BA, AB, BS, BBA)..... 20
MASTER'S DEGREE (MA, MS, MENG, MED, MBA)..... 21
PROFESSIONAL SCHOOL DEGREE (MD, DDS, DVM, JD)..... 22
DOCTORAL DEGREE (PHD, EDD)..... 23
REFUSED..... -1
DON'T KNOW..... -2

IF B34 = 95, SKIP TO B43
IF B1 DOES NOT INCLUDE 2, SKIP TO B43

B42. We would like to know about what he does – is he working full-time for pay now, working part-time for pay, looking for work, retired, keeping house, a student, or what? CODE ALL THAT APPLY

- WORKING FULL-TIME FOR PAY NOW..... 1
WORKING PART-TIME FOR PAY NOW..... 2
ONLY TEMPORARILY LAID OFF, ON SICK LEAVE OR MATERNITY LEAVE..... 3
LOOKING FOR WORK, UNEMPLOYED..... 4
RETIRED..... 5
DISABLED, PERMANENTLY OR TEMPORARILY..... 6
KEEPING HOUSE..... 7
STUDENT..... 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

The next questions are about your total family income in (LAST CALENDAR YEAR IN 4-DIGIT FORMAT) **before taxes**. Income is important in understanding the health information we collect. For example, with this information, we can learn how income is related to children's health. These answers will be kept private under the Privacy Act. like all the other information you provide

When answering these questions, please remember that by "combined family income" I mean your income plus the income of all family members and partners living in the household. Please include income from jobs, government assistance, social security, disability, unemployment insurance, investments, and any other income that your family has.

B43.	What is your best estimate of the total income of all family members from all sources, before taxes were taken out, in (LAST CALENDAR YEAR IN 4-DIGIT FORMAT)?	INCOME (SKIP TO B49) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED..... -1 DON'T KNOW..... -2
B44.	Was your total family income from all sources less than \$50,000 or \$50,000 or more?	LESS THAN \$50,000 1 \$50,000 OR MORE (SKIP TO B47) 2 REFUSED..... -1 DON'T KNOW..... -2
B45.	Was your total family income from all sources less than \$35,000 or \$35,000 or more?	LESS THAN \$35,000 1 \$35,000 OR MORE (SKIP TO B49) 2 REFUSED..... -1 DON'T KNOW..... -2
B46.	Was your total family income from all sources less than \$20,000 or \$20,000 or more?	LESS THAN \$20,000 1 \$20,000 OR MORE..... 2 REFUSED..... -1 DON'T KNOW..... -2
SKIP TO B49		
B47.	Was your total family income from all sources less than \$100,000 or \$100,000 or more?	LESS THAN \$100,000 1 \$100,000 OR MORE ... (SKIP TO B49) 2 REFUSED..... -1 DON'T KNOW..... -2
B48.	Was your total family income from all sources less than \$75,000 or \$75,000 or more?	LESS THAN \$75,000 1 \$75,000 OR MORE 2 REFUSED..... -1 DON'T KNOW..... -2
B49.	Does (CHILD) consider (himself/ herself) Hispanic/Latin(o/a)?	YES 1 NO (SKIP TO B50) 2 REFUSED..... (SKIP TO B50) -1 DON'T KNOW..... (SKIP TO B50) -2
A.	Which of the following represent (CHILD)'s Hispanic origin or ancestry? READ ANSWERS AND CODE ALL THAT APPLY	Puerto Rican..... 1 Dominican (Republic) 2 Mexican/Mexican American..... 3 Cuban/Cuban American 4 Central/South American 5 Other Latin American..... 6 Other Hispanic Or Latin(o/a)..... 7 REFUSED..... -1 DON'T KNOW..... -2
B50.	(In addition to being Hispanic, what/What) race does (CHILD) consider (himself/ herself) to be? CODE ALL THAT APPLY	WHITE 1 BLACK/ AFRICAN AMERICAN 2 AMERICAN INDIAN/ALASKA NATIVE..... 3 NATIVE HAWAIIAN/PACIFIC ISLANDER 4 ASIAN..... 5 REFUSED..... -1 DON'T KNOW..... -2

IF B50 RESPONSE INCLUDES 4, ASK A



A. Which Native Hawaiian and/or Pacific Islander group? CODE ALL THAT APPLY

- NATIVE HAWAIIAN 1
GUAMANIAN 2
SAMOAN 3
OTHER PACIFIC ISLANDER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

IF B50 RESPONSE INCLUDES 5, ASK B

B. Which Asian group? CODE ALL THAT APPLY

- ASIAN INDIAN 1
CHINESE 2
FILIPINO 3
JAPANESE 4
KOREAN 5
VIETNAMESE 6
OTHER ASIAN (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

B51. Where was (CHILD) born?

- US STATE (SPECIFY) (SKIP TO B52) 1
US TERRITORY OR FOREIGN COUNTRY (SPECIFY) 2
REFUSED (SKIP TO B52) -1
DON'T KNOW (SKIP TO B52) -2

SPECIFY: _____

A. What year did (CHILD) come to live in the United States?

- YEAR [][][][]
REFUSED -1
DON'T KNOW -2

Now I am going to ask you about (CHILD)'s language use.

IF B49=1, SKIP TO B53

B52. What languages does (CHILD) usually speak at home? CODE ALL THAT APPLY

- ENGLISH 1
SPANISH 2
OTHER 3
REFUSED -1
DON'T KNOW -2

SKIP TO B54

B53. What languages does (CHILD) usually speak at home? Would you say (READ ANSWERS)?

- Only Spanish 1
More Spanish Than English 2
Both Equally 3
More English Than Spanish 4
Only English 5
Other 6
REFUSED -1
DON'T KNOW -2

Now, I have some questions about (CHILD)'s educational history to ask you.

B54. What grade or year of school (is [he/ she] currently attending/will [he/she] be attending in the coming school year)?

- KINDERGARTEN 1
1ST GRADE 2
2ND GRADE 3
3RD GRADE 4
4TH GRADE 5
5TH GRADE 6
6TH GRADE 7
7TH GRADE 8
8TH GRADE 9
9TH GRADE 10
OTHER (SPECIFY) 11
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

B55. In the past month, has anyone in your household received assistance from any of the following:

- | | |
|---|--|
| A. Supplemental Nutrition Assistance benefits, sometimes called SNAP or Food Stamps? | YES 1
NO 2
REFUSED.....-1
DON'T KNOW.....-2 |
| B. Supplemental nutrition program for Women, Infants or Children, sometimes called WIC? | YES 1
NO 2
REFUSED.....-1
DON'T KNOW.....-2 |

SECTION C: DETAILS OF CHILD'S BIRTH

*Interviewer administered
Child aged 4 – 15: Adult respondent*

We now want to ask some questions about (CHILD)'s birth.

C1. What is (CHILD)'s birthdate?

BIRTH DATE: / /
MONTH DAY YEAR

REFUSED..... (SKIP TO C2) -1
 DON'T KNOW..... (SKIP TO C2) -2

A. RECORD SOURCE OF BIRTH DATE DATA.

BIRTH CERTIFICATE 1
 BABY BOOK/RECORD..... 2
 ADULT REPORT 3
 OTHER (SPECIFY)..... 4

SPECIFY: _____

C2. How much did (CHILD) weigh at birth?

ANSWER IN POUNDS 1
 ANSWER IN GRAMS..... (SKIP TO C2B) 2
 REFUSED..... (SKIP TO C2C) -1
 DON'T KNOW..... (SKIP TO C2C) -2

A. RECORD BIRTH WEIGHT IN POUNDS AND OUNCES

POUNDS
 OUNCES

SKIP TO C2E

B. RECORD BIRTH WEIGHT IN GRAMS (1 KILOGRAM = 1000 GRAMS)

GRAMS

SKIP TO C2E

C. Did (CHILD) weigh more than 5 ½ pounds or 2500 grams?

YES 1
 NO (SKIP TO C3) 2
 REFUSED..... (SKIP TO C3) -1
 DON'T KNOW..... (SKIP TO C3) -2

D. Did (CHILD) weigh more than 9 pounds or 4100 grams?

YES 1
 NO 2
 REFUSED..... -1
 DON'T KNOW..... -2

SKIP TO C3

E. RECORD SOURCE OF BIRTH WEIGHT DATA.

BIRTH CERTIFICATE 1
 BABY BOOK/RECORD..... 2
 ADULT REPORT 3
 OTHER (SPECIFY)..... 4

SPECIFY: _____

C3. What was (CHILD)'s length at birth?

ANSWER IN INCHES 1
 ANSWER IN CENTIMETERS . (SKIP TO C3B) 2
 REFUSED..... (SKIP TO C4) -1
 DON'T KNOW..... (SKIP TO C4) -2

A. RECORD BIRTH LENGTH IN INCHES

INCHES

SKIP TO C3C



B. RECORD BIRTH LENGTH IN CENTIMETERS

CENTIMETERS [][][][][]

C. RECORD SOURCE OF BIRTH LENGTH DATA.

BIRTH CERTIFICATE 1
BABY BOOK/RECORD 2
ADULT REPORT 3
OTHER (SPECIFY) 4

SPECIFY: _____

C4. Was (CHILD) born early or preterm? A preterm delivery is one that occurs at 36 weeks or earlier in pregnancy, that is more than 3 weeks before the baby's due date.

YES 1
NO (SKIP TO C5) 2
REFUSED (SKIP TO C5) -1
DON'T KNOW (SKIP TO C5) -2

A. How many weeks early was (CHILD) born?

WEEKS (SKIP TO C5) [][]
REFUSED -1
DON'T KNOW -2

B. How many weeks along was (CHILD) at birth?

WEEKS [][]
REFUSED -1
DON'T KNOW -2

C5. How many years has (CHILD) lived at this address?

YEARS [][]
REFUSED -1
DON'T KNOW -2

C6. How many years has (CHILD) lived in the area around (NAME OF HIGH SCHOOL)?

YEARS [][]
REFUSED -1
DON'T KNOW -2

SECTION D: HEALTH INSURANCE

Interviewer administered
Child aged 4 – 15: Adult respondent

The next questions are about health insurance coverage for you and for (CHILD). When answering these questions, please include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

D1. Are you currently covered by medical insurance or some other kind of health care plan?

YES 1
NO 2
REFUSED -1
DON'T KNOW -2

D2. In the past 12 months, was there any time when you did not have health insurance coverage?

YES 1
NO 2
REFUSED -1
DON'T KNOW -2

D3. Is (CHILD) currently covered by medical insurance or some other kind of health care plan?

YES 1
NO 2
REFUSED -1
DON'T KNOW -2

D4. In the past 12 months, was there any time when (CHILD) did not have health insurance coverage?

YES 1
NO 2
REFUSED -1
DON'T KNOW -2

D5. Does your child get free or reduced-price lunches at school?

YES 1
NO 2
NOT APPLICABLE 6
REFUSED -1
DON'T KNOW -2

Now I am going to ask some questions about (CHILD)'s health.

- D6. Has a doctor or other health professional ever told you that (CHILD) has a long-term or chronic disease like diabetes, asthma or any other condition?
- | | | |
|------------------|--------------------|----|
| YES | (SPECIFY) | 1 |
| NO | (SKIP TO D7) | 2 |
| REFUSED | (SKIP TO D7) | -1 |
| DON'T KNOW | (SKIP TO D7) | -2 |

SPECIFY CONDITION: _____

- A. Has a doctor or other health professional ever prescribed medication for (CHILD) for this chronic medical condition?
- | | | |
|------------------|-----------------|----|
| YES | (SPECIFY) | 1 |
| NO ..... | ..... | 2 |
| REFUSED ..... | ..... | -1 |
| DON'T KNOW ..... | ..... | -2 |

SPECIFY MEDICATION: _____

- D7. Is (CHILD) currently enrolled in a structured program that targets weight, diet, or physical activity? Please do not include organized sports programs.
- | | | |
|------------------|-------|----|
| YES ..... | ..... | 1 |
| NO ..... | ..... | 2 |
| REFUSED ..... | ..... | -1 |
| DON'T KNOW ..... | ..... | -2 |

- D8. Does (CHILD) have an impairment or health problem that limits (his/her) ability to walk, run or play?
- | | | |
|------------------|---------------------|----|
| YES ..... | ..... | 1 |
| NO | (END SECTION) | 2 |
| REFUSED | (END SECTION) | -1 |
| DON'T KNOW | (END SECTION) | -2 |

- D9. Is this an impairment or health problem that has lasted, or is expected to last, **12 months or longer**?
- | | | |
|------------------|---------------------|----|
| YES ..... | ..... | 1 |
| NO | (END SECTION) | 2 |
| REFUSED | (END SECTION) | -1 |
| DON'T KNOW | (END SECTION) | -2 |

- D10. Would you please describe this impairment or health problem?
- | | | |
|------------------|---------------------|----|
| YES | (SPECIFY) | 1 |
| NO | (END SECTION) | 2 |
| REFUSED | (END SECTION) | -1 |
| DON'T KNOW | (END SECTION) | -2 |

SPECIFY: _____

HOME VISIT 2 (Enhanced Protocol ONLY)

SECTION L: PHYSICAL ACTIVITY BEHAVIORS RECALL (FOR 4 – 15 YEAR OLDS)

Self administered

Child aged 4 – 8: Adult respondent/child present to assist

Child aged 9 – 15: Child respondent/ adult present to assist

Now we have a few questions that we would like (CHILD/you) to answer on the computer with (your/ CHILD's) help. I can show you how to get started with the questions. DEMONSTRATE COMPUTER USAGE TO CHILD & ADULT AND PROVIDE AGE AND GENDER APPROPRIATE INTENSITY SHOW CARD.

The next questions are going to ask you about the activities that (you/your child) did **yesterday**. Please only think about the activities (**you/your child did yesterday**, not activities that (you like/your child likes) or would like to do. For each activity, answer whether or not (you/your child) did the activity yesterday. For those activities that (you/your child) did, mark yes and answer the remaining questions for that activity. Use the word and picture descriptions on the card as a guide to select how physically hard or intense the activity was. Remember, these pictures are just a guide, and not the activities you are answering questions about.

- L1. Did (you/your child) **have physical education (PE) class in school** yesterday?
- | | | |
|------------------|--------------------|----|
| YES ..... | ..... | 1 |
| NO | (SKIP TO L2) | 2 |
| REFUSED | (SKIP TO L2) | -1 |
| DON'T KNOW | (SKIP TO L2) | -2 |

- A. How physically hard or intense was this activity?
- | | | |
|------------------|-------|----|
| LIGHT ..... | ..... | 1 |
| MODERATE ..... | ..... | 2 |
| HARD ..... | ..... | 3 |
| VERY HARD ..... | ..... | 4 |
| REFUSED ..... | ..... | -1 |
| DON'T KNOW ..... | ..... | -2 |



B. For how many minutes did (you/your child) have PE class in school yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. When (you/ your child) had PE class in school, what exactly (were you/was your child) doing?

TEAM SPORT SKILLS..... 1
INDIVIDUAL SPORT SKILLS..... 2
DANCE/TUMBLING SKILLS..... 3
WATER ACTIVITY SKILLS..... 4
CARDIOVASCULAR MACHINES OR CONDITIONING (RUNNING, CYCLING, STAIRCLIMBER, ROWERS, ETC.)5
CLIMBING WALL ACTIVITIES..... 6
EXERCISES/CALISTHENICS..... 7
FRISBEE OR FRISBEE GOLF..... 8
JUMPROPE/PLYOMETRICS/CONDITIONING..... 9
WEIGHT TRAINING..... 10
YOGA/PILATES..... 11
OTHER (SPECIFY)..... 12
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

L2. Did (you/your child) have recess or other free-play at school yesterday?

YES 1
NO (SKIP TO L3)..... 2
REFUSED..... (SKIP TO L3)..... -1
DON'T KNOW..... (SKIP TO L3)..... -2

A. (Were you/Was your child) physically active when (you/your child) had recess or other free-play yesterday?

YES 1
NO (SKIP TO L3)..... 2
REFUSED..... (SKIP TO L3)..... -1
DON'T KNOW..... (SKIP TO L3)..... -2

B. How physically hard or intense was this activity?

LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

C. For how many minutes did (you/your child) have recess or other free-play at school yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

D. When (you/your child) had recess or other free-play at school, what exactly (were you/was your child) doing?

PLAYGROUND GAME (KICKBALL, FOUR SQUARE, DODGEBALL, ETC.)..... 1
ORGANIZED SPORT GAME (BASEBALL, BASKETBALL, FOOTBALL, ETC.)..... 2
TAG/CAPTURE THE FLAG/RED ROVER/ETC. 3
FIXED EQUIPMENT (MONKEY BARS, SLIDES, SWINGS, ETC.)..... 4
HANGING OUT WITH FRIENDS 5
DOING SCHOOL WORK..... 6
OTHER (SPECIFY)..... 7
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

L3. Did (you/your child) have dance or other physically active classes at school (other than PE class) yesterday?

YES 1
NO (SKIP TO L4)..... 2
REFUSED..... (SKIP TO L4)..... -1
DON'T KNOW..... (SKIP TO L4)..... -2

A. How physically hard or intense was this activity?

LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2



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B. For how many minutes did (you/your child) have dance or other physically active classes at school (other than PE class) yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. When (you/your child) had dance or other physically active classes (other than PE class), what exactly (were you/was your child) doing?

DANCE 1
WEIGHTLIFTING..... 2
OTHER (SPECIFY)..... 3
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

L4. Did (you/your child) participate in physical activity breaks during classes at school yesterday?

YES 1
NO (SKIP TO L5)..... 2
REFUSED..... (SKIP TO L5)..... -1
DON'T KNOW..... (SKIP TO L5)..... -2

A. How physically hard or intense was this activity?

LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

B. For how many minutes did (you/your child) participate in physical activity breaks during classes at school yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. When (you/your child) participated in physical activity breaks during classes at school, what exactly (were you/was your child) doing?

IN-CLASS PHYSICAL ACTIVITY 1
VIDEO/STRUCTURED ACTIVITY IN HOMEROOM/ANNOUNCEMENTS..... 2
WALKING LAPS 3
OTHER (SPECIFY)..... 4
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

L5. Did (you/your child) practice or play with a school sports team yesterday?

YES 1
NO (SKIP TO L6)..... 2
REFUSED..... (SKIP TO L6)..... -1
DON'T KNOW..... (SKIP TO L6)..... -2

A. How physically hard or intense was this activity?

LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

B. For how many minutes did (you/your child) practice or play with a school sports team yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2



C. When (you/your child) practiced or played with a school sports team, what exactly (were you/was your child) doing?

- BASEBALL/SOFTBALL 1
FOOTBALL/SOCCER/LACROSSE/HOCKEY/
BASKETBALL 2
SWIM TEAM/DIVING/WATER POLO 3
GOLF/TENNIS 4
TRACK AND FIELD/CROSS COUNTRY 5
CHEER/DANCE TEAM 6
WRESTLING 7
VOLLEYBALL 8
MARTIAL ARTS 9
ROWING/CANOE/KAYAK 10
BOWLING 11
SKIING 12
OTHER (SPECIFY) 13
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L6. Did (you/your child) practice or play with a non-school sports team yesterday?

- YES 1
NO (SKIP TO L7) 2
REFUSED (SKIP TO L7) -1
DON'T KNOW (SKIP TO L7) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) practice or play with a non-school sports team yesterday?

- MINUTES [][][][]
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) practice or play with a non-school sports team? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. When (you/your child) practiced or played with a non-school sports team, what exactly (were you/was your child) doing?

- BASEBALL/SOFTBALL 1
FOOTBALL/SOCCER/LACROSSE/HOCKEY/
BASKETBALL 2
SWIM TEAM/DIVING/WATER POLO 3
GOLF/TENNIS 4
TRACK AND FIELD/CROSS COUNTRY 5
CHEER/DANCE TEAM 6
WRESTLING 7
VOLLEYBALL 8
MARTIAL ARTS 9
ROWING/CANOE/KAYAK 10
BOWLING 11
SKIING 12
OTHER (SPECIFY) 13
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L7. Did (you/your child) participate in any pick-up sports (basketball, football, baseball/softball, etc.) yesterday?

- YES 1
NO (SKIP TO L8) 2
REFUSED (SKIP TO L8) -1
DON'T KNOW (SKIP TO L8) -2



Healthy Communities Study

How Communities Shape Children's Health

Form Approved
OMB No. 0925-0649
Exp. Date: 8/31/2016

A. How physically hard or intense was this activity?

- LIGHT 1
- MODERATE 2
- HARD 3
- VERY HARD 4
- REFUSED -1
- DON'T KNOW -2

B. For how many minutes did (you/your child) **participate in pick-up sports** yesterday?

- MINUTES..... 1
- REFUSED..... -1
- DON'T KNOW -2

C. Where did (you/your child) **participate in pick-up sports**? CODE ALL THAT APPLY

- AT SCHOOL 1
- AT HOME 2
- AT A REC CENTER 3
- AT A PARK/PLAYGROUND 4
- IN MY NEIGHBORHOOD 5
- ON MY STREET 6
- AT CHURCH 7
- AT A FRIEND'S HOUSE 8
- OTHER (SPECIFY) 9
- REFUSED -1
- DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) **participate in pick-up sports** with?

- BY (MYSELF/HIMSELF/HERSELF) 1
- WITH 1 OTHER FRIEND 2
- WITH SEVERAL FRIENDS 3
- WITH (MY/HIS/HER) TEAM OR CLASS 4
- WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
- REFUSED -1
- DON'T KNOW -2

E. When (you/your child) **participated in pick-up sports**, what exactly (were you/was your child) doing?

- BASEBALL/SOFTBALL 1
- FOOTBALL/SOCCER/LACROSSE/HOCKEY/ BASKETBALL 2
- SWIM TEAM/DIVING/WATER POLO 3
- OTHER (SPECIFY) 4
- REFUSED -1
- DON'T KNOW -2

SPECIFY: _____

L8. Did (you/your child) **participate in physical activity during an afterschool program** yesterday?

- YES 1
- NO (SKIP TO L9) 2
- REFUSED (SKIP TO L9) -1
- DON'T KNOW (SKIP TO L9) -2

A. How physically hard or intense was this activity?

- LIGHT 1
- MODERATE 2
- HARD 3
- VERY HARD 4
- REFUSED -1
- DON'T KNOW -2

B. For how many minutes (were you/was your child) **physically active during (your/his/her) afterschool program** yesterday?

- MINUTES..... 1
- REFUSED..... -1
- DON'T KNOW -2



C. Where did (you/your child) participate in physical activity during an afterschool program? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) participate in physical activity during an afterschool program with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) participated in physical activity during an afterschool program, what exactly (were you/was your child) doing?

- PLAYGROUND GAME (KICKBALL, FOUR SQUARE, DODGEBALL, ETC.) 1
ORGANIZED SPORT GAME (BASEBALL, BASKETBALL, FOOTBALL, ETC.) 2
TAG/CAPTURE THE FLAG/RED ROVER/ETC. 3
FIXED EQUIPMENT (MONKEY BARS, SLIDES, SWINGS, ETC.) 4
DANCE/STEP TEAM 5
DOUBLE-DUTCH 6
OTHER (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L9. Did (you/your child) play any physically active games (hopscotch, red rover, tag, jumping rope, skating, etc.) yesterday?

- YES 1
NO (SKIP TO L10) 2
REFUSED (SKIP TO L10) -1
DON'T KNOW (SKIP TO L10) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) play any physically active games yesterday?

- MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) play any physically active games? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____



D. Who did (you/your child) play any physically active games with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) played physically active games, what exactly (were you/was your child) doing?

- TAG 1
RED ROVER/DUCK DUCK GOOSE/ETC. 2
HOPSCOTCH 3
OTHER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L10. Did (you/your child) swim or play games in a pool, lake, or ocean yesterday?

- YES 1
NO (SKIP TO L11) 2
REFUSED (SKIP TO L11) -1
DON'T KNOW (SKIP TO L11) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) swim or play games in a pool, lake or ocean yesterday?

- MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) swim or play games in a pool, lake, or ocean? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) swim or play games in a pool, lake, or ocean with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) swam or played games in a pool, lake, or ocean, what exactly (were you/was your child) doing?

- SWIMMING 1
WATER GAMES (MARCO POLO, SHARK AND MINNOWS, ETC.) 2
WATERPLAY 3
OTHER (SPECIFY) 4
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L11. Did (you/your child) do any outdoor or adventure sports (hiking, kayaking, rock climbing, surfing, skiing, etc.) yesterday?

- YES 1
NO (SKIP TO L12) 2
REFUSED (SKIP TO L12) -1
DON'T KNOW (SKIP TO L12) -2



Healthy Communities Study

How Communities Shape Children's Health

Form Approved OMB No. 0925-0649 Exp. Date: 8/31/2016

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) do any outdoor or adventure sports yesterday?

- MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) do outdoor or adventure sports? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) do outdoor or adventure sports with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) did outdoor or adventure sports, what exactly (were you/was your child) doing?

- HIKING 1
ROCK CLIMBING 2
SURFING/SKIMBOARDING/BODYBOARDING 3
SNOW SKIING/SNOWBOARDING 4
WATER SKIING/WAKEBOARDING 5
KAYAKING 6
OTHER (SPECIFY) 7
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L12. Did (you/your child) walk or bike to or from school yesterday?

- YES 1
NO (SKIP TO L13) 2
REFUSED (SKIP TO L13) -1
DON'T KNOW (SKIP TO L13) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) walk or bike to or from school yesterday?

- MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

C. Who did (you/your child) walk or bike to or from school with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

Form Approved OMB No. 0925-0649 Exp. Date: 8/31/2016

D. When (you/your child) walked or biked to or from school, what exactly (were you/was your child) doing?

- WALK 1
BIKE 2
REFUSED -1
DON'T KNOW -2

L13. Did (you/your child) walk or bike to or from a store, park, or playground or a friend's house yesterday?

- YES 1
NO (SKIP TO L14) 2
REFUSED (SKIP TO L14) -1
DON'T KNOW (SKIP TO L14) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) walk or bike to or from a store, park, or playground or a friend's house yesterday?

- MINUTES [][][][]
REFUSED -1
DON'T KNOW -2

C. Where did (you/your child) walk or bike to or from a store, park, or playground or a friend's house? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) walk or bike to or from a store, park, or playground or a friend's house with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) walked or biked to or from a store, park, or playground or a friend's house, what exactly (were you/was your child) doing?

- WALK 1
BIKE 2
REFUSED -1
DON'T KNOW -2

L14. Did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise yesterday?

- YES 1
NO (SKIP TO L15) 2
REFUSED (SKIP TO L15) -1
DON'T KNOW (SKIP TO L15) -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD 4
REFUSED -1
DON'T KNOW -2

B. For how many minutes did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise yesterday?

- MINUTES [][][][]
REFUSED -1
DON'T KNOW -2



C. Where did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

D. Who did (you/your child) walk or ride a bike, scooter, skateboard, or skates for fun or exercise with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

E. When (you/your child) walked or rode a bike, scooter, skateboard, or skates for fun or exercise, what exactly (were you/was your child) doing?

- WALK 1
BIKE 2
SCOOTER 3
SKATEBOARD 4
SKATES/ROLLERBLADES 5
OTHER (SPECIFY) 6
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L15. Did (you/your child) use a computer for games or playing on the internet (not for schoolwork or social networks) yesterday?

- YES 1
NO (SKIP TO L16) -2
REFUSED (SKIP TO L16) -1
DON'T KNOW (SKIP TO L16) -2

A. For how many minutes did (you/your child) use a computer for games or playing on the internet yesterday?

- MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

B. Where did (you/your child) use a computer for games or playing on the internet? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

C. Who did (you/your child) use a computer for games or playing on the internet with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

D. When (you/your child) used a computer for games or playing on the internet, what exactly (were you/was your child) doing?

- PLAYING GAMES 1
SURFING THE INTERNET 2
OTHER (SPECIFY) 3
REFUSED -1
DON'T KNOW -2

SPECIFY: _____



L16. Did (you/your child) use a computer or phone for social networking (Facebook, MySpace, Twitter, IM, texting, etc.) yesterday?

YES 1
NO (SKIP TO L17)..... 2
REFUSED..... (SKIP TO L17)..... -1
DON'T KNOW..... (SKIP TO L17)..... -2

A. For how many minutes did (you/your child) use a computer or phone for social networking yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

B. Where did (you/your child) use a computer or phone for social networking? CODE ALL THAT APPLY

AT SCHOOL 1
AT HOME 2
AT A REC CENTER..... 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

C. Who did (you/your child) use a computer or phone for social networking with?

BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED..... -1
DON'T KNOW..... -2

D. When (you/your child) used a computer or phone for social networking, what exactly (were you/ was your child) doing?

IM/CHAT/TWITTER 1
SOCIAL NETWORKING ON THE COMPUTER 2
TEXTING 3
OTHER (SPECIFY)..... 4
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

L17. Did (you/your child) watch TV yesterday?

YES 1
NO (SKIP TO L18)..... 2
REFUSED..... (SKIP TO L18)..... -1
DON'T KNOW..... (SKIP TO L18)..... -2

A. For how many minutes did (you/your child) watch TV yesterday?

MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

You can enter any number of minutes from 1 to 480. If you need help converting hours to minutes, please use the table provided.

Table with 2 columns: Hours, Minutes. Rows: 1 Hour = 60 Minutes, 2 Hours = 120 Minutes, 3 Hours = 180 Minutes, 4 Hours = 240 Minutes, 5 Hours = 300 Minutes, 6 Hours = 360 Minutes, 7 Hours = 420 Minutes, 8 Hours = 480 Minutes.



B. Where did (you/your child) watch TV? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

C. Who did (you/your child) watch TV with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

D. When (you/your child) watched TV, what exactly (were you/was your child) doing?

- WATCHING EDUCATIONAL TV OR VIDEOS 1
WATCHING NON-EDUCATIONAL TV OR VIDEOS 2
OTHER (SPECIFY) 3
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

L18. Did (you/your child) play non-active video games yesterday?

- YES 1
NO (SKIP TO L19) 2
REFUSED (SKIP TO L19) -1
DON'T KNOW (SKIP TO L19) -2

A. For how many minutes did (you/your child) play non-active video games yesterday?

- MINUTES [] [] [] []
REFUSED -1
DON'T KNOW -2

B. Where did (you/your child) play non-active video games? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY) 9
REFUSED -1
DON'T KNOW -2

SPECIFY: _____

C. Who did (you/your child) play non-active video games with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED -1
DON'T KNOW -2

D. When (you/your child) played non-active video games, what exactly (were you/was your child) doing?

- PLAYING GAMES ON A GAME CONSOLE 1
PLAYING GAMES ON A HANDHELD GAMING DEVICE 2
OTHER (SPECIFY) 3
REFUSED -1
DON'T KNOW -2

SPECIFY: _____



L19. Did (you/your child) play physically active video games (Wii, DDR, Xbox Kinect, PlayStation Move, etc.) yesterday? A physically active video game is one where some physical effort is involved in playing the game.

- YES 1
NO (SKIP TO L20)..... 2
REFUSED..... (SKIP TO L20)..... -1
DON'T KNOW..... (SKIP TO L20)..... -2

A. How physically hard or intense was this activity?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

B. For how many minutes did (you/your child) play physically active video games yesterday?

- MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2

C. Where did (you/your child) play physically active video games? CODE ALL THAT APPLY

- AT SCHOOL 1
AT HOME 2
AT A REC CENTER..... 3
AT A PARK/PLAYGROUND 4
IN MY NEIGHBORHOOD 5
ON MY STREET 6
AT CHURCH..... 7
AT A FRIEND'S HOUSE 8
OTHER (SPECIFY)..... 9
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

D. Who did (you/your child) play physically active video games with?

- BY (MYSELF/HIMSELF/HERSELF) 1
WITH 1 OTHER FRIEND 2
WITH SEVERAL FRIENDS 3
WITH (MY/HIS/HER) TEAM OR CLASS 4
WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
REFUSED..... -1
DON'T KNOW..... -2

E. When (you/your child) played physically active video games, what exactly (were you/ was your child) doing?

- PLAYING WII/KINECT/MOVE, ETC..... 1
DANCE, DANCE REVOLUTION 2
OTHER (SPECIFY)..... 3
REFUSED..... -1
DON'T KNOW..... -2

SPECIFY: _____

L20. Did (you/your child) do any other physical activities yesterday that were not already mentioned?

- YES 1
NO (END SECTION) 2
REFUSED..... (END SECTION) -1
DON'T KNOW..... (END SECTION) -2

A. What were the other activities?

- ACTIVITY 1: _____
ACTIVITY 2: _____
ACTIVITY 3: _____
ACTIVITY 4: _____
REFUSED..... -1
DON'T KNOW..... -2

B. How physically hard or intense were these activities?

- LIGHT 1
MODERATE 2
HARD 3
VERY HARD..... 4
REFUSED..... -1
DON'T KNOW..... -2

C. For how many minutes did (you/your child) do these other activities?

- MINUTES..... [] [] [] []
REFUSED..... -1
DON'T KNOW..... -2



Healthy Communities Study

How Communities Shape Children's Health

Form Approved
OMB No. 0925-0649
Exp. Date: 8/31/2016

D. Where did (you/your child) do these other activities? CODE ALL THAT APPLY

- AT SCHOOL 1
- AT HOME 2
- AT A REC CENTER..... 3
- AT A PARK/PLAYGROUND 4
- IN MY NEIGHBORHOOD 5
- ON MY STREET 6
- AT CHURCH..... 7
- AT A FRIEND'S HOUSE 8
- OTHER (SPECIFY)..... 9
- REFUSED..... -1
- DON'T KNOW..... -2

SPECIFY: _____

E. Who did (you/your child) do these other activities with?

- BY (MYSELF/HIMSELF/HERSELF) 1
- WITH 1 OTHER FRIEND 2
- WITH SEVERAL FRIENDS..... 3
- WITH (MY/HIS/HER) TEAM OR CLASS 4
- WITH (MY/HIS/HER) PARENT(S) OR OTHER FAMILY MEMBER(S) 5
- REFUSED..... -1
- DON'T KNOW..... -2

MODIFIED WINDSHIELD SURVEY

HOUSEHOLD ID#:

DATE:

COMPLETE THE FOLLOWING FORM ON THE STREET SEGMENT ASSOCIATED WITH THE CHILD'S HOME ADDRESS. A STREET SEGMENT IS DEFINED AS THE STREET IN FRONT OF THE HOME, FROM INTERSECTION TO INTERSECTION, NOT TO EXCEED 0.5 MILES. OBSERVE THE STREET SEGMENT WHILE DRIVING TO THE HOME. FILL OUT THIS FORM WHILE PARKED OUTSIDE OF THE PARTICIPANT'S HOME.

- | | | |
|----|--|---|
| 1. | OVERALL CONDITION OF MOST RESIDENTIAL UNITS | EXCELLENT 1
GOOD CONDITION/WELL KEPT 2
FAIR CONDITION 3
POOR/DETERIORATED CONDITION..... 4
MIXED CONDITION 5 |
| 2. | ANY BURNED, BOARDED UP, OR ABANDONED RESIDENTIAL UNITS? | YES..... 1
NO..... 0 |
| 3. | AMOUNT OF LITTER | NONE.....(SKIP TO Question 5) 0
A LITTLE..... 1
A MODERATE AMOUNT 2
A CONSIDERABLE AMOUNT 3 |
| 4. | TYPE OF LITTER (CODE ALL THAT APPLY) | PAPER, CANS/BOTTLES NONALCOHOLIC..... 1
CAN/BOTTLES ALCOHOLIC 2
DRUG PARAPHERNALIA 3
CLOTHING ITEMS 4
FURNITURE 5
TIRES 6
APPLICANCES (SMALL) 7
APPLIANCES (LARGE)..... 8
ABANDONED VEHICLES 9
OTHER: 10 |
| 5. | TYPE OF STREET SEGMENT (CODE ALL THAT APPLY) | MAJOR THOROUGHFARE/ BUSY STREET 1
MODERATELY BUSY THOROUGHFARE 2
SIDE STREET 3
DEAD-END STREET 4
ONE WAY STREET 5
CUL-DE-SAC STREET..... 6 |
| 6. | PRESENCE OF SIDEWALKS | NONE.....(END) 0
SOME OF THE SEGMENT 1
ALL OF THE SEGMENT 2 |
| 7. | IS THE SIDEWALK CONDUCTIVE TO BEING ACTIVE (RIDING A BIKE, SKATEBOARDING)? | YES..... 1
IN MOST PLACES..... 2
IN SOME BUT NOT ALL PLACES 3 |

HHID: _____

Form Approved
 OMB No. 0925-0649
 Exp. Date: 8/31/16

CHILD

Only take a third measurement if instructed to do so by the IMS.

Height Values		<input type="checkbox"/> Measured CM <input type="checkbox"/> Self-reported Feet and Inches <input type="checkbox"/> Self-reported Centimeters <input type="checkbox"/> Proxy-reported Feet and Inches <input type="checkbox"/> Proxy-reported Centimeters	<input type="checkbox"/> Refused <input type="checkbox"/> Don't Know	Clothing items worn (Check all that Apply) <input type="checkbox"/> T-shirt <input type="checkbox"/> Sleeveless top <input type="checkbox"/> Long-sleeved t-shirt <input type="checkbox"/> Sweater <input type="checkbox"/> Sweatshirt <input type="checkbox"/> Shorts <input type="checkbox"/> Short skirt <input type="checkbox"/> Long skirt <input type="checkbox"/> Jeans <input type="checkbox"/> Slacks <input type="checkbox"/> Sweatpants <input type="checkbox"/> Dress/Jumper
Height 1	_____.__ cm / __ ft ____ . __ inches		<input type="checkbox"/> Refuse	
Height 2	_____.__ cm		<input type="checkbox"/> Refuse	
Height 3	_____.__ cm		<input type="checkbox"/> Refuse	
Hair correction factor	_____.__ cm		<input type="checkbox"/> N/A	
Weight Values		<input type="checkbox"/> Measured KG <input type="checkbox"/> Self-reported Pounds <input type="checkbox"/> Self-reported KG <input type="checkbox"/> Proxy-reported Pounds <input type="checkbox"/> Proxy-reported KG	<input type="checkbox"/> Refused <input type="checkbox"/> Don't Know	
Weight 1	_____.__ KG / _____ lbs		<input type="checkbox"/> STOP <input type="checkbox"/> Refuse	
Weight 2	_____.__ KG		<input type="checkbox"/> Refuse	
Weight 3	_____.__ KG		<input type="checkbox"/> Refuse	
Cast or Prosthesis	<input type="radio"/> Yes <input type="radio"/> No		Specify:	
Waist Circumference				
Waist 1 (cm)	_____.__ cm		<input type="checkbox"/> Refuse	
Waist 2 (cm)	_____.__ cm		<input type="checkbox"/> Refuse	
Waist 3 (cm)	_____.__ cm		<input type="checkbox"/> Refuse	

Measurement Comments:

See reverse for adult measurements.

ADULT 1 ID#: _____

Male Female

Birth date: ___ / ___ / _____

Only take a third measurement if instructed to do so by the IMS.

Height Values	<input type="checkbox"/> Measured CM <input type="checkbox"/> Self-reported Feet and Inches <input type="checkbox"/> Self-reported Centimeters <input type="checkbox"/> Proxy-reported Feet and Inches <input type="checkbox"/> Proxy-reported Centimeters	<input type="checkbox"/> Refused <input type="checkbox"/> Don't Know	Clothing items worn (Check all that Apply)
Height 1	_____ cm / ___ ft ____ . ____ inches	<input type="checkbox"/> Refuse	<input type="checkbox"/> T-shirt <input type="checkbox"/> Sleeveless top <input type="checkbox"/> Long-sleeved t-shirt <input type="checkbox"/> Sweater <input type="checkbox"/> Sweatshirt <input type="checkbox"/> Shorts <input type="checkbox"/> Short skirt <input type="checkbox"/> Long skirt <input type="checkbox"/> Jeans <input type="checkbox"/> Slacks <input type="checkbox"/> Sweatpants <input type="checkbox"/> Dress/Jumper
Height 2	_____ cm	<input type="checkbox"/> Refuse	
Height 3	_____ cm	<input type="checkbox"/> Refuse	
Hair correction factor	_____ cm	<input type="checkbox"/> N/A	
Weight Values	<input type="checkbox"/> Measured KG <input type="checkbox"/> Self-reported Pounds <input type="checkbox"/> Self-reported KG <input type="checkbox"/> Proxy-reported Pounds <input type="checkbox"/> Proxy-reported KG	<input type="checkbox"/> Refused <input type="checkbox"/> Don't Know	
Weight 1	_____ KG / _____ lbs	<input type="checkbox"/> STOP <input type="checkbox"/> Refuse	
Weight 2	_____ KG	<input type="checkbox"/> Refuse	
Weight 3	_____ KG	<input type="checkbox"/> Refuse	
Cast or Prosthesis	<input type="radio"/> Yes <input type="radio"/> No	Specify:	

Measurement Comments:

ADULT 2 ID#: _____

Male Female

Birth date: ___ / ___ / _____

Height Values	<input type="checkbox"/> Measured CM <input type="checkbox"/> Self-reported Feet and Inches <input type="checkbox"/> Self-reported Centimeters <input type="checkbox"/> Proxy-reported Feet and Inches <input type="checkbox"/> Proxy-reported Centimeters	<input type="checkbox"/> Refused <input type="checkbox"/> Don't Know	Clothing items worn (Check all that Apply)
Height 1	_____ cm / ___ ft ____ . ____ inches	<input type="checkbox"/> Refuse	<input type="checkbox"/> T-shirt <input type="checkbox"/> Sleeveless top <input type="checkbox"/> Long-sleeved t-shirt <input type="checkbox"/> Sweater <input type="checkbox"/> Sweatshirt <input type="checkbox"/> Shorts <input type="checkbox"/> Short skirt <input type="checkbox"/> Long skirt <input type="checkbox"/> Jeans <input type="checkbox"/> Slacks <input type="checkbox"/> Sweatpants <input type="checkbox"/> Dress/Jumper
Height 2	_____ cm	<input type="checkbox"/> Refuse	
Height 3	_____ cm	<input type="checkbox"/> Refuse	
Hair correction factor	_____ cm	<input type="checkbox"/> N/A	
Weight Values	<input type="checkbox"/> Measured KG <input type="checkbox"/> Self-reported Pounds <input type="checkbox"/> Self-reported KG <input type="checkbox"/> Proxy-reported Pounds <input type="checkbox"/> Proxy-reported KG	<input type="checkbox"/> Refused <input type="checkbox"/> Don't Know	
Weight 1	_____ KG / _____ lbs	<input type="checkbox"/> STOP <input type="checkbox"/> Refuse	
Weight 2	_____ KG	<input type="checkbox"/> Refuse	
Weight 3	_____ KG	<input type="checkbox"/> Refuse	
Cast or Prosthesis	<input type="radio"/> Yes <input type="radio"/> No	Specify:	

Measurement Comments:

See reverse for child measurements.

HIPAA COMPLIANT AUTHORIZATION TO RELEASE CONFIDENTIAL MEDICAL INFORMATION

Public reporting burden of this collection of information is estimated at 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project director at hcs@nhlbi.nih.gov

Records and information obtained will be disclosed to: Examination Management Services, Inc. (EMSI), a subcontractor of Battelle Memorial Institute.

The purpose of this disclosure is to contribute to an ongoing research study. I, _____, (Name of Parent/Guardian) hereby authorize you to release all medical records and information within your possession, custody, or control regarding my child, _____ (Name of Child) pursuant to this Authorization. All records and information regarding diagnosis, testing, treatment, and prognosis of my child's physical or mental condition are to be released. Such records and information to be released may include, but not be limited to, the following: age at observation, length/height and weight, and any indication of nutritional, physical activity, or sedentary activity counseling in the medical record.

I, the undersigned, hereby authorize all medical practitioners, physicians, pharmacists, hospitals, clinics, nurses, records custodians, or anyone else located at:

Medical Record Number	Facility Name (i.e. hospital or clinic name)	Provider Name (i.e. name of doctor or nurse)	Provider Address	Provider Phone #	Please check all of the ages, in years, that the child saw this provider.	How many times do you think this provider measured this child's height and weight?	Will child continue to see this provider?
			_____ _____ _____	(_____)_____ _____ _____	<input type="checkbox"/> <1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 14 <input type="checkbox"/> 4 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
			_____ _____ _____	(_____)_____ _____ _____	<input type="checkbox"/> <1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 14 <input type="checkbox"/> 4 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
			_____ _____ _____	(_____)_____ _____ _____	<input type="checkbox"/> <1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 14 <input type="checkbox"/> 4 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Study ID: _____

to release all records and information regarding my child.

Patient (Child)'s Name: _____
First Middle Last

Other Names Used: _____

Date of Birth: ___/___/_____ Social Security Number: ____-____-_____

Specifics to be released: Medical Records

To be released to and exchanged between Examination Management Services, Inc. (EMSI), a subcontractor of Battelle Memorial Institute and their agents, contractors, employees, representatives, affiliates, and assigns as necessary to fulfill the purpose of this disclosure.

I understand when my child's medical records are disclosed pursuant to this Authorization, my child's medical records and the information contained in those records may become subject to further disclosure by Examination Management Services, Inc. (EMSI), a subcontractor of Battelle Memorial Institute. For example, Examination Management Services, Inc. (EMSI), a subcontractor of Battelle Memorial Institute may be required to provide it to the Institutional Review Board (IRB) (governing body that protects the rights of study participants). In this case, the information may no longer be protected by the rules governing this Authorization. **This Authorization will remain in effect for three years from my date of signature below.** I understand I may revoke this Authorization at any time by requesting such of EMSI in writing as its address stated above, unless action has already been taken in reliance upon it, or during a contestability period under applicable law. A photocopy of this Authorization will be treated in the same manner as the original.

I understand that if I refuse to sign this authorization to release my child's complete medical records, he/she may not be able to participate in the research study.

Signature of patient/guardian/
personal representative: _____ Date: ___/___/_____

Legal relationship to applicant: _____
(only if signed above by guardian or personal representative)

Child Study ID: _____

APPENDIX B:
KEY INFORMANT QUESTIONNAIRE

KEY INFORMANT INTERVIEW

Public reporting burden of this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project director at hcs@nhbi.nih.gov.

SECTION A: KEYINFORMANT LEVEL DATA

ENTER INFORMATION FOR QUESTIONS A1-A4; DO NOT ASK RESPONDENT

A1. DATE OF INTERVIEW.

/ /
 MONTH DAY YEAR

A2. TIME INTERVIEW BEGAN.

: AM / PM

A3. LIAISON ID.

A4. KEY INFORMANT STUDY ID.

Good (morning/afternoon), thank you very much for taking the time to speak with me today. As part of our Healthy Communities Study, funded by the National Institutes of Health (NIH), we will be talking about efforts in (name the community) to promote physical activity, healthy nutrition, and healthy weight among children and youth. The purpose of our study is to identify characteristics of community programs and policies that may have an impact on childhood obesity rates. Because of the work you do within your community, we feel you can provide valuable information to help us address this issue.

Before we get started, I would like to remind you that this is a research study and as such you are a research participant. I will now review our consent form.

IF A FACE-TO-FACE INTERVIEW, HAND RESPONDENT A COPY OF THE CONSENT FORM. ONCE THE FORM IS REVIEWED AND ALL QUESTIONS ARE ANSWERED, HAVE THE RESPONDENT SIGN THE CONSENT FORM AND RETURN. LEAVE A COPY WITH THEM FOR THEIR RECORDS. OTHERWISE, DOCUMENT VERBAL CONSENT.

HAND OR REFER RESPONDENT TO THE COPY OF THE COMMUNITY MAP AND RESPONSE CARD.

Thank you. For your reference, here is a map of the community. When discussing programs and policies within your community, we are interested in those which are physically located and/or largely affect children within these particular boundaries. Also for your reference is a response card that, when indicated, you can refer to during the course of the interview.

I would now like to ask you to verify your name and contact information in case we have additional questions or would like to clarify any information we discuss today.

A5. What is your full name?

A6. What is your mailing address?

ADDRESS 1 – Business/Organization Name:

ADDRESS 2 – Number / Street Name:

ADDRESS 3 – City, State ZIP:

A7. What is your preferred phone number?



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date:
8/31/2016

A8. What is your preferred e-mail address? _____

I now have some basic background and demographic information to ask you. These questions are simple and straight forward and as with all other data we will be collecting today are kept private under the Privacy Act.

A9. What is your job title?

SHOW RESPONSE CARD – BLOCK A.

- Parks and Recreation Administrator/ Staff Member 1
- Urban Planner..... 2
- Local Health Department Administrator/Staff Member 3
- Chair of an active Community Health Coalition 4
- School Principal 5
- School Food Service Administrator .. 6
- School Health Coordinator 7
- School Physical Activity Coordinator 8
- Healthcare Provider 9
- Non-Profit Staff/Administrator..... 10
- Human Service Provider..... 11
- Youth-Serving Organization Staff/Administrator 12
- Other 13
- REFUSED-1
- DON'T KNOW-2

SPECIFY: _____

A10. What company/organization/department do you work with? _____

A10a. IF A10 IS A SCHOOL, CL TO INDICATE TYPE OF SCHOOL.

- NOT A SCHOOL0
- ELEMENTARY SCHOOL..... 1
- MIDDLE/JR. HIGH SCHOOL2
- HIGH SCHOOL3
- COLLEGE LEVEL4
- OTHER5
- REFUSED-1
- DON'T KNOW-2

SPECIFY: _____

A11. How long have you lived or worked in the community?
Whichever length of time is longest.

NUMBER YEARS

NUMBER MONTHS

A11a. CL TO INDICATE IF YEARS REFERS TO LENGTH OF TIME LIVED OR WORKED.

- LIVED..... 1
- WORKED..... 2
- REFUSED-1
- DON'T KNOW-2

A12. Do you consider yourself Hispanic/Latin(o/a)?

- YES 1
- NO 0
- REFUSED.....-1
- DON'T KNOW.....-2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date:
8/31/2016

A12a. Which of the following represent your Hispanic origin or ancestry? **CODE ALL THAT APPLY.**

- Puerto Rican 1
- Dominican (Republic) 2
- Mexican/Mexican American..... 3
- Cuban/Cuban American 4
- Central/South American 5
- Other Latin American..... 6
- Other Hispanic or Latin(o/a) 7
- REFUSED -1
- DON'T KNOW -2

A13. (In addition to being Hispanic) What race do you consider yourself to be? **CODE ALL THAT APPLY.**

- WHITE 1
- BLACK/ AFRICAN AMERICAN..... 2
- AMERICAN INDIAN/
ALASKA NATIVE 3
- NATIVE HAWAIIAN/
PACIFIC ISLANDER 4
- ASIAN 5
- REFUSED -1
- DON'T KNOW -2

IF Q.A9 = 1 or 2, ask Q.A14 – Q.A16; ELSE SKIP to Section B.

I would like to ask you a few questions about the parks within your community [**SHOW MAP** OR ASK RESPONDENT TO REFER TO MAP SENT VIA POST- OR E-MAIL], and specifically, about the features and amenities at these parks.

A14. Are there any parks within the catchment area that have any of the following features? You may select more than one answer from the list.

SHOW RESPONSE CARD – BLOCK F

- Playground/Tot lot 1
- Swimming pool deeper than 3 feet deep 2
- Wading pool less than 3 feet deep 3
- Basketball court..... 4
- Walking path 5
- Running track 6
- Bicycle trail 7
- Single or Multipurpose field..... 8
- Skate park 9
- Streetlights 10
- Floodlights..... 11
- On-site community center 12
- REFUSED -1
- DON'T KNOW -2

A15. Do the parks in this area generally have a reputation for being safe, unsafe, or a mix of safe and unsafe? **READ ANSWERS. SELECT ONLY ONE.**

- Safe 1
- Unsafe 2
- Mix of safe and unsafe 3
- REFUSED -1
- DON'T KNOW -2

A16. Do you think the operating budget for the parks is sufficient to provide adequate maintenance at all parks?

- YES 1
- NO 0
- REFUSED -1
- DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date:
8/31/2016

SECTION B: KEY INFORMANT ORGANIZATION INFORMATION

B1. TIME BEGAN SECTION B.

□□ : □□ AM / PM

This interview has three groups of questions. First, I will ask you to list the different community programs or policies that have been implemented in **your organization** or that you are aware of as part of your work. Second, I will ask you some more detailed questions about each identified community program or policy. Finally, I will ask you about factors or aspects of the community that may have affected its activities to promote healthy nutrition, physical activity, or healthy weight among children and youth.

I would like to begin by talking specifically about what **your organization** (insert organization name) has done to promote physical activity, healthy nutrition, and/or healthy weight among children and youth. We are attempting to document what programs or policies have been implemented in the community during the past 10 years, whether ongoing or discontinued.

FOR EACH PROGRAM/POLICY INDICATED BELOW (IN QUESTIONS B2 – B5), COMPLETE A NEW PROGRAM/POLICY LEVEL MODULE (SECTION C). IF TIME PERMITS, THEN COMPLETE A NEW PROGRAM/POLICY LEVEL MODULE (SECTION C) FOR EACH PROGRAM/POLICY INDICATED IN QUESTIONS B6 – B9.

For **PHYSICAL ACTIVITY**, we are interested in your organization's efforts to make it easier or more likely for children and youth to be more physically active. For example, what has been done to encourage walking, biking, sports, or other physical activity?

B2. What specific **programs** were implemented within or by your organization to promote physical activity during the past 10 years, whether ongoing or discontinued? Please consider that a program may include changes to the physical environment or improvements to physical features such as a new bike trail.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

POSSIBLE PROMPTS for parks and recreation staff or urban planners (use as needed):

- Have you partnered with an outside organization to promote physical activity at your parks or within your community?
- Has your organization implemented improvements to physical features at your parks within the community such as additional lighting, pedestrian/ biking routes, new fitness trails?

NONE 0
REFUSED-1
DON'T KNOW.....-2

B3. What specific **policies** were implemented within or by your organization to promote physical activity during the past 10 years, whether ongoing or discontinued?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

NONE 0
REFUSED-1
DON'T KNOW.....-2

For **NUTRITION**, we are interested in your organization's efforts to make it easier or more likely for children and youth to eat healthier foods. For example, what has been done to encourage eating fruits and vegetables, healthy meals, and decreasing high fat foods and sugar-sweetened drinks?



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date:
8/31/2016

B4. What specific **programs** were implemented within or by your organization to promote healthy nutrition during the past 10 years, whether ongoing or discontinued? Please consider that a program may include changes to the physical environment or improvements to physical features such as creating a public space for community gardens.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

POSSIBLE PROMPTS for local health department staff or member of a community health coalition (use as needed): Have there been any other programs implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education offered at any type of restaurant (including fast food) or to establish new restaurants with healthy options in this community? Have there been any other programs implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education available at any type of stores (including supermarkets, convenience stores, etc.) or to establish new stores with healthy options in the community?

NONE 0
REFUSED-1
DON'T KNOW.....-2

POSSIBLE PROMPTS for school principal, school wellness coordinator, or school food administrator (use as needed): Have there been any other programs implemented (not yet mentioned) to improve any of the following at your school/the schools in your community: School meals; Meal facilities and equipment (kitchen, dining, and serving facilities); Competitive foods (foods sold in vending machines, snack bars, stores, etc.); Foods at classroom parties and school events; Food used as reward; Food and beverage marketing; Nutrition education or weight management activities; Nutrition promotion events and activities; Staff wellness activities and environments?

B5. What specific **policies** were implemented within or by your organization to promote healthy nutrition during the past 10 years, whether ongoing or discontinued?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

POSSIBLE PROMPTS for local health department staff or member of a community health coalition (use as needed):

- Have there been any other policies implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education offered at any type of restaurant (including fast food) or to establish new restaurants with healthy options in this community?
- Have there been any other policies implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education available at any type of stores (including supermarkets, convenience stores, etc.) or to establish new stores with healthy options in the community?

NONE 0
REFUSED-1
DON'T KNOW.....-2

POSSIBLE PROMPT for school principal, school wellness coordinator, or school food administrator (use as needed):

- Have there been any other policies implemented (not yet mentioned) to improve any of the following at your school/the schools in your community: School meals; Meal facilities and equipment (kitchen, dining, and serving facilities); Competitive foods (foods sold in vending machines, snack bars, stores, etc.); Foods at classroom parties and school events; Food used as reward; Food and beverage marketing; Nutrition education or weight management activities; Nutrition promotion events and activities; Staff wellness activities and environments?



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date:
8/31/2016

Now, I would like to talk more specifically about what **other community organizations** have done to promote physical activity, healthy nutrition and/or healthy weight among children and youth. During the past 10 years, what programs or policies have been implemented by others outside your organization to promote physical activity, healthy eating, or healthy weight among children and youth?

For **PHYSICAL ACTIVITY**, we are interested in community efforts to make it easier or more likely for children and youth to be more physically active. For example, what has been done to encourage walking, biking, sports, or other physical activity?

B6. What specific **programs** (including changes to the physical environment) were implemented to promote physical activity during the past 10 years, whether ongoing or discontinued?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

NONE 0
 REFUSED -1
 DON'T KNOW -2

B7. What specific **policies** were implemented to promote physical activity during the past 10 years, whether ongoing or discontinued?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

NONE 0
 REFUSED -1
 DON'T KNOW -2

For **NUTRITION**, we are interested in community efforts to make it easier or more likely for children and youth to eat healthier foods. For example, what has been done to encourage eating fruits and vegetables, healthy meals, and decreasing high fat foods and sugar-sweetened drinks?

B8. What specific **programs** (including changes to the physical environment) were implemented to promote healthy nutrition during the past 10 years, whether ongoing or discontinued?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

NONE 0
 REFUSED -1
 DON'T KNOW -2

B9. What specific **policies** were implemented to promote healthy nutrition during the past 10 years, whether ongoing or discontinued?

1. _____
2. _____
3. _____
4. _____

5. _____
 6. _____
 7. _____
 8. _____

NONE 0
 REFUSED -1
 DON'T KNOW -2

B10. Can you please identify the three most used parks in your community – that is, those parks that are most important in the community in providing programming or facilities for children and adolescents to be active?

PARK 1: _____
 PARK 2: _____
 PARK 3: _____

NONE 0
 REFUSED -1
 DON'T KNOW -2

SECTION C PART I: PROGRAM/POLICY LEVEL INFORMATION

THIS SECTION SHOULD BE COMPLETED FOR EACH INDIVIDUAL PROGRAM / POLICY (AS LISTED IN SECTION B) AND IS TO BE COMPLETED FOR EACH INDIVIDUAL INFORMATION SOURCE (KEY INFORMANT OR ABSTRACTED DOCUMENT). BEGIN WITH THOSE PROGRAMS/POLICIES FROM THE RESPONDENTS OWN ORGANIZATION (QUESTIONS B2 – B5).

NOTE: FOR EACH CPP LISTED IN SECTION B, ASK QUESTIONS C4a – C4e FOR EACH FIRST AND THEN RETURN TO COMPLETE THE REMAINING QUESTIONS IN SECTION C FOR EACH.

- C1. TIME BEGAN SECTION C. |_| : |_| AM / PM
- C2. PROGRAM / POLICY STUDY ID. |_|_|_|_|_|_|_|_|_|_|
- C3. PROGRAM / POLICY NAME. _____
- C3a. INFORMANT TYPE. KEY INFORMANT 1
DOCUMENT 2

GENERAL (PROGRAM/POLICY) QUESTIONS

FOR PHONE INTERVIEWS ASK RESPONDENT TO REFER TO MAP AND RESPONSE CARD SENT VIA POST OR E-MAIL.

I would like to understand the specific details about (state the name of the program / policy). Could you please describe the (program/policy) by telling me **who**, did **what**, **when**, **with whom**, and **toward what goal**? Let's start with "who".

- C4a. WHO implemented or led the activity? That is, which organization/(program/policy) representatives/ coalition? _____

- C4b. WHAT did they do? That is, what method or approach was used to implement the (program/ policy)? _____

- C4c. WHEN did they do it? Specifically, during what year(s) was this community (program/policy) operating? _____



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

C4d. WITH WHOM did they do it? That is, how many children aged 3-15 years were reached by the (program/policy)?

Four horizontal lines for writing an answer to C4d.

C4e. TOWARD WHAT GOAL was this (program/policy) directed? That is, what particular aspect of healthy nutrition, physical activity, or healthy weight was the focus?

Four horizontal lines for writing an answer to C4e.

IF C3A=2, SKIP TO C5.

DOCUMENT REQUEST

C4f. We are interested in examining documents that may help us understand the community programs and policies in place during the past 10 years. The types of documents we are interested in reviewing are:

YES 1
NO 0
REFUSED -1
DON'T KNOW -2

- Annual Program Reports;
• Publicly available documents;
• Reports to funders;
• Media reports of community programs and policies;
• Community wellness policies for schools or other institutions; and
• Coalition Reports from relevant organizations.

Are there [any / additional] documents you can provide related to community programs and polices brought about by your organization or other community organizations to promote physical activity, healthy nutrition and/or healthy weight among children and youth?

COLLECT ANY PROVIDED DOCUMENTS TO CATALOG AND ABSTRACT AFTER THE INTERVIEW.

CONTINUE WITH SECTION C QUESTIONS ONLY AFTER QUESTION C4A-C4E HAS BEEN ANSWERED FULLY FOR EACH COMMUNITY PROGRAM/POLICY LISTED IN SECTION B.

GOAL (Hypothesis)

C5. What goal(s) were addressed by this (program/policy)? Focus on the current year (or in its last form, if no longer in place). Was the goal to....

Improve Nutrition 1
Increase Physical Activity 2
Both 3
Other 4
REFUSED -1
DON'T KNOW -2

C6. If different at beginning, what goal(s) did this (program/policy) address when it first began (at the onset, perhaps as far back as 10 years ago)? Initially, was the goal to....

Improve Nutrition 1
Increase Physical Activity 2
Both 3
Other 4
No Difference 0
REFUSED -1
DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date:
8/31/2016

IF C5 = 1 (Improve Nutrition), ask C7 then SKIP to C9. IF C5 = 3 (Both), ask C7 and C8. IF C5 = 2 (Increase Physical Activity), SKIP to C8. If C5 = 4 (Other), SKIP to C9.

C7. What were the key **behavioral objectives** of the community (program/policy)? What behaviors of children were supposed to change?

CODE ALL THAT APPLY. SELECT APPROPRIATE CHOICES AND ASK THE INTERVIEWEE IF THAT IS WHAT THEY DESCRIBED. IF NOT, SELECT ANOTHER AND REPEAT PROCESS.

SHOW RESPONSE CARD – BLOCK B.

***POSSIBLE PROMPT:** From what you have said, it sounds like the behavior objective(s) addressed by this community program or policy are... (offer possibilities using response card). Is that right? (seek to confirm, or adjust as needed)*

- Increase consumption of fruits and vegetables..... 1
- Increase consumption of whole grain foods such as breads, rice, pasta, cereals.....2
- Increase eating breakfast.....3
- Increase consumption of water4
- Decrease consumption of sugar sweetened beverages5
- Decrease consumption of fast food.....6
- Decrease consumption of fat.....7
- Decrease consumption of high calorie snacks, desserts, sweets, and candy...8
- Decrease calories from all food.....9
- Increase breastfeeding/improve infant health..... 10
- Other 11
- REFUSED-1
- DON'T KNOW-2

C8. What were the key **behavioral objectives** of the community (program/policy)? What behaviors of children were supposed to change?

CODE ALL THAT APPLY. SELECT APPROPRIATE CHOICES AND ASK THE INTERVIEWEE IF THAT IS WHAT THEY DESCRIBED. IF NOT, SELECT ANOTHER AND REPEAT PROCESS.

SHOW RESPONSE CARD – BLOCK C.

***POSSIBLE PROMPT:** From what you have said, it sounds like the behavior objective(s) addressed by this community program or policy are... (offer possibilities using response card). Is that right? (seek to confirm, or adjust as needed).*

- Increase walking or biking to /from school..... 1
- Increase exposure to physical education (i.e., frequency and/or duration of classes) 2
- Increase moderate to vigorous physical activity in PE classes..... 3
- Increase physical activity during school recess or classroom instruction..... 4
- Increase participation in school sports teams..... 5
- Increase participation in community-based sports teams 6
- Increase participation in community-based physical activity lessons, classes, or clubs..... 7
- Increase participation in home/family physical activity 8
- Increase physical activity in after school programs..... 9
- Decrease TV watching 10
- Decrease recreational computer/internet use 11
- Decrease time spent playing inactive video/ handheld electronic games..... 12
- Other 13
- REFUSED-1
- DON'T KNOW-2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

BEHAVIOR CHANGE STRATEGY (for Intensity Score)

C9. Which of the following behavior change strategies were used by the (program/policy)? Focus on the current year of the activity (or in its last form, if no longer in place).

CODE ALL THAT APPLY.

SHOW RESPONSE CARD - BLOCK D.

- Providing information and enhancing skills1
Enhancing services and support2
Modifying access, opportunities, and barriers3
Changing consequences4
Modifying policies and broader systems5
Other6
REFUSED-1
DON'T KNOW-2

C10. If different at beginning, what behavior change strategies did this (program/policy) implement when it first began (at the onset, perhaps as far back as 10 years ago)? Initially, it used...

CODE ALL THAT APPLY.

SHOW RESPONSE CARD - BLOCK D.

- Providing information and enhancing skills1
Enhancing services and support2
Modifying access, opportunities, and barriers3
Changing consequences4
Modifying policies and broader systems5
Other6
No Difference0
REFUSED-1
DON'T KNOW-2

DURATION (for Intensity Score)

C11. What was the onset or beginning date of this (program/policy)?

Grid for entering month and year.

- REFUSED-1
DON'T KNOW-2

C12. Is this ongoing or still in operation?

- YES1
NO0
REFUSED-1
DON'T KNOW-2

IF C12 = 0, ASK C12a; ELSE SKIP TO C12b.

C12a. (If no), When did it end?

Grid for entering month and year.

- REFUSED-1
DON'T KNOW-2

C12b. CL TO ANSWER: DID THE CPP OCCUR DURING THE STUDY PERIOD [PAST 10 YEARS]?

- YES1
NO0
DON'T KNOW-2

C13. How often did the activity occur during the current year (or, in its last form, if no longer in place)?

- One-time event1
More than once2
Ongoing3
REFUSED-1
DON'T KNOW-2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
 Expiration Date:
 8/31/2016

C14. If different at beginning, how often did the activity occur when it first began (at the onset, perhaps as far back as 10 years)? Initially, it occurred...

- One-time event..... 1
- More than once 2
- Ongoing..... 3
- No Difference 0
- REFUSED-1
- DON'T KNOW-2

REACH (for Intensity Score)

C15. **IS THIS ACTIVITY A COMMUNITY PROGRAM OR A POLICY? CL TO ANSWER.**

- PROGRAM.....1
- POLICY2

C16. We are interested in how many children actually experience the community program or policy. What **percentage** of all children aged 3 to 15 in the community took part in the program (or experienced the policy)? Focus on the current year of the activity (or in its last form, if no longer in place). Would you say...

- Low (1%-5% of all 3-15 year olds).....1
- Medium (6%-20% of all 3-15 year olds).....2
- High (21% or more of all 3-15 year olds).....3
- REFUSED -1
- DON'T KNOW -2

IF NEEDED, REMIND THEM THAT "THE COMMUNITY" REFERS TO A SPECIFIC CATCHMENT AREA, AND WHEN POSSIBLE HOW MANY CHILDREN AGED 3-15 ARE IN THAT AREA. NOTE: FOR PROGRAMS THAT REACH ONLY CHILDREN OF A CERTAIN AGE, STILL ESTIMATE THE PERCENT OF ALL 3-15 YEAR OLDS REACHED (NOT JUST THE PERCENT FOR THE PARTICULAR AGE GROUP.)

C17. To help us understand your answer about REACH, please estimate the **number** of children aged 3 to 15 in the community who took part in the program (or experienced the policy) during this current year (or the last year, if no longer in place).

-
- # children per year
- REFUSED-1
 - DON'T KNOW-2

C18. If different at beginning, what **percentage** of all children aged 3 to 15 in the community took part in the program (or experienced the policy) when it first began? (At the onset, perhaps as far back as 10 years)? Would you say...

- Low (1%-5% of all 3-15 year olds).....1
- Medium (6%-20% of all 3-15 year olds).....2
- High (21% or more of all 3-15 year olds).....3
- No Difference0
- REFUSED -1
- DON'T KNOW -2

IF NEEDED, REMIND THEM THAT "THE COMMUNITY" REFERS TO A SPECIFIC CATCHMENT AREA, AND WHEN POSSIBLE HOW MANY CHILDREN AGED 3-15 ARE IN THAT AREA.

C19. If different at beginning, please estimate the **number** of children aged 3 to 15 in the community who took part in the program (or experienced the policy) when it first began (at the onset, perhaps as far back as 10 years). Initially, the number of children was...

-
- # children per year
- NO DIFFERENCE-3
 - REFUSED -1
 - DON'T KNOW -2

IF C15 = 1 (PROGRAM), ASK C20; ELSE SKIP TO C21.

C20. Describe the **frequency** with which the program was delivered to the targeted population. (e.g., three days a week or twice a month).

- # times per
- DAY.....1
 - WEEK.....2
 - MONTH.....3
 - YEAR.....4
 - REFUSED -1
 - DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

TARGETING OF POPULATIONS (Hypothesis)

C21. Did the activity target all children/youth regardless of their weight, or did it focus on overweight youth?
Addressed all children/youth (Universal) 1
Focused on overweight youth (Targeted) 2
Both 3
REFUSED -1
DON'T KNOW -2

C22. What were the ages of these groups targeted by the community (program/policy)?
CODE ALL THAT APPLY.
Infants 0-2 1
Early childhood 3-5 (Pre-K/K) 2
Children 6-11 (ES, Grades 1-6) ... 3
Adolescents 12-19 (MS / HS) 4
Adults 20-older 5
REFUSED -1
DON'T KNOW -2

C23. What was the primary gender of the group(s) actually served by the community (program/policy)?
Male 1
Female 2
All 3
REFUSED -1
DON'T KNOW -2

C24. What was the primary income level of the group(s) actually served by the community (program/policy)?
Low-Income..... 1
All 2
REFUSED -1
DON'T KNOW -2

C25. What were the primary racial/ethnic groups actually served from the community (program/policy)?
CODE ALL THAT APPLY.
WHITE..... 1
BLACK/ AFRICAN AMERICAN 2
AMERICAN INDIAN/ ALASKA NATIVE 3
NATIVE HAWAIIAN/ PACIFIC ISLANDER 4
ASIAN..... 5
HISPANIC 6
REFUSED -1
DON'T KNOW -2

C26. Where or in what place (5 digit zip code; County/State) did this community (program/policy) primarily take place?
REFER TO MAP WITH ZIP CODES INCLUDED IN THE HIGH SCHOOL CATCHMENT AREA OR CENSUS TRACTS; OR ASK RESPONDENT TO REFER TO MAP SENT VIA POST OR E-MAIL.

Five empty boxes for zip code entry.

OR _____

C26a. CL TO ANSWER: DID THE CPP OCCUR IN THE CATCHMENT AREA?
YES 1
NO 0
DON'T KNOW -2

IF Q.C26a = 0, ASK Q.C27; ELSE, SKIP TO Q.C28.

C27. If not located in the community, is this community (program/policy) open for use by children in the community?
YES 1
NO 0
REFUSED -1
DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

C28. What people or groups (e.g., coalition, partnership) worked together to bring about this community (program/policy)?

Two horizontal lines for text entry.

REFUSED-1
DON'T KNOW -2

I'd now like to ask you some questions about funding for this (program/policy).

C29. What are the sources of funding?

Numbered list 1-6 with horizontal lines for text entry.

NONE 0
REFUSED-1
DON'T KNOW-2

IF C29=0, SKIP TO C32.

C30. What type(s) of funding source(s) are these?

CODE ALL THAT APPLY.

SHOW RESPONSE CARD - BLOCK E.

- List of funding sources with corresponding numbers: Local Government (1), State Government (2), Federal Government (3), Other Government (4), Non-Profit Foundation (5), Non-Profit Community Organization (6), Other Non-Profit (7), Self-generated or fee-for-service (8), For-profit organization (9), Individual Donation (10), REFUSED (-1), DON'T KNOW (-2).

C31. How much funding in total (from all sources) was devoted to this (program/policy)?

Dollar sign followed by a grid of boxes for numerical entry.

REFUSED -1
DON'T KNOW -2

To wrap up this section of questions on this specific (program/policy), I have some final questions related to others with whom you think we should contact for additional information.

C32. Is there another person or persons in your organization with more knowledge about this (program/policy) that we should be sure to talk with?

YES1
NO0
REFUSED -1
DON'T KNOW -2

IF C32=1, ASK C33; ELSE SKIP TO NEXT SECTION.

C33. Please provide the name and contact information for the person we should contact about this (program/policy).

Name: _____
Phone: _____
E-mail: _____



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

SECTION C PART IA

ONCE QUESTIONS C1 THROUGH C33 FOR ALL CPPS LISTED IN SECTON B HAVE BEEN ANSWERED, THEN QUESTIONS C34 THROUGH C36 SHOULD BE ASKED. THESE QUESTIONS ARE TO BE ASKED ONE TIME PER KEY INFORMANT INTERVIEW.

C34. Now think about the types of questions that we have asked about programs and policies addressing obesity, nutrition, and physical activity in your community. Is there anyone else in the community, particularly outside your organization, who knows a lot about the community's efforts in this regard? We are particularly looking for others who can tell us about additional programs and policies in the community. YES...1 NO...0 REFUSED...-1 DON'T KNOW...-2

IF C34=1, ASK C35; ELSE SKIP TO C36.

C35. Please provide their name and contact information. Name: Phone: E-mail:

PULL UP LIST OF CPPS IDENTIFIED VIA DATABASE REVIEW AND/OR INITIAL DOCUMENT REVIEW AND ENTERED INTO THE IMS FOR THE COMMUNITY.

C36. CL TO INDICATE: HAVE CPPS BEEN IDENTIFIED VIA DATABASE SEARCH OR DOCUMENT REVIEW AND ENTERED INTO THE IMS? YES...1 NO...SKIP TO Q. C37...0

Through a review of publically-available information such as reports and/or online databases, we have learned of other possible programs and policies in your community. I would like to read this list to you as well as a brief description and have you tell me whether you can tell me more about it, or who might be able to tell me more about it.

READ EACH LISTED CPP NAME/BRIEF DESCRIPTION. FOR EACH ONE THE KI CAN INFORM ON, OPEN A NEW CPP SECTION C AND CONTINUE INTERVIEW.

IF THE KI DOES NOT KNOW ABOUT THE PROGRAM BUT CAN PROVIDE A REFERRAL, ADD THE REFERRAL INFORMATION FOR THE CPP IN THE TRACKING SYSTEM.

PROGRAMMING NOTE: IF C36 = 1, ALLOW CL TO RETURN TO CPP LIST FOR THAT COMMUNITY IN THE IMS AND WHEN APPROPRIATE LINK TO A STARTED OR NEW SECTION C TO BE COMPLETED. IF THE KEY INFORMANT DOES NOT HAVE INFORMATION TO PROVIDE, BUT CAN GIVE A REFERRAL, ENTER THE REFERRAL CONTACT INFORMATION INTO THE TRACKING SYSTEM LINKED TO THAT CPP.

C37. TIME ENDED SECTION C PART I []:[] AM / PM

ONCE SECTION C PART I HAS BEEN COMPLETED FOR ALL CPP'S LISTED IN SECTION B, AND SECTION C PART 1A HAS BEEN COMPLETED, CONTINUE ON TO SECTION D PART I.

SECTION C PART II: PROGRAM/POLICY LEVEL INFORMATION – POST INTERVIEW QUESTIONS

THE FOLLOWING SET OF QUESTIONS ARE TO BE ANSWERED BY THE COMMUNITY LIAISON FOLLOWING THE INTERVIEW WITH THE KEY INFORMANT.

COMBINATIONS OF CHANGE STRATEGIES (Hypothesis Testing)

PC1. **For nutrition related programs/policies**, which of the following **CDC Community Strategies** were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

- Increase availability of healthier food and beverage choices 1
- Improve affordability of healthier food and beverage choices 2
- Improve geographic availability of supermarkets/ food retailers in underserved areas..... 3
- Improve production, distribution, and procurement of foods from local farms 4
- Restrict availability of less healthy foods and beverages 5
- Institute smaller portion size options..... 6
- Limit advertisements of less healthy foods and beverages 7
- Increase support for breastfeeding 8
- Other 9
- Not Applicable 10
- REFUSED -1
- DON'T KNOW -2

PC2. **For nutrition related programs/policies**, which of the following **CDC MAPPS Strategies** were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

*NOTE OF CLARIFICATION: MAPPS Strategies refer to a community's use of **Media, Access, Point Of Decision, Price, And Social Support/Services** in helping to change the social and physical environment to positively assist an individual in making healthier lifestyle choices.*

- Use media to promote healthy foods/drinks 1
- Restrict advertising and employ counter-advertising for unhealthy foods/ drinks 2
- Increase access to healthy food/ drink choices 3
- Reduce the availability of unhealthy foods/drinks 4
- Use point of decision labeling/ signage/ placement to increase consumption of healthy foods/drinks 5
- Use price to benefit consumption of healthy foods/drinks..... 6
- Use social support/services to promote breastfeeding..... 7
- Other 8
- Not Applicable 9
- REFUSED -1
- DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
 Expiration Date:
 8/31/2016

PC3. For physical activity related programs/policies, which of the following CDC Community Strategies were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

- Require physical education in schools 1
- Increase the amount of physical activity in physical education programs in schools 2
- Increase opportunities for extracurricular physical activity 3
- Reduce screen time in public service venues 4
- Improve access to outdoor recreational facilities 5
- Enhance infrastructure supporting bicycling 6
- Enhance infrastructure supporting walking 7
- Support locating schools within easy walking distance of residential areas 8
- Improve access to public Transportation 9
- Zone for mixed use development 10
- Enhance personal safety in areas where persons are or could be physically active 11
- Enhance traffic safety in areas where persons are or could be physically active 12
- Participate in community coalitions or partnerships to address obesity 13
- Other 14

- Not Applicable 15

- REFUSED -1
- DON'T KNOW -2

PC4. For physical activity related programs/policies, which of the following CDC MAPPS Strategies were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

- Use media to increase activity 1
- Increase access to safe locations to be active and improve the built environment 2
- Use of point of decision labeling/ signage/ placement to prompt physical activity 3
- Use social support/services to promote increased activity 4
- Other 5

- Not Applicable 6

- REFUSED -1
- DON'T KNOW -2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

PC5. What were the targeted groups whose behavior was to be changed by the community (program/policy)?

CODE ALL THAT APPLY.

- Children1
Parents/Caregivers2
Community members3
Business people4
Child care providers5
Food service personnel6
Government staff/official7
Health care providers8
Other service providers9
Teachers10
Nonprofit staff11
Other12
REFUSED-1
DON'T KNOW-2

FOR OTHER / FUTURE HYPOTHESES

PC6. What primary setting did this community (program/policy) affect?

CODE ALL THAT APPLY.

- Business 1
Child care/Preschool sites 2
Community Organizations 3
Criminal Justice 4
Faith-based organizations 5
Food retailers 6
Health care organizations 7
Health Department – Local 8
Health Department – State 9
Home 10
Other Government Organizations 11
Media 12
Neighborhood 13
Parks and Recreation 14
Schools 15
Transportation 16
Youth Organizations 17
Other 18
REFUSED-1
DON'T KNOW-2

SPECIFY:

PC7. At what level is this community (program/policy) intended to have the most effect?

- Individual 1
Family/Interpersonal 2
Organization 3
Community 4
Broader System 5
REFUSED-1
DON'T KNOW-2

PC8. What key social determinants or contributors to health disparities were addressed by this community (program/policy)? CODE ALL THAT APPLY.

- Access to healthcare 1
Community power/influence 2
Crime/safety 3
Education 4
Employment 5
Housing 6



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

Poverty/income inequality 7
Racism/discrimination 8
Social cohesion/connectedness... 9
Transportation 10
None 11
Other 12
REFUSED-1
DON'T KNOW-2

SECTION D PART I: CONTEXT/MODERATING FACTORS

In this last part, I would like to ask you a few overall questions about the factors in your community or situation that made it easier or more difficult to implement community programs and policies for healthy children and youth.

D1. What factors or aspects of the situation made it easier to bring about and implement these community programs/policies?

Five horizontal lines for handwritten response.

NONE 0
REFUSED-1
DON'T KNOW-2

D2. What factors or aspects of this situation made it more difficult to bring about and implement these community programs/policies?

Five horizontal lines for handwritten response.

NONE 0
REFUSED-1
DON'T KNOW-2

More specifically, we would like to ask you about some particular aspects of the situation that might have affected the community's efforts to promote physical activity, healthy nutrition, or healthy weight among children and youth.

D3. What is the level of awareness about the issue and actions to address it in the community?

Low 1
Medium 2
High 3
REFUSED-1
DON'T KNOW-2

IF D3=-1, -2, SKIP TO D5.

D4. Please explain why you selected the answer you did.

Five horizontal lines for handwritten response.

REFUSED-1
DON'T KNOW-2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

D5. What is the level of leadership in the community to address this issue?

- Low..... 1
Medium..... 2
High..... 3
REFUSED-1
DON'T KNOW-2

IF D5=-1, -2, SKIP TO D7.

D6. Please explain why you selected the answer you did.

Horizontal lines for text entry.

- REFUSED-1
DON'T KNOW.....-2

D7. What is the level of collaboration or working together in the community to address this issue?

- Low..... 1
Medium..... 2
High..... 3
REFUSED-1
DON'T KNOW-2

IF D7=-1, -2, SKIP TO D9.

D8. Please explain why you selected the answer you did.

Horizontal lines for text entry.

- REFUSED-1
DON'T KNOW.....-2

D9. What is the level of planning for action in the community to address this issue?

- Low..... 1
Medium..... 2
High..... 3
REFUSED-1
DON'T KNOW.....-2

IF D9=-1, -2, SKIP TO D11.

D10. Please explain why you selected the answer you did.

Horizontal lines for text entry.

- REFUSED-1
DON'T KNOW.....-2



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

D11. What is the level of resources available in the community to address this issue?

- Low..... 1
Medium..... 2
High..... 3
REFUSED-1
DON'T KNOW.....-2

IF D11=-1, -2, SKIP TO D13.

D12. Please explain why you selected the answer you did.

Blank lines for explanation.

- REFUSED-1
DON'T KNOW.....-2

D13. Is there anything else going on in the community – not mentioned yet – to promote physical activity, healthy nutrition, or healthy weight among children and youth?

- YES 1
NO 0
REFUSED-1
DON'T KNOW.....-2

IF D13=1, ANSWER D13a; ELSE SKIP TO D14.

D13a. If yes, please describe.

Blank lines for description.

- REFUSED-1
DON'T KNOW.....-2

D14. Who in the community has the most knowledge about this kind of activity? Please provide the name and contact information for the person we should contact.

Name:
Phone:
E-mail:

This is the last of the questions that I have for you. I really appreciate your time today. If you think of anything else, please feel free to contact me. Here is my card. When I get back to my office, I will be reviewing the notes I have made. If I have any additional questions, I will contact you via the information you provided at the beginning of this interview. Again, thank you very much for your time. The information you have provided is very useful, and we are very appreciative of your time. Good bye!

RECORD TIME INTERVIEW ENDED

Time entry box: [][] : [][] AM / PM



Healthy Communities Study

How Communities Shape Children's Health

OMB # 0925-0649
Expiration Date: 8/31/2016

SECTION D PART II: POST INTERVIEW QUESTIONS

THE FOLLOWING SET OF QUESTIONS ARE TO BE ANSWERED BY THE COMMUNITY LIAISON FOLLOWING THE INTERVIEW WITH THE KEY INFORMANT.

- PD1. Was the Key Informant reporting on the community program or policy responsible for bringing it about?
PD2. How consistent is this Key Informant (or document) with other sources of information?
PD3. How would you rate the overall credibility of this source?

Key Informant Interview

Sources and References

- 1) Fawcett, S. B., V. T. Francisco, D. Hyra, A. Paine-Andrews, J. A. Schultz, S. Russos, J. L. Fisher and P. Evensen. 2000. Building healthy communities. p. 75-93. *In* A. Tarlov and R. S. Peters (ed.), *Society and population health: A state perspective*. New Press. New York, NY.
- 2) Fawcett, S. B., V. T. Francisco, A. Paine-Andrews, R. K. Lewis, K. P. Richter, K. J. Harris, E. L. Williams, J. Y. Berkley, J. A. Schultz, J. L. Fisher and C. M. Lopez. 1993. *Work Group evaluation handbook: Evaluating and supporting community initiatives for health and development*. Work Group on Health Promotion and Community Development, University of Kansas. Lawrence, KS.
- 3) Fawcett, S. B., A. Paine-Andrews, V. T. Francisco, J. Schultz, K. P. Richter, J. Berkley-Patton, J. L. Fisher, R. K. Lewis, C. M. Lopez, S. Russos, E. L. Williams, K. J. Harris and P. Evensen. 2001. *Evaluating community initiatives for health and development*. WHO Reg Publ Eur Ser. (92):241-270.
- 4) Fawcett, S. B., A. Paine-Andrews, V. T. Francisco, J. A. Schultz, K. P. Richter, R. K. Lewis, E. L. Williams, J. Y. Berkley, C. M. Lopez and J. L. Fisher. 1996. Empowering community health initiative through evaluation. p. 161-187. *In* D. M. Fetterman, S.J. Kaferian, and A. Wandersman (ed.), *Empowerment evaluation: Knowledge and tools for self-assessment and accountability*. Sage Publications. Thousand Oaks.
- 5) Fawcett, S. B., J. A. Schultz, V. Carson, V. Renault and V. T. Francisco. 2003. Using Internet Based Tools to Build Capacity for Community-Based Participatory Research and Other Efforts to Promote Community Health and Development. p. 155-178. *In* M. Minkler, N. Wallerstein (ed.), *Community-Based Participatory Research for Health*. Jossey-Bass. San Francisco.
- 6) Fawcett, S. B., T. D. Sterling, A. Paine-Andrews, K. J. Harris, V. T. Francisco, K. P. Richter, R. K. Lewis and T. L. Schmid. 1995. *Evaluating community efforts to prevent cardiovascular disease*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Atlanta, GA.
- 7) Francisco, V. T., A. L. Paine and S. B. Fawcett. 1993. A methodology for monitoring and evaluating community health coalitions. *Health Educ Res.* 8(3):403-416.
- 8) Goodman, R. M., L. C. Liburd and A. Green-Phillips. 2001. The formation of a complex community program for diabetes control: lessons learned from a case study of Project DIRECT. *J Public Health Manag Pract.* 7(3):19-29.
- 9) Goodman, R. M., M. A. Speers, K. McLeroy, S. B. Fawcett, M. Kegler, E. A. Parker, S. R. Smith, T. D. Sterling and N. Wallerstein. 1998. Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Educ Behav.* 25(3):258-278.
- 10) Paine-Andrews, A., J. L. Fisher, P. J. Berkley, S. B. Fawcett, E. L. Williams, R. K. Lewis and K. J. Harris. 2002. Analyzing the contribution of community change to population health outcomes in an adolescent pregnancy prevention initiative. *Health Educ Behav.* 29(2):183-193.
- 11) Paine-Andrews, A., K. J. Harris, S. B. Fawcett, K. P. Richter, R. K. Lewis, V. T. Francisco, J. Johnston and S. Coen. 1997. Evaluating a Statewide Partnership for Reducing Risks for Chronic Diseases. *Journal of Community Health.* 22(5):343.

APPENDIX C:
SCHOOL OBSERVATIONS
QUESTIONNAIRE

PHYSICAL ACTIVITY OBSERVATIONS

SECTION B: THE SCHOOL PHYSICAL ACTIVITY RESOURCE ASSESSMENT (SCHOOL PARA)

There is little to no public reporting burden of this collection of information as it is completed by research staff. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number

PLEASE COMPLETE THE FOLLOWING FORM FOR THE FOUR SCHOOLS SELECTED FOR OBSERVATIONS IN THE COMMUNITY DURING THE LIAISON'S INITIAL VISIT.

Today's Date: / /

B1. : AM/PM : AM/PM
Start Time End Time

B1a. B1b.
School ID Liaison ID (Observer)

B2. Approximate size (size of entire school property)

<input type="checkbox"/> small (1/2 square block)	1
<input type="checkbox"/> medium (>1/2 square block up to 1 square block)	2
<input type="checkbox"/> large (>1 square block)	3
<input type="checkbox"/> Don't Know	-2

B3. Capacity (posted fire capacity for indoor facilities)

Don't Know -2

B4. Cost

<input type="checkbox"/> Free	1
<input type="checkbox"/> Pay at the door	2
<input type="checkbox"/> Pay for only certain programs	3
<input type="checkbox"/> Other	4
<input type="checkbox"/> Don't Know	-2

B5. Hours of Operation

a) open : AM/PM
 Don't Know -2

b) close : AM/PM
 Don't Know -2

B6. Signage – Hours

<input type="checkbox"/> Yes	1
<input type="checkbox"/> No	0
<input type="checkbox"/> Don't Know	-2

B7. Signage – Rules

<input type="checkbox"/> Yes	1
<input type="checkbox"/> No	0
<input type="checkbox"/> Don't Know	-2

		Rating			
Feature		Not present	Poor	Mediocre	Good
B8.	Baseball field	0	1	2	3
B9.	Basketball courts	0	1	2	3
B10.	Soccer field	0	1	2	3
B11.	Bike rack	0	1	2	3
B12.	Play equipment	0	1	2	3
B13.	Pool >3 ft deep	0	1	2	3
B14.	Sandbox	0	1	2	3
B15.	Sidewalk	0	1	2	3
B16.	Tennis courts	0	1	2	3
B17.	Trails – running/ biking	0	1	2	3
B18.	Volleyball courts	0	1	2	3

		Rating			
Amenity		Not present	Poor	Mediocre	Good
B19.	Wading pool <3ft	0	1	2	3
B20.	Access points	0	1	2	3
B21.	Bathrooms	0	1	2	3
B22.	Benches	0	1	2	3
B23.	Drinking fountain	0	1	2	3
B24.	Landscaping efforts	0	1	2	3
B25.	Lighting	0	1	2	3
B26.	Picnic tables	0	1	2	3
B27.	Shelters	0	1	2	3
B28.	Shower/Locker room	0	1	2	3
B29.	Trash containers	0	1	2	3

		Rating	
Incivilities		Not Present	Present
B30.	Auditory annoyance	0	1
B31.	Broken glass	0	1
B32.	Dog refuse	0	1
B33.	Evidence of alcohol use	0	1
B34.	Evidence of substance use	0	1

		Rating	
Incivilities		Not Present	Present
B35.	Graffiti/tagging	0	1
B36.	Litter	0	1
B37.	Overgrown grass	0	1
B38.	Sex paraphernalia	0	1
B39.	Vandalism	0	1

Comments: _____

PHYSICAL ACTIVITY OBSERVATIONS

SECTION A: PHYSICAL EDUCATION PERSONNEL INTERVIEW

Public reporting burden of this collection of information is 15 minutes, including the time for verbal consent, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project director at hcs@nhlbi.nih.gov.

mm		dd		yyyy			
Today's Date							

School ID					

Position of Person Being Interviewed

Liaison ID (Observer)					

AM/PM		AM/PM			
Start Time					

AM/PM		AM/PM			
End Time					

(VERBAL CONSENT SCRIPT): We are asking you to complete this interview because you are a part of the Physical Education staff in one of the schools within a community in the Healthy Communities Study. This study aims to study community policies and programs and how they relate to children's growth and health over time. The information we get from you will be used in this research study to try to understand how physical education practices and policies impact children's health. We will not collect any personally identifying information from you.

Do you understand and agree to participate in this interview? YES.....(proceed with interview) ... 1
NO.....(mark as refusal) 0

This interview will address physical education and physical activity policies and practices at your school. The first questions are about physical education practices.

PHYSICAL EDUCATION PRACTICES

- | | |
|---|---|
| <p>A1. How many weeks during the school year are (3rd / 7th) grade students scheduled to take physical education?</p> | <p># of weeks..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
 RF -1
 DK -2</p> |
| <p>A2. On average how many days per week are (3rd / 7th) grade students scheduled to take physical education?</p> | <p># of days <input style="width: 20px;" type="text"/>
 RF -1
 DK -2</p> |
| <p>A3. On average how many minutes is each session of physical education for (3rd / 7th) graders scheduled to last?</p> | <p># of minutes <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
 RF -1
 DK -2</p> |

A4. Does your school's standards for physical education specifically address...

	YES	NO	RF	DK
a. Competence in motor skills and movement patterns needed to perform a variety of physical activities?	1	0	-1	-2
b. Understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities?	1	0	-1	-2
c. Regular participation in physical activity?.....	1	0	-1	-2
d. Achievement and maintenance of a health-enhancing level of physical fitness?	1	0	-1	-2
e. Responsible personal and social behavior that respects self and others in physical activity settings?.....	1	0	-1	-2
f. Value for physical activity for health, enjoyment, challenge, self-expression, and/or social interaction?.....	1	0	-1	-2

A5. Does your school require or recommend that schools use...

	Require	Recommend	Neither	RF	DK
a. Fitnessgram	1	2	3	-1	-2
b. The President's Challenge	1	2	3	-1	-2
c. Other fitness test?.....					
Specify:.....	1	2	3	-1	-2

The next questions are about physical activity practices at your school, including recess, intramurals, physical activity clubs and interscholastic sports.

RECESS

A6. Does your school require or recommend that schools provide students with regularly scheduled recess?

- Require 1
- Recommend..... 2
- Neither 3
- RF-1
- DK.....-2

A7. **(Only ask of elementary PE teachers)**
How many minutes per day of recess are required or recommended for elementary school students?

Not an Elementary PE Teacher 0
 Less than 10 minutes per day..... 1
 10-19 minutes per day 2
 20-29 minutes per day 3
 30 or more minutes per day..... 4
 No specified time requirements or recommendations 5
 RF-1
 DK-2

INTRAMURALS, PHYSICAL ACTIVITY CLUBS AND INTERSCHOLASTIC SPORTS

A8. Does your school offer opportunities for students to participate in intramural sports or physical activity clubs?

YES..... 1
 NO.....(SKIP TO A10) 0
 RF.....(SKIP TO A10)..... -1
 DK.....(SKIP TO A10)..... -2

a. How many opportunities were reported?

of opportunities
 RF -1
 DK -2

A9. What are the intramural activities or physical activity clubs offered? *PROMPT FOR SPECIFIC ACTIVITIES OR COMMON ONES THAT MAY NOT BE LISTED: GOTR, STEP TEAM, DOUBLE DUTCH, ETC.*

ACTIVITY 1: _____
 ACTIVITY 2: _____
 ACTIVITY 3: _____
 ACTIVITY 4: _____
 ACTIVITY 5: _____
 ACTIVITY 6: _____
 ACTIVITY 7: _____
 ACTIVITY 8: _____
 ACTIVITY 9: _____
 ACTIVITY 10: _____
 ACTIVITY 11: _____
 ACTIVITY 12: _____

A10. Does your school offer interscholastic sports programs?

YES..... 1
 NO.....(SKIP TO A12) 0
 RF.....(SKIP TO A12)..... -1
 DK.....(SKIP TO A12)..... -2

a. How many programs were reported?

of programs.....
 RF -1
 DK -2

A11. Please list the name of the program as well as the grades to which that program applies.

- Program 1
- Program 1 grades
- Program 2
- Program 2 grades
- Program 3
- Program 3 grades
- Program 4
- Program 4 grades
- Program 5.....
- Program 5 grades..
- Program 6.....
- Program 6 grades ..
- Program 7.....
- Program 7 grades ..
- Program 8
- Program 8 grades ..
- Program 9
- Program 9 grades ..
- Program 10
- Program 10 grades ..

In these next questions, I'll ask about the facilities that your school might have or have access to for physical education and/or physical activity programs.

FACILITIES

A12. Does your school have or have access to the following?

	YES	NO	RF	DK
a. A gymnasium	1	0	-1	-2
If yes, Does this gym have basketball hoops?	1	0	-1	-2
If yes, Does this gym have markings/post holes for volleyball?	1	0	-1	-2
b. An indoor track	1	0	-1	-2
c. An indoor pool.....	1	0	-1	-2
d. A weight room.....	1	0	-1	-2
e. A cardiovascular fitness center (e.g.,cardio room, cycling room)	1	0	-1	-2

f. A dance studio.....	1	0	-1	-2
------------------------	---	---	----	----

g. A wrestling/mat room	1	0	-1	-2
-------------------------	---	---	----	----

h. A multipurpose room/mini-gym	1	0	-1	-2
---------------------------------	---	---	----	----

i. Other indoor facility: _____	1	0	-1	-2
---------------------------------	---	---	----	----

j. An outdoor track	1	0	-1	-2
---------------------------	---	---	----	----

k. A general use field	1	0	-1	-2
------------------------------	---	---	----	----

A13. Does your school , either directly or through the district, have a joint use agreement for shared facility use with...

	YES	NO	RF	DK
a. A local parks or recreation department.....	1	0	-1	-2

b. A local youth organization, such as the YMCA, Boys or Girls Clubs, or Boy Scouts or Girl Scouts	1	0	-1	-2
--	---	---	----	----

c. A local faith-based organization	1	0	-1	-2
---	---	---	----	----

d. A local health club	1	0	-1	-2
------------------------------	---	---	----	----

e. Any other public or private entity	1	0	-1	-2
---	---	---	----	----

A14. Outside of school hours or when not in session, do children or adolescents use any of your school's physical activity or athletic facilities for....

	YES	NO	RF	DK
a. Community-sponsored sports teams?.....	1	0	-1	-2

b. Community-sponsored classes or lessons, such as tennis or gymnastics?	1	0	-1	-2
--	---	---	----	----

c. Community-sponsored supervised "open-gym" or "free-play"?	1	0	-1	-2
--	---	---	----	----

A15. Outside of school hours or when school is not in session, do adults who are not school employees use any of this school's physical activity or athletic facilities for...

	YES	NO	RF	DK
a. Community-sponsored sports teams?	1	0	-1	-2

b. Community-sponsored classes or lessons, such as tennis or aerobics?	1	0	-1	-2
--	---	---	----	----

c. Community-sponsored supervised "open-gym"?	1	0	-1	-2
---	---	---	----	----

The last questions ask about professional development for physical educators at your school.

PROFESSIONAL DEVELOPMENT

A16. During the past two years has your school provided funding or offered professional development to those who teach physical education on...

	YES	NO	RF	DK
a. Methods to increase the amount of class time students are engaged in moderate to vigorous physical activity?	1	0	-1	-2

b. Using physical activity monitoring devices, such as pedometers or heart rate monitors for physical education?	1	0	-1	-2
--	---	---	----	----

c. Administering or using fitness tests	1	0	-1	-2
---	---	---	----	----

d. Helping students develop individualized physical activity plans	1	0	-1	-2
--	---	---	----	----

e. Developing and using student portfolios for physical education?	1	0	-1	-2
--	---	---	----	----

f. Teaching methods to promote inclusion and active participation of overweight children during physical education.....	1	0	-1	-2
g. Methods for developing, implementing, and evaluating intramural or physical activity clubs	1	0	-1	-2
h. Developing, implementing, and evaluating comprehensive school physical activity programs....	1	0	-1	-2
i. Establishing walking or biking to school programs	1	0	-1	-2
j. Assessing student weight status using body mass index (BMI), skinfolds, or bioelectrical impedance ...	1	0	-1	-2

7. How many students in this school were **approved for free meals** for the **last academic year at this school**? |_|_|_|_|_|_|_|
students
8. How many students in this school were **approved for reduced price meals** for the **last academic year at this school**? |_|_|_|_|_|_|_|
students
9. How many total students were enrolled at this school for the last academic year? |_|_|_|_|_|_|_|
students
10. Is the campus open (students are allowed to leave) at lunch for:
Please ✓ only one. All students 1
 Some students 2
 No students 3
11. For how many years has this school participated in the following (number of years can be approximate but should include the current year if applicable; write "1" if this is the first year the school is participating; write "0" if this school is not participating):
- a. The federally funded Fresh Fruit and Vegetable program? |_|_|
years
- b. The Department of Defense (DoD) Fresh program? |_|_|
years
- c. The State Farm to School Program? |_|_|
years
- d. USDA's Team Nutrition Initiative? |_|_|
years
- e. Healthier US School Challenge? |_|_| # years Bronze |_|_| # years Silver
|_|_| # years Gold
- f. Other state or Federal food or nutrition program?
 No other program.....(SKIP TO Q12).....0
 Name of program: _____ |_|_|
 Don't remember name.....-2 # years
12. During the **last academic school year** (or current year if this is the first year of the school), about **what percent of reimbursable school lunch entrées** at this school were prepared using the following methods?
- If a method is not used, enter 0. Please make sure responses add to 100%.
- a. Convenience prep [Pre-portioned, heat and serve items, i.e. frozen burrito] |_|_|_|%
- b. Minimal prep [Food preparation primarily involving assembling and portioning, i.e. chef's salad made with pre-cut and pre-cooked ingredients] |_|_|_|%

- c. School-made/scratch prep [food preparation involving the use of raw ingredients, some degree of ingredient prep, and cooking when needed, i.e. spaghetti with scratch-prepared sauce] |_|_|_|%

IF Q1=1, SKIP TO Q15.

13. Has the amount of scratch and minimal preparation cooking that has been done at this school been **increasing or decreasing**? **Please ✓ only one.**
- Increasing 1
 Decreasing 2
 There has been no change 3

14. Over how many years has this trend in scratch and minimal preparation cooking occurred? |_|_|_|
years

15. **To what extent** have each of the following components of the local wellness policy (a district or school policy to encourage healthy eating and physical activity among students) been implemented at this school and **for how many years** have they been in place? For example, if 10-50% of the policy component related to reimbursable school meal goals has been implemented, select *To Some Extent* and then enter the number of years it has been implemented in this manner. Note that if you are selecting "To a limited extent or not at all" please enter in the number of years this has been the situation. For example, if the policy component has not been in place at all and the school has been open for 12 years, please select that answer option and then enter the number 12 for the number of years.

Policy Component	Please ✓ only one.				Number of years in place
	To a limited extent or not at all (<10% implemented)	To some extent (10-50% implemented)	To a large extent (51-90% implemented)	Completely (>90% implemented)	
Reimbursable school meal goals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	|_|_|
Nutrition guidelines for all other foods sold (competitive foods) such as a la carte, school store, vending, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	|_|_|
Nutrition guidelines for foods that are not sold, but offered, such as at classroom parties and social events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	|_|_|

IF Q1=1, SKIP TO Q17.

16. To what extent have there been changes to the following within the last 10 years at this school:
(Choose one response for each item and estimate when the changes started, if applicable.)

Please ✓ only one.

If ✓'d, please fill in last column

	Did not change <input type="checkbox"/> 0	Got worse <input type="checkbox"/> 1	Somewhat improved <input type="checkbox"/> 2	Improved a lot <input type="checkbox"/> 3	Since __ years ago
Meal offerings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	↓				
Meal facilities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	↓				
Competitive foods	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	↓				

17. Any additional comments or explanations:

No comments.....0

LUNCH OBSERVATION FORM

Public reporting burden of this collection of information, to respond to the 4 questions to be asked of on-site food staff, is 5 minutes, including the time for completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project director at hcs@nhlbi.nih.gov.

Today's Date: / / mm/dd/year School ID

Lunchroom Observation Start Time: : AM/PM
 Lunchroom Observation End Time: : AM/PM Liaison ID (Observer)

Get a copy of the month's menu (if not able to obtain from school/district website prior to visit)

- Already obtained 1
- Collected today..... 2
- Not available..... 3

OBSERVATIONS BEFORE THE LUNCH SHIFT Competitive Foods Sold To Students On Campus

1. Number of Competitive Food Venues Operating at any time during the school day:

Number of outlets at Each Location by Venue Type
(Record a number in each box – write zero if none.)

Venue Type	Cafeteria #	Hallway #	Quad #	Gym #	Other Location(s) #
A la carte by the Food Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER <input type="text"/>
Vending machine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER <input type="text"/>
Other 1: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER <input type="text"/>
Other 2: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER <input type="text"/>
Other 3: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER <input type="text"/>

To either be asked of Food Staff on Site OR Observed Independently

2. How many minutes are the lunch period(s)? _____ minutes
3. How many minutes, on average, does a student spend in line to get lunch? Do not count waiting for made or cooked-to-order items. _____ minutes (Either ask Food Staff OR calculate)
To help calculate the minutes, select one student and observe their Start Time in the Line: _____ and their Time Served: _____
4. During the lunch period how much time is set aside for eating vs. playing/recess? Not distinctly separated (**Skip Question 5**)
 -OR-
 _____ minutes eating
 _____ minutes playing
5. Is play time/recess before or after when students eat lunch?
 Before 1
 After 2

FOOD OBSERVATIONS

For reimburseable meal and a la carte items, you can start completing this form before the lunch shift starts (as soon as foods are set out). For competitive food items, you can complete this form at any time, as long as the items being offered are set out.

	REIMBURSABLE MEAL ITEMS <i>Include # of items wherever indicated</i>	COMPETITIVE FOOD ITEMS			
		Whole grain option (≥ 50% WG)	A la carte Venue	Vending Machine	Other Competitive Food Venue(s)
Entrée/Mixed Dish Items					
Burritos	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Chicken burgers	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Chicken pieces/ nuggets (breaded and fried)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Hamburgers/Cheeseburger	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Hot dogs/Corn dogs	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Meat and potato	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Meat and rice/noodles/Asian-style	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Nacho chips with Salsa	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Nachos (with meat, beans, and/or cheese)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Pasta with meat (with/or without cheese)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Pasta with cheese (no meat) / pasta salad	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Pizza	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Quesadillas	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Ramen-type soup / cup of noodles	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Sandwiches grilled/hot (not burgers)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Sandwiches, cold	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Sandwich Bar	Y / N	Y / N	Y / N	Y / N	Y / N
Salad Bar Entrée (if side bar only, add to Other Foods line) Number of fresh fruits / vegetables: ___	Y / N	Y / N	Y / N	Y / N	Y / N
Pre-made Salads (meal/entrée sized)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Soups, Chilis, Stews with beans and/or meat, including minestrone	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Tacos	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Wraps	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Yogurt, Plain, (entrée only)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Yogurt, Flavored, (entrée only)	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Other Entrée: _____	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Other Entrée: _____	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Other Entrée: _____	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Other Entrée Bar: _____	Y / N : ___	Y / N	Y / N	Y / N	Y / N
Total grain products, 100% whole grain (100% whole wheat bread, pasta or tortillas, brown rice, corn tortillas):	___				
Total grain products, not 100% whole grain:	___				
Beverages					
Diet beverage	Y / N			Y / N	Y / N
Juice(100%) no added caloric sweeteners	Y / N			Y / N	Y / N
Juice, sweetened	Y / N			Y / N	Y / N
Milk – white, whole or 2%	Y / N			Y / N	Y / N
Milk – flavored, whole or 2%	Y / N			Y / N	Y / N
Milk – white, 1% or nonfat	Y / N			Y / N	Y / N
Milk – flavored, 1% or nonfat	Y / N			Y / N	Y / N
Soda, regular	Y / N			Y / N	Y / N
Sport drinks	Y / N			Y / N	Y / N
Water, bottled, unsweetened	Y / N			Y / N	Y / N
Other sweetened beverages (any beverage with added caloric sweetener not already listed)	Y / N			Y / N	Y / N
Other beverage: _____	Y / N			Y / N	Y / N
Other beverage: _____	Y / N			Y / N	Y / N

Lunch Room Observation Notes Page

Questions for Food Staff

Other Notes

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	REIMBURSABLE MEAL ITEMS <i>Include # of items wherever indicated</i>	COMPETITIVE FOOD ITEMS			
		Whole grain option (≥ 50% WG)	A la carte Venue	Vending Machine	Other Competitive Food Venue(s)
Fruit					
Fruit, dried	Y / N : ___		Y / N	Y / N	Y / N
Fruit, fresh	Y / N : ___		Y / N	Y / N	Y / N
Fruit, frozen, canned or cooked	Y / N : ___		Y / N	Y / N	Y / N
Vegetables/Salad					
Fried potatoes (including pre-fried, oven baked, French fries, tater tots, potato skins)	Y / N : ___		Y / N	Y / N	Y / N
Salads, side (tossed, raw vegetables)	Y / N : ___		Y / N	Y / N	Y / N
Vegetables, other fried	Y / N : ___				
Vegetables, fresh	Y / N : ___		Y / N	Y / N	Y / N
Vegetables, processed, i.e. canned, frozen	Y / N : ___		Y / N	Y / N	Y / N
Cereals/Desserts/Snacks					
Candy/chocolate	Y / N		Y / N	Y / N	Y / N
Cake	Y / N				
Cake type (brownies, cupcakes, Twinkies)		Y / N	Y / N	Y / N	Y / N
Cake type (lower/reduced fat)		Y / N	Y / N	Y / N	Y / N
Cereal frosted or flavored		Y / N	Y / N	Y / N	Y / N
Cereal not frosted or flavored		Y / N	Y / N	Y / N	Y / N
Chips (corn, potato, puffed cheese, tortilla)	Y / N	Y / N	Y / N	Y / N	Y / N
Chips (lower/reduced fat, baked)	Y / N	Y / N	Y / N	Y / N	Y / N
Cookies	Y / N	Y / N	Y / N	Y / N	Y / N
Cookies (lower/reduced fat)	Y / N	Y / N	Y / N	Y / N	Y / N
Corn nuts			Y / N	Y / N	Y / N
Crackers, regular		Y / N	Y / N	Y / N	Y / N
Crackers / Pretzels (lower/reduced fat)		Y / N	Y / N	Y / N	Y / N
Frozen non-dairy (fruit bar, Jell-O Pops, Popsicles)			Y / N	Y / N	Y / N
Frozen desserts, Low fat (yogurt, sherbet, ice milk)	Y / N		Y / N	Y / N	Y / N
Frozen desserts, other: _____	Y / N		Y / N	Y / N	Y / N
Fruit roll-up or fruit snacks with added sugar			Y / N	Y / N	Y / N
Granola bar/cereal bar/energy bar/snack bar		Y / N	Y / N	Y / N	Y / N
Ice Cream (bar, Fudgesicles, scoops, cups, sundaes, sandwiches)	Y / N		Y / N	Y / N	Y / N
Meat snacks (jerky, salami, pork rinds)			Y / N	Y / N	Y / N
Milkshake			Y / N	Y / N	Y / N
Muffins		Y / N	Y / N	Y / N	Y / N
Muffins (low/reduced fat)		Y / N	Y / N	Y / N	Y / N
Nuts and seeds (almond, sunflower seeds)			Y / N	Y / N	Y / N
Pastries (donuts, pies, turnovers, toaster pastries)		Y / N	Y / N	Y / N	Y / N
Pastries (lower/reduced fat)		Y / N	Y / N	Y / N	Y / N
Pastries, other: _____	Y / N	Y / N	Y / N	Y / N	Y / N
Popcorn, air popped or low fat			Y / N	Y / N	Y / N
Popcorn, butter or flavored			Y / N	Y / N	Y / N
Trail mix, without candy			Y / N	Y / N	Y / N
Trail mix, with candy			Y / N	Y / N	Y / N
Other dessert/snack: _____	Y / N	Y / N	Y / N	Y / N	Y / N
Other dessert/snack: _____	Y / N	Y / N	Y / N	Y / N	Y / N
Other foods: _____	Y / N	Y / N	Y / N	Y / N	Y / N
Other foods: _____	Y / N	Y / N	Y / N	Y / N	Y / N

OTHER OBSERVATIONS DURING THE LUNCH SHIFT

1. In what forms is unsweetened water available free of charge in the dining or serving areas?
Please ✓ all that apply.
 - Water fountain..... 1
 - Pitcher 2
 - Bottles3
 - Dispenser4
 - Other5
 - None.....0

2. Presence of *indoor* dining areas
Please ✓ only one.
 - None (no indoor dining areas provided)...**SKIP TO Q. 6**.....0
 - Informal (students can eat inside but no seating AND tables provided for this purpose).....**SKIP TO Q. 5**.....1
 - Formal (indoor eating area with seating AND tables provided for this purpose).....2

3. Size of formal *indoor* dining area
 - Big enough to seat all students 1
 - Too small to seat all students.....2

4. Crowding in formal *indoor* dining area
 - Too crowded 1
 - Not too crowded2

5. Indoor dining décor / ambiance:
Please ✓ only one.
 - Exceptional.....1
 - Pleasant (*clean, cheerful, inviting*)2
 - Acceptable (*clean, well-kept, but sparse*).....3
 - Some areas of concern (*dirty, dingy, needs repairs, very worn etc.*)4

6. Presence of *outdoor* dining areas
Please ✓ only one.
 - None (no outdoor dining areas provided).....**SKIP TO Q. 10**0
 - Informal (students can eat outside but no seating AND tables provided for this purpose)...**SKIP TO Q. 9**.....1
 - Formal (outdoor eating area with seating AND tables provided for this purpose).....2

7. Size of formal *outdoor* dining area
 - Big enough to seat all students 1
 - Too small to seat all students2

8. Crowding in formal *outdoor* dining area
 - Too crowded 1
 - Not too crowded2

9. Outdoor dining décor / ambiance:
Please ✓ only one.
 - Exceptional.....1
 - Pleasant (*clean, cheerful, inviting*)2
 - Acceptable (*clean, well-kept, but sparse*)3
 - Some areas of concern (*dirty, dingy, needs repairs, very worn etc.*)4

10. In their interactions with students, some staff were:
Please ✓ all that apply.
 - Engaging (smiling, interactive, encouraging)1
 - Pleasant but not engaging2
 - Neutral (interact enough to process the students' meals)3
 - Impolite, impatient, or negative with students4
 - Unable to observe5

School Policies and Practices Related to Nutrition and Physical Activity

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project director at hcs@nhbi.nih.gov.

Please complete this questionnaire about the following school:

Name of school [PRE-LOADED SCHOOL NAME]

Discuss these questions with other school personnel as needed to get the most accurate responses possible. Personnel that may be particularly helpful include the school principal, district or school curriculum director or relevant subject matter lead, and physical activity coordinator. If you have any questions, please contact NORC at 1-866-209-0129 or via email at HCS@norc.org. *Thank you for your continued assistance with this study!*

Please answer questions for the current school year (if school is in session) or the previous school year (if school is not in session or data is not yet available for the current year).

School Liaison ID: _____

Date: ____ / ____ / ____ (mm/dd/yyyy)

Current or Most Recent School Year: ____ (yyyy) to ____ (yyyy)

1. What is/was the average **daily attendance** for the _____% of Students
current/most recent school year at this school?
Please record a percent.

1a. How many total students are/were enrolled at this _____ Number of Students
school during the current/most recent school year?

For each of the following items, indicate **to what extent** and **for how long** your school has been doing the following. When indicating how long, please enter in the number of years for which this school has been implementing each item to the extent you indicated.

EXAMPLE: If this school "Requires a specified number of hours of nutrition instruction for all grade levels" and has had this 100% implemented for the past 4 years, select the "Completely (>90% implemented)" option and enter 4 for the number of years. If the school has been open for 15 years and has never required nutrition instruction at any grade level, select "To a limited extent or not at all (<10% implemented)" and enter 15 for the number of years.

2. Requires a specified number of hours of nutrition instruction for all grade levels.	To a limited extent or not at all (<10% implemented) 1 To some extent (10-50% implemented) 2 To a large extent (51-90% implemented) 3 Completely (>90% implemented) 4
--	--

years: _____



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OMB No. 0925-0649
Exp. Date: 08/31/2016

3. Implements a comprehensive, sequential nutrition education program that includes all grade levels?

To a limited extent or not at all (<10% implemented) 1
 To some extent (10-50% implemented) 2
 To a large extent (51-90% implemented) 3
 Completely (>90% implemented) 4

years: _____

4. Has a team that meets on a regular basis to plan or review a comprehensive nutrition education program or curriculum.

To a limited extent or not at all (<10% implemented) 1
 To some extent (10-50% implemented) 2
 To a large extent (51-90% implemented) 3
 Completely (>90% implemented) 4

years: _____

5. Uses nutrition instruction materials that are based on health education content standards.

To a limited extent or not at all (<10% implemented) 1
 To some extent (10-50% implemented) 2
 To a large extent (51-90% implemented) 3
 Completely (>90% implemented) 4

years: _____

6. Has implemented the Nutrition Education Goals of the local wellness policy.

To a limited extent or not at all (<10% implemented) 1
 To some extent (10-50% implemented) 2
 To a large extent (51-90% implemented) 3
 Completely (>90% implemented) 4

years: _____

7. Has implemented the Physical Activity Goals of the local wellness policy.

To a limited extent or not at all (<10% implemented) 1
 To some extent (10-50% implemented) 2
 To a large extent (51-90% implemented) 3
 Completely (>90% implemented) 4

years: _____

8. How does this school compare to other schools of the same level [elementary, middle] in the district with regard to implementation of the nutrition components of the wellness policy?

Less fully implemented than most..... 1
 About the same as most 2
 More fully implemented than most..... 3
 There are no other schools at our level in the district..... 4

9. How often did **your school** health or wellness council, committee, or team meet during the past 12 months?
- Did not meet 0
1-2 times 1
3-4 times 2
5-6 times 3
>6 times..... 4
No school council...(Skip to Q.10) 5
- 9a. For how many years has this school health or wellness council, committee, or team been meeting on a regular basis? _____ Number of Years
10. Currently, does someone in **your district or school** coordinate school health or wellness, for example, a school health coordinator, **AND, IF SO**, at what level do they provide this coordination?
- No.....(Skip to Q.11) 0
Yes, at **both the district and school levels** 1
Yes, at the **district level only** 2
Yes, at the **school level only** 3
- 10a. How long has this person been in this position? _____ Number of Years **and**
_____ Number of Months

The next questions are about your school's policies and practices related to physical activity and/or physical education.

11. In the past 12 months has your school...	Yes	No
a. Sought positive media attention for physical education?	<input type="checkbox"/>	<input type="checkbox"/>
b. Provided families of all students with information on physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered school-wide physical activity or sports events, such as fun runs, to families of all students?	<input type="checkbox"/>	<input type="checkbox"/>
d. Provided awards or recognition for outstanding physical activity programs, such as intramural or interscholastic sports programs?	<input type="checkbox"/>	<input type="checkbox"/>

12. In the past 12 months, has your school collaborated on physical activity programs with any of the following?	Yes	No
a. A local health department.	<input type="checkbox"/>	<input type="checkbox"/>
b. A local hospital.	<input type="checkbox"/>	<input type="checkbox"/>
c. A local mental health or social services agency.	<input type="checkbox"/>	<input type="checkbox"/>
d. A health organization, such as the American Heart Association or American Cancer Society.	<input type="checkbox"/>	<input type="checkbox"/>
e. A local college or university.	<input type="checkbox"/>	<input type="checkbox"/>
f. A local business.	<input type="checkbox"/>	<input type="checkbox"/>
g. A local parks or recreation department.	<input type="checkbox"/>	<input type="checkbox"/>
h. A local youth organization, such as the Boys and Girls Clubs.	<input type="checkbox"/>	<input type="checkbox"/>
i. Alliance for a Healthier Generation.	<input type="checkbox"/>	<input type="checkbox"/>
j. A local service club, such as the Rotary Club.	<input type="checkbox"/>	<input type="checkbox"/>
k. A local health or fitness club.	<input type="checkbox"/>	<input type="checkbox"/>
l. A local professional sports team.	<input type="checkbox"/>	<input type="checkbox"/>
m. A local department of transportation or public works.	<input type="checkbox"/>	<input type="checkbox"/>
n. A local law enforcement agency.	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about the use of physical activity as punishment for bad behavior and excluding students from physical activity or physical education as punishment for bad behavior.

13. Has your school adopted a policy that prohibits teachers from excluding students from all or parts of recess as punishment for bad behavior or failure to complete class work? Yes 1
No 0
14. Has your school adopted a policy that prohibits teachers from using physical activity, for example running/walking laps or pushups, to punish students for bad behavior? Yes 1
No 0
15. Has your school adopted a policy prohibiting physical education teachers from excluding students from all or part of physical education class(es) as a punishment for bad behavior? Yes 1
No 0

The last few questions ask about your school's active transport policies and practices.

16. Does your school do any of the following activities to support or promote walking or biking to and from school?		
	Yes	No
a. Use paid or volunteer crossing guards.	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a walking school bus (a walking school bus is a group of children walking to or from school with one or more adults).	<input type="checkbox"/>	<input type="checkbox"/>
c. Use law enforcement officials to promote traffic safety near the school.	<input type="checkbox"/>	<input type="checkbox"/>
d. Use law enforcement officials to prevent crime near the school.	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide bicycle racks at school.	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide promotional materials to students or parents such as safety tips or maps of bicycle or walking routes to schools.	<input type="checkbox"/>	<input type="checkbox"/>
g. Use traffic calming devices to slow driving speeds near the school.	<input type="checkbox"/>	<input type="checkbox"/>
h. Use reduced speed limits in a specified school zone during peak school travel times.	<input type="checkbox"/>	<input type="checkbox"/>

17. On an average school day, what percent of students walk or bike TO your school in the morning?
Please check (✓) only one answer.
- Less than 10% 1
 10-20% 2
 21-30% 3
 31-40% 4
 41-50% 5
 51-60% 6
 61-70% 7
 71-80% 8
 81-90% 9
 More than 90% 10



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18. On an average school day, what percent of students walk or bike home (or to some other destination) FROM your school in the afternoon?
Please check (✓) only one answer.

- Less than 10% 1
- 10-20% 2
- 21-30% 3
- 31-40% 4
- 41-50% 5
- 51-60% 6
- 61-70% 7
- 71-80% 8
- 81-90% 9
- More than 90% 10

19. Does your school prohibit students from walking or biking to or from school?

- Yes..... 1
- No..... 0