

# The Texas-Childhood Obesity Prevention Policy Evaluation (T-COPPE) and Safe Routes to School (SR2S) Project.

## Parent Consent Form

Name of Person Completing Survey: \_\_\_\_\_  
*Please Print*

4th Grade Child's Name: \_\_\_\_\_

4th Grade Child's School: \_\_\_\_\_

4th Grade Child's Teacher: \_\_\_\_\_

Dear Parent:

This survey is being carried out in your 4th grade child's school under the direction of The University of Texas School of Public Health and Texas A & M Health Science Center School of Rural Public Health. We would like to ask you to take part by filling out this survey, which takes about 20 minutes. This will help us to better understand school programs that were created to improve the physical activity and eating behaviors of children in Texas.

- **The 4th grade child's primary caregiver should complete the survey.**
- The survey asks questions about your 4th grade child's and your own physical activity (exercise), eating habits, the school neighborhood, and your household.
- There are no right or wrong answers.
- Participation is voluntary. Your choice to take part will not affect your child's grades in school or your child's ability to take part in any school activities.
- **After you complete the survey, this page with your name and your 4th grade child's name will be removed and kept confidential.** Only a number will be used to identify you and your child.
- **The information collected is private and will be kept in a secure location. It will be available only to scientists and their staff. At the end of the project it will be destroyed.**
- The results of the study may be published but will never mention any student, parent, or school name.
- You can skip a question if you do not want to answer it, and you may stop answering questions at any time or stop taking part in this project.
- There is no risk in filling out the survey.
- By filling out the survey, you agree to participate in the study.

If you have any questions about this research project, please contact Carolyn Smith, Measurement Coordinator (1-866-346-6163) at The University of Texas School of Public Health.

**Thanks in advance for taking part in this project!**  
*Please continue to the next page.*

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**MARKING INSTRUCTIONS**

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.

**CORRECT:** ●      **INCORRECT:** ✓✗●○

**Write & bubble in your phone number**

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I don't have a phone

Please PRINT your street number and street name in the space provided:

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Example: 1 2 3 Main Street

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**Please continue on the next page to begin the survey.**

School Name: \_\_\_\_\_

**MARKING INSTRUCTIONS**

- Use a No. 2 pencil only. Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.

CORRECT: ●

INCORRECT:

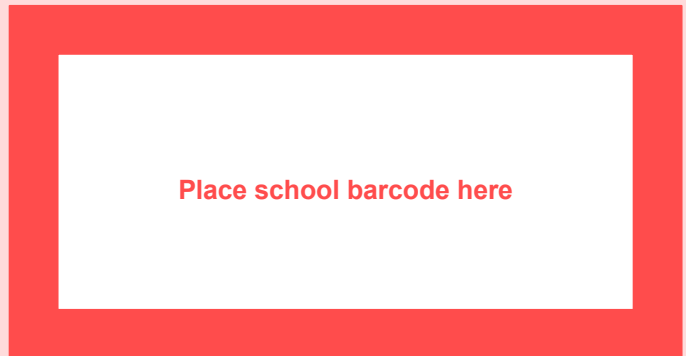
Bubble in today's date.

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For Office Use Only

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Do not mark in this area



**FOR OFFICE USE ONLY**

Bubble in your 4th grade child's age.

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Is your 4th grade child a boy or girl?

Boy  
 Girl

Of the following how do you describe your 4th grade child?  
(Fill in only one)

- Black or African-American
- Mexican-American, Latino or Hispanic
- White, Caucasian, Anglo
- Vietnamese
- Chinese
- Indian, Pakistani
- Other Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other: \_\_\_\_\_

(Write in any other)

1. What is your relationship to the 4th grade child you are completing the survey for?

- |                                                                 |                                                               |
|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="radio"/> Mother                                    | <input type="radio"/> Father                                  |
| <input type="radio"/> Grandmother                               | <input type="radio"/> Grandfather                             |
| <input type="radio"/> Other female adult - related to child     | <input type="radio"/> Other male adult - related to child     |
| <input type="radio"/> Other female adult - not related to child | <input type="radio"/> Other male adult - not related to child |

2. What language do you speak most of the time?

- |                                    |                                                                      |
|------------------------------------|----------------------------------------------------------------------|
| <input type="radio"/> Spanish      | <input type="radio"/> About the same in Spanish and English          |
| <input type="radio"/> English      | <input type="radio"/> About the same in Vietnamese and English       |
| <input type="radio"/> Vietnamese   | <input type="radio"/> About the same in another language and English |
| <input type="radio"/> Other: _____ |                                                                      |

(Write in any other language)

(Write in the other language)

3. What language do you think in most of the time?

- |                                    |                                                                      |
|------------------------------------|----------------------------------------------------------------------|
| <input type="radio"/> Spanish      | <input type="radio"/> About the same in Spanish and English          |
| <input type="radio"/> English      | <input type="radio"/> About the same in Vietnamese and English       |
| <input type="radio"/> Vietnamese   | <input type="radio"/> About the same in another language and English |
| <input type="radio"/> Other: _____ |                                                                      |

(Write in any other language)

(Write in the other language)

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4. Of the following how do **you** most identify yourself? (*Fill in only one*)

- Black or African American
- Mexican-American, Latino or Hispanic
- White, Caucasian, Anglo
- Vietnamese
- Chinese
- Indian, Pakistani
- Other Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other: \_\_\_\_\_  
(Write in other)

5. How many children live in **your** household?

- 0
- 1
- 2
- 3
- 4 or more

6. How many children in **your** household attend elementary school (PreK – 5th or 6th grade)?

- 0
- 1
- 2
- 3
- 4 or more

7. How many adults live in **your** household?

- 0
- 1
- 2
- 3
- 4 or more

8. How many years have **you** lived at your current address? (*Fill in only one*)

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 7 years
- 8 years
- 9 years
- 10 years
- 11 years
- 12 or more years

9. Do **you** have any medical conditions or disabilities that limit your physical activity?  No  Yes

10. The following questions are about **walking, biking and living in your home neighborhood**. Please consider your neighborhood as the surrounding area within a **20-MINUTE WALK from your home**. (*Fill in one answer for each line*)

	No	Yes, a few	Yes, Many
a. Are there sidewalks on most of the streets in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Are the sidewalks in your neighborhood well maintained (paved, even, and not a lot of cracks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Are there safe road crossings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do people walk or bike in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Is it safe for your **4th grade child** to walk or bike in your neighborhood?

- All of the time
- Most of the time
- Some of the time
- Not very often
- Never

12. Would you let your **4th grade child walk from school to:**  
*(Fill in one answer for each line)*

a. Food or other retail shops (e.g., restaurants, grocery stores, drug stores, clothing stores)?	<input type="radio"/> Never	<input type="radio"/> Yes, with other children	<input type="radio"/> Yes, by themselves or with other children
b. Recreational or open spaces (e.g., parks, trails, gyms, natural green spaces)?	<input type="radio"/> Never	<input type="radio"/> Yes, with other children	<input type="radio"/> Yes, by themselves or with other children
c. Places where your 4th grade child can play (e.g., playgrounds, parks, streets)?	<input type="radio"/> Never	<input type="radio"/> Yes, with other children	<input type="radio"/> Yes, by themselves or with other children

13. The following questions are about facilities for **walking and biking near your 4th grade child's school.** *(Fill in one answer for each line)*

	No	Yes, a Few	Yes, Many
a. Are there sidewalks on the streets near your 4th grade child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Are the sidewalks near your 4th grade child's school well maintained (paved, even, and not a lot of cracks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Are there trees along the streets near your 4th grade child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Are there bike lanes/paths or trails near your 4th grade child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are the bike lanes/paths or trails near your 4th grade child's school well maintained (paved, even, and not a lot of cracks)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Are there bike racks at or near your 4th grade child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Are there safe road crossings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. The following questions are about the **surroundings near your 4th grade child's school.** *(Fill in one answer for each line)*

Do you have:	No	Yes, a Few	Yes, Many
a. Attractive buildings and natural things to see?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Abandoned houses or vacant lots?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Graffiti on buildings, signs or walls? (excluding murals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Condoms, needles, syringes or drug-related paraphernalia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Well-maintained homes, apartments and gardens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People who walk or bike?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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15. Which of the following **problems** have affected your decision to **allow or not allow your 4th grade child to walk or bike to or from school?** (Fill in one answer for each line)

	Not a problem	Sometimes a problem	Always a problem
a. Distance (how far it is to walk or bike)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience of driving (to drive child to school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Time (amount of time it takes to get to or from school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 4th grade child's before or after-school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <b>Speed</b> of traffic along route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <b>Amount</b> of traffic along route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Adults or other children to walk or bike with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Sidewalks or pathways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Safety at intersections and crossings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Crossing guards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Violence or crime (e.g. bullying, gangs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Weather or climate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Stray or dangerous animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Cost of driving (e.g. gas, maintenance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. My child has a disability or health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. I encourage my **4th grade child** to walk or bike to school.

- Yes, all of the time                       Yes, some of the time                       Never  
 Yes, most of the time                       Not very often

17. Does your **4th grade child** have any medical conditions or disabilities that limit his or her physical activity?                       No                       Yes

18. Does your **4th grade child** have asthma?                       No                       Yes

If you answered yes, is the asthma well controlled by medication?                       No                       Yes                       N/A

19. Which days of the week is your **4th grade child** in a program **after** school?  
(Fill in all days that apply)

- None                       Monday                       Tuesday                       Wednesday                       Thursday                       Friday

20. Which days of the week is your **4th grade child** in a program **before** school?  
(Fill in all days that apply)

- None                       Monday                       Tuesday                       Wednesday                       Thursday                       Friday

21. On **most days**, how does your **4th grade child** arrive at school and leave **after** school?  
(Fill in **ONLY** one answer in each column)

	Arrive at school (Fill in only one)	Leave school (Fill in only one)
Walk	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>
School bus	<input type="radio"/>	<input type="radio"/>
Family vehicle (only with children from your family)	<input type="radio"/>	<input type="radio"/>
Carpool (riding with children from other families)	<input type="radio"/>	<input type="radio"/>
Transit (city bus, subway, etc.)	<input type="radio"/>	<input type="radio"/>
Other (skateboard, scooter, inline skates, etc.)	<input type="radio"/>	<input type="radio"/>

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22. On **most days**, how long does it take your **4th grade child** to get to and from school?  
(Fill in only one for each column)

	Travel time to school (Fill in only one)	Travel time from school (Fill in only one)
Less than 5 minutes	<input type="radio"/>	<input type="radio"/>
5 – 10 minutes	<input type="radio"/>	<input type="radio"/>
11 – 20 minutes	<input type="radio"/>	<input type="radio"/>
More than 20 minutes	<input type="radio"/>	<input type="radio"/>
I don't know or am not sure	<input type="radio"/>	<input type="radio"/>

23. I am sure that I can allow my **4th grade child** to walk to or from school:  
(Fill in one answer for each line)

	Not Sure	A Little Sure	Very Sure
a. Even if we live far from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Even if there is a lot of traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Even if it is hot outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Even if it is cold outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Even if it is raining outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Even if other children do not walk to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Even if I cannot walk with my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Even if I have worries or problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Even if I can drive my child to and from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. At least once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. At least 2-4 days of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Every day of the week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. With me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. With my child's friends or classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Alone, without other children or adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. If my **4th grade child** walks to and from school:  
(Fill in one answer for each line)

	Not Sure	A Little Sure	Very Sure
a. My child will be healthier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My child will get more physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My child will not become overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My child will cross the street safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My child will be ready to learn in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My child will be on time for school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I will have more time for other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Has your **4th grade child** asked you for permission to walk or bike to or from school in the last year?

- Yes
- No

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26. At what grade would or did you allow your **4th grade child** to walk or ride a bike without an adult or older child to or from school? (*Fill in ONLY one*)

- Kindergarten
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- I would not allow my child to walk or ride bike at any grade

27. At what grade would or did you allow your **4th grade child** to walk or ride a bike with other children their age to or from school? (*Fill in ONLY one*)

- Kindergarten
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- I would not allow my child to walk or ride bike at any grade

28. In general, how much does your **4th grade child's school** encourage or discourage walking and biking to or from school? (*Fill in ONLY one*)

- Strongly encourage
- Encourage
- Neither encourage or discourage
- Discourage
- Strongly Discourage
- I am unsure or don't know

29. What does your **4th grade child** usually do when she or he has a choice about how to spend free time?

- Almost always chooses activities like TV, reading, listening to music, or computers
- Usually chooses activities like TV, reading, listening to music, or computers
- Just as likely to choose active as inactive activities
- Usually chooses activities like bicycling, dancing, outdoor games, or active sports
- Almost always chooses activities like bicycling, dancing, outdoor games, or active sports

30. Do **you** like being physically active?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- Not very often
- Never
- I have a disability or health condition that prevents me from being physically active.

31. I do physical activities with my **4th grade child** like running, jogging, walking fast, bike riding, swimming, dancing, or skating.

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- Not very often
- Never
- My 4th grade child has a disability or health condition that prevents my child from being physically active
- I have a disability or health condition that prevents me from being physically active

32. How sure are you that you can influence your **4th grade child's** involvement in organized physical activities like sports teams or physical activity classes?

- Extremely sure
- Very sure
- Somewhat sure
- Not very sure
- My 4th grade child has a disability that prevents my child from being physically active



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33. How sure are you that you can influence your **4th grade child's** involvement in free time physical activities like riding a bike, playing actively outside, or shooting hoops?

- Extremely sure
- Somewhat sure
- My 4th grade child has a disability that prevents my child from being physically active
- Very sure
- Not very sure

34. How many of the **past 7 days** was your TV on while your **4th grade child** ate the evening meal?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

35. How often do **you** eat a snack while watching TV?

- Always
- Very often
- Sometimes
- Rarely
- Never

36. Do you have rules in your house about **how much TV** your **4th grade child** can watch?

- Yes
- No

37. How often do you make sure your **4th grade child** follows the rules about the amount of time he or she watches TV?

- Most of the time
- Some of the time
- Rarely
- Never
- My 4th grade child doesn't have rules for time spent watching TV

38. How much time do you allow your **4th grade child** to watch TV on **weekdays**?

- 1 hour or less per day
- 1-2 hours per day
- 2-3 hours per day
- 3 - 4 hours per day
- 4 or more hours per day
- As much TV as he or she wants as long as homework or chores are finished
- I do not allow my 4th grade child to watch TV on weekdays

39. How much time do you allow your **4th grade child** to watch TV on **weekends**?

- 1 hour or less per day
- 1-2 hours per day
- 2-3 hours per day
- 3 - 4 hours per day
- 4 or more hours per day
- As much TV as he or she wants as long as homework or chores are finished
- I do not allow my 4th grade child to watch TV on weekends

40. Do you have rules in your house on how much time your **4th grade child** can use the computer for uses other than homework?

- No
- Yes
- We don't have a computer at home

41. Experts recommend that children be physically active on how many **days per week**?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- I don't know

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42. Experts recommend that children should be physically active for at least how many minutes per day?

- 10 minutes    20 minutes    30 minutes    60 minutes    90 minutes    I don't know

43. Experts recommend that children engage in no more than how many hours of media-related activities, such as TV watching and video game playing, per day?

- 1 hour    2 hours    3 hours    4 hours    5 hours    6 hours

44. **Fresh or frozen fruits** are available in our home.

- Yes, all of the time    Yes, most of the time    Yes, some of the time    Never

45. **Fresh or frozen vegetables** are available in our home.

- Yes, all of the time    Yes, most of the time    Yes, some of the time    Never

46. **Skim or non-fat milk** is available in our home. (Don't count 1% or 2% milk)

- Yes, all of the time    Yes, most of the time    Yes, some of the time    Never

47. **Whole grain bread** is available in our home.

- Yes, all of the time    Yes, most of the time    Yes, some of the time    Never

48. **Sugar sweetened cereal** is available in our home.

- Yes, all of the time    Yes, most of the time    Yes, some of the time    Never

49. **Soft drinks or sugar sweetened drinks** are available in our home.  
(Example: Kool-Aid®, soda, sports drinks, energy drinks, other fruit flavor drinks)

- Yes, all of the time    Yes, most of the time    Yes, some of the time    Never

50. My **4th grade child** usually eats breakfast every morning.

- Yes, at home    Yes, either at home or school  
 Yes, at school    No, my child does not usually eat breakfast

51. Does your **4th grade child** eat lunch at school that is prepared by the school cafeteria?

- Never / almost never    Sometimes    Most of the time    Always / almost always

52. Do **you** use MyPlate?

- No    Yes    I don't know what MyPlate is

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53. Which of the following types of assistance does your family receive?

(Fill in one answer for each line)

	Yes	No
WIC (Women Infants & Children)	<input type="radio"/>	<input type="radio"/>
TANF (Temporary Assistance for Needy Families)	<input type="radio"/>	<input type="radio"/>
Medicaid/Texas Health Steps	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Free/Reduced meals at school	<input type="radio"/>	<input type="radio"/>
CHIP (Children's Health Insurance Program)	<input type="radio"/>	<input type="radio"/>
Other assistance	<input type="radio"/>	<input type="radio"/>

54. For yourself and the other adults in the household, indicate the highest level of education completed. (Fill in one answer for each person. If there are no other adult males and/or females bubble in the Not Applicable response)

	Myself	Other Adult Female	Other Adult Male
Not Applicable		<input type="radio"/>	<input type="radio"/>
Elementary school or less	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High school or GED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Associate degree in college (occupational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Associate degree in college (academic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bachelors degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduate or professional degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Does your family own a car, van or truck?

No       Yes, one       Yes, two or more

56. In the **past 12 months**, have you: (Fill in one answer for each question)

	Yes	No
a. Voted in an election (local, state, or national)?	<input type="radio"/>	<input type="radio"/>
b. Written or called a local, state, or federal government official about an issue in your community?	<input type="radio"/>	<input type="radio"/>
c. Attended a meeting of a school board, city council or other official government body?	<input type="radio"/>	<input type="radio"/>
d. Volunteered at your 4th grade child's school (e.g. PTA, PTO, SHAC, library, cafeteria monitor, classroom assistant, etc.)?	<input type="radio"/>	<input type="radio"/>
e. Volunteered for any community organization?	<input type="radio"/>	<input type="radio"/>
f. Have you participated in any Safe Routes to School activities at your 4th grade child's school?	<input type="radio"/>	<input type="radio"/>

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57. Please indicate how strongly **you** agree or disagree with each of the following statements about you and your community (*Fill in one answer for each line*)

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
a. If there is a problem in my community, the people who live here work together to get it resolved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People in the community where I live are only out for themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am afraid when I am out alone after dark in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In my community, a small group of people have all the power.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel like an outsider in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There is nothing I can do to solve problems in my community when they happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Were **you** born in the United States?

- No     Yes     Don't Know

If you were **not** born in the United States, how long have you lived here?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- Over 20 years

59. Which persons listed below were born in the United States? (*Fill in one answer for each person*)

	No	Yes	Don't Know
Your mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your 4th grade child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. How far does your **4th grade child** live from school?

- Less than 1/4 mile
- 1/4 mile up to 1/2 mile
- 1/2 mile up to 1 mile
- 1 mile up to 2 miles
- More than 2 miles
- I don't know

***Thank you for your participation!***