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

Example: 123 Main Street

Please write and bubble in your ZIP Code:

I don't have a phone

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.

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>1</td>
<td>2011</td>
</tr>
<tr>
<td>Feb</td>
<td>2</td>
<td>2012</td>
</tr>
<tr>
<td>Mar</td>
<td>3</td>
<td>2013</td>
</tr>
<tr>
<td>Apr</td>
<td>4</td>
<td>2014</td>
</tr>
<tr>
<td>May</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Sept</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Do not mark in this area**

**Place school barcode here**

---

**Bubble in your 4th grade child’s age.**

- 8
- 9
- 10
- 11
- 12

**Is your 4th grade child a boy or girl?**

- Boy
- Girl

**Of the following how do you describe your 4th grade child?**

- 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: ____________________________

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

- Mother
- Grandmother
- Other female adult - related to child
- Other female adult - not related to child
- Father
- Grandfather
- Other male adult - related to child
- Other male adult - not related to child

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

- Spanish
- English
- Vietnamese
- Other: ____________________________

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

- Spanish
- English
- Vietnamese
- Other: ____________________________
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. \((Fill\ in\ one\ answer\ for\ each\ line)\)

a. Are there sidewalks on most of the streets in your neighborhood?

- No
- Yes, a few
- Yes, Many

b. Are the sidewalks in your neighborhood well maintained (paved, even, and not a lot of cracks)?

- No
- Yes, a few
- Yes, Many

c. Are there safe road crossings?

- No
- Yes, a few
- Yes, Many

d. Do people walk or bike in your neighborhood?

- No
- Yes, a few
- Yes, Many

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)?  
  ○ Never  ○ Yes, with other children  ○ Yes, by themselves or with other children

- b. Recreational or open spaces (e.g., parks, trails, gyms, natural green spaces)?  
  ○ Never  ○ Yes, with other children  ○ Yes, by themselves or with other children

- c. Places where your 4th grade child can play (e.g., playgrounds, parks, streets)?  
  ○ Never  ○ Yes, with other children  ○ 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)

<table>
<thead>
<tr>
<th>Facilities</th>
<th>No</th>
<th>Yes, a Few</th>
<th>Yes, Many</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are there sidewalks on the streets near your 4th grade child’s school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are the sidewalks near your 4th grade child’s school well maintained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Are there trees along the streets near your 4th grade child’s school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Are there bike lanes/paths or trails near your 4th grade child’s school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Are the bike lanes/paths or trails near your 4th grade child’s school well maintained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Are there bike racks at or near your 4th grade child’s school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Are there safe road crossings?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Surroundings</th>
<th>No</th>
<th>Yes, a Few</th>
<th>Yes, Many</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attractive buildings and natural things to see?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Abandoned houses or vacant lots?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Graffiti on buildings, signs or walls? (excluding murals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Condoms, needles, syringes or drug-related paraphernalia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Well-maintained homes, apartments and gardens?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. People who walk or bike?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

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

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)

<table>
<thead>
<tr>
<th>Arrival/Leave</th>
<th>Arrive at school (Fill in only one)</th>
<th>Leave school (Fill in only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Bike</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>School bus</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Family vehicle (only with children from your family)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Carpool (riding with children from other families)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Transit (city bus, subway, etc.)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other (skateboard, scooter, inline skates, etc.)</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
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)*

<table>
<thead>
<tr>
<th>Travel time to school</th>
<th>Travel time from school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 minutes</td>
<td>□</td>
</tr>
<tr>
<td>5 – 10 minutes</td>
<td>□</td>
</tr>
<tr>
<td>11 – 20 minutes</td>
<td>□</td>
</tr>
<tr>
<td>More than 20 minutes</td>
<td>□</td>
</tr>
<tr>
<td>I don’t know or am not sure</td>
<td>□</td>
</tr>
</tbody>
</table>

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)*

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

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

<table>
<thead>
<tr>
<th></th>
<th>Not Sure</th>
<th>A Little Sure</th>
<th>Very Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My child will be healthier</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. My child will get more physical activity</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. My child will not become overweight</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. My child will cross the street safely</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. My child will be ready to learn in school</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. My child will be on time for school</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. I will have more time for other things</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

- □ Yes
- □ No
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

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
- Not sure

   - My 4th grade child has a disability that prevents my child from being physically active

   - I have a disability or health condition that prevents my child from being physically active
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
- Very sure
- Somewhat sure
- Not very sure
- My 4th grade child has a disability that prevents my child from being physically active

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
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, at school ○ Yes, either at home or 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
53. Which of the following types of assistance does your family receive?  
(Fill in one answer for each line)  

<table>
<thead>
<tr>
<th>Assistance Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC (Women Infants &amp; Children)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>TANF (Temporary Assistance for Needy Families)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medicaid/Texas Health Steps</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medicare</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Free/Reduced meals at school</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>CHIP (Children’s Health Insurance Program)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other assistance</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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)  

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Myself</th>
<th>Other Adult Female</th>
<th>Other Adult Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Elementary school or less</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Middle school</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>High school or GED</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Associate degree in college (occupational)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Associate degree in college (academic)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Bachelors degree</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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)  

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

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

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)*

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your mother</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your father</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your 4th grade child</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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!