

School Physical Activity and Nutrition (SPAN)

2nd Grade Parent Survey

Parent Consent Form

Name of Person Completing Survey: _____

2nd Grade Child's Name: _____

2nd Grade Child's School: _____

2nd Grade Child's Teacher: _____

Dear Parent:

This survey is being carried out in your 2nd grade child's school by the University of Texas School of Public Health and the Texas Department of State Health Services. 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 2nd grade child's primary caregiver should complete the survey.

- The survey asks questions about your 2nd grade child's and your own physical activity (exercise) and eating habits in 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 2nd 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 we 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 or taking part in this project at any time.
- There is no risk for 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, Project Director, at the University of Texas School of Public Health (1-866-346-6163).

You can also send an email to Carolyn.L.Smith@uth.tmc.edu

Thanks in advance for taking part in this project!

School Physical Activity and Nutrition (SPAN) 2nd Grade Parent Survey

Marking Instruction:
Fill in bubble(s) completely



To change your answer, erase completely



<p>1. What is today's date?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="radio"/> Jan</td> <td style="width: 25%;"><input type="radio"/> 2015</td> </tr> <tr> <td><input type="radio"/> Feb</td> <td><input type="radio"/> 2016</td> </tr> <tr> <td><input type="radio"/> Mar</td> <td><input type="radio"/> 2017</td> </tr> <tr> <td><input type="radio"/> Apr</td> <td><input type="radio"/> 2018</td> </tr> <tr> <td><input type="radio"/> May</td> <td><input type="radio"/> 2019</td> </tr> <tr> <td><input type="radio"/> June</td> <td><input type="radio"/> 2020</td> </tr> <tr> <td><input type="radio"/> July</td> <td><input type="radio"/> 2021</td> </tr> <tr> <td><input type="radio"/> Aug</td> <td><input type="radio"/> 2022</td> </tr> <tr> <td><input type="radio"/> Sept</td> <td></td> </tr> <tr> <td><input type="radio"/> Oct</td> <td></td> </tr> <tr> <td><input type="radio"/> Nov</td> <td></td> </tr> <tr> <td><input type="radio"/> Dec</td> <td></td> </tr> </table>	<input type="radio"/> Jan	<input type="radio"/> 2015	<input type="radio"/> Feb	<input type="radio"/> 2016	<input type="radio"/> Mar	<input type="radio"/> 2017	<input type="radio"/> Apr	<input type="radio"/> 2018	<input type="radio"/> May	<input type="radio"/> 2019	<input type="radio"/> June	<input type="radio"/> 2020	<input type="radio"/> July	<input type="radio"/> 2021	<input type="radio"/> Aug	<input type="radio"/> 2022	<input type="radio"/> Sept		<input type="radio"/> Oct		<input type="radio"/> Nov		<input type="radio"/> Dec		<p>2. What are you?</p> <p><input type="radio"/> Male <input type="radio"/> Female</p>	<p>4. Is your 2nd grade child a boy or girl?</p> <p><input type="radio"/> Boy <input type="radio"/> Girl</p>	<p>6. What is your 2nd grade child's birthdate?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">MO</th> <th colspan="2">DAY</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </tbody> </table>	MO		DAY		YEAR		0	0	0	0	0	0	1	1	1	1	1	1	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	8	8	8	8	8	8	9	9	9	9	9	9
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Office Use Only.

Do not write
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The next questions are about what your 2nd grade child ate **YESTERDAY**.

It is fine to have your child help you answer the questions since some of what he or she ate was at school. If you have a school menu, that can help your child remember.

Yesterday, how many times did your 2nd grade child...

(Choose one answer for each question)

	None	1 Time	2 Times	3 or More Times
15. ...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?	0	1	2	3+
16. ...eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other fried meat ?	0	1	2	3+
17. ...eat any <i>baked, grilled, broiled, or steamed</i> chicken or fish (examples of fish include shrimp, tuna, salmon, and sushi)?	0	1	2	3+
18. ...eat any peanuts, peanut butter, or other nuts such as pecans, walnuts, or almonds?	0	1	2	3+
19. ...eat any rice, macaroni, spaghetti, pasta noodles, or farro that were white ?	0	1	2	3+
20. ...eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were brown ?	0	1	2	3+
21. ...eat any bread, tortillas, buns, bagels, or rolls that were white ?	0	1	2	3+
22. ...eat any bread, tortillas, buns, bagels, or rolls that were brown ?	0	1	2	3+
23. ...eat any <i>hot or cold</i> cereal ?	0	1	2	3+
24. ...eat French fries or chips ? Chips are potato chips, tortilla chips, Cheetos®, corn chips, or any other snack chips.	0	1	2	3+
25. ...eat any starchy vegetables like potatoes, corn, or peas? <i>Do not count</i> French fries, fried potatoes, potato chips, or any other type of chips.	0	1	2	3+
26. ...eat any orange vegetables like carrots, squash, or sweet potatoes?	0	1	2	3+
27. ...eat salad made with lettuce , or any green vegetables like spinach, green beans, broccoli, or other greens?	0	1	2	3+
28. ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?	0	1	2	3+
29. ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? <i>Do not count</i> green beans.	0	1	2	3+
30. ...eat fruit ? Fruits are all fresh, frozen, canned, or dried fruits. <i>Do not count</i> fruit juice.	0	1	2	3+
31. ...eat a frozen dessert ? A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.	0	1	2	3+

Yesterday, how many times did your 2nd grade child...

(Choose one answer for each question)

	None	1 Time	2 Times	3 or More Times
32. ...eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
33. ...eat any candy ? Count chewy, gummy, hard, or chocolate candy. Do not count brownies, chocolate cookies, or gum.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
34. ...eat any kind of cheese , cheese spread, or cheese sauce? Count cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
35. ...drink plain milk ? Count milk on cereal. Do not count chocolate milk.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
36. ...drink any kind of flavored milk ? Count chocolate or other flavored milk or drinks made with milk, like a milkshake.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
37. ...eat yogurt or drink a yogurt drink? Do not count frozen yogurt.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
38. ...drink fruit juice? Fruit juice is a drink that is 100% juice , like orange juice, apple juice, or grape juice. Do not count punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks like SunnyD® or Capri Sun®.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
39. ...drink any punch, Kool-Aid®, sports drink, or other fruit-flavored drinks ? Do not count 100% fruit juice.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
40. ...drink any regular sodas or soft drinks? Do not count diet sodas.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
41. ...drink any diet sodas or diet soft drinks?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
42. ...drink a cup, bottle, or can of coffee, tea, iced tea , or a coffee drink like Frappuccino®?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+
43. ...drink a bottle or glass of water ? Count sparkling water or any other water drink that has 0 calories.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3+

Yesterday, did your 2nd grade child...

(Choose one answer for each question)

44. ...eat breakfast?
- No, he/she didn't eat breakfast yesterday.
- Yes, he/she ate breakfast **at home** yesterday.
- Yes, he/she ate breakfast **at school** yesterday.
- Yes, he/she ate breakfast **at home and school** yesterday.
- Yes, he/she ate breakfast **somewhere other than home or school** yesterday.
45. ...eat an evening meal (supper or dinner)?
- No, he/she didn't eat an evening meal yesterday.
- Yes, he/she ate an evening meal **that was homemade**.
- Yes, he/she ate an evening meal at home **that was not homemade** (frozen pizza, microwave meal, etc.).
- Yes, he/she ate an evening meal **from a fast food restaurant, pizza place, or sit-down restaurant** (Mexican, Italian, Indian, etc.).
- Yes, he/she ate an evening meal **from a place other than home or a restaurant**.

46. Last week, how often:
(Choose one answer for each of the following questions)
- | | Never | Some of the time | Most of the time | All of the time |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...Did your 2nd grade child eat breakfast? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...Did you eat an evening meal together with your 2nd grade child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...Did your 2nd grade child watch TV while eating his or her evening meal? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...Did your 2nd grade child help you prepare your evening meal? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...Did your 2nd grade child eat dinner from a sit-down or fast food restaurant? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...Were fresh or frozen fruits served as snacks in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. ...Were fresh or frozen vegetables served at the evening meal in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. ...Was skim or nonfat milk served at meals or snacks in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. ...Was 100% whole-wheat or whole-grain bread or tortillas served at meals in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. ...Was sugar-sweetened cereal (Frosted Flakes®, Fruit Loops®, Cocoa Pebbles®, etc.) served at breakfast in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. ...Were sugar-sweetened drinks served at the evening meal in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

47. What kind of milk does your 2nd grade child **usually** drink?
- | | |
|---|---|
| <input type="radio"/> Regular (whole) milk | <input type="radio"/> Soy milk, almond milk, rice milk, or other milk |
| <input type="radio"/> 2% milk | <input type="radio"/> He/she doesn't drink milk |
| <input type="radio"/> 1% (low-fat) or fat-free (skim/nonfat) milk | <input type="radio"/> I don't know |

48. Does your 2nd grade child help prepare meals/cook at home?
Do not count frozen dinners.
- Never Yes, some of the time Yes, most of the time Yes, all of the time

49. How often does your family get **fruits/vegetables** from:
- | | Never | Some of the time | Most of the time | All of the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...A large chain grocery store (such as HEB, Albertsons, United, or Kroger)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...A natural or organic supermarket (such as Whole Foods Market, Sprouts, Trader Joe's, or Natural Grocers)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...A small local store or corner store (such as a neighborhood store)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...A convenience store (such as 7-Eleven, Dollar Store, or mini market)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...A warehouse club store (such as Sam's Club or Costco)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...A discount superstore (such as Wal-Mart or Target)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. ...An ethnic market (such as Asian, Indian, Hispanic)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. ...A farmer's market/food co-op? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. ...A food bank/pantry? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. ...Your own garden? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

50. Do you use food labels (nutrition facts) to make your food choices?
- Yes, all of the time Yes, most of the time Yes, some of the time Never

51. Do you use MyPlate?
- No Yes I don't know what MyPlate is

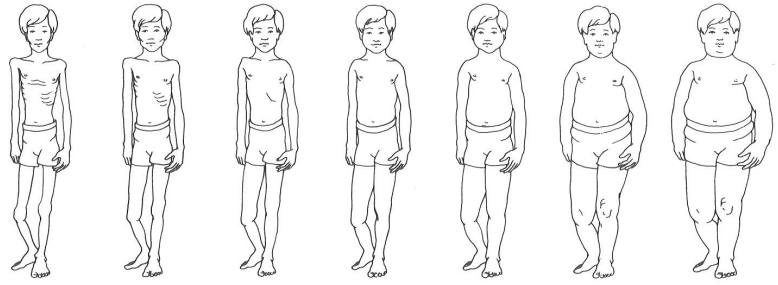
52. My 2nd grade child thinks healthy foods taste good.
- Always Almost always Sometimes Almost never Never

53. Do you think the lunch served in your 2nd grade child's school cafeteria is healthy?
- Always Almost always Sometimes Almost never Never

54. Last week, on which days was your 2nd grade child physically active for a total of **at least 60 minutes per day**? (*Add up all the time he/she spent in any kind of physical activity that increased his/her heart rate and made him/her breathe hard some of the time.*) **Choose all that apply.**
- My 2nd grade child didn't do any exercise last week that made his/her heart beat fast for 60 minutes.
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
55. Last week, on which days did your 2nd grade child play outdoors for **30 minutes or more**? **Do not count** outdoor play during school hours.
- My 2nd grade child didn't play outdoors last week.
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
56. My 2nd grade child does enough physical activity to maintain good health and fitness.
- Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree
57. During the past 12 months, on how many **sports teams** did your 2nd grade child play?
Examples: soccer, basketball, baseball, softball, swimming, cheerleading, wrestling, track, football, dance, karate, tennis, and volleyball teams. **Do not include** PE classes.
- 0 teams 1 team 2 teams 3 or more teams
58. Does your 2nd grade child currently take part in any other **organized physical activities, lessons or classes**?
Examples: martial arts, dance, gymnastics, or tennis.
- No Yes
59. On most days, what does your 2nd grade child **usually** do when he/she has a choice about how to spend leisure/free time?
- Almost always chooses activities like TV, reading, listening to music, computers, iPad®/tablet, or video games
 Usually chooses activities like TV, reading, listening to music, computers, iPad®/tablet, or video games
 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
60. If the weather is good, I encourage my 2nd grade child to play outside.
- Strongly disagree Somewhat disagree Neither disagree nor agree Somewhat agree Strongly agree
61. How many hours **per day** does your 2nd grade child **usually** watch TV, DVDs, or movies **away from school**?
Count TV shows or movies watched online or videos on YouTube®.
- My child doesn't watch TV, DVDs or movies Less than 1 hour 1 hour 2 hours 3 hours 4 hours 5 hours 6 hours or more
62. How many hours **per day** does your 2nd grade child **usually** spend using a computer or tablet/iPad® **away from school for school work**? **Count** homework, studying, looking up information for school, or reading for pleasure.
- My child doesn't use a computer or tablet/iPad® away from school for school work Less than 1 hour 1 hour 2 hours 3 hours 4 hours 5 hours 6 hours or more
63. How many hours **per day** does your 2nd grade child **usually** spend using a computer, tablet/iPad®, or Smartphone® **away from school for anything except school work**?
Count internet surfing, instant messaging or chatting. **Do not count** school work or games.
- My child doesn't use a computer or tablet/iPad®, or Smartphone® away from school for anything except school work Less than 1 hour 1 hour 2 hours 3 hours 4 hours 5 hours 6 hours or more
64. How many hours **per day** does your 2nd grade child **usually** spend playing video or computer games **away from school**? **Count** games on a video game console (Nintendo®, Xbox®, Playstation®), computer, or handheld (e.g. Minecraft®, The Sims®, Pokémon®), and games on a phone or mobile device (e.g. Candy Crush®, Angry Birds®).
- My child doesn't play video or computer games Less than 1 hour 1 hour 2 hours 3 hours 4 hours 5 hours 6 hours or more
65. Does your 2nd grade child have a TV in the room where he/she sleeps?
- No Yes I don't know
66. Does your 2nd grade child have a computer, iPad®, tablet, phone, or gaming console (Xbox® or PlayStation®) in the room where he/she sleeps?
- No Yes I don't know
67. During the school week, does your 2nd grade child have a regular bedtime?
- None of the time Some of the time Most of the time Always
68. On an average school night, how many hours of sleep does your **2nd grade child** get?
- 4 or less hours 6 hours 8 hours 10 or more hours
 5 hours 7 hours 9 hours

Boys

(Fill in one bubble for each question)



69. Which of these bodies do you think a 2nd grade boy should look like?

- 1 2 3 4 5 6 7

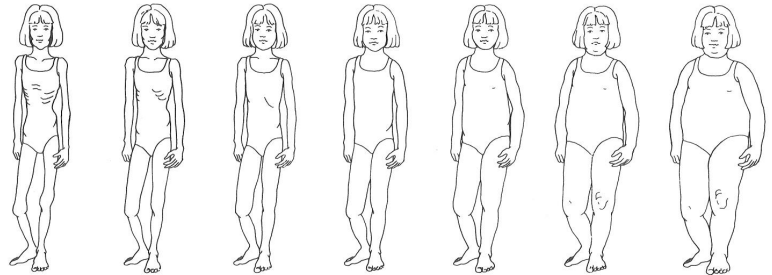
70. Which of these bodies looks most like your 2nd grade boy?

- 1 2 3 4 5 6 7

I don't have a 2nd grade boy

Girls

(Fill in one bubble for each question)



71. Which of these bodies do you think a 2nd grade girl should look like?

- 1 2 3 4 5 6 7

72. Which of these bodies looks most like your 2nd grade girl?

- 1 2 3 4 5 6 7

I don't have a 2nd grade girl

73. Does your 2nd grade child have a **physical limitation** or disability that makes it harder for him/her to do things that other children his/her age can do?

- No Yes I don't know

74. Does your 2nd grade child have food allergies to:

	No	Yes	I don't know
a. ...Nuts (including peanuts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...Gluten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...Dairy (milk/cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...Soy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. Has a doctor or nurse ever told you that your 2nd grade child has **asthma**?

- No Yes I don't know

76. Does your 2nd grade child take **medication** to control his/her **asthma**?

- No Yes I don't know My 2nd grade child does not have asthma

77. Has a doctor or nurse ever told you that your 2nd grade child has **diabetes**?

- No Yes I don't know

78. Does your 2nd grade child take **medication** every day to control his/her **diabetes** (use a pump or injection)?

- No Yes I don't know My 2nd grade child does not have diabetes

79. Has a doctor ever told you that your 2nd grade child has **Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)**?

- No Yes I don't know

80. Most of the time, does your 2nd grade child take **medication** to control his/her **ADD/ADHD**?
 No Yes I don't know My 2nd grade child does not have ADD/ADHD
81. Has a doctor ever told you that your 2nd grade child has **Autism Spectrum Disorder (ASD)**?
Examples: Autism, Asperger's, and other Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS).
 No Yes I don't know
82. Does your 2nd grade child take **medication** for his/her **ASD**?
 No Yes I don't know My 2nd grade child does not have ASD
83. During the past 12 months, how many times have your 2nd grade child's teeth or mouth been painful or sore?
 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
84. When is the last time your 2nd grade child saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
 During the past 12 months Between 12 and 24 months More than 24 months ago Never Not sure
85. During the past 12 months, how many times has your 2nd grade child missed school because of problems with his/her teeth or mouth?
 0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
86. Are **you** physically active?
 Never Yes, some of the time Yes, most of the time Yes, all of the time I have a disability or health condition that prevents me from being physically active
87. I am physically active with my 2nd grade child.
Examples: running, jogging, walking fast, bike riding, swimming, dancing, or skating.
 Never Yes, some of the time Yes, most of the time Yes, all of the time I have a disability or health condition that prevents me from being physically active My 2nd grade child has a disability or health condition that prevents him/her from physical activity
88. I watch my 2nd grade child when he/she is being **physically active**.
 Never Yes, some of the time Yes, most of the time Yes, all of the time My 2nd grade child has a disability or health condition that prevents him/her from physical activity
89. The following questions are about **rules** and discipline regarding your **2nd grade child**.
(Choose in one answer for each question)
- | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. ...I don't make my child do her/his homework. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...I punish my child for doing something one day, but ignore it the next. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...I change my mind to make things easier for myself. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...I let my child get away without doing work she/he has been given to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...I soon forget the rules I make. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...I usually don't find out about my child's misbehavior. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. ...I sometimes allow my child to do things that I say are wrong. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. ...I don't pay much attention to my child's misbehavior. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. ...I frequently change the rules my child is supposed to follow. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
90. Do you or another parent/guardian have the following **rules** about your child's eating, regardless of how often the child is told the rule?
- | | Yes | No | Sometimes |
|---|-----------------------|-----------------------|-----------------------|
| a. ...Limit portion sizes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...No meals while watching TV/DVD's? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...No fried snacks (such as potato chips) at home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...Must eat dinner with family? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...Limit fast food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...No sugary beverages? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. ...Must finish all food on plate? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. ...Must eat dinner before eating dessert? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree
91. If my child says, "I'm not hungry," I try to get him or her to eat anyway.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. I offer sweets to my child as a reward for good behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. I limit the amount of soda my child drinks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. I limit the number of snacks my child eats.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. How often do you.....	Never	Seldom	Sometimes	Often	Always
a. ...Avoid going to cafes or restaurants with your children that sell unhealthy food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...Avoid buying chips and sweets and bringing them into the house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...Not buy foods that you would like because you do not want your child to have them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...Praise your child for being physically active?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...Praise your child for eating a healthy snack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. How many hours of sleep do you normally get a night on a weekday?	<input type="radio"/> 4 hours or less <input type="radio"/> 5 hours <input type="radio"/> 6 hours <input type="radio"/> 7 hours <input type="radio"/> 8 hours <input type="radio"/> 9 hours or more				

97. How tall are you?
(If unsure, give your best guess)

Feet	Inches	OR	Centimeters
<input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0		<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 . <input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1		<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 . <input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2		<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 . <input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3		<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 . <input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4		<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 . <input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5		<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 . <input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6		<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 . <input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7		<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 . <input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8		<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 . <input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9		<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 . <input type="radio"/> 9

98. How much do you weigh?
(If unsure, give your best guess)

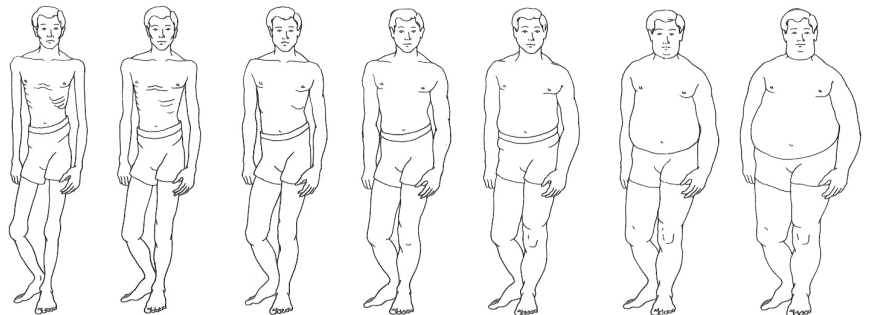
Pounds	OR	Kilograms
<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0		<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 . <input type="radio"/> 0
<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1		<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 . <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2		<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2 . <input type="radio"/> 2
<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3		<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3 . <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4		<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4 . <input type="radio"/> 4
<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5		<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5 . <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6		<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6 . <input type="radio"/> 6
<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7		<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7 . <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8		<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8 . <input type="radio"/> 8
<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9		<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9 . <input type="radio"/> 9

99. Which of the following are you trying to do about your weight?

Lose weight
 Gain weight
 Stay the same weight
 I am not trying to do anything about my weight

Male

(Fill in one bubble for each question)

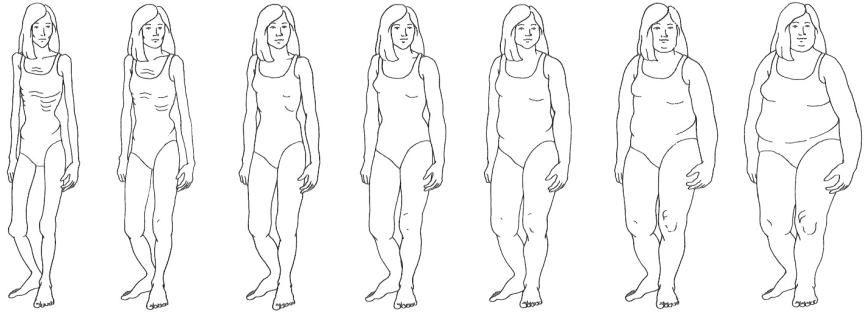


100. Which of these bodies do you think an adult male should look like? 1 2 3 4 5 6 7

101. Which of these bodies looks most like you? 1 2 3 4 5 6 7

I am not a male

Female



(Fill in one bubble for each question)

102. Which of these bodies do you think an adult female should look like? 1 2 3 4 5 6 7
103. Which of these bodies looks most like you? 1 2 3 4 5 6 7
- I am not a female

104. How many years has your **2nd grade child** been in the United States?

Years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

My 2nd grade child was born in the United States.

105. How many years has the 2nd grade child's **mother** been in the United States?

Years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

The 2nd grade child's mother was born in the United States.

106. How many years has the 2nd grade child's **father** been in the United States?

Years

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

The 2nd grade child's father was born in the United States.

107. Which of the following types of assistance does your family receive? **Choose all that apply**

- a. ...WIC (Women, Infants, and Children) No Yes I don't know
- b. ...SNAP Benefits (Supplemental Nutrition Assistance Program) No Yes I don't know
- c. ...Medicaid/Texas Health Steps No Yes I don't know
- d. ...Medicare No Yes I don't know
- e. ...Free/Reduced meals at school No Yes I don't know
- f. ...CHIP (Children's Health Insurance Program) No Yes I don't know
- g. ...TANF (Temporary Assistance for Families) No Yes I don't know
- h. ...Social Security No Yes I don't know
- i. ...Other: _____ No Yes I don't know

108. Since your 2nd grade child was born, has he/she been enrolled in **WIC** or has your family received **WIC services**? No Yes I don't know

109. Have you received health care purchased from the health care marketplace in the past year? **Do not count** insurance through your work. No Yes I don't know

110. When your 2nd grade child was a baby, was he or she **ever** breastfed or fed breast milk? No Yes I don't know

111. How old was your 2nd grade child when he/she was first fed something other than breast milk?

1 month 2 months 3 months 4 months 5 months 6 months 7 months 8 months 9 months 10 months 11 months 12 months My child was not breastfed I don't know

112. In the past 12 months, how often did your family NOT have enough money to: **(Choose one answer for each question)**

	Rarely or Never	Sometimes	Often	Almost Every Day	Every Day
a. ...Buy clothing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...Buy medicine prescribed by a doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...See a doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...Pay the rent or house payment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...Buy food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...Pay for school fees and supplies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ...Pay utilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ...Buy gas for your car or truck?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. In your neighborhood, how much of a problem are the things listed below?

	Not a Problem	Minor Problem	Somewhat Serious Problem	Very Serious Problem
a. ...Crime in the neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...Gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...Walking or riding a bike (due to poor sidewalks or crosswalks, high traffic, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...Too much noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...Trash and litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ...Lighting at night (such as street lights, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ...Availability of public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ...Prejudice and discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. ...Drugs (such as needles in parks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. ...Stray or dangerous animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. ...Availability of safe parks, playgrounds, and community centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. ...Access to healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

114. How many total cups of **fruits should** your 2nd grade child eat each day?

At least 2 At least 3 At least 4 At least 5 I don't know

115. How many total cups of **vegetables should** your 2nd grade child eat each day?

At least 2 At least 3 At least 4 At least 5 I don't know

116. Experts recommend that children 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

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

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

118. 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 I don't know

119. What is the **highest level** of education completed for **any adult** in your household?

Less than high school Some college Graduate or professional degree (Master's, PhD, MD, etc.)

High school or GED College degree

