

Texas School Physical Activity and Nutrition (Texas SPAN) Project

2nd Grade Parent Assent

Your Name: _____

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 under the direction of 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 questionnaire asks about your 2nd grade child's and your own physical activity (exercise), 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 questionnaire, this page with your names 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, school name, or district 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 participating in this project.
- You have the right to review all student materials used in the project. Please see the Protection of Pupil Rights Act. 20 U.S.C. Section 1232(c)(1)(A). If you have questions about this study please call 1-866-346-6163 and ask to speak to someone about the SPAN study.
- This project has been reviewed by your child's school district, but they are not conducting the project activities.
- By filling out the survey, you agree to participate in the study.

Thanks in advance for taking part in this project!

SERIAL #



Texas School Physical Activity and Nutrition (Texas 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: none;"> <tr> <td style="width: 15%;"><input type="radio"/> Jan</td> <td style="width: 15%; border: 1px solid black; text-align: center;">(1) (11) (21) (31)</td> <td style="width: 15%;"><input type="radio"/> 2021</td> </tr> <tr> <td><input type="radio"/> Feb</td> <td style="border: 1px solid black; text-align: center;">(2) (12) (22)</td> <td><input type="radio"/> 2022</td> </tr> <tr> <td><input type="radio"/> Mar</td> <td style="border: 1px solid black; text-align: center;">(3) (13) (23)</td> <td><input type="radio"/> 2023</td> </tr> <tr> <td><input type="radio"/> Apr</td> <td style="border: 1px solid black; text-align: center;">(4) (14) (24)</td> <td><input type="radio"/> 2024</td> </tr> <tr> <td><input type="radio"/> May</td> <td style="border: 1px solid black; text-align: center;">(5) (15) (25)</td> <td><input type="radio"/> 2025</td> </tr> <tr> <td><input type="radio"/> June</td> <td style="border: 1px solid black; text-align: center;">(6) (16) (26)</td> <td></td> </tr> <tr> <td><input type="radio"/> July</td> <td style="border: 1px solid black; text-align: center;">(7) (17) (27)</td> <td></td> </tr> <tr> <td><input type="radio"/> Aug</td> <td style="border: 1px solid black; text-align: center;">(8) (18) (28)</td> <td></td> </tr> <tr> <td><input type="radio"/> Sept</td> <td style="border: 1px solid black; text-align: center;">(9) (19) (29)</td> <td></td> </tr> <tr> <td><input type="radio"/> Oct</td> <td style="border: 1px solid black; text-align: center;">(10) (20) (30)</td> <td></td> </tr> <tr> <td><input type="radio"/> Nov</td> <td style="border: 1px solid black; text-align: center;"> </td> <td></td> </tr> <tr> <td><input type="radio"/> Dec</td> <td style="border: 1px solid black; text-align: center;"> </td> <td></td> </tr> </table> | <input type="radio"/> Jan | (1) (11) (21) (31) | <input type="radio"/> 2021 | <input type="radio"/> Feb | (2) (12) (22) | <input type="radio"/> 2022 | <input type="radio"/> Mar | (3) (13) (23) | <input type="radio"/> 2023 | <input type="radio"/> Apr | (4) (14) (24) | <input type="radio"/> 2024 | <input type="radio"/> May | (5) (15) (25) | <input type="radio"/> 2025 | <input type="radio"/> June | (6) (16) (26) | | <input type="radio"/> July | (7) (17) (27) | | <input type="radio"/> Aug | (8) (18) (28) | | <input type="radio"/> Sept | (9) (19) (29) | | <input type="radio"/> Oct | (10) (20) (30) | | <input type="radio"/> Nov | | | <input type="radio"/> Dec | | | <p>2. What are you?</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Prefer not to say</p> | <p>3. What is your age?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> | | | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | <p>4. What is your home zip code?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table> | | | | | | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 |
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| 9 | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. How do you most identify yourself? (<i>Choose only one</i>)</p> <p><input type="radio"/> Black or African-American</p> <p><input type="radio"/> Latino, Hispanic, or Mexican-American</p> <p><input type="radio"/> White, Caucasian, or Anglo</p> <p><input type="radio"/> Asian (from India or Pakistan)</p> <p><input type="radio"/> Asian (not from India or Pakistan)</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> Other _____</p> | <p>6a. How many children or youth younger than 18 live in your household?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p><input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> <p>6b. Including yourself, how many people 18 or older live in your household?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p><input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. What is your relationship to the 2nd grade child you are completing the survey for?</p> <p><input type="radio"/> Mother</p> <p><input type="radio"/> Father</p> <p><input type="radio"/> Other female caregiver</p> <p><input type="radio"/> Other male caregiver</p> <p><input type="radio"/> Other caregiver (not listed above)</p> <p>_____</p> | <p>8. Is your 2nd grade child a boy or girl?</p> <p><input type="radio"/> Boy</p> <p><input type="radio"/> Girl</p> <p>9. What is your 2nd grade child's age?</p> <p><input type="radio"/> 5</p> <p><input type="radio"/> 6</p> <p><input type="radio"/> 7</p> <p><input type="radio"/> 8</p> <p><input type="radio"/> 9</p> <p><input type="radio"/> Other: _____</p> | <p>10. What is your 2nd grade child's birthdate?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="border: none;">MONTH</th> <th style="border: none;">DAY</th> <th colspan="4" style="border: none;">YEAR</th> </tr> </thead> <tbody> <tr> <td style="border: none;"><input type="radio"/> Jan</td> <td style="border: none;">(1) (11) (21) (31)</td> <td style="border: none;">2</td> <td style="border: none;">0</td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;"><input type="radio"/> Feb</td> <td style="border: none;">(2) (12) (22)</td> <td style="border: none;">0</td> <td style="border: none;">●</td> <td style="border: none;">0</td> <td style="border: none;">0</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Mar</td> <td style="border: none;">(3) (13) (23)</td> <td style="border: none;">1</td> <td style="border: none;">1</td> <td style="border: none;">1</td> <td style="border: none;">1</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Apr</td> <td style="border: none;">(4) (14) (24)</td> <td style="border: none;">●</td> <td style="border: none;">2</td> <td style="border: none;">2</td> <td style="border: none;">2</td> </tr> <tr> <td style="border: none;"><input type="radio"/> May</td> <td style="border: none;">(5) (15) (25)</td> <td style="border: none;">3</td> <td style="border: none;">3</td> <td style="border: none;">3</td> <td style="border: none;">3</td> </tr> <tr> <td style="border: none;"><input type="radio"/> June</td> <td style="border: none;">(6) (16) (26)</td> <td style="border: none;">4</td> <td style="border: none;">4</td> <td style="border: none;">4</td> <td style="border: none;">4</td> </tr> <tr> <td style="border: none;"><input type="radio"/> July</td> <td style="border: none;">(7) (17) (27)</td> <td style="border: none;">5</td> <td style="border: none;">5</td> <td style="border: none;">5</td> <td style="border: none;">5</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Aug</td> <td style="border: none;">(8) (18) (28)</td> <td style="border: none;">6</td> <td style="border: none;">6</td> <td style="border: none;">6</td> <td style="border: none;">6</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Sept</td> <td style="border: none;">(9) (19) (29)</td> <td style="border: none;">7</td> <td style="border: none;">7</td> <td style="border: none;">7</td> <td style="border: none;">7</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Oct</td> <td style="border: none;">(10) (20) (30)</td> <td style="border: none;">8</td> <td style="border: none;">8</td> <td style="border: none;">8</td> <td style="border: none;">8</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Nov</td> <td style="border: none;"> </td> <td style="border: none;">9</td> <td style="border: none;">9</td> <td style="border: none;">9</td> <td style="border: none;">9</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Dec</td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </tbody> </table> | MONTH | DAY | YEAR | | | | <input type="radio"/> Jan | (1) (11) (21) (31) | 2 | 0 | | | <input type="radio"/> Feb | (2) (12) (22) | 0 | ● | 0 | 0 | <input type="radio"/> Mar | (3) (13) (23) | 1 | 1 | 1 | 1 | <input type="radio"/> Apr | (4) (14) (24) | ● | 2 | 2 | 2 | <input type="radio"/> May | (5) (15) (25) | 3 | 3 | 3 | 3 | <input type="radio"/> June | (6) (16) (26) | 4 | 4 | 4 | 4 | <input type="radio"/> July | (7) (17) (27) | 5 | 5 | 5 | 5 | <input type="radio"/> Aug | (8) (18) (28) | 6 | 6 | 6 | 6 | <input type="radio"/> Sept | (9) (19) (29) | 7 | 7 | 7 | 7 | <input type="radio"/> Oct | (10) (20) (30) | 8 | 8 | 8 | 8 | <input type="radio"/> Nov | | 9 | 9 | 9 | 9 | <input type="radio"/> Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Jan | (1) (11) (21) (31) | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Feb | (2) (12) (22) | 0 | ● | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Mar | (3) (13) (23) | 1 | 1 | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Apr | (4) (14) (24) | ● | 2 | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> May | (5) (15) (25) | 3 | 3 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> June | (6) (16) (26) | 4 | 4 | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> July | (7) (17) (27) | 5 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Aug | (8) (18) (28) | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Sept | (9) (19) (29) | 7 | 7 | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Oct | (10) (20) (30) | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Nov | | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. What was your 2nd grade child's birth weight?</p> <p><input type="radio"/> Very Low Birth Weight: Less than 3 lb 5 oz (1,499 grams)</p> <p><input type="radio"/> Low Birth Weight: 3 lb 6 oz - 5 lb 8 oz (1,500 - 2,499 grams)</p> <p><input type="radio"/> Normal Birth Weight: 5 lb 9 oz – 8 lb 13 oz (2,500 - 3,999 grams)</p> <p><input type="radio"/> High Birth Weight: More than 8 lb 13 oz (4,000 grams)</p> <p><input type="radio"/> I don't know</p> | <p>12. Was your 2nd grade child a single birth?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, my 2nd grade child was born a twin.</p> <p><input type="radio"/> No, my 2nd grade child was born a triplet or more.</p> <p><input type="radio"/> I don't know</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

13. How many weeks gestation was your **2nd grade child** born?

- Less than 34 weeks
 34 – 36 weeks
 37 – 40 weeks
 More than 40 weeks
 I don't know

14. How would you describe your **2nd grade child**?
(Choose only one)

- Black or African-American
 Latino, Hispanic, or Mexican-American
 White, Caucasian, or Anglo
 Asian (from India or Pakistan)
 Asian (**not** from India or Pakistan)
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Other _____

15. What language do you use with your **2nd grade child** most of the time? (Choose only one)

- English
 Spanish
 About the same in Spanish and English
 Other language _____
 About the same in another language and English _____

16. Did your 2nd grade child attend school on campus yesterday?

- Yes, all day
 Yes, part of the day
 No, my 2nd grade child was not on campus yesterday

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 |
|--|------|--------|---------|-----------------|
| 17. ...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs? | 0 | 1 | 2 | 3+ |
| 18. ...eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other fried meat ? | 0 | 1 | 2 | 3+ |
| 19. ...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+ |
| 20. ...eat any peanuts, peanut butter, or other nuts such as pecans, walnuts, or almonds? | 0 | 1 | 2 | 3+ |
| 21. ...eat any rice, macaroni, spaghetti, or pasta noodles that were white ? | 0 | 1 | 2 | 3+ |
| 22. ...eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were brown (examples include whole wheat, whole grain, sprouted grain, oat, flax, or high fiber)? | 0 | 1 | 2 | 3+ |
| 23. ...eat any bread, tortillas, buns, bagels, or rolls that were white ? | 0 | 1 | 2 | 3+ |
| 24. ...eat any bread, tortillas, buns, bagels, or rolls that were brown (examples include whole wheat, whole grain, sprouted grain, oat, flax, or high fiber)? Include corn tortillas. | 0 | 1 | 2 | 3+ |
| 25. ...eat any hot or cold cereal ? Cereals include oatmeal, Cream of Wheat®, Froot Loops®, Cheerios®, and shredded wheat. | 0 | 1 | 2 | 3+ |
| 26. ...eat French fries, chips, or crackers ? Chips are potato chips, tortilla chips, Cheetos®, corn chips, or other snack chips. Crackers are Saltines®, Triscuits®, Cheez-It® crackers or any other snack crackers. | 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 |
|---|------|--------|---------|-----------------|
| 27. ...have a snack bar ? Snack bars are protein bars, granola bars, and snack bars like FiberOne® bars, KIND®, LÄRABAR®, and Clif Bar®. | 0 | 1 | 2 | 3+ |
| 28. ...eat any starchy vegetables like potatoes, corn, or peas? Do not count French fries, fried potatoes, potato chips, or any other type of chips. | 0 | 1 | 2 | 3+ |
| 29. ...eat any orange vegetables like carrots, squash, or sweet potatoes? | 0 | 1 | 2 | 3+ |
| 30. ...eat salad made with lettuce , or any green vegetables like spinach, green beans, broccoli, or other greens? | 0 | 1 | 2 | 3+ |
| 31. ...eat any other vegetables like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes? | 0 | 1 | 2 | 3+ |
| 32. ...eat beans such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans? Do not count green beans. | 0 | 1 | 2 | 3+ |
| 33. ...eat fruit ? Fruits are all fresh, frozen, canned, or dried fruits. Do not count fruit juice. | 0 | 1 | 2 | 3+ |
| 34. ...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+ |
| 35. ...eat cookies, brownies, sweet rolls, doughnuts, pies, or cake? | 0 | 1 | 2 | 3+ |
| 36. ...eat any candy ? Count chewy, gummy, hard, chocolate, or any other type of candy. Do not count cookies, brownies, or gum. | 0 | 1 | 2 | 3+ |
| 37. ...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. | 0 | 1 | 2 | 3+ |
| 38. ...drink plain milk ? Count milk on cereal. Do not count chocolate or other flavored milk. | 0 | 1 | 2 | 3+ |
| 39. ...drink any kind of flavored milk ? Count chocolate, or other flavored milk or drinks made with milk, like a milkshake. | 0 | 1 | 2 | 3+ |
| 40. ...eat yogurt or drink a yogurt drink? Do not count frozen yogurt. | 0 | 1 | 2 | 3+ |
| 41. ...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®. | 0 | 1 | 2 | 3+ |
| 42. ...drink any punch, Kool-Aid®, sports drink, or other fruit-flavored drinks ? Do not count 100% fruit juice. | 0 | 1 | 2 | 3+ |
| 43. ...drink any regular sodas or soft drinks? Do not count diet sodas. | 0 | 1 | 2 | 3+ |
| 44. ...drink any diet sodas or diet soft drinks? | 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 |
|---|------|--------|---------|-----------------|
| 45. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink without sugar ? Do not count sweetened drinks or energy drinks. | 0 | 1 | 2 | 3+ |
| 46. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like Frappuccino® with sugar ? Do not count energy drinks. | 0 | 1 | 2 | 3+ |
| 47. ...drink an energy drink ? Energy drinks are drinks like Red Bull®, Rockstar®, Monster®, or Jolt® that contain caffeine. | 0 | 1 | 2 | 3+ |
| 48. ...drink a bottle or glass of water ? Count sparkling water or any other water drink that has 0 calories. | 0 | 1 | 2 | 3+ |

49. Yesterday, did your **2nd grade child** eat breakfast? **(Choose only one)**

- 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.

50. Yesterday did your **2nd grade child** eat an evening meal (supper or dinner)? **(Choose only one)**

- No, he/she didn't eat an evening meal yesterday.
- Yes, he/she ate an evening meal that was made at home **mostly or entirely from raw ingredients or from scratch**.
- Yes, he/she ate an evening meal that was made at home **mostly or entirely from processed ingredients, or was a ready-to-eat meal** (for example, frozen pizza, microwave meal, etc.).
- Yes, he/she ate an evening meal **from or at a fast food restaurant, pizza place, or sit-down restaurant** (for example, take out, delivery, dining in).

51. 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? Do not count frozen dinners. | <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"/> |

52. 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. ...were fresh or frozen fruits served as snacks in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...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"/> |
| c. ...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"/> |
| d. ...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"/> |
| e. ...was sugar-sweetened cereal (Frosted Flakes®, Froot Loops®, Cocoa Pebbles®, etc.) served at breakfast in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...were sugar-sweetened drinks served at the evening meal in your home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. What type of *hot or cold* **cereal** does your 2nd grade child eat ***most of the time***?
- My 2nd grade child does not eat hot or cold cereal.
 - Sweet** cereals like flavored oatmeal, flavored Cream of Wheat®, Frosted Flakes®, or Froot Loops®
 - Plain** cereals like plain oatmeal or Cream of Wheat®, Corn Flakes®, Cheerios®, Rice Krispies®, or Kix®

54. Do you use food labels (nutrition facts) to make your food choices?

- Never
- Some of the time
- Most of the time
- All of the time

| Nutrition Facts | |
|--------------------------------|----------------------|
| Serving Size 2/3 cup (55g) | |
| Servings Per Container About 8 | |
| Amount Per Serving | |
| Calories 230 | Calories from Fat 40 |
| <hr/> | |
| % Daily Value* | |
| Total Fat 8g | 12% |
| Saturated Fat 1g | 5% |
| Trans Fat 0g | |
| Cholesterol 0mg | 0% |
| Sodium 160mg | 7% |
| Total Carbohydrate 37g | 12% |
| Dietary Fiber 4g | 16% |
| Sugars 1g | |
| Protein 3g | |

55. Do you think the lunch served in your 2nd grade child's school cafeteria is healthy?

- Always
- Almost always
- Sometimes
- Almost never
- Never

56. Last week, how many 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.*

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

57. Last week, how many days did your 2nd grade child **play outdoors** for **30 minutes or more**? ***Do not count*** outdoor play during school hours.

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

58. 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

59. 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

60. 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

61. How many hours **per day** does your 2nd grade child **usually** spend using a computer or tablet/iPad®, smartphone **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 away from school for school work
- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours or more

62. On an average school day, how many hours does your 2nd grade child spend in front of a TV, computer, tablet, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media (also called "screen time")? ***Do not count*** time spent doing school work.

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

63. Does your 2nd grade child have an **electronic device** in the room where he/she **sleeps**?

Examples: TV, computer, iPad®/tablet, phone, or gaming console

- No Yes I don't know

64. 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

65. On an average school night, how many hours of sleep does your 2nd grade child get?

- 5 hours or less 7 hours 9 hours
 6 hours 8 hours 10 hours or more

66. 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, but my 2nd grade child can still play and do physical education (PE)
 Yes, and it keeps my 2nd grade child from playing or doing physical education (PE)
 I don't know/not sure

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

| | No | Yes | I don't know |
|---------------------|-----------------------|-----------------------|-----------------------|
| Nuts (peanut/tree) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gluten | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dairy (milk/cheese) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Soy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fish/Shellfish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

68. 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

69. How many times a day does your 2nd grade child **usually** brush his/her teeth?

- 0 times 1 time 2 times 3 or more times I don't know

70. 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

71. 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

| | Disagree | Slightly Disagree | Neutral | Slightly Agree | Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 72. 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"/> |
| 73. 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"/> |
| 74. I limit the amount of soda my child drinks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 75. I limit the number of snacks my child eats. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 76. Are you physically active? <input type="radio"/> Never <input type="radio"/> Yes, some of the time <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> I have a disability or health condition that prevents me from being physically active | | | | | |
| 77. How many hours of sleep do you normally get a night on a weekday? <input type="radio"/> 5 hours or less <input type="radio"/> 6 hours <input type="radio"/> 7 hours <input type="radio"/> 8 hours <input type="radio"/> 9 hours <input type="radio"/> 10 hours or more | | | | | |

78. About how tall are **you** without shoes on?
If unsure, give your best guess.

Ex:

| Feet | Inches | Centimeters |
|------|--------|-------------|
| 5 | 04 | 162.6 |
| 0 | 0 | 000.0 |
| 1 | 1 | 111.1 |
| 2 | 2 | 222.2 |
| 3 | 3 | 333.3 |
| 4 | 4 | 444.4 |
| 5 | 5 | 555.5 |
| 6 | 6 | 666.6 |
| 7 | 7 | 777.7 |
| 8 | 8 | 888.8 |
| 9 | 9 | 999.9 |

OR

| Feet | Inches | Centimeters |
|------|--------|-------------|
| | | |
| 0 | 0 | 000.0 |
| 1 | 1 | 111.1 |
| 2 | 2 | 222.2 |
| 3 | 3 | 333.3 |
| 4 | 4 | 444.4 |
| 5 | 5 | 555.5 |
| 6 | 6 | 666.6 |
| 7 | 7 | 777.7 |
| 8 | 8 | 888.8 |
| 9 | 9 | 999.9 |

79. About how much do **you** weigh without shoes on?
If unsure, give your best guess.

Ex:

| Pounds | Kilograms |
|--------|-----------|
| 136 | 061.7 |
| 0 | 000.0 |
| 1 | 111.1 |
| 2 | 222.2 |
| 3 | 333.3 |
| 4 | 444.4 |
| 5 | 555.5 |
| 6 | 666.6 |
| 7 | 777.7 |
| 8 | 888.8 |
| 9 | 999.9 |

OR

| Pounds | Kilograms |
|--------|-----------|
| | |
| 0 | 000.0 |
| 1 | 111.1 |
| 2 | 222.2 |
| 3 | 333.3 |
| 4 | 444.4 |
| 5 | 555.5 |
| 6 | 666.6 |
| 7 | 777.7 |
| 8 | 888.8 |
| 9 | 999.9 |

80. How old was your 2nd grade child when he/she **completely stopped** breastfeeding or being fed breastmilk?

My 2nd grade child was never breastfed or fed breastmilk

1 month or less

2-5 months

6 months

7-11 months

1 year or more

I don't know

81. **Within the past 12 months** we worried whether our food would run out before we got money to buy more.

Often true Sometimes true Never true

82. **Within the past 12 months** the food we bought just didn't last and we didn't have money to get more.

- Often true Sometimes true Never true

83. How safe is walking or biking to/from school for your 2nd grade child?

- Very safe
 Safe
 Neutral (neither safe or unsafe)
 Unsafe
 Very unsafe
 My child does not walk or bike to/from school

84. What is the **highest level** of education completed by the **2nd grader's mother or female caregiver** in the home?
(This might be you)

- Less than high school
 High school or GED
 Technical certificate or Associate's degree
 Some college but no degree
 College degree (Undergrad/Bachelor's)
 Graduate or professional degree (Master's, PhD, MD, etc.)
 There is not a mother/female caregiver in our household
 I don't know

85. What is the **highest level** of education completed by the **2nd grader's father or male caregiver** in the home?
(This might be you)

- Less than high school
 High school or GED
 Technical certificate or Associate's degree
 Some college but no degree
 College degree (Undergrad/Bachelor's)
 Graduate or professional degree (Master's, PhD, MD, etc.)
 There is not a father/male caregiver in our household
 I don't know

86. How did your 2nd grade child attend school last year during the COVID outbreak?

- All virtual at home
 Mostly virtual at home
 About the same for virtual at home and in person at school
 Mostly in person at school
 All in person at school
 Other

87. Compared to last school year (during the COVID-19 outbreak), how much of the following is your 2nd grade child **doing**:

| | Less than last year | Same amount as last year | More than last year |
|---|-----------------------|--------------------------|-----------------------|
| a. Eating junk food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Eating fruit and vegetables | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Drinking sodas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Sleeping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Physical activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Spending time outside | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Spending time in team sports | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Spending time in other youth clubs/lessons | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Spending time watching TV, playing video games, or on social media | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Spending time with friends remotely | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Spending time with friends in person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

STOP HERE.

Thank you very much for your help!

