

School Physical Activity and
Nutrition (SPAN) Project
Parent Consent Form

Name of Person Completing Survey: _____
Please Print

Phone #

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Area Code

4th Grade Child's Name: _____

4th Grade Child's School: _____

4th Grade Child's Teacher: _____

Dear Parent:

This survey is being carried out in your 4th grade child's school under the direction of the University of Texas School of Public Health and 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 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 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 Coordinator, at the University of Texas School of Public Health (512-346-6163).

Thanks in advance for taking part in this project!

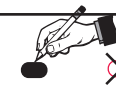
SPAN Parent Survey

Marking Instruction:

Fill in bubble(s) completely

Please Use #2 Pencil, Blue or Black Pen

To change your answer, erase completely



Right



Wrong



Wrong



Wrong

EXAMPLES

1. Bubble in today's date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 1	<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input type="checkbox"/> 31	<input type="checkbox"/> 2009
<input type="checkbox"/> Feb	<input type="checkbox"/> 2	<input type="checkbox"/> 12	<input type="checkbox"/> 22		<input type="checkbox"/> 2010
<input type="checkbox"/> Mar	<input type="checkbox"/> 3	<input type="checkbox"/> 13	<input type="checkbox"/> 23		<input type="checkbox"/> 2011
<input type="checkbox"/> Apr	<input type="checkbox"/> 4	<input type="checkbox"/> 14	<input type="checkbox"/> 24		<input type="checkbox"/> 2012
<input type="checkbox"/> May	<input type="checkbox"/> 5	<input type="checkbox"/> 15	<input type="checkbox"/> 25		<input type="checkbox"/> 2013
<input type="checkbox"/> Jun	<input type="checkbox"/> 6	<input type="checkbox"/> 16	<input type="checkbox"/> 26		<input type="checkbox"/> 2014
<input type="checkbox"/> Jul	<input type="checkbox"/> 7	<input type="checkbox"/> 17	<input type="checkbox"/> 27		<input type="checkbox"/> 2015
<input type="checkbox"/> Aug	<input type="checkbox"/> 8	<input type="checkbox"/> 18	<input type="checkbox"/> 28		
<input type="checkbox"/> Sep	<input type="checkbox"/> 9	<input type="checkbox"/> 19	<input type="checkbox"/> 29		
<input type="checkbox"/> Oct	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30		
<input type="checkbox"/> Nov					
<input type="checkbox"/> Dec					

2. Bubble in your age.

<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9

3. Bubble in your sex.

- Male
 Female

4. Bubble in your 4th grade child's age.

- 8
 9
 10
 11
 12

5. Is your 4th grade child a boy or girl?

- Boy
 Girl

6. How do you describe your 4th grade child? (Fill in only one)

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

(Write in other)

7. What was your 4th grade child's birth weight?

- Less than 4lbs (1.8 kg)
 4 lbs - 4 lbs, 15 oz (1.8 - 2.2 kg)
 5 lbs - 5 lbs, 15 oz (2.3 - 2.7 kg)
 6 lbs - 6 lbs, 15 oz (2.7 - 3.2 kg)
 7 lbs - 7 lbs, 15 oz (3.2 - 3.6 kg)
 8 lbs - 8 lbs, 15 oz (3.6 - 4.1 kg)
 9 lbs (4.1 kg) or more
 I don't know

8. Bubble in your 4th grade child's birth date.

<input type="checkbox"/> Jan	<input type="checkbox"/> 1	<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input type="checkbox"/> 31	<input type="checkbox"/> 1996
<input type="checkbox"/> Feb	<input type="checkbox"/> 2	<input type="checkbox"/> 12	<input type="checkbox"/> 22		<input type="checkbox"/> 1997
<input type="checkbox"/> Mar	<input type="checkbox"/> 3	<input type="checkbox"/> 13	<input type="checkbox"/> 23		<input type="checkbox"/> 1998
<input type="checkbox"/> Apr	<input type="checkbox"/> 4	<input type="checkbox"/> 14	<input type="checkbox"/> 24		<input type="checkbox"/> 1999
<input type="checkbox"/> May	<input type="checkbox"/> 5	<input type="checkbox"/> 15	<input type="checkbox"/> 25		<input type="checkbox"/> 2000
<input type="checkbox"/> Jun	<input type="checkbox"/> 6	<input type="checkbox"/> 16	<input type="checkbox"/> 26		<input type="checkbox"/> 2001
<input type="checkbox"/> Jul	<input type="checkbox"/> 7	<input type="checkbox"/> 17	<input type="checkbox"/> 27		<input type="checkbox"/> 2002
<input type="checkbox"/> Aug	<input type="checkbox"/> 8	<input type="checkbox"/> 18	<input type="checkbox"/> 28		<input type="checkbox"/> 2003
<input type="checkbox"/> Sep	<input type="checkbox"/> 9	<input type="checkbox"/> 19	<input type="checkbox"/> 29		<input type="checkbox"/> 2004
<input type="checkbox"/> Oct	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30		<input type="checkbox"/> 2005
<input type="checkbox"/> Nov					
<input type="checkbox"/> Dec					

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

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

10. Who takes care of the children in your household most of the time? (Fill in only one)

- 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

Student survey # or Campus ID

Office use only.
Do not write in this area.

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

11. How many children live in your household?

(Fill in one answer for each age range)	0	1	2	3 Or More
a. 0 - 23 months	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b. 2 - 4 years	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c. 5 - 8 years	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d. 9 - 11 years	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e. 12 - 14 years	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f. 15 - 18 years	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

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

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

13. How do you most identify yourself? (Fill in only one)

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

14. Does your 4th grade child have any medical conditions or disabilities (e.g., asthma) that limit his/her physical activity? (Fill in only one)

- No
 Yes
 Yes, but controlled with medicine

15. Most of the time on weekdays during the school year your 4th grade child...

a. Gets up in the morning at...hour min

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
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<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

← Write in here

← Fill in here

am

pm

b. Goes to bed in the evening at... hour min

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
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<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

← Write in here

← Fill in here

am

pm

16. Most of the time on weekends during the school year your 4th grade child...

a. Gets up in the morning at...hour min

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
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<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

← Write in here

← Fill in here

am

pm

b. Goes to bed in the evening at... hour min

<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
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<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>
<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="7"/>
<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>	<input type="text" value="8"/>
<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="9"/>

← Write in here

← Fill in here

am

pm

17. Please give your answers on the basis of your 4th grade child's behavior over the last 6 months.

<i>(Fill in one answer for each behavior)</i>	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Restless, overactive; cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Often complains of headaches, stomachaches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shares readily with other children, for example toys, treats, or pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Helpful if someone is hurt, upset, or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Often unhappy, depressed, or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Easily distracted; concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Nervous or clingy in new situations; easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Steals from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Many fears; easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Good attention span; sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. On most days what does your 4th grade child do when she or he has a choice about how to spend leisure/free time?

- Almost always chooses activities like TV, reading, listening to music, computers, or video games
- Usually chooses activities like TV, reading, listening to music, computers, 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

19. How often does your 4th grade child have difficulties in the following areas?

<i>(Fill in one answer for each)</i>	Not At All	Only A Little	Quite A Lot	A Great Deal
a. Home Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Classroom Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Leisure Activities/Free Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. If the weather is good, I encourage my 4th grade child to play outside.

- Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree

21. Most of the time, does your 4th grade child play outdoors for at least 30 minutes per day?
DO NOT COUNT outdoor play during school hours.

- No Yes I don't know

22. My 4th grade child does enough physical activity to maintain good health and fitness.

- Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree

23. It is safe for my 4th grade child to play in our neighborhood with other children without adult supervision.

- Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree

24. Do you understand your 4th grade child's FitnessGram report?

- No I did not receive my child's FitnessGram report
 Yes I don't know what FitnessGram is

25. On most school days how many hours per day does your 4th grade child spend on the computer (surfing the Internet, instant messaging, playing computer games), watching TV, and playing video games when away from school?

- My child doesn't do any of the above activities
 Less than 1 hour 4 hours
 1 hour 5 hours
 2 hours 6 hours or more
 3 hours

26. Are you physically active?

- Never Yes, most of the time I have a disability or health condition that prevents me from being physically active
 Yes, some of the time Yes, all of the time

27. I am physically active with my 4th grade child. (Examples: running, jogging, walking fast, bike riding, swimming, dancing, or skating)

- Never My 4th grade child has a disability or health condition that prevents him/her from being physically active
 Yes, some of the time
 Yes, most of the time I have a disability or health condition that prevents me from being physically active
 Yes, all of the time

28. I watch my 4th grade child when he/she is being physically active.

- Never Yes, most of the time My 4th grade child has a disability or health condition that prevents him/her from being physically active
 Yes, some of the time Yes, all of the time

29. During the past 6 months, did your 4th grade child have a toothache more than once, when biting or chewing?

- No Yes I don't know, or don't remember

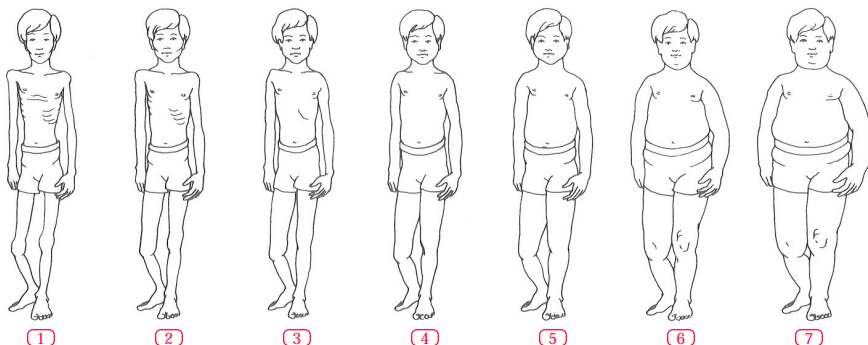
The following questions are about your child's health.

<i>(Fill in one answer for each question)</i>	Yes	No	Not Applicable
30. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is this because of ANY medical, behavioral, or other health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is this a condition that has lasted or is expected to last for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does your child need or use more medical care, mental health or education services than is usual for most children of the same age?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is this because of ANY medical, behavioral, or other health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is this a condition that has lasted or is expected to last for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is this because of ANY medical, behavioral, or other health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is this a condition that has lasted or is expected to last for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does your child need or get special therapy, such as physical, occupational, or speech therapy?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is this because of ANY medical, behavioral, or other health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is this a condition that has lasted or is expected to last for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is this a condition that has lasted or is expected to last for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. During the past 7 days, how many times:

<i>(Fill in one answer for each question)</i>	Never	1 To 2 Times	3 To 4 Times	5 To 6 Times	7 Times	More Than 7 Times
a. Did you eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you eat an evening meal together with your 4 th grade child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you watch TV while eating an evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did your 4 th grade child help you prepare an evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Did you eat a meal from a sit-down or fast food restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were fresh/frozen fruits served as snacks in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Were fresh/frozen vegetables served at the evening meal in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Was skim or non-fat milk served at meals or snacks in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Was 100% whole-wheat or whole-grain bread or tortillas served at meals in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Was sugar-sweetened cereals (Frosted Flakes [®] , Fruit Loops [®] , Cocoa Pebbles [®] , etc.) served at breakfast in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Were sugar-sweetened drinks served at the evening meal in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Male



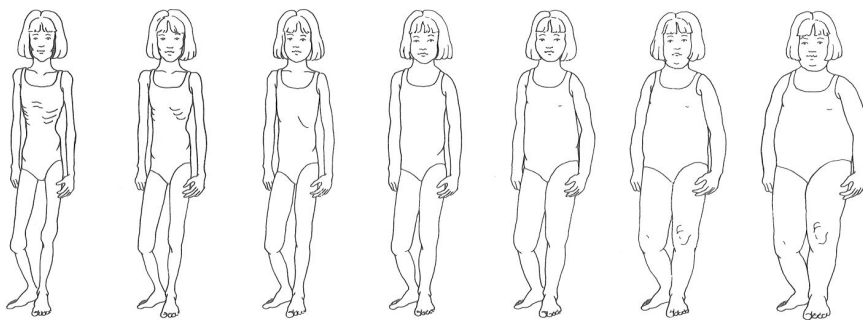
36. Which of these bodies do you think a 4th grade boy should look like?

- 1 2 3 4 5 6 7

37. Which of these bodies looks most like your 4th grade boy?

- 1 2 3 4 5 6 7
 I don't have a 4th grade boy

Female



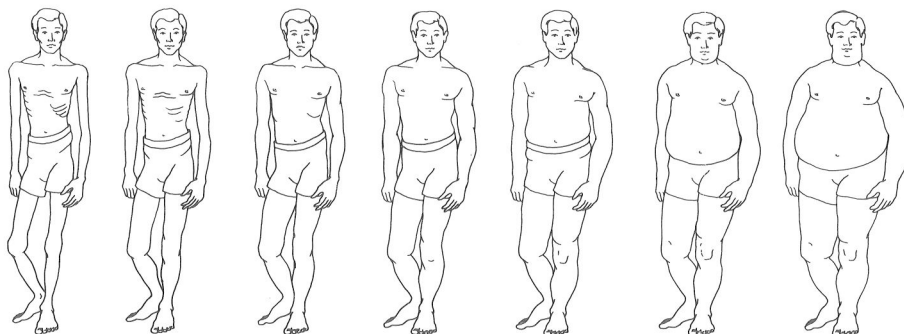
38. Which of these bodies do you think a 4th grade girl should look like?

- 1 2 3 4 5 6 7

39. Which of these bodies looks most like your 4th grade girl?

- 1 2 3 4 5 6 7
 I don't have a 4th grade girl

Male



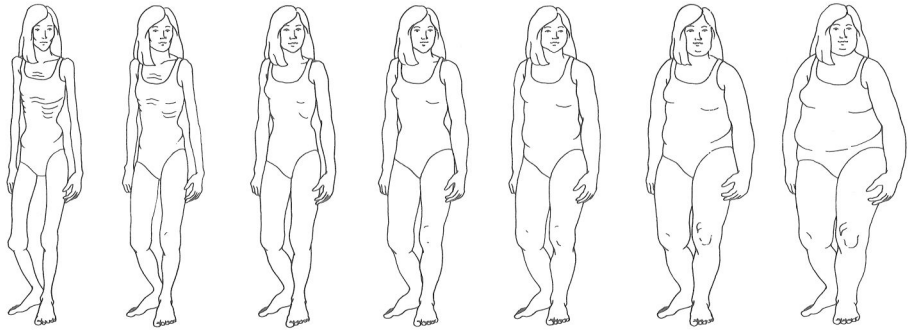
40. Which of these bodies do you think an adult male should look like?

- 1 2 3 4 5 6 7

41. Which of these bodies looks most like you?

- 1 2 3 4 5 6 7
 I am not a male

Female



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

43. Which of these bodies looks most like you? 1 2 3 4 5 6 7
 I am not a female

44. How tall do you think you are?
 (If unsure, give your best guess)

Feet	Inches
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

← Write in here

← Fill in here

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

Pounds
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

← Write in here

← Fill in here

46. How often do you buy or get fruits/vegetables from:

(Fill in one answer for each location)	All Of The Time	Most Of The Time	Some Of The Time	Never
a. A large chain grocery store or supermarket (such as Randall's)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A natural or organic supermarket (such as Whole Foods Market)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A small local store or corner store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A convenience store (such as 7-Eleven or mini market)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A warehouse club store (such as Sam's Club or Costco)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A discount superstore (such as Wal-Mart)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. An ethnic market?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A farmer's market/co-op?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A food bank/pantry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your own garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

48. Do you use MyPyramid?

- No Yes I don't know what MyPyramid is

49. If I am overweight I am more likely to have more health problems like cancer or heart disease.

- True False Don't know

50. How many total cups of fruits should you eat each day?

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

51. How many total cups of vegetables should you eat each day?

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

52. 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

53. 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

54. Experts recommend that children should 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

55. Which contains the most calories?

- One gram of protein One gram of fat One gram of carbohydrate I don't know

56. What language do you speak at home most of the time? (Fill in only one)

- Spanish About the same in Spanish and English
 English About the same in another language and English
 Other _____ (Write in other language) _____ (Write in other language)

57. In the past 12 months, have you:

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

58. Which persons were born in the United States?

(Fill in one answer for each)	Yes	No	Don't know
a. Mother of the 4 th grade child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Father of the 4 th grade child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your 4 th grade child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. If you were not born in the United States, how many years have you been here?
 (Example: If you have lived in the United States for 9 years you would fill in the box as follows)

Example

9
1 11 21 31 41
2 12 22 32 42
3 13 23 33 43
4 14 24 34 44
5 15 25 35 45
6 16 26 36 46
7 17 27 37 47
8 18 28 38 48
9 19 29 39 49
10 20 30 40 50

years

I was born in the United States

Write in number here

1 11 21 31 41
2 12 22 32 42
3 13 23 33 44
4 14 24 34 44
5 15 25 35 45
6 16 26 36 46
7 17 27 37 47
8 18 28 38 48
9 19 29 39 49
10 20 30 40 50

Fill in number here

years

60. Does your 4th grade child have a TV in his/her bedroom? No Yes

61. What is the highest level of education completed for the primary caregiver in your household.
 (Fill in only one)

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

62. The following questions are about your relationship with your 4th grade child.

(Fill in one answer for each question)	Little Or None	Somewhat	A Lot	The Most Possible
a. How much can your child count on you to be there when she/he needs you, no matter what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much can your child rely on you to really care about him/her without this changing from day to day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How much do you treat your child like he/she is admired and respected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much do you give your child good advice about how to handle problems he/she has?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do you do enjoyable things with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How much do you really care about your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How much does your child share his/her private feelings with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. The following questions are about rules and discipline regarding your 4th grade child.

(Fill in one answer for each statement)	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
a. I don't make my child do her/his homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I punish my child for doing something one day, but ignore it the next.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I change my mind to make things easier for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I let my child get away without doing work she/he has been given to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I soon forget the rules I make.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I usually don't find out about my child's misbehavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I sometimes allow my child to do things that I say are wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I don't pay much attention to my child's misbehavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I frequently change the rules my child is supposed to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. In the past 12 months, how often did your family NOT have enough money to:

<i>(Fill in one answer for each question)</i>	Rarely Or Never	Some-times	Often	Almost Every Day	Every Day
a. Buy clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Buy medicine prescribed by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. See a doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pay the rent or house payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pay for school fees and supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pay utilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Buy gas for your car or truck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. How many hours of sleep do you normally get a night on a weekday?

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

66. How many hours of sleep do you normally get a night on the weekend?

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

67. During the past 30 days, about how often did you feel...

<i>(Fill in one answer for each)</i>	All of The Time	Most Of The Time	Some Of The Time	A little Of The Time	None Of The Time
a. ...nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

69. How much prejudice or discrimination have you personally experienced because of your ethnic group during the past 12 months?

- A great deal of discrimination Some discrimination A little discrimination No discrimination

Thank you for your participation

DO NOT WRITE IN THIS AREA



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