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

### Marking Instruction:
Fill in bubble(s) completely. To change your answer, erase completely. Please Use #2 Pencil.

### 1. What is today’s date?
- [ ] Jan
- [ ] Feb
- [ ] Mar
- [ ] Apr
- [ ] May
- [ ] June
- [ ] July
- [ ] Aug
- [ ] Sept
- [ ] Oct
- [ ] Nov
- [ ] Dec

### 2. What are you?
- [ ] Male
- [ ] Female
- [ ] Prefer not to say

### 3. What is your age?

### 4. What is your home zip code?

### 5. How do you most identify yourself? (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

### 6. Including yourself, how many people live in your household?

- How many children are 5 years and under?
- How many children are 6 – 11 years old?
- How many children are 12 – 18 years old?
- How many adults are 19 years and older?

### 7. What is your relationship to the 2nd grade child you are completing the survey for?
- [ ] Mother
- [ ] Father
- [ ] Grandmother
- [ ] Grandfather
- [ ] Other

### 8. Is your 2nd grade child a boy or girl?
- [ ] Boy
- [ ] Girl

### 9. What is your 2nd grade child’s age?
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] Other:

### 10. What is your 2nd grade child’s birthdate?

### 11. Is your 2nd grade child adopted?
- [ ] No
- [ ] Yes

### 12. What was your 2nd grade child’s birth weight?
- [ ] Very Low Birth Weight: Less than 3 lb 5 oz (1,499 grams)
- [ ] Low Birth Weight: 3 lb 6 oz - 5 lb 8 oz (1,500 - 2,499 grams)
- [ ] Normal Birth Weight: 5 lb 9 oz – 8 lb 13 oz (2,500 - 3,999 grams)
- [ ] High Birth Weight: More than 8 lb 13 oz (4,000 grams)
- [ ] I don’t know

---

Please continue on next page
Please continue on next page
Yesterday, how many times did your 2nd grade child...  

*(Choose one answer for each question)*

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. ...eat a <em>snack bar</em>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snack bars are protein bars, granola bars, and snack bars like FiberOne®, KIND®, LÄRABAR®, and Clif Bar®.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>28. ...eat any <em>starchy vegetables</em> like potatoes, corn, or peas?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Do not count</em> French fries, fried potatoes, potato chips, or any other type of chips.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>29. ...eat any <em>orange vegetables</em> like carrots, squash, or sweet potatoes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. ...eat <em>salad made with lettuce</em>, or any <em>green vegetables</em> like spinach, green beans, broccoli, or other greens?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>31. ...eat any <em>other vegetables</em> like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>32. ...eat <em>beans</em> such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>Do not count</em> green beans.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>33. ...eat <em>fruit</em>? Fruits are all fresh, frozen, canned, or dried fruits.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>Do not count</em> fruit juice.</td>
<td></td>
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</tr>
<tr>
<td>34. ...eat a <em>frozen dessert</em>? A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.</td>
<td></td>
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</tr>
<tr>
<td>35. ...eat cookies, brownies, sweet rolls, doughnuts, pies, or cake?</td>
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</tr>
<tr>
<td>36. ...eat any <em>candy</em>?</td>
<td></td>
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</tr>
<tr>
<td><em>Count</em> chewy, gummy, hard, chocolate, or any other type of candy.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>Do not count</em> cookies, brownies, or gum.</td>
<td></td>
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<tr>
<td>37. ...eat any kind of <em>cheese</em>, cheese spread, or cheese sauce?</td>
<td></td>
<td></td>
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<tr>
<td><em>Count</em> cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.</td>
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<tr>
<td>38. ...drink <em>plain milk</em>?</td>
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<tr>
<td><em>Count</em> milk on cereal.</td>
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<tr>
<td><em>Do not count</em> chocolate or other flavored milk.</td>
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<tr>
<td>39. ...drink any kind of <em>flavored milk</em>?</td>
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<tr>
<td><em>Count</em> chocolate, or other flavored milk or drinks made with milk, like a milkshake.</td>
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</tr>
<tr>
<td>40. ...eat <em>yogurt</em> or drink a <em>yogurt drink</em>?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>Do not count</em> frozen yogurt.</td>
<td></td>
<td></td>
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<tr>
<td>41. ...drink <em>fruit juice</em>?</td>
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<td></td>
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</tr>
<tr>
<td>Fruit juice is a drink that is 100% juice, like orange juice, apple juice, or grape juice.</td>
<td></td>
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</tr>
<tr>
<td><em>Do not count</em> punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks like SunnyD® or Capri Sun®.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. ...drink any punch, Kool-Aid®, sports drink, or other <em>fruit-flavored drinks</em>?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><em>Do not count</em> 100% fruit juice.</td>
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<tr>
<td>43. ...drink any <em>regular sodas</em> or soft drinks?</td>
<td></td>
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</tr>
<tr>
<td><em>Do not count</em> diet sodas.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>44. ...drink any <em>diet sodas</em> or diet soft drinks?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Yesterday, how many times did your 2nd grade child...

(Choose one answer for each question)

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink without sugar?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Do not count sweetened drinks or energy drinks.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>46. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink like Frappuccino® with sugar?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not count energy drinks.</td>
<td></td>
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</tr>
<tr>
<td>47. ...drink a energy drink? Energy drinks are drinks like Red Bull®, Rockstar®, Monster®, or Jolt® that contain caffeine.</td>
<td></td>
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</tr>
<tr>
<td>48. ...drink a bottle or glass of water? Count sparkling water or any other water drink that has 0 calories.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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.

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 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.

Last week, how often:

(Choose one answer for each of the following questions)

a. ...did your 2nd grade child eat breakfast?                      
   Never                       Some of the time            Most of the time            All of the time
b. ...did you eat an evening meal together with your 2nd grade child?
   Never                       Some of the time            Most of the time            All of the time
c. ...did your 2nd grade child watch TV while eating his or her evening meal?
   Never                       Some of the time            Most of the time            All of the time
d. ...did your 2nd grade child help you prepare your evening meal? Do not count frozen dinners.
   Never                       Some of the time            Most of the time            All of the time
e. ...did your 2nd grade child eat dinner from a sit-down or fast food restaurant?
   Never                       Some of the time            Most of the time            All of the time

Last week, how often:

(Choose one answer for each of the following questions)

a. ...were fresh or frozen fruits served as snacks in your home?
   Never                       Some of the time            Most of the time            All of the time
b. ...were fresh or frozen vegetables served at the evening meal in your home?
   Never                       Some of the time            Most of the time            All of the time
c. ...was skim or nonfat milk served at meals or snacks in your home?
   Never                       Some of the time            Most of the time            All of the time
d. ...was 100% whole-wheat or whole-grain bread or tortillas served at meals in your home?
   Never                       Some of the time            Most of the time            All of the time
e. ...was sugar-sweetened cereal (Frosted Flakes®, Froot Loops®, Cocoa Pebbles®, etc.) served at breakfast in your home?
   Never                       Some of the time            Most of the time            All of the time
f. ...were sugar-sweetened drinks served at the evening meal in your home?
   Never                       Some of the time            Most of the time            All of the time
53. What kind of milk does your 2nd grade child usually drink?
- Regular (whole) milk
- Low/non-fat (2%, 1% skim)
- Soy milk, almond milk, rice milk, or other milk
- He/she doesn’t drink milk
- I don’t know

54. 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®

55. 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

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

57. 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

58. 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

59. 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

60. 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

61. 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

62. 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
63. If the weather is good, I encourage my 2nd grade child to play outside.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither disagree nor agree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

64. 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®.

<table>
<thead>
<tr>
<th>My child doesn’t watch TV, DVDs or movies</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

65. 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.

<table>
<thead>
<tr>
<th>My child doesn’t use a computer away from school for school work</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

66. How many hours **per day** does your 2nd grade child **usually** spend using a computer or tablet/iPad®, smartphone, or smart watch/Apple Watch® **away from school for anything except school work**?

**Count** internet surfing, instant messaging or chatting.

**Do not count** school work or games.

<table>
<thead>
<tr>
<th>My child doesn’t use a computer away from school for non-school work</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

67. 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, handheld, or phone/mobile device.

**Examples:** Fortnite®, Minecraft®, The Sims®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®

<table>
<thead>
<tr>
<th>My child doesn’t play video or computer games</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

68. 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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>

69. During the school week, does your 2nd grade child have a regular bedtime?

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>5 hrs or less</th>
<th>6 hrs</th>
<th>7 hrs</th>
<th>8 hrs</th>
<th>9 hrs</th>
<th>10 hrs or more</th>
</tr>
</thead>
</table>

71. 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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes, but my 2nd grade child can still play and do PE</th>
<th>Yes, and it keeps my 2nd grade child from playing or doing PE</th>
<th>I don’t know/not sure</th>
</tr>
</thead>
</table>

72. Does your **2nd grade child** have any food allergies?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>
73. Has a doctor or nurse ever told you that your 2nd grade child has diabetes?  
- No  
- Yes. My child is taking medication  
- Yes. My child is not taking medication  
- I don’t know

74. During the past 12 months, how many times has 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  
- I don’t know

75. 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

76. During the past 12 months, how many times has your 2nd grade child missed school because of problems with his/her teeth or mouth?  
- Do not count times he/she missed school for routine dental or orthodontic appointments.  
- 0 times  
- 1 time  
- 2 or 3 times  
- 4 or 5 times  
- 6 or more times  
- I don’t know

77. How many times a day does your 2nd grade child usually brush their teeth?  
- 0 times  
- 1 time  
- 2 times  
- 3 or more times  
- I don’t know

78. Which of the following best describes the purpose of dental sealants?  
- To prevent tooth decay  
- To fill cavities  
- To improve appearance of teeth  
- To hold dentures in place  
- To protect teeth while playing sports  
- I don’t know

80. 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  
- I don’t know

81. If my child says, “I’m not hungry,” I try to get him or her to eat anyway.  
- Disagree  
- Slightly Disagree  
- Neutral  
- Slightly Agree  
- Agree

82. I offer sweets to my child as a reward for good behavior.  
- Disagree  
- Slightly Disagree  
- Neutral  
- Slightly Agree  
- Agree

83. I limit the amount of soda my child drinks.  
- Disagree  
- Slightly Disagree  
- Neutral  
- Slightly Agree  
- Agree

84. I limit the number of snacks my child eats.  
- Disagree  
- Slightly Disagree  
- Neutral  
- Slightly Agree  
- Agree

85. Are you 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 being physically active  
- I don’t know

86. 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  
- 10 hours or more
87. About how tall are you without shoes on? If unsure, give your best guess.

(Fill in one bubble for each question)

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

(Fill in one bubble for each question)

90. Which of these bodies looks most like you?  
   - I am not a female

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

92. Which of these bodies looks most like you?  
   - I am not a male

93. 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
   - 6 months
   - 11 months
   - 2 months
   - 7 months
   - 1 year
   - 3 months
   - 8 months
   - More than 1 year
   - 4 months
   - 9 months
   - I don’t know
   - 5 months
   - 10 months
94. **How old was your 2nd grade child when he/she was first fed formula (even if to supplement breastmilk)?**

- [ ] My 2nd grade child was never fed formula
- [ ] 1 month or less
- [ ] 2 months
- [ ] 3 months
- [ ] 4 months
- [ ] 5 months
- [ ] 6 months
- [ ] 7 months
- [ ] 8 months
- [ ] 9 months
- [ ] 10 months
- [ ] 11 months
- [ ] 1 year
- [ ] More than a year
- [ ] I don’t know

95. **How old was your 2nd grade child when he/she was first fed something other than breastmilk?**

*This includes formula, juice, cow’s milk, water, sugar water, solid foods, or anything else.*

- [ ] 1 month or less
- [ ] 2 months
- [ ] 3 months
- [ ] 4 months
- [ ] 5 months
- [ ] 6 months
- [ ] 7 months
- [ ] 8 months
- [ ] 9 months
- [ ] 10 months
- [ ] 11 months
- [ ] 1 year
- [ ] More than 1 year
- [ ] I don’t know

96. **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

97. **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

98. **In your opinion, how safe are the routes to and from school for your 2nd grade child to walk or ride a bicycle?**

*(Select the number that best represents your opinion)*

- [ ] Extremely safe
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] Extremely unsafe

99. **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

100. **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

STOP HERE. Thank you very much for your help!
<table>
<thead>
<tr>
<th>Trial 1</th>
<th>Trial 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Height (cm)</strong></td>
<td><strong>Weight (kg)</strong></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
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<td>1</td>
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<tr>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

**Fat Mass (kg)**
- **6.25 kHz**
- **50 kHz**

**What is today’s date?**

<table>
<thead>
<tr>
<th>MO</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>9</td>
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</tr>
</tbody>
</table>

**Campus ID #**

| 0  | 0   | 0    |
| 1  | 1   | 1    |
| 2  | 2   | 2    |
| 3  | 3   | 3    |
| 4  | 4   | 4    |
| 5  | 5   | 5    |
| 6  | 6   | 6    |
| 7  | 7   | 7    |
| 8  | 8   | 8    |
| 9  | 9   | 9    |
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!
1. What is today’s date?

2. What are you?

- Male
- Female
- Prefer not to say

3. What is your age?

4. What is your home zip code?

5. How do you most identify yourself? (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

6. Including yourself, how many people live in your household?

   - How many children are 5 years and under?
   - How many children are 6 – 11 years old?
   - How many children are 12 – 18 years old?
   - How many adults are 19 years and older?

7. What is your relationship to the 2nd grade child you are completing the survey for?

- Mother
- Father
- Grandmother
- Grandfather
- Other

8. Is your 2nd grade child a boy or girl?

- Boy
- Girl

9. What is your 2nd grade child’s age?

- 5
- 6
- 7
- 8
- 9
- Other

10. What is your 2nd grade child’s birthdate?

11. Is your 2nd grade child adopted?

- No
- Yes

12. What was your 2nd grade child’s birth weight?

- Very Low Birth Weight: Less than 3 lb 5 oz (1,499 grams)
- Low Birth Weight: 3 lb 6 oz - 5 lb 8 oz (1,500 - 2,499 grams)
- Normal Birth Weight: 5 lb 9 oz – 8 lb 13 oz (2,500 - 3,999 grams)
- High Birth Weight: More than 8 lb 13 oz (4,000 grams)
- I don’t know
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)

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. ...eat hamburger meat, hot dogs, sausage (chorizo), steak, bacon, or ribs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. ...eat chicken nuggets, fried chicken, fried fish, fish sticks, or any other fried meat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. ...eat any baked, grilled, broiled, or steamed chicken or fish (examples of fish include shrimp, tuna, salmon, and sushi)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. ...eat any peanuts, peanut butter, or other nuts such as pecans, walnuts, or almonds?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. ...eat any rice, macaroni, spaghetti, or pasta noodles that were white?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. ...eat any rice, macaroni, spaghetti, quinoa, or pasta noodles that were brown?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. ...eat any bread, tortillas, buns, bagels, or rolls that were white?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. ...eat any bread, tortillas, buns, bagels, or rolls that were brown?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. ...eat any hot or cold cereal? Cereals include oatmeal, Cream of Wheat®, Froot Loops®, Cheerios®, and shredded wheat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Yesterday, how many times did your 2nd grade child...

**(Choose one answer for each question)**

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. ...eat a <strong>snack bar</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Snack bars are protein bars, granola bars, and snack bars like FiberOne®, KIND®, LÄRABAR®, and Clif Bar®.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. ...eat any <strong>starchy vegetables</strong> like potatoes, corn, or peas?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> French fries, fried potatoes, potato chips, or any other type of chips.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. ...eat any <strong>orange vegetables</strong> like carrots, squash, or sweet potatoes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. ...eat <strong>salad made with lettuce</strong>, or any <strong>green vegetables</strong> like spinach, green beans, broccoli, or other greens?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. ...eat any <strong>other vegetables</strong> like peppers, tomatoes, zucchini, asparagus, cabbage, cauliflower, cucumbers, mushrooms, eggplant, celery, or artichokes?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. ...eat <strong>beans</strong> such as pinto beans, baked beans, kidney beans, refried beans, or pork and beans?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> green beans.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. ...eat <strong>fruit</strong>? Fruits are all fresh, frozen, canned, or dried fruits.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> fruit juice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. ...eat a <strong>frozen dessert</strong>? A frozen dessert is a cold, sweet food like ice cream, frozen yogurt, an ice cream bar, or a Popsicle®.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35. ...eat cookies, brownies, sweet rolls, doughnuts, pies, or cake?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36. ...eat any <strong>candy</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Count</em> chewy, gummy, hard, chocolate, or any other type of candy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Do not count</em> cookies, brownies, or gum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. ...eat any kind of <strong>cheese</strong>, cheese spread, or cheese sauce?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Count</em> cheese on pizza or in dishes such as tacos, enchiladas, lasagna, sandwiches, cheeseburgers, or macaroni and cheese.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. ...drink <strong>plain milk</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Count</em> milk on cereal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Do not count</em> chocolate or other flavored milk.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. ...drink any kind of <strong>flavored milk</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Count</em> chocolate, or other flavored milk or drinks made with milk, like a milkshake.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. ...eat <strong>yogurt</strong> or drink a yogurt drink?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> frozen yogurt.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. ...drink <strong>fruit juice</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fruit juice is a drink that is <strong>100% juice</strong>, like orange juice, apple juice, or grape juice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Do not count</em> punch, Kool-Aid®, sports drinks, or other fruit-flavored drinks like SunnyD® or Capri Sun®.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. ...drink any punch, Kool-Aid®, sports drink, or other <strong>fruit-flavored drinks</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> 100% fruit juice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. ...drink any <strong>regular sodas</strong> or soft drinks?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> diet sodas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. ...drink any <strong>diet sodas</strong> or diet soft drinks?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Yesterday, how many times did your 2nd grade child...  
*(Choose one answer for each question)*

<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>1 Time</th>
<th>2 Times</th>
<th>3 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink <em>without sugar?</em></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> sweetened drinks or energy drinks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. ...drink a cup, bottle, or can of coffee, tea, iced tea, or a coffee drink <em>like Frappuccino® with sugar?</em></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><em>Do not count</em> energy drinks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. ...drink an energy drink?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Energy drinks are drinks like Red Bull®, Rockstar®, Monster®, or Jolt® that contain caffeine.</td>
<td></td>
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</tr>
<tr>
<td>48. ...drink a bottle or glass of water? <em>Count</em> sparkling water or any other water drink that has 0 calories.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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 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*.

51. Last week, how often: *(Choose one answer for each of the following questions)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ...did your 2nd grade child eat breakfast?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. ...did you eat an evening meal together with your 2nd grade child?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. ...did your 2nd grade child watch TV while eating his or her evening meal?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. ...did your 2nd grade child help you prepare your evening meal? <em>Do not count</em> frozen dinners.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. ...did your 2nd grade child eat dinner from a sit-down or fast food restaurant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52. Last week, how often: *(Choose one answer for each of the following questions)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ...were fresh or frozen fruits served as snacks in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. ...were fresh or frozen vegetables served at the evening meal in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. ...was skim or nonfat milk served at meals or snacks in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. ...was 100% whole-wheat or whole-grain bread or tortillas served at meals in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. ...was sugar-sweetened cereal (Frosted Flakes®, Froot Loops®, Cocoa Pebbles®, etc.) served at breakfast in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. ...were sugar-sweetened drinks served at the evening meal in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
53. What kind of milk does your 2nd grade child **usually** drink?
- Regular (whole) milk
- Low/non-fat (2%, 1% skim)
- Soy milk, almond milk, rice milk, or other milk
- He/she doesn’t drink milk
- I don’t know

54. 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®

55. 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

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

57. 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

58. 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

59. 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

60. 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

61. 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

62. 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
63. If the weather is good, I encourage my 2nd grade child to play outside.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither disagree nor agree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

64. 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.

<table>
<thead>
<tr>
<th>My child doesn’t watch TV, DVDs or movies</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

65. 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.

<table>
<thead>
<tr>
<th>My child doesn’t use a computer away from school for school work</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

66. How many hours per day does your 2nd grade child usually spend using a computer or tablet/iPad, smartphone, or smart watch/Apple Watch away from school for anything except school work?

**Do not count** school work or games.

<table>
<thead>
<tr>
<th>My child doesn’t use a computer away from school for non-school work</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

67. 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, handheld, or phone/mobile device.

**Examples:** Fortnite®, Minecraft®, The Sims®, Pokemon®, Candy Crush®, Player Unknown Battleground® (PUBG), Super Smash Bros.®, Geometry Dash®

<table>
<thead>
<tr>
<th>My child doesn’t play video or computer games</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours</th>
<th>6 hours or more</th>
</tr>
</thead>
</table>

68. 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

<table>
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<tr>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>

69. During the school week, does your 2nd grade child have a regular bedtime?

<table>
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<tr>
<th>None of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>Always</th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th>5 hrs or less</th>
<th>7 hrs</th>
<th>9 hrs</th>
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<tbody>
<tr>
<td>6 hrs</td>
<td>8 hrs</td>
<td>10 hrs or more</td>
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</tbody>
</table>

71. 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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes, but my 2nd grade child can still play and do PE</th>
<th>Yes, and it keeps my 2nd grade child from playing or doing PE</th>
<th>I don’t know/not sure</th>
</tr>
</thead>
</table>

72. Does your 2nd grade child have any food allergies?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>
73. Has a doctor or nurse ever told you that your 2nd grade child has diabetes?
   - No
   - Yes. My child is taking medication
   - Yes. My child is not taking medication
   - I don’t know

74. During the past 12 months, how many times has 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
   - I don’t know

75. 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

76. During the past 12 months, how many times has your 2nd grade child missed school because of problems with his/her teeth or mouth?
   - Do not count times he/she missed school for routine dental or orthodontic appointments.
   - 0 times
   - 1 time
   - 2 or 3 times
   - 4 or 5 times
   - 6 or more times
   - I don’t know

77. How many times a day does your 2nd grade child usually brush their teeth?
   - 0 times
   - 1 time
   - 2 times
   - 3 or more times
   - I don’t know

78. Which of the following best describes the purpose of dental sealants?
   - To prevent tooth decay
   - To fill cavities
   - To improve appearance of teeth
   - To hold dentures in place
   - To protect teeth while playing sports
   - I don’t know

79. 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

80. 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

81. If my child says, “I’m not hungry,” I try to get him or her to eat anyway.
   - Disagree
   - Slightly Disagree
   - Neutral
   - Slightly Agree
   - Agree

82. I offer sweets to my child as a reward for good behavior.
   - Disagree
   - Slightly Disagree
   - Neutral
   - Slightly Agree
   - Agree

83. I limit the amount of soda my child drinks.
   - Disagree
   - Slightly Disagree
   - Neutral
   - Slightly Agree
   - Agree

84. I limit the number of snacks my child eats.
   - Disagree
   - Slightly Disagree
   - Neutral
   - Slightly Agree
   - Agree

85. 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

86. How many hours of sleep do you normally get on a weekday?
   - 5 hours or less
   - 6 hours
   - 7 hours
   - 8 hours
   - 9 hours
   - 10 hours or more
87. About how tall are you without shoes on? If unsure, give your best guess.

<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
<th>Centimeters</th>
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88. About how much do you weigh without shoes on? If unsure, give your best guess.

<table>
<thead>
<tr>
<th>Pounds</th>
<th>Kilograms</th>
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</table>

89. Which of these bodies do you think an adult female should look like?

(Fill in one bubble for each question)

90. Which of these bodies looks most like you?

- I am not a female

(Fill in one bubble for each question)

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

92. Which of these bodies looks most like you?

- I am not a male

93. 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 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 1 year
- More than 1 year
- I don’t know
94. How old was your 2nd grade child when he/she was first fed formula (even if to supplement breastmilk)?
   - My 2nd grade child was never fed formula
   - 1 month or less
   - 2 months
   - 3 months
   - 4 months
   - 5 months
   - 6 months
   - 7 months
   - 8 months
   - 9 months
   - 10 months
   - 11 months
   - 1 year
   - More than a year
   - I don’t know

95. How old was your 2nd grade child when he/she was first fed something other than breastmilk?
   *This includes* formula, juice, cow’s milk, water, sugar water, solid foods, or anything else.
   - My 2nd grade child was never fed something other than breastmilk
   - 1 month or less
   - 2 months
   - 3 months
   - 4 months
   - 5 months
   - 6 months
   - 7 months
   - 8 months
   - 9 months
   - 10 months
   - 11 months
   - 1 year
   - More than a year
   - I don’t know

96. 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

97. 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

98. In your opinion, how safe are the routes to and from school for your 2nd grade child to walk or ride a bicycle?
   (Select the number that best represents your opinion)
   - Extremely safe
   - Extremely unsafe
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10

99. 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

100. 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

STOP HERE. Thank you very much for your help!
### Trial 1:

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Weight (kg)</th>
<th>Fat Mass (kg)</th>
<th>6.25 kHz</th>
<th>50 kHz</th>
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### Trial 2:

<table>
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<tr>
<th>Height (cm)</th>
<th>Weight (kg)</th>
<th>Fat Mass (kg)</th>
<th>6.25 kHz</th>
<th>50 kHz</th>
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### What is today's date?

<table>
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### Campus ID #

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