**Childhood Obesity Prevention Communications Campaign Research**

**English-speaking Moms and Caregivers of Children ages 3-12**

**Online Consumer Survey**

**Respondent Criteria:**

|  |  |
| --- | --- |
| Moms and Caregivers(n = 1,200) | * Female
* Is a mom and/or cares for a child ages 3-12 (Moms n = 1,000, Caregivers n = 200)
* Mix of race/ethnicities:
* 33% of respondents should be African American (n = 400)
* Census representation of all other race/ethnicities
* Mix of income levels:
* 50% of respondents should have HHI <$50k (n = 600)
 |

**RESPONDENT SCREENER**

Thank you for agreeing to take this survey. The survey will take approximately 20 minutes to complete. Our first few questions will help us determine which questions to ask you.

SA. In which country or region do you reside?

 [CODE LIST PROVIDED] **[IF NOT USA, TERMINATE]**

S1. Are you…?

1. Male **[TERMINATE]**

2. Female

S2. In what year were you born? Please enter your response as a four-digit number (for example, 1977).

 [RANGE: 1900 to CURRENT YEAR-6]

 |\_\_|\_\_|\_\_|\_\_| [**TERMINATE IF <18]**

S2A. In what state or territory do you currently reside?

[CODE LIST PROVIDED] **[FOR REPRESENTATIVENESS]**

S3A. Are you the parent or guardian of any children ages 3-12 living in your household?

1. Yes

2. No

S3B. Do you care for any children ages 3-12 on a regular basis (3 or more times per week)?

1. Yes

2. No

**[TERMINATE IF S3A AND S3b = No] [CHECK QUOTAS]**

**IF S3A/1 OR S3B/1**

S3C. In which capacity do you care for a child aged 3-12? Please select all that apply.

1. Mother
2. Legal guardian
3. Grandparent
4. Other relative
5. Childcare provider (in a home setting)
6. Childcare provider (in a daycare or educational setting) **[TERMINATE IF THIS IS THE ONLY RESPONSE
 CATEGORY CHECKED]**
7. Other **[TERMINATE IF THIS IS THE ONLY RESPONSE
 CATEGORY CHECKED]**

 **[S3C/1, 2=MOM QUOTA. S3C/3-5=CAREGIVER QUOTA. IF QUALIFY FOR BOTH, CODE AS MOM]**

S4. Please indicate the age categories of the children you care for and/or are living in your household. Please select all that apply.

1. 0-2 years old **[TERMINATE IF THIS IS THE ONLY RESPONSE CATEGORY CHECKED]**
2. 3-5 years old
3. 6-9 years old
4. 10–12 years old
5. 13-17 years old **[TERMINATE IF THIS IS THE ONLY RESPONSE CATEGORY CHECKED]**

S5A.  We want to make sure that we include a good mix of people in this study, which of the following best describes your race/ethnicity? [Add popup option: “Why do we ask this question?”[[1]](#footnote-1)\*]

Are you…

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Decline to answer

S5B. Are you:

1. American Indian or Alaska Native
2. Asian
3. Black or African-American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other (specify)
7. Decline to answer

 **[CHECK RACE/ETHNICITY QUOTAS]**

S6. Which of the following income categories best describes your total 2010 household income before taxes?

1. Less than $15,000
2. $15,000 to $24,999
3. $25,000 to $34,999
4. $35,000 to $49,999
5. $50,000 to $74,999
6. $75,000 to $99,999
7. $100,000 to $124,999
8. $125,000 to $149,999
9. $150,000 to $199,999
10. $200,000 to $249,999
11. $250,000 or more
12. Decline to answer

**[CHECK INCOME QUOTAS]**

S6.  Before we begin, we would like to confirm that you will be able to view animation on the computer that you are using for the survey.

What type of Internet connection do you have for the computer you are currently using?

[PROGRAMMER NOTE: DISPLAY IN TWO COLUMNS, GOING DOWN]

01 14.4k modem

02 28.8k modem

03 33.6k modem

04 56k modem

06 Cable modem

07 T1 or T3 line

08 ISDN line

09 ADSL or DSL

96 Other

# Not sure

S7. We may present a screen in a moment or two that would require your browser to be Java-enabled. In order to test this, we are presenting a word in the screen below. It may take a moment for the image to resolve. What word is being presented?

[PROGRAMMER SHOW THE WORD “JUNIPER” WITH JAVA TEST APPLET]

1. Apple
2. Ash
3. Beech
4. Birch
5. Cedar
6. Elm
7. Juniper
8. Maple
9. Oak
10. Pine
11. Willow
12. I am unable to see a word being presented

**RESPONDENT QUESTIONNAIRE BEGIN**

Q1A. How many children age 3-12 [IF MOM: live in your household/IF CAREGIVER: do care for]?

 \_\_\_ \_\_\_

Q1B. Please indicate the exact ages of all the children [IF MOM: living in your household/IF CAREGIVER: you care for] that are 3-12 years old.

 [\_\_\_]

 [\_\_\_]
 [\_\_\_] **[NUMBER OF BOXES = NUMBER OF CHILDREN IN Q1A]**

**IF Q1A/NE1, READ Q2A.**

Q2A. For the purposes of this study, please think only about the [ ] year-old child [IF MOM: living in your household/IF CAREGIVER: you care for]. **[RANDOMIZE OLDEST/MIDDLE-AGED/YOUNGEST AGE]**

**IF Q1A/1, READ Q2B.**

Q2B. For the purposes of this study, please think about this [ ] year-old child, even if you have or care for other children.

Q2C. Is this child…

1. Male
2. Female

Q3. What would you say is the most urgent health problem facing kids in the U.S. at the present time?

 [RANDOMIZE]

1. Obesity
2. Cancer
3. Heart Disease
4. Diabetes
5. Depression
6. Autism
7. Asthma
8. Other Health Problem

Q4. How much do you agree or disagree with the following:

 **I have been seeing and hearing a lot about the following issue facing kids in the U.S. these days:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **Disagree Strongly** | **Disagree Somewhat** | **Agree Somewhat** | **Agree Strongly** |
| a | Childhood Obesity  |  |  |  |  |
| b | Autism |  |  |  |  |
| c | Asthma |  |  |  |  |
| d | Diabetes |  |  |  |  |
| e | Childhood Cancer |  |  |  |  |
| f | Depression |  |  |  |  |

Q5. How concerned are you about the following issues that your child may face?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **Not at all concerned** | **Not too concerned** | **Somewhat concerned** | **Very Concerned** | **Not sure** |
| A | Drug use  |  |  |  |  |  |
| B | Alcohol use |  |  |  |  |  |
| C | Distracted driving (such as texting or talking on the phone) |  |  |  |  |  |
| D | Depression or suicide |  |  |  |  |  |
| E | Bullying in schools |  |  |  |  |  |
| F | Being overweight |  |  |  |  |  |
| G | Drunk driving |  |  |  |  |  |
| H | Teen pregnancy |  |  |  |  |  |
| I | Unhealthy eating habits |  |  |  |  |  |
| J | Not enough physical exercise |  |  |  |  |  |

Q6A. Please answer the next set of question specifically about the [AGE FROM Q2] year-old child that [IF MOM: lives in your household/IF CAREGIVER: you care for]. Even if there are other children in your household or that you care for, please think specifically about the [AGE FROM Q2] year-old child.

Q6B. What is the approximate weight and height of the [AGE FROM Q2] year-old child that [IF MOM: lives in your household/IF CAREGIVER: you care for]? Please provide you best guess.

 WEIGHT: \_\_\_ \_\_\_ \_\_\_ pounds

 HEIGHT: \_\_\_ feet, \_\_\_ \_\_\_ inches

Q7. In a typical work week (Monday-Friday), how often would you say that you prepare lunch at home, pack a bagged lunch, or allow your child to buy or be fed at school/daycare?

1. Prepare and serve lunch at home \_\_ **[Allow range 0 to 5]**
2. Pack a bagged lunch \_\_ **[Allow range 0 to 5]**
3. Allow your child to buy or be fed at school or daycare \_\_ **[Allow range 0 to 5]**

**[FORCE Q7 1/2/3 TO EQUAL 5 FOR MOMS, BUT NOT CAREGIVERS. ALLOW CAREGIVERS TO SAY N/A]**

Q8a. Think about an ideal week. How often would you say [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] **should** eat or drink the following?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE A-E, F-K]** | **5-7 days per week** | **3 or 4 days per week** | **1 or 2 days per week** | **Hardly ever** | **Not at all** | **Not Sure** |
| A | Sugary beverages (e.g. cola, iced-tea, fruit punch, ginger ale) |  |  |  |  |  |  |
| B | Low calorie/Diet beverages |  |  |  |  |  |  |
| C | Milk |  |  |  |  |  |  |
| D | Water |  |  |  |  |  |  |
| E | Sports drinks  |  |  |  |  |  |  |
| F | Fast food  |  |  |  |  |  |  |
| G | Fruit |  |  |  |  |  |  |
| H | Whole grains (e.g. wheat bread, oatmeal) |  |  |  |  |  |  |
| I | Salty snacks (e.g. potato chips, pretzels) |  |  |  |  |  |  |
| J | Green vegetables (e.g. broccoli, spinach) |  |  |  |  |  |  |
| K | Other vegetables (e.g. carrots, corn) |  |  |  |  |  |  |
| L | Sugary snacks (e.g. cookies, candy)  |  |  |  |  |  |  |

Q8b1. In an ideal weekday, how many times would you say he/she **should** eat or drink the following?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **5 or more times** | **4 times** | **3 times** | **2 times** | **1 times** | **0 times (none)** | **Not sure** |
| A | Fruit |  |  |  |  |  |  |  |
| B | Whole Grains (e.g. wheat bread, oatmeal) |  |  |  |  |  |  |  |
| C | Vegetables |  |  |  |  |  |  |  |
| D | Milk  |  |  |  |  |  |  |  |
| E | Water |  |  |  |  |  |  |  |

Q9a. Given that most days and weeks are not ideal, please think specifically about last week. To the best of your knowledge, how often would you say [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] ate or drank the following last week?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE A-E, F-K]** | **5-7 days last week** | **3 or 4** **days last week** | **1 or 2 days last week** | **0 days last week** | **Not sure** |
| A | Sugary beverages (e.g. cola, iced-tea, fruit punch, ginger ale) |  |  |  |  |  |
| B | Low calorie/Diet beverages |  |  |  |  |  |
| C | Milk |  |  |  |  |  |
| D | Water |  |  |  |  |  |
| E | Sports drinks  |  |  |  |  |  |
| F | Fast food  |  |  |  |  |  |
| G | Fruit |  |  |  |  |  |
| H | Whole grains (e.g. wheat bread, oatmeal) |  |  |  |  |  |
| I | Salty snacks (e.g. potato chips, pretzels) |  |  |  |  |  |
| J | Green vegetables (e.g. broccoli, spinach) |  |  |  |  |  |
| K | Other vegetables (e.g. carrots, corn) |  |  |  |  |  |
| L | Sugary snacks (e.g. cookies, candy)  |  |  |  |  |  |

Q9b. And, thinking about yesterday, to the best of your knowledge how many times did he/she eat or drink the following?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **5 or more times** | **4 times** | **3 times** | **2 times** | **1 times** | **0 times (none)** | **Not sure** |
| A | Fruit |  |  |  |  |  |  |  |
| B | Whole grains (e.g. wheat bread, oatmeal, etc.) |  |  |  |  |  |  |  |
| C | Vegetables |  |  |  |  |  |  |  |
| D | Milk  |  |  |  |  |  |  |  |
| E | Water |  |  |  |  |  |  |  |

Q10. On an ideal weekday, how much time do you think [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] **should** spend doing the following activities (please exclude weekends)?

 **[Allow range 0 to 24] = Hours**

 **[Allow range 0 to 60] = Minutes**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **Hours** | **Minutes** |
| A | Playing video games |  |  |
| B | Doing homework |  |  |
| C | Watching TV |  |  |
| D | Reading for pleasure |  |  |
| E | Sleeping |  |  |
| F | Being physically active through organized sports/activities (e.g. dance class, sports team, swimming, etc) |  |  |
| G | Being physically active in some other way (e.g. walking, playing outside, dancing around) |  |  |

Q11. Now given that most days and weeks are not ideal, how much time per day does [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] typically spend doing the following activities (please exclude weekends):

 **[Allow range 0 to 24] = Hours**

 **[Allow range 0 to 60] = Minutes**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **Hours** | **Minutes** |
| A | Playing video games |  |  |
| B | Doing homework |  |  |
| C | Watching TV |  |  |
| D | Reading for pleasure |  |  |
| E | Sleeping |  |  |
| F | Being physically active through organized sports/activities (e.g. dance class, sports team, swimming, etc) |  |  |
| G | Being physically active in some other way (e.g. walking, playing outside, dancing around) |  |  |

Q12. When it comes to providing **healthy food and beverages** to [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for], which of the following statements best describes you:

1. I do a **very poor** job of providing healthy food and beverages on a regular basis
2. I do a **poor** job of providing healthy food and beverages on a regular basis
3. I do an **okay** job of providing healthy food and beverages on a regular basis
4. I do a **good** job of providing healthy food and beverages on a regular basis
5. I do a **very good** job of providing healthy food and beverages on a regular basis

Q13. When it comes to making sure [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] is **physically active** every day, which of the following statements best describes you:

1. I do a **very poor** job of making sure he/she is physically active every day
2. I do a **poor** job of making sure he/she is physically active every day
3. I do an **okay** job of making sure he/she is physically active every day
4. I do a **good** job of making sure he/she is physically active every day
5. I do a **very good** job of making sure he/she is physically active every day

Q14. How much of an influence would you say each the following people or organizations have on the **eating habits** [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for]?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **No influence**  | **Not much influence** | **Some influence** | **A lot of influence**  | **Not applicable** |
| A | Yourself |  |  |  |  |  |
| B | School |  |  |  |  |  |
| C | Daycare or afterschool care |  |  |  |  |  |
| D | His/her friends |  |  |  |  |  |
| E | His/her siblings |  |  |  |  |  |
| F | Other relatives |  |  |  |  |  |
| G | Community |  |  |  |  |  |

Q15. And how much of an influence would you say each the following people or organizations have on the **level of physical activity** [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] engages in?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **No influence**  | **Not much influence** | **Some influence** | **A lot of influence**  | **Not applicable** |
| A | Yourself |  |  |  |  |  |
| B | School |  |  |  |  |  |
| C | Daycare or afterschool care |  |  |  |  |  |
| D | His/her friends |  |  |  |  |  |
| E | His/her siblings |  |  |  |  |  |
| F | Other relatives |  |  |  |  |  |
| G | Community |  |  |  |  |  |

Q16. How easy or difficult would you say the following are with regard to [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for]?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **Very difficult (it is always a battle)** | **Somewhat difficult** | **Somewhat easy** | **Very easy (does with little or no prompting)**  |
| A | Getting him/her to eat a variety of vegetables on a regular basis  |  |  |  |  |
| B | Getting him/her to eat a variety of fruits on a regular basis |  |  |  |  |
| C | Making sure he/she eats/drinks the right amount or portions for each snack or meal |  |  |  |  |
| D | Regularly checking his/her weight  |  |  |  |  |
| E | Getting him/her to be physically active for a least an hour every day  |  |  |  |  |

Q17. To what extent do you agree or disagree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **Strongly Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Strongly Agree** |
| A | I don’t worry too much about what my child eats or drinks; as long as he/she gets some nourishment, I’m happy |  |  |  |  |
| B | I worry that my child is overweight |  |  |  |  |
| C | I worry that my child will become overweight |  |  |  |  |

Q18a. To what extent, if at all, have you thought about and/or tried the following methods to help [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] maintain a healthy lifestyle?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **[RANDOMIZE]** | **I have not thought about doing this** | **I occasionally think about doing this** | **I am planning to do this** | **I just started doing this** | **I do this occasionally** | **I do this regularly**  |
| A | Talk to him/her about eating/drinking the right amount or portions of food and drink |  |  |  |  |  |  |
| B | Monitor the amount of calories he/she consumes on a daily basis |  |  |  |  |  |  |
| C | Limit his/her daily amount of salty snacks (e.g. potato chips, pretzels) |  |  |  |  |  |  |
| D | Limit his/her daily amount of sugary snacks (e.g. cookies, candy) |  |  |  |  |  |  |
| E | Increase his/her daily amount of vegetables |  |  |  |  |  |  |
| F | Increase his/her daily amount of fruit |  |  |  |  |  |  |
| G | Monitor the amount of physical activity he/she engages in on a daily basis |  |  |  |  |  |  |
| H | Replace less healthy foods with healthier options (e.g. replace cookies with fruit wedges or chips with nuts) |  |  |  |  |  |  |
| I | Seek out ways to provide him/her with healthy food and drinks |  |  |  | **Ask Q18b** |
| J | Seek out ways to get him/her physically active |  |  |  |
| K | Incorporate small, healthy habits into his/her daily life |  |  |  | **Ask Q18c** |

**IF Q18A-J or K/4-6, ASK**

Q18b. What types of activities have you implemented to get your child to eat healthy food and/or become more physically active? [OPEN ENDED]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF Q18A-L/4-6, ASK**

Q18c. What types of small healthy habits have you incorporated into the child’s daily life? [OPEN ENDED]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19a. Have you recently heard, seen or read anything in advertising, publicity, the media, the Web or other places regarding **Let’s Move**, a childhood obesity prevention effort led by Michelle Obama?

1. Yes
2. No
3. Not sure

Q19b. Before today, have you ever seen this logo on any advertising, publicity, the Web or other places?

**[INSERT IMAGE OF LET’S MOVE LOGO]**

1. Yes
2. No
3. Not sure

**[IF YES to 19a OR 19b]**

Q19c. Where have you seen or heard about Let’s Move*? (Accept multiple responses.)*

**[PROGRAMMER: SET UP AS A GRID BUT IF THE USER SELECTS NO FOR “SOME OTHER PLACE” THEY SHOULDN’T HAVE TO PROVIDE AN OPEN END ANSWER]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | TV | Yes | No | Not sure |
| B | Radio | Yes | No | Not sure |
| D | Magazine | Yes | No | Not sure |
| E | Newspaper | Yes | No | Not sure |
| F | Internet | Yes | No | Not sure |
| G | Outdoor billboards or outdoor posters | Yes | No | Not sure |
| H | From friends or family | Yes | No | Not sure |
| I | From your child’s school | Yes | No | Not sure |
| J | From a community event | Yes | No | Not sure |
| K | Some other place (Specify)\_\_\_\_\_\_\_\_\_\_ | Yes | No | Not sure |

**[IF YES TO TV, RADIO, MAGAZINE, NEWSPAPER, OR INTERNET]**

Q19d. And specifically, did you see or hear about Let’s Move in a…? (*Accept multiple responses*)

**ONLY SHOW IF YES TO TV**

|  |  |
| --- | --- |
| 1 | TV ad  |
| 2 | TV or News program   |
| 3 | Neither |

**ONLY SHOW IF YES TO RADIO**

|  |  |
| --- | --- |
| 1 | Radio commercial |
| 2 | Radio or news program |
| 3 | Neither |

**ONLY SHOW IF YES TO MAGAZINE**

|  |  |
| --- | --- |
| 1 | Magazine article |
| 2 | Magazine ad |
| 3 | Neither |

**ONLY SHOW IF YES TO NEWSPAPER**

|  |  |
| --- | --- |
| 1 | Newspaper article |
| 2 | Newspaper ad |
| 3 | Neither |

**ONLY SHOW IF YES TO INTERNET**

|  |  |
| --- | --- |
| 1 | Website content |
| 2 | Web ad |
| 3 | Neither |

Q19d. Before today, have you ever seen this logo or heard about We Can! a national program designed to help children stay healthy through nutrition and physical activity?

**[INSERT IMAGE OF WE CAN LOGO]**

1. Yes
2. No
3. Not sure

Now we would like to play you some ads that you may have seen or heard on TV, the internet, or someplace else. The first ad will begin playing in just a moment.

**[RANDOMIZE ADS – Each respondent should be exposed to 2 TV Ads (1 GM and 1 AA), 2 Radio Ads (1 GM and 1 AA), and 2 Montages (GM and AA Print or GM and AA OOH).**

##### **ROTATE ORDER TV ADS ARE SHOWN**

 [INSERT TV AD ]

##### Q20a. Before today, have you seen this public service ad on TV, online or some other place? Select all that apply.  **(only 1,2,3 can be chosen together)**

 1. Yes, on TV

 2. Yes, online

 3. Yes, some other place

 4. No

 5. Not sure

 6. I was not able to view the ad

#####  [INSERT TV AD]

##### Q20b. Before today, have you seen this public service ad on TV, online or some other place? Select all that apply.  **(only 1,2,3 can be chosen together)**

 1. Yes, on TV

 2. Yes, online

 3. Yes, some other place

 4. No

 5. Not sure

 6. I was not able to view the ad

 [INSERT TV AD]

##### Q21. Before today, have you seen this public service ad on TV, online or some other place? Select all that apply.  **(only 1,2,3 can be chosen together)**

 1. Yes, on TV

 2. Yes, online

 3. Yes, some other place

 4. No

 5. Not sure

 6. I was not able to view the ad

Now we would like to play you some ads that you may have heard on the radio. The first ad will begin playing in just a moment.

##### **ROTATE ORDER RADIO ADS ARE SHOWN**

[INSERT Radio AD –]

Q22a. Have you heard this radio ad before today?

 1. Yes

 2. No

 3. Not sure

 4. I was not able to hear the ad

[INSERT Radio AD –]

Q22b. Have you heard this radio ad before today?

 1. Yes

 2. No

 3. Not sure

 4. I was not able to hear the ad

[INSERT Radio AD –]

Q23. Have you heard this radio ad before today?

 1. Yes

 2. No

 3. Not sure

 4. I was not able to hear the ad

##### Now we would like to show you some ads that you may have seen in a newspaper, magazine, outdoors or someplace else.

##### **ROTATE ORDER PRINT ADS ARE SHOWN**

**[INSERT GM PRINT MONTAGE- JPEG]**

Q24a. Have you seen any of these ads in a newspaper or magazine?

 1. Yes

 2. No

3. Not sure

4. I was not able to view the ads

**[INSERT GM OOH MONTAGE- JPEG]**

Q24b. Have you seen any of these ads outdoors, like on a billboard or at a bus stop?

 1. Yes

 2. No

 3. Not sure

 4. I was not able to view the ads

**[INSERT AA PRINT MONTAGE- JPEG]**

Q25a. Have you seen any of these ads in a newspaper or magazine?

 1. Yes

 2. No

 3. Not sure

4. I was not able to view the ads

**[INSERT AA OOH MONTAGE- JPEG]**

Q25b. Have you seen any of these ads outdoors, like on a billboard or at a bus stop?

 1. Yes

 2. No

 3. Not sure

4. I was not able to view the ads

We just have a few more questions about you and [IF MOM: your [AGE FROM Q2] year-old] [IF CAREGIVER: the [AGE FROM Q2] year-old that you care for] that will help us analyze your responses.

Q26. Compared to other children his/her age, how would you best describe this child’s weight?

**[Single punch]**

1. Underweight
2. Overweight
3. Just right

Q27. How would you best describe your current weight?

**[Single punch]**

1. Underweight
2. Overweight
3. Just right

Q28. How familiar are you with the term Body Mass Index (BMI)?

1. I have never heard of it
2. I have heard of it but am not sure what it is
3. I know what it is but have not thought about checking my child’s number
4. I am planning to check my child’s number
5. I have checked my child’s BMI but do not know what it is
6. I have checked my child’s BMI and know what it is

D1. What is your marital status?

1. Never married
2. Married or Civil union
3. Divorced
4. Separated
5. Widow/Widower
6. Living with Partner

7 Decline to answer

D2. What is your current employment status?

1. Employed full time
2. Employed part time
3. Self-employed
4. Not employed, but looking for work
5. Not employed and not looking for work
6. Not employed, unable to work due to a disability or illness
7. Retired
8. Student
9. Stay-at-home spouse or partner/Housewife/husband
10. Decline to answer

D3. What is the highest level of education that you have completed?

1. 8th grade or below
2. 9th grade to 11th grade
3. High school graduate
4. Some college
5. Associate's degree
6. Bachelor's degree
7. Some postgraduate study
8. Graduate-school degree
9. Trade school
10. None of the above

 D4. Do you live in the city, suburbs, or a small town/rural area?

1. City
2. Suburbs
3. Small town/rural area

D5. What is your zip code?

 [CHECK BOX]

**CODE FOR STATE**

**CODE FOR REGION**

1. \* These questions about [race/income] are important so that we make sure the voices of people in all different populations are represented. In this way, we can be fairer and objective by adjusting our results based on the proportions of the various groups in the larger population.

Collecting data from all respondents on this question is important so that we can better and more reliably report differences and similarities between people of different backgrounds.

We understand that you might be concerned about sharing this information. Please be assured that the responses you provide are kept completely confidential. Any identifying information will be separated from your answers. Results are reported using the average, or pooled answers to the questions, instead of the responses of any one individual. [↑](#footnote-ref-1)