

**Childhood Obesity Prevention Communications Campaign Research  
Spanish-speaking Moms and Caregivers of Children ages 3-12  
CATI - Consumer Survey**

**Respondent Criteria:**

|                               |  |
|-------------------------------|--|
| Moms and Caregivers (n = 500) | <ul style="list-style-type: none"><li>- Female</li><li>- Mom or cares for a child age 3-12 <b>IDEAL DISTRIBUTION:</b> (Moms n =400, Caregivers n=100)</li><li>- Primarily speaks Spanish/consumes most media in Spanish</li><li>- Mix of acculturation levels</li><li>- Mix of income levels</li></ul> |
|-------------------------------|--|

Introduction

**INTERVIEWER NOTE: [PLEASE ASK TO SPEAK TO THE FEMALE HEADS OF HOUSEHOLD OR CAREGIVER]**

Hello, my name is \_\_\_\_\_ and I am calling on behalf of Cayenne Global, a company that conducts market research studies. Today we are conducting a very important study about childhood obesity, and we would like to ask you a few questions, it will take about 15 minutes. May I continue?

**RESPONDENT SCREENER BEGIN**

**S1. CHECK RESPONDENTS GENDER?**

1. Male [TERMINATE]
2. Female

**S2. In what language do you prefer to communicate?**

1. English
2. Either/No preference
3. Spanish

**S3. To make sure we are speaking to people in various demographic groups. May I have your age please?**

- \_\_\_\_\_
- Below 18 [THANK & TERMINATE]  
65 or above [THANK & TERMINATE]  
999 Don't know/Refuse [THANK & TERMINATE]

**S4a. Are you the parent, guardian, or caregiver of any children under the age of 13 living in your household?**

1. Yes
2. No [TERMINATE]

**S4b. How many times per week do you care for the child aged 3-12?**

1. < 3 times per week [TERMINATE]
2. >= 3 times per week [CONTINUE]

**[CHECK QUOTAS: IF S4c=1 OR 2, THEN MARK "MOM", OTHERWISE IF S4c=3-5 MARK "CAREGIVER"]**

S4c. In which capacity do you care for a child aged 3-12?

1. Mom
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]
7. Other \_\_\_\_\_ [TERMINATE]

**[NOTE: CATEGORIES 2-4 MUST BE CHECKED TO CONTINUE, OTHERWISE TERMINATE]**

S5. Please indicate the age categories of the children you care for and/or are living in your household:

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]

S6. 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 [READ LIST]?

1. Hispanic or Latino [CONTINUE]
2. White or Caucasian [TERMINATE]
3. Black or African-American [TERMINATE]
4. Asian [TERMINATE]
5. Other [TERMINATE]
6. [VOL] Not sure/Refused [TERMINATE]

S7. Where were you born? [IF 'USA' MARK AS GEN 2 OR LATER AND SKIP TO S9, OTHERWISE ASK S8]

- 
1. México
  2. Cuba
  3. Dominican Republic
  4. South or Central America
  5. Puerto Rico
  6. Other
  7. USA [Mark as 2ND Gen OR Later]
999. Don't know [THANK & TERMINATE]

S8. How old were you when you immigrated to the USA?

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999 Don't know [THANK & TERMINATE]

S9. Would you say you speak English...? [READ LIST]

1. Not well/I barely speak it
2. Not very well

3. Neither well nor badly
4. Well
5. Very well

S10. Approximately how many hours of Spanish Language news and entertainment do you view or read in a typical week? [READ LIST]

1. 0-5
2. 6-10
3. 11 and above

**PROGRAMMING NOTE:**

[ASSIGN ACCULTURATION POINTS BASED ON S2-S3, S7-S10 RESPONSES]

| LOGIC OPERATOR<br>Programmer Check: S8<S3 | [S3 & S7 & S8] Generation/Percent of Life in U.S. <sup>1</sup> | Points |
|---|--|--------|
| IF S7=7                                   | USA Born/Second Generation or later                            | 4      |
| IF S7<>7, THEN (S3-S8)/S3x100             | Foreign Born/67-100%   | 3      |
| IF S7<>7, THEN (S3-S8)/S3x100             | Foreign Born/34-66%  | 2      |
| IF S7<>7, THEN (S3-S8)/S3x100             | Foreign Born/33% and below                                     | 1      |
|   | [S2] Language Preference                                       | Points |
| IF S2=1                                   | English  | 3      |
| IF S2=2                                   | Either/No Preference   | 2      |
| IF S2=3                                   | Spanish  | 1      |
|   | [S9] Language Capability                                       | Points |
| IF S9=1                                   | Not well/I barely speak it                                     | 1      |
| IF S9=2                                   | Not very well  | 2      |
| IF S9=3                                   | Neither well nor badly   | 3      |
| IF S9=4                                   | Well   | 4      |
| IF S9=5                                   | Very well  | 5      |
|   | [S10] Spanish Programming/Media                                | Points |
| IF S10=1                                  | 0-5  | 3      |
| IF S10=2                                  | 6-10   | 2      |
| IF S10=3                                  | 11 and above   | 1      |

[GET A 25/50/25% MIX OF ACCULTURATON LEVELS BASED ON THE FOLLOWING DEFINITIONS;]

- **LOW ACCULTURATED** ("TRADITIONAL"): 4-7 POINTS
- **MID ACCULTURATED** ("BICULTURAL"): 8-12 POINTS
- **HIGH ACCULTURATED** ("ASSIMILATED"): 13-15 POINTS

S11. What is your total household income? Please include all sources of income from all members of your household/family and any other sources of income. [DO NOT READ LIST - MARK AND CODE CATEGORY]

- |                       |          |
|-----------------------|----------|
| 1. Less than \$15,000 | CONTINUE |
| 2. \$15,000-25,000    | CONTINUE |
| 3. \$25,000-35,000    | CONTINUE |
| 4. \$35,000-50,000    | CONTINUE |
| 5. \$50,000-65,000    | CONTINUE |
| 6. \$65,000-75,000    | CONTINUE |
| 7. More than \$75,000 | CONTINUE |
| 8. [VOL] Don't know   | CONTINUE |
| 9. [VOL] Refuse       | CONTINUE |

**RESPONDENT QUESTIONNAIRE BEGIN**

Q1. Please indicate the number of children you care for and/or are living in your household that are ages 3-12

\_\_\_\_\_

For the purposes of this study, please select the [oldest/middle-aged/youngest] of these children.

**[PROGRAMMING NOTE: RANDOMIZE OLDEST/MIDDLE-AGED/YOUNGEST]**

**[IF Q1=1 THEN SKIP OLDEST/MIDDLE/YOUNGES]**

**[IF Q1=2 THEN RANDOMIZE OLDEST/YOUNGEST]**

**[IF Q1=>3 THEN RANDOMIZE OLDEST/YOUNGEST/MIDDLE-AGED]**

Q2. How old is the child that you will be answering questions about during this survey?

**[MARK AGE 3-12]**

Q3. How much do you agree or disagree with the following statement:

|   |                          |                          |                       |                       |
|---|--------------------------|--------------------------|-----------------------|-----------------------|
| <b>I have been seeing and hearing a lot about CHILDHOOD OBESITY these days:</b> | <b>Disagree Strongly</b> | <b>Disagree Somewhat</b> | <b>Agree Somewhat</b> | <b>Agree Strongly</b> |
|---|--------------------------|--------------------------|-----------------------|-----------------------|

Q4. When it comes to the following issues that your child may face, are you very concerned, somewhat concerned, not too concerned, not at all concerned or not sure?

|   | <b>[RANDOMIZE]</b>   | <b>Not at all concerned</b> | <b>Not too concerned</b> | <b>Somewhat concerned</b> | <b>Very Concerned</b> | <b>Not sure</b> |
|---|--|-----------------------------|--------------------------|---------------------------|-----------------------|-----------------|
| a | Drug & Alcohol use   |                             |                          |                           |                       |                 |
| b | High School Graduation   |                             |                          |                           |                       |                 |
| c | Teen Pregnancy   |                             |                          |                           |                       |                 |
| e | Being overweight   |                             |                          |                           |                       |                 |
| f | Having unhealthy habits (e.g. eating unhealthy food and lack of physical activity) |                             |                          |                           |                       |                 |

Q5. What is the approximate weight and height of the [INSERT AGE FROM Q2] year-old child that you currently care for and/or is living in your household?

**[allow range 0 to 999] = WEIGHT**  
**[ENTER] = HEIGHT (feet and inches)**

Q6. In a typical work week (Monday-Friday), how many DAYS PER WEEK 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 a 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/daycare **[allow range 0 to 5]**

Q7a. In an IDEAL 7-DAY week, how many DAYS PER WEEK would you say your [INSERT AGE FROM Q2] year-old should eat or drink the following?

1. Sugary beverages (e.g. cola, iced-tea, fruit punch, sports drink) \_\_\_\_\_ **[ENTER 0 to 7]**
2. Fast Food \_\_\_\_\_ **[ENTER 0 to 7]**
3. Salty Snacks (e.g. potato chips, pretzels) \_\_\_\_\_ **[ENTER 0 to 7]**

Q7b. In an IDEAL weekday, how many times PER DAY would you say he/she should eat or drink the following?

1. Fruit \_\_\_\_\_ **[ENTER 0 to 5+]**
2. Whole Grains (e.g. wheat bread, oatmeal) \_\_\_\_\_ **[ENTER 0 to 5+]**
3. Vegetables \_\_\_\_\_ **[ENTER 0 to 5+]**
4. Milk \_\_\_\_\_ **[ENTER 0 to 5+]**
5. Water \_\_\_\_\_ **[ENTER 0 to 5+]**

Q8a. Given that most days and weeks are NOT IDEAL, I would now like for you to think about last week (7 DAY). How many DAYS PER WEEK would you say your [INSERT AGE FROM Q2] year-old ate or drank the following last week?

1. Sugary beverages (e.g. cola, iced-tea, fruit punch, Ginger Ale) \_\_\_\_\_ **[ENTER 0 to 7]**
2. Fast Food \_\_\_\_\_ **[ENTER 0 to 7]**
3. Salty Snacks (e.g. potato chips, pretzels) \_\_\_\_\_ **[ENTER 0 to 7]**

Q8b. And, thinking about YESTERDAY, how many times did he/she eat/drink the following?

1. Fruit \_\_\_\_\_ **[ENTER 0 to 5+]**
2. Whole Grains (e.g. wheat bread, oatmeal) \_\_\_\_\_ **[ENTER 0 to 5+]**
3. Vegetables \_\_\_\_\_ **[ENTER 0 to 5+]**
4. Milk \_\_\_\_\_ **[ENTER 0 to 5+]**
5. Water \_\_\_\_\_ **[ENTER 0 to 5+]**

Q9. On an IDEAL weekday, how much time PER DAY do you think your [INSERT AGE FROM Q2] year-old should spend doing the following activities (please exclude weekends):

**[allow range 0 to 24] = Hours**  
**[allow range 0 to 60] = Minutes**

Enter in number of hours and minutes for each of the following:

1. Playing video games
2. Doing homework
3. Watching TV
4. Being physically active through organized sports/activities (e.g. dance class, sports team, swimming, etc)
5. Being physically active in some other way (e.g. walking, playing outside, dancing around)

Q10. Now, given that most days are NOT IDEAL, how much time PER DAY does your [INSERT AGE FROM Q2] year-old typically spend doing the following activities (please exclude weekends):

[allow range 0 to 24] = Hours

[allow range 0 to 60] = Minutes

Enter in number of hours and minutes for each of the following:

1. Playing video games
2. Doing homework
3. Watching TV
4. Being physically active through organized sports/activities (e.g. dance class, sports team, swimming, etc)
5. Being physically active in some other way (e.g. walking, playing outside, dancing around)

Q11. How familiar are you with the term Indice de Masa Corporal or 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 a Indice de Masa Corporal or Body Mass Index (BMI) is but have not thought about checking my child's number
4. I am planning to check my child's Indice de Masa Corporal number
5. I have already checked my child's Indice de Masa Corporal number

Q12. A Indice de Masa Corporal or Body Mass Index is a number calculated from a person's weight and height which can provide a reliable indicator of body fatness and is used to determine if a person is under-weight, healthy-weight, over-weight or obese. How important do you think it is to know your child's Indice de Masa Corporal or BMI?

1. Not at all important
2. Not too important
3. Somewhat Important
4. Very Important
5. Not sure

Q13. How influential would you say the following people/organization are on your [INSERT AGE FROM Q2] year-olds eating habits?

|  |             |                                       |                        |                |                                      |     |
|--|-------------|---------------------------------------|------------------------|----------------|--------------------------------------|-----|
|  | [RANDOMIZE] | No influence on his/her eating habits | Not too much influence | Some influence | A lot of influence on his/her eating | N/A |
|--|-------------|---------------------------------------|------------------------|----------------|--------------------------------------|-----|

|   |                             |  |  |  |               |  |
|---|-----------------------------|--|--|--|---------------|--|
|   |                             |  |  |  | <b>habits</b> |  |
| a | Yourself                    |  |  |  |               |  |
| b | School                      |  |  |  |               |  |
| c | Daycare or afterschool care |  |  |  |               |  |
| d | Other relatives             |  |  |  |               |  |

Q14. How influential would you say the following people/organization are on your [INSERT AGE FROM Q2] year-olds level of physical activity?

|   | [RANDOMIZE]                 | No influence on his/her eating habits | Not too much influence | Some influence | A lot of influence on his/her eating habits | N/A |
|---|-----------------------------|---------------------------------------|------------------------|----------------|---|-----|
| a | Yourself                    |                                       |                        |                |   |     |
| b | School                      |                                       |                        |                |   |     |
| c | Daycare or afterschool care |                                       |                        |                |   |     |
| d | Other relatives             |                                       |                        |                |   |     |

Q15. To what extent would you agree 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  |                   |                   |                |                |

Q16. To what extent, if at all, have you thought about and/or tried the following methods to help your [INSERT AGE FROM Q2] year-old 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 regularly do this |
|--|-------------------------------------|---------------------------------------|--------------------------|---------------------------|------------------------|---------------------|
| Talked to him/her about eating/drinking the correct amount of food and drink                                   |                                     |                                       |                          |                           |                        |                     |
| Monitored the amount of physical activity he/she engages in on a daily basis                                   |                                     |                                       |                          |                           |                        |                     |
| Replaced less healthy foods with healthier options (e.g. replace cookies with fruit wedges or chips with nuts) |                                     |                                       |                          |                           |                        |                     |
| Monitored his/her Indice de Masa Corporal or Body Mass Index or BMI  |                                     |                                       |                          |                           |                        |                     |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Talked to the doctor about finding out his/her Indice de Masa Corporal or Body Mass Index or BMI |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Q17a. 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 First Lady Michelle Obama?

1. Yes
2. No
3. Not sure

**[IF YES to 17a]**

Q17b. Where have you seen or heard about Let's Move? *[DO NOT READ LIST, MARK AND CODE -ACCEPT MULTIPLE RESPONSES]*

|                                       |     |    |          |
|---------------------------------------|-----|----|----------|
| TV                                    | Yes | No | Not sure |
| Radio                                 | Yes | No | Not sure |
| Magazine                              | Yes | No | Not sure |
| Newspaper                             | Yes | No | Not sure |
| Internet                              | Yes | No | Not sure |
| Outdoor billboards or outdoor posters | Yes | No | Not sure |
| From friends or family                | Yes | No | Not sure |
| From your child's school              | Yes | No | Not sure |
| From a community event                | Yes | No | Not sure |
| Some other place _____                | Yes | No | Not sure |

Q17c. Have you ever heard about We Can!, a national program designed to help children stay healthy through nutrition and physical activity?

1. Yes
2. No
3. Not sure

**Now we would like to describe a couple of commercial ads that you may have seen or heard on TV, the internet or radio. Please indicate whether or not you have seen or heard these ads.**

Q18. Have you seen an ad that begins with...**[DESCRIBE TV AD1]**

Have you seen this ad on TV or some other place?

1. Yes
2. No
3. Not sure

**[ROTATE & RANDOMIZE 19a, 19b]**

Q19a. Have you heard an ad on the radio where... **[DESCRIBE RADIO AD]**

Have you heard this ad on the radio or some other place?

1. Yes
2. No



3. Not sure

**Thank you! We're almost done, we just have a few more questions about you and your [INSERT AGE FROM Q2] year-old that will be used for classification purposes only.**

**Q20.** 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

**Q21.** How would you best describe your current weight?

**[Single punch]**

1. Underweight
2. Overweight
3. Just right

**D1.** What is your marital status?

1. Never married (Single)
2. Living together but not married
3. Married
4. Separated
5. Divorced
6. Widowed
7. Prefer not to state

**D2.** What is your current employment status?

1. Employed full-time
2. Employed part-time
3. Stay at home parent
4. Temporarily unemployed
5. Full-time student
6. Part-time student
7. Retired
8. Prefer not to state

**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
11. Prefer not to state

**This is the end of the survey. Thank you so much for your participation! For further information please visit our website at [WWW.LETSMOVE.GOV](http://WWW.LETSMOVE.GOV).**

**[PROGRAMMER NOTE: PLEASE CODE D4-D5 FROM SAMPLE FILE]**

D4. Do you live in the city, suburbs, or some other area?

1. City
2. Suburbs
3. Some other area

D5. What is your zip code?

**CODE FOR STATE**  
**CODE FOR REGION**