

Attachments 4B-1 and 4B-2

FLASHE Parent Cognitive Interview Guides

**4B-1: Cognitive Interview Guide
Parent Diet and Demographics Surveys**

Page 2

**4B-2: Cognitive Interview Guide
Parent Physical Activity Surveys**

Page 14

NOTE: Parents will be randomized to complete either the Diet and Demographics or the Physical Activity Surveys.

Attachment 4B-1: FLASHE Parent Diet and Demographics Surveys Cognitive Interview Guide

Thank you for agreeing to help us out today. My name is _____ and I work for Westat, a survey research company in Rockville, MD. Let me give you a little background information about what we'll be doing today. Westat is working with the National Cancer Institute to develop a new survey about diet and physical activity. Before we conduct surveys, we first test them with the help of people such as you. This is to make sure the questions are easy to understand and to answer. That is how you will help us out today -- by going through the survey and sharing some of your reactions with us; it will help make sure the questions are easy to understand.

Your particular survey answers are not the focus of interest. Instead, I will be asking you about things such as how well you understand what the questions are asking, and whether or not certain words and response categories are clear and appropriate. Your input will help us to correct any problems or make improvements before launching the survey at a later date.

Before we start, there are a few things I need to mention:

- This is a research project, and your participation is voluntary. If you prefer not to answer certain questions, just tell me and I'll go on to the next one. You may stop the interview at any time.
- The information you provide today will be confidential and your name or other personal facts that would identify you will not be used when we discuss, or write about this study.
- The interview will take about 90 minutes and we'll pay you \$75 for your assistance today.
- If it's alright with you, I'd like to audio record our interview, so that I don't have to take a lot of notes while we're talking, and can still get an accurate record of what you tell me. The recording will be stored on a secure network drive, only project staff will have access to the information you share with us, and we'll destroy the tape after our project is finished.

HAVE R READ AND SIGN CONSENT FORM

START AUDIO RECORDER, STATE DATE AND TIME, REQUEST PERMISSION TO RECORD

I'ER: NOTE ANY PROBLEMS R HAS WITH SKIP INSTRUCTIONS OR LANGUAGE LEVEL. IF APPROPRIATE, PROBE FURTHER ON THESE ISSUES.

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by telephone to complete this instrument so that we can identify potential sources of measurement or response error. The purpose of this instrument is to examine psychosocial, generational, and environmental correlates of cancer preventive behaviors.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

Introduction

HAVE RESPONDENT READ THE SURVEY INTRODUCTION

What reactions, if any, did you have to the survey introduction?

Was there anything unclear or confusing?

What do you think the survey is going to be about?

Who will the survey be asking questions about? IF NEEDED, Will the questions be about anyone besides you?

SECTION 1 – Your Attitudes and Opinions

Q1. About how many servings of fruits and vegetables do you think a person should eat each day for good health?

In your own words, describe for me what you think a “serving” is.

Q2. Please mark how much you disagree or agree with this statement: I feel confident in my ability to eat fruits and vegetables every day.

Tell me how you came up with your answer.

Q3. There are lots of reasons why people would eat fruits and vegetables. Please mark how much you disagree or agree with each of the statements listed below. I would eat fruits and vegetables because...

How did you come up with your answers to these items?

INTERVIEWER NOTE: Try to determine if respondent eats fruits and vegetables at all, and if not, how easy or difficult it is to answer these items.

Item "c" -- *Can you give me an example of what you were thinking about when you answered item c? What does "fail" mean to you here?*

Q4. There are lots of things that can prevent people from eating fruits and vegetables as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't eat fruits and vegetables as much as I like to because...

What is this question asking?

PRESENT SHOW CARD WITH THREE VERSIONS OF QUESTION STEM ('prevent', 'stop,' 'keep from')¹. *There are a few different ways we could ask this question. Please look at these and tell me, do you think these three questions mean the same thing? Which is easiest for you to understand? Tell me more about your answers.*

Item "c" - *What were you thinking of when you answered {x} at item c?*

INTERVIEWER NOTE: How is the respondent interpreting "spoil"?

Item "f" -- *Who were you including as "family" in item f?*

Q5. Please mark how much you disagree or agree with this statement: I feel confident in my ability to limit the amount of junk food and sugary drinks I eat and drink every day.

Tell me in your own words what this statement is asking. IF NEEDED, What does "limit" mean to you in this question?

If this read "I feel confident in my ability to cut down on the amount of junk food and sugary drinks I eat and drink every day" would your answer be different? What makes you say that?

Q6. There are lots of reasons why people would try to limit the amount of junk food and sugary drinks they have. Please mark how much you disagree or agree with each of the statements listed below. I would try to limit how much junk food and sugary drinks I have because...

How did you come up with your answers to these items?

Item "b" -- *Can you give me an example of what you were thinking about when you answered item b? What does "failed" mean to you here?*

Q7. There are lots of reasons why people start eating or continue eating when they aren't hungry. How often do you start or continue to eat when you're not hungry because...

How did you come up with your answers here?

¹ See page 13 for the three versions which will be formatted as a show card.

INTERVIEWER NOTE: Listen for whether respondents are confused about including both starting to eat and continuing to eat. Probe on this issue as needed.

Q8. Please think about messages you see or hear on television, magazines, radio, Internet or billboards about foods and drinks. Please mark how much you disagree or agree with each of the statements listed below. When I see advertisements for foods or drinks...

SECTION 2 – Your Preferences

Q9. Please mark how much you dislike or like each of the drinks listed below.

Item “a” – *What are some other examples you might include in this list?*

Item “b” – *In your own words, what’s the different between sweetened fruit drinks and 100% pure fruit juice?*

Item “c” – *Which brands do you drink or eat?*

Item “d” – *What are some other examples you would include here?*

Item “e” – *In your mind, do you think there’s a difference between energy drinks and sports drinks? What are some other examples you would include here?*

Item “f” – *Tell me more about your answer. What, if anything on this list is unfamiliar to you?*

Item “g” – *Tell me more about your answer here. IF NEEDED, What are some examples of the types of water you would include here?*

Q10. Please mark how much you dislike or like each of the foods listed below.

Item “h” – *What other kinds of foods that you heat or serve, if any, were you thinking of when you answered this question? IF NEEDED, What other kinds of foods can you think of that would fit in this category?*

Item “i” – *What other kinds of foods like this, if any, were you thinking of when you answered this question? IF NEEDED, What other kinds of foods can you think of that would fit in this category?*

Item “j” – *What other kinds of processed meat, if any, were you thinking of when you answered this question? IF NEEDED, What other kinds of foods can you think of that would fit in this category?*

Q11. Please mark the foods and drinks you never eat or drink. Please mark all that apply.

Q12. Think about the foods you never eat. Why don't you eat them? Please mark all that apply.

What other reasons do you, or would others never eat certain foods?

SECTION 3 – Food Away from Home

Q13. Think about all the meals and snacks you ate and drank away from home in the past 7 days, from the time you got up until you went to bed. Please count breakfast, lunch, dinner and snacks. During the past 7 days, on how many days did you eat at least one meal or snack from...

For your answers to these items, were you thinking about where you actually ate in the past 7 days, or were you thinking about where you usually eat?

Item "d" – *What are some other examples of bagel or coffee shops?*

Item "g" – *What are some other examples of convenience stores?*

Item "h" – *What are some other examples of sit-down restaurants? In your mind, what's an "independent restaurant"?*

SECTION 4 – Food in Your Home

Q14. Please think about the evening meals you've eaten at home with your family in the past 7 days. On how many days was your evening meal or dinner...

Item "b" – Tell me about your answer here. IF NEEDED, What do you think of as full service restaurants? What might be a better way to describe those kinds of restaurants? IF NEEDED, What about "sit-down restaurant" or "family- owned restaurant"?

Q15. How often are the following foods and drinks available in your home?

Q16. For the following statements, please mark whether the statement was never true, sometimes true or always true for you or someone in your household in the past 12 months.

Q17. In the past 12 months, did you or others in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Q18. If yes, how often did this happen?

Q19. In the past 12 months, did you or anyone in your household ever eat less than you felt you should because there wasn't enough money for food?

Q20. In the past 12 months, were you or was anyone in your household ever hungry but didn't eat because there wasn't enough money for food?

What time period were you thinking about when you answered these items?

INTERVIEWER NOTE: Q13-Q15 use a 7-day reference period; Q16-Q20 use 12 months. Note whether respondent switches reference periods appropriately.

SECTION 5 – Family Meals

Q21. Think about meal times with your family. In my family...

Q22. Please mark how much you disagree or agree with each of the statements listed below.

Tell me how you decided on your answers here. IF NEEDED, Give me some examples of what you thought of as "cooking" when you answered these items.

Q23. Please mark how often you...

SECTION 6 – What you Eat and Drink

Q24. During the past week, how often did you drink the following

For one each of a high, middle and low frequency item, How did you come up with your answer here?

INTERVIEWER NOTE: Listen for whether respondents are including drinks consumed at home and away from home. If needed, probe on that issue.

Item "f" – Describe for me the coffee you drink and what you put in it. Where do you usually get the coffee? IF NEEDED AND IF APPLICABLE, Do you buy these kinds of coffee drinks at the supermarket?

Q25. When you drink milk, what type is it most of the time?

Tell me more about your answer here.

Q26. What kind of milk do you usually drink?

Tell me more about your answer here.

Q27. During the past week, how often did you eat the following:

INTERVIEWER NOTE: The food examples are very important in this item series. Listen carefully to the foods respondents list when they talk about their answers. Probe where necessary to find out more about what kinds of foods they're including at the sub-items you discuss with them.

For one each of a high, middle and low frequency item, *How did you come up with your answer here?*

INTERVIEWER NOTE: Listen for whether respondents are including foods eaten at home and away from home. If needed, probe on that issue.

Item "a" – *Tell me how you came up with your answer.*

INTERVIEWER NOTE: Listen for whether respondents are including fresh, frozen and canned in their answers. If needed, probe on that issue.

Item "e" – *What kinds of non-fried vegetables were you thinking of when you answered this question? IF NEEDED, What other kinds of vegetables can you think of that would fit in this category? In your mind, what is a "non-fried vegetable"?*

We have another version of this item we're thinking of using, which reads "Other vegetables like carrots, broccoli, collards, green beans, corn, etc. Don't count green salad, potatoes or fried vegetables." Which version do you prefer? What makes you say that?

Item "j" – *What kinds of processed meats were you thinking of when you answered this question? IF NEEDED, What sandwich meats, if any, were you including? What were you not including?*

Item "o" – *What kinds of candies were you thinking of when you answered this question? IF NEEDED, What kinds of candies were you including? What were you not including?*

INTERVIEWER NOTE: Listen for whether respondents are thinking of both chocolate and non-chocolate candies.

Items "q" and "r" – *Do you think these two items should be combined? What makes you say that? Are you familiar with "pan dulce" (pronounced "pan dull-say")? IF YES, Does it make sense to include it here?*

Item "s" -- *What kinds of yogurts were you including in your answer? What were you not including? What else should be listed here?*

Item "u" -- *What chips were you including in your answer? What didn't you include? What are some other brand name examples you might put on this list?*

Item "v" – *What kinds of cereal were you including in your answer? What didn't you include? What are some other brand name examples you might put on this list?*

Item "w" -- *What kinds of cereal were you including in your answer? What didn't you include? What are some other brand name examples you might put on this list?*

Item “x” -- *What kinds of cereal were you including in your answer? What didn’t you include? What are some other brand name examples you might put on this list?*

INTERVIEWER NOTE: Listen for whether respondent is confused about the difference among sugary cereals, non-sugar coated cereals and hot cereals. Probe further as needed on this issue.

SECTION 7 – Your Teenager

INTERVIEWER NOTE: As needed throughout this section, check that respondent is answering for the designated teenager and that they understand it is the teenager who is answering the Teen survey.

Q28. How often is each statement true regarding your views on fruits and vegetables for {FILL TEENAGER’S NAME}?

Item “b” – *In your mind, what do you consider “enough fruits and vegetables” to be?*

Item “j” – *Tell me more about your answer. What if we asked instead “I’m supposed to make rules about how many fruits and vegetables my teenager eats”, would your answer change? What makes you say it {would/wouldn’t} change?*

Q29. How often is each statement true regarding your views on junk food and sugary drinks for {FILL TEENAGER’S NAME}?

For two of items “d”, “g”, “h” or “i”, *Tell me how you came up with your answer here.*

INTERVIEWER NOTE: Listen for how respondent answers the negatively worded items in this series and explore how well their explanations match the selected answers.

Item “g” – *We have another version of this item, which means “If I don’t monitor, my teenager will eat too much junk food or drink too many sugary drinks.” Which version do you prefer? Tell me what makes you say that.*

Q30. Now think in general about how you parent {FILL TEENAGER’S NAME}. Please mark how much you disagree or agree with each of the statements listed below.

Item “a” – *Tell me more about your answer here. IF NEEDED, What does “family rules” mean to you?*

Item “h” – *What do you think is meant by “things” here?*

General Information About You

Q1. What is your age?

Q2. Are you male or female?

Q3. What is the highest grade or level of education you completed?

Q4. What is your marital status?

Q5. Are you Hispanic, Latino/a or Spanish origin?

Q6. Which one or more of the following would you say is your race? Please mark all that apply.

Q7. Were you born in the United States?

Q8. If not, in what year did you come to the United States to stay?

Q9. About how long have you lived at your current address?

Q10. Do you currently rent or own your home?

Q11. How often in the past 12 months would you say you were worried or stressed about having enough money to pay for your rent or mortgage?

Q12. What is your current employment status? Are you...

Q13. About how many hours do you work per week at all of your jobs and businesses combined?

Q14. Thinking about members of your family living in your household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past 12 months?

Q15. Are you currently receiving food stamp assistance, such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI)?

Q16. What languages do you speak at home? Please mark all that apply.

Q17. In what languages are the TV shows, radio stations or newspapers that you usually watch, listen to or read?

Q18. How would you rate your ability to read English?

Q19. How often do you need help reading information from your doctor or pharmacy?

Q20. How many children under the age of 18 live in your household?

Q21. Does your teenager currently receive free or reduced price lunch at school?

Q22. In general, would you say your health is...

Q14. What is your height and weight without shoes?

Q15. Overall, how would you rate your current weight?

What do you think this question is asking? In your mind, what are the differences among the different answer choices?

Q16. Are you currently trying to...

FINAL PROBES

What did you include as "junk food and sugary drinks" when you were answering the questions about those foods?

What are your impressions of the survey now that you've answered all the questions?

What do you think of the name of the survey?

IF NOT MENTIONED: What did you think of the appearance of the survey? IF NEEDED, What did you think of the color and layout?

Did you find it easy or difficult to complete? What made it easy/difficult?

IF NEEDED, How easy or difficult was it for you to focus on {TEEN NAME} when answering the questions in that section of the survey?

What did you think of the length of the survey?

What other comments about the survey, which we haven't already talked about, would you like to share with me?

CHECK WITH OBSERVERS, IF PRESENT

TURN OFF AUDIO RECORDER, THANK AND PROVIDE INCENTIVE

SHOW CARD

Q4. There are lots of things that can prevent people from eating fruits and vegetables as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't eat fruits and vegetables as much as I like to because...

Q4. There are lots of things that can stop people from eating fruits and vegetables as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't eat fruits and vegetables as much as I like to because...

Q4. There are lots of things that can keep people from eating fruits and vegetables as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't eat fruits and vegetables as much as I like to because...

Attachment 4B-2: FLASHE Parent Physical Activity Survey Cognitive Interview Guide

Thank you for agreeing to help us out today. My name is _____ and I work for survey research company in Rockville, MD. Let me give you a little background in about what we'll be doing today. Westat is working with the National Cancer Institute on a new survey about diet and physical activity. Before we conduct surveys, we first get the help of people such as you. This is to make sure the questions are easy to understand and to answer. That is how you will help us out today -- by going through the survey and sharing some of your reactions with us; it will help make sure the questions are easy to understand.

Your particular survey answers are not the focus of interest. Instead, I will be asking things such as how well you understand what the questions are asking, and whether certain words and response categories are clear and appropriate. Your input will help us correct any problems or make improvements before launching the survey at a later date.

Before we start, there are a few things I need to mention:

- This is a research project, and your participation is voluntary. If you prefer to skip certain questions, just tell me and I'll go on to the next one. You may stop at any time.
- The information you provide today will be confidential and your name or other facts that would identify you will not be used when we discuss, or write about, the survey.
- The interview will take about 90 minutes and we'll pay you \$75 for your assistance today.
- If it's alright with you, I'd like to audio record our interview, so that I don't have to take a lot of notes while we're talking, and can still get an accurate record of what you say. The recording will be stored on a secure network drive, only project staff will have access to the information you share with us, and we'll destroy the tape after the interview is finished.

HAVE PARTICIPANT READ AND SIGN CONSENT FORM

START AUDIO RECORDER, STATE DATE AND TIME, REQUEST PERMISSION TO RECORD

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by telephone to complete this instrument so that we can identify potential sources of measurement or response error. The purpose of this instrument is to examine psychosocial, generational, and environmental correlates of cancer preventive behaviors.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0642). Do not return the completed form to this address.

INTRODUCTION

HAVE RESPONDENT READ THE SURVEY INTRODUCTION

What reactions, if any, did you have to the survey introduction?

Was there anything unclear or confusing?

What do you think the survey is going to be about?

Who will the survey be asking questions about? IF NEEDED, Will the questions be about anyone besides you?

Did you notice the definition of "physical activity" ?

SECTION 1 – Physical Activity

Q1. When you were growing up, which best describes your overall physical activity patterns, that is, engaging in activities such as biking, swimming, team sports, brisk walking, etc.?

The question asks about "when you were growing up." What time period (from what age to what age) were you thinking about when you answered this question?

How easy or difficult was it for you to answer this question? What makes you say that?

Q2. There are lots of things that can prevent people from exercising as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't exercise as much as I like to because...

What is this question asking?

What were you including as "exercise" in this question?

What does "exercise" mean to you in this question? To you, do you think "exercise" here means the same as "physical activity"?

PRESENT SHOW CARD WITH THREE VERSIONS OF QUESTION STEM ('prevent', 'stop,' 'keep from')². There are a few different ways we could ask this question. Please look at these and tell me, do you think these three questions mean the same thing? Which is easiest for you to understand? Tell me more about your answers.

Item "e" -- What were you thinking of when you answered {x} at item "e"?

Item "g" -- Who were you including as "family" in item g?

Items "h" and "i" -- What is the difference, if any, between "I'm not athletic" and "I don't have the skills" in your mind?

Q3. Please think about being physically active on most days of the week. Then please mark how much you disagree or agree with each of the statements listed below. If I were to be physically active on most days of the week it would...

How did you come up with your answers to these items? What time period were you thinking of when you read "most days"?

Item "g" - Can you tell me more about your answer here? IF NEEDED: What does "make me better in" mean to you?

Q4. There are lots of reasons why people would exercise most days of the week. Please mark how much you disagree or agree with each of the statements listed below. I would exercise most days of the week because...

How did you come up with your answers to these items?

Item "c" -- Can you give me an example of what you were thinking about when you answered item c? IF NEEDED, What does "failed" mean to you here?

Q5. Please mark how much you disagree or agree with this statement: I feel confident in my ability to exercise most days of the week.

² See page 24 for the three versions which will be formatted as a show card.

Tell me how you came up with your answer?

What do you consider “most days of the week” to be? What would your answer be if it said “I feel confident in my ability to exercise regularly?” EXPLORE IF THE ANSWER WOULD BE DIFFERENT.

SECTION 2 – Using Electronic Devices

Q6. On weekdays (Monday – Friday), about how many hours per day do you use each electronic device?

Q7. On weekends (Saturday & Sunday), about how many hours per day do you use each electronic device?

Tell me how you came up with your answer.

IF RESPONDENT MENTIONS COMPUTERS: What type of activities on the computer were you thinking about?

INTERVIEWER NOTE: Are respondents including internet surfing, streaming videos, or using smartphones when they think of computers?

IF RESPONDENT MENTIONS MOVIES: Can you tell me more about how you watch the movies?

INTERVIEWER NOTE: Is the respondent including movies on the internet, movies in theaters, movies on the TV, Netflix instant movies, movies on a tablet computer?

Which electronic devices, if any, were you unfamiliar with or surprised to see on this list?

What devices, if any, did you think should be added to this list?

What did you think about the examples given? Were they helpful? Are there any missing that you think should be included?

Q8. How many TVs are in your home?

Q9. There are lots of reasons why people would try to limit the amount of time they spend using electronic devices. Please mark how much you disagree or agree with each of the statements listed below. I would try to limit the amount of time I spend using electronic devices (most days of the week) because...

What time period were you thinking of when you read “most days of the week”?

How did you come up with your answers to these items?

INTERVIEWER NOTE: If needed, check that respondent is still thinking about the electronic devices that were marked in Q6 and Q7.

Q10. Please mark how much you disagree or agree with this statement: I feel confident in my ability to limit how much time I spend using electronic devices every day.

Tell me in your own words what this statement is asking. If this read "I feel confident in my ability to cut down how much time I spend using electronic devices" would your answer be different? What makes you say that?

INTERVIEWER INSTRUCTIONS: HAVE RESPONDENT BRIEFLY SKIM SECTIONS 3 AND 4 WITHOUT ANSWERING THE ITEMS.

SECTION 3 – Time Spent in the Sun and Indoor Tanning

Q11. In the summer, on average, how many hours are you outside per day between 10AM and 4 PM on weekdays (Monday-Friday)?

Q12. In the summer, on average, how many hours are you outside per day between 10AM and 4 PM on weekend days (Saturday & Sunday)?

Q13. For the following questions, think about what you do when you're outside during the summer on a warm sunny day. How often do you...

Q14. Now think about the past 12 months. In that entire time, how often did you use...

Q15. In the past 12 months, how many times did you have a red or painful sunburn that lasted a day or more?

SECTION 4 – Tobacco Use

Q16. Have you smoked at least 100 cigarettes in your entire life?

Q17. How often do you now smoke cigarettes?

Q18. In the past month (30 days), when you smoked, how many cigarettes did you smoke per day?

Q19. At what age did you start smoking regularly?

Q20. What was the date of your last cigarette?

Q21. During the past month (30 days), did you smoke cigarettes to help you lose weight or keep from gaining weight?

SECTION 5 – Sleep and Mood

Q22. What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)?

Q23. What time do you usually get out of bed in the morning?

INTERVIEWER NOTE: Does R have any difficulty with the formatting of these items?

Q24. Do you generally have trouble staying asleep at night?

Q25. How often do you think that you need more sleep?

Q26. In the past month, how often have you felt...

Q27. In the past 12 months, how often have you been bothered or troubled by...

What time period were you answering for in question 26? How easy or difficult was that for you? What makes you say that?

What time period were you answering for in question 27? How easy or difficult was that for you? What makes you say that?

SECTION 6 – Your Teenager

INTERVIEWER NOTE: As needed throughout this section, check that the respondent is answering for the designated teenager and that they understand it is the teenager who is answering the Teen survey.

Q28. Please indicate if you have the following items in your home, yard or apartment complex and if you have them, how often {FILL TEENAGER'S NAME} uses each item. Please mark the answer that best applies to {FILL TEENAGER'S NAME}.

How did you come up with your answers here? IF NEEDED, How easy or difficult was it to answer these questions? What makes it easy/difficult?

INTERVIEWER NOTE: If not mentioned, check whether the respondent is thinking about use by designated teenager.

Item “d” -- *What were you including as “sports equipment”?*

Item “i” -- *What were you including as “cardio equipment”?*

Item “l” -- *What were you including as an “active gaming system”?*

Item “m” -- *When you were thinking of exercise videos what did you include? Were respondents including videos on the computer or on youtube?*

INTERVIEWER NOTE : Were respondents including videos on the computer or on youtube or anything else?

Q29. Now think about {FILL TEENAGER’S NAME}'s time being physically active. How often is each of the statements listed below true for {FILL TEENAGER’S NAME}?

Items “b” and “h” – *How did you come up with your answer here?*

INTERVIEWER NOTE: Try to determine how easy or difficult it was for the respondent to use “never” and “always” categories with these items.

Item “b” – *What does “keep track of” mean to you here? Would your answer be different if it said “Even if I don’t pay attention/monitor, my teenager will get enough physical activity”?*

Item “j” – *What does “it is my responsibility” mean to you here? Would your answer be different if it said “I am supposed to or I think it’s my responsibility to make rules about how physically active my teenager is”?*

Q30. In the past school year, how often has your {FILL TEENAGER’S NAME} had homework assignments that limited the amount of time they had available for physical activity?

What time period were you thinking about when you answered this question? What does “past school year” mean to you? If you were answering this survey in January, what school year would you be answering for?

Q31. People watch TV or videos and play games using many different kinds of electronic devices. When thinking about videos, count Netflix, YouTube, ONDemand, etc. From the list below, please mark which ones {FILL TEENAGER’S NAME} uses:

Q32. Now think about {FILL TEENAGER’S NAME}'s time with the electronic devices you marked in Question 31. How often are each of the statements listed below true for {FILL TEENAGER’S NAME}?

Items “d”, “e” and “f” – *How did you come up with your answer here?*

INTERVIEWER NOTE: Try to determine how easy or difficult it was for the respondent to use “never” and “always” categories with these items.

What were you including as “screen time”? What devices were you thinking of?

IF NEEDED, Item “e” – *What does “keep track of” mean to you? Would your answer be different if it said “If I don’t pay attention, my teenager has too much screen time”?*

IF NEEDED, Item “j” – *What does “it is my responsibility” mean to you here? Would your answer be different if it said “I am supposed to make rules about how much screen time my teenager can have”?*

IF NEEDED, Item “f” and “l” – *Tell me in your own words what “limit” means to you. If this read “If I don’t cut down” or “I cut down my own screen time” would your answers be different?*

Q33. On how many days during the school week does {FILL TEENAGER’S NAME} get to school by...

How did you come up with your answers here? How easy or difficult was it to answer? What makes you say that?

Q34. On how many days during the school week does {FILL TEENAGER’S NAME} leave from school by

How did you come up with your answers here?

Q35. Please mark how much you disagree or agree with each of the statements about {FILL TEENAGER’S NAME} walking and biking to school listed below. It is difficult for {FILL TEENAGER’S NAME} to walk or bike to school (alone or with someone else) because...

How did you come up with your answers here?

Q36. Most parents think about what they’d like in life for their teenager. For each of the statements listed below, please mark how important it is to you when you think about what you’d like for {FILL TEENAGER’S NAME}.

How easy or difficult was it for you to answer these items? What makes it easy/difficult?

INTERVIEWER NOTE: If not mentioned, check whether the respondent is thinking about designated teenager in these items.

Q37. Has a doctor or other healthcare professional ever told you that {FILL TEENAGER’S NAME} has any condition that could limit his/her ability to exercise, such as obesity, diabetes, high blood pressure, etc.?

What other examples of health conditions, if any, do you think should be included here?

Q38. Do medical, behavioral or other health conditions interfere with {FILL TEENAGER'S NAME}'s ability to do any of the following things?

Activity Checklist

How easy or difficult would you say it was to complete the Physical Activity Checklist? What made it easy/difficult?

IF NEEDED, How easy or difficult was it to figure out what days to answer for? What made it easy/difficult?

What did you think about the way the checklist looks?

Was there anything unclear or confusing about how to fill out the checklist?

Were there any activities that were missing from the checklist that you thought should be added?

Q2. - Was this week reflective of your usual activity level?

Q3. - In general how many HOURS per DAY do you usually spend:

Q4. - Over this past week, were you confined to a bed or chair as a result of injury, illness or surgery?

If YES, how many days over the past week were you confined to a bed or chair? _____ days

Q5. - Do you have difficulty doing any of the following activities?

FINAL PROBES

What are your impressions of the survey now that you've answered all the questions?

What do you think of the name of the survey?

IF NOT MENTIONED: What did you think of the appearance of the survey? IF NEEDED, What did you think of the color and layout?

Did you find it easy or difficult to complete? What made it easy/difficult?

IF NEEDED, How easy or difficult was it for you to focus on {TEEN NAME} when answering the questions in that section of the survey?

What did you think of the length of the survey?

What other comments about the survey, which we haven't already talked about, would you like to share with me?

CHECK WITH OBSERVERS, IF PRESENT

TURN OFF AUDIO RECORDER, THANK AND PROVIDE INCENTIVE

SHOW CARD

Q2. There are lots of things that can prevent people from exercising as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't exercise as much as I like to because...

Q2. There are lots of things that can stop people from exercising as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't exercise as much as I like to because...

Q2. There are lots of things that can keep people from exercising as much as they'd like to. Please mark how much you disagree or agree with each of the statements listed below. I don't exercise as much as I like to because...