CHILD HEALTH & DIET SURVEY

OMB # xxxx-xxxx

The following questions should be answered about your 6-year-old child.

Expiration Date: zz/zz/zzzz

The Public Disclosure Burden Statement can be found in the cover letter

SECTION A

1. During the past month, what were your regular childcare arrangements for your 6-year-old? **(PLEASE "X" ALL THAT APPLY)**

	BEFORE SCHOOL	AFTER SCHOOL	WEEKENDS OR NON-SCHOOL DAYS
Parent cared for the child	☐	☐	☐
Childcare in my home provided by someone other than a parent	☐	☐	☐
Childcare in someone else's home	☐	☐	☐
A before- or after-school childcare program at school	☐	☐	☐
Childcare center	☐	☐	☐
Other	☐	☐	☐

2. What kind of school does your 6-year-old currently attend? **(PLEASE "X" ALL THAT APPLY)**

Public ☐ Home-schooled ☐
Private ☐ My 6-year-old does not attend any type of school ☐ → **(GO TO QUESTION 7)**

3. What grade is your 6-year-old in?

Preschool or Junior Kindergarten ☐ First grade ☐
Kindergarten ☐ Second grade ☐

4. How many days a week is your child in school?

Whole days: 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐

Half days: 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐

5. During this school year, has a special plan been developed at school to provide your 6-year-old with extra help or support such as a special needs program or an Individualized Education Program (IEP)?

> EXPLANATORY NOTE: Some children have difficulty in school because of a health problem, condition, or disability. These children may receive services from a program called Special Education and have a written intervention plan called an Individualized Education Program (IEP).

Yes ☐ No ☐ Don't know ☐

6. During this school year, has your 6-year-old received any of the following services? **(PLEASE "X" ALL THAT APPLY)**

Speech or language therapy ☐
Occupational therapy or other type of therapy for help with handwriting or other motor skills ☐
Physical therapy ☐
Special instruction or help in one or more school subjects such as reading or math ☐
Special services because of a problem with vision or hearing ☐
Psychological services or counseling because of a problem with emotions, behavior, or socialization ☐
Behavioral support, such as a behavior management plan or individual support in the classroom by an assistant ☐
Special support because of a chronic health condition ☐
Other (please specify) _____ ☐
None of these ☐

7. About how many books does your 6-year-old have?

None ☐ 10 or more books ☐
1 or 2 books ☐ Don't know ☐
3 to 9 books ☐

8. How often do you read aloud to your 6-year-old?

Never ☐ At least 3 times a week ☐
Several times a year ☐ Everyday ☐
Several times a month ☐ Don't know ☐
Once a week ☐

9. Does your family encourage your 6 year-old to start and keep doing hobbies?

Yes ☐ No ☐ Don't know ☐

10. Does your 6-year-old get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

Yes ☐ No ☐ Don't know ☐

11. How often has a family member taken or arranged to take your 6-year-old to any type of musical or theatrical performance within the past year?

Never ☐ About once a month ☐
Once or twice ☐ About once a week or more often ☐
Several times ☐

12. Here is a list of items that describe children. For each item, please "X" how true it has been for your 6 year-old during the past six months. He or she …

		NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
a.	...is considerate of other people's feelings	☐	☐	☐
b.	...is restless, overactive, cannot stay still for long	☐	☐	☐
c.	...often complains of headaches, stomach aches or sickness	☐	☐	☐
d.	...shares toys or treats readily with other children	☐	☐	☐
e.	...often loses temper	☐	☐	☐
f.	…is rather solitary, prefers to play alone	☐	☐	☐
g.	...is generally well behaved, usually does what adults request	☐	☐	☐
h.	...has many worries, or often seems worried	☐	☐	☐
i.	...is helpful if someone is hurt, upset, or feeling ill	☐	☐	☐
j.	...is constantly fidgeting or squirming	☐	☐	☐
k.	...has at least one good friend	☐	☐	☐
l.	...often fights with other children or bullies them	☐	☐	☐
m.	...is often unhappy, depressed, or tearful	☐	☐	☐
n.	...is generally liked by other children	☐	☐	☐
o.	...is easily distracted, concentration wanders	☐	☐	☐
p.	...: is nervous or clingy in new situations	☐	☐	☐
q.	...is kind to younger children	☐	☐	☐
r.	...often lies or cheats	☐	☐	☐
s.	...is picked on or bullied by other children	☐	☐	☐
t.	...often offers to help others (parents, teachers, other children)	☐	☐	☐
u.	...thinks things out before acting	☐	☐	☐
v.	...steals from home, school or elsewhere	☐	☐	☐
w.	...gets along better with adults than with other children	☐	☐	☐
x.	...has many fears, is easily scared	☐	☐	☐
y.	...has good attention span, sees chores or homework through to the end	☐	☐	☐

SECTION B

1. How tall is your 6-year-old now (without shoes)? Please use the enclosed tape measure to measure the height. Have your child back up to a wall with the back of the head, shoulder blades, buttocks, and heels touching the wall. Lay a hard-backed book or other flat item from your child's head to the wall and level with the floor. Mark the wall under the book and then measure from the floor to the mark. Please tell us the height to the nearest quarter inch.

   _____ inches

2. How much does your 6-year-old weigh now (without shoes)? Please weigh your child on a scale. _____ pounds
3. How tall was your 6-year-old the last time he or she was measured at a doctor's visit? _____feet _____ inches
4. What was the date of the height measurement? Month____ / Day_____ / Year_____
5. How much did your 6-year-old weigh the last time he or she was weighed at a doctor's visit? _____pounds
6. What was the date of the weight measurement? Month____ / Day_____ / Year_____
7. Please indicate how you would classify your 6-year-old's weight at each of the 2 periods listed below:

	VERY UNDERWEIGHT	UNDERWEIGHT	AVERAGE	OVERWEIGHT	VERY OVERWEIGHT
Now	☐	☐	☐	☐	☐
First year of life	☐	☐	☐	☐	☐

8. Thinking about your 6-year-old, would you like him or her to weigh:

   A lot less ☐ A little more ☐
   A little less ☐ A lot more ☐
   About the same ☐

9. How old was your 6-year-old the first time you took him or her to a dentist?

   _____years My 6-year-old has never been to a dentist ☐ →**(GO TO QUESTION 12)**

10. During the past 12 months, has your 6-year-old been to a dentist?

    Yes ☐ No ☐

11. How many dental cavities (teeth with decay) has your 6-year-old had in his or her lifetime?

    None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more ☐

12. How often does your 6-year-old usually brush his or her teeth? If someone else brushes your 6-year-old's teeth, please count this.

    Never ☐ →**(GO TO QUESTION 14)** 2 times a day ☐
    A few times a week ☐ 3 or more times a day ☐
    Once a day ☐

13. Does your 6-year-old usually brush his or her teeth by himself or herself, or does an older child or adult help? **(PLEASE "X" ALL THAT APPLY)**

    My 6-year-old brushes his or her teeth by himself or herself ☐
    An older child helps my 6-year-old brush his or her teeth ☐
    An adult helps my 6-year-old brush his or her teeth ☐
    An adult brushes my 6-year-old's teeth ☐

14. During the past 12 months, how many times did you take your 6-year-old to a doctor or other health professional for each of the following reasons?

	NONE	ONCE	2 TIMES	3 TIMES	4 TIMES	5 TIMES	6 OR MORE TIMES
Routine well child visit	☐	☐	☐	☐	☐	☐	☐
Sick visit	☐	☐	☐	☐	☐	☐	☐
Follow up visit	☐	☐	☐	☐	☐	☐	☐
Emergency room visit due to illness	☐	☐	☐	☐	☐	☐	☐

15. During the past 12 months, how many times did your 6-year-old have the following infections?

	NONE	ONCE	2 TIMES	3 TIMES	4 TIMES	5 TIMES	6 OR MORE TIMES
Ear infection	☐	☐	☐	☐	☐	☐	☐
Sinus infection	☐	☐	☐	☐	☐	☐	☐
Throat infection, e.g. strep throat	☐	☐	☐	☐	☐	☐	☐
Pneumonia or lung infection	☐	☐	☐	☐	☐	☐	☐
Urinary tract infection	☐	☐	☐	☐	☐	☐	☐
Cold or upper respiratory infection	☐	☐	☐	☐	☐	☐	☐

16. During this current school year, how many days has your 6-year-old missed school because of illness? Count part of the day as a whole day.

None ☐ Three to four weeks ☐
1 to 2 days ☐ More than one month ☐
3 to 4 days ☐ Most of the year ☐
One to two weeks ☐ Does not go to school ☐

17. Does your 6-year-old have any trouble seeing?

No ☐
Yes, but he or she sees normally when wearing eyeglasses ☐
Yes, and eyeglasses cannot correct his or her vision problem enough for him or her to see normally ☐

18. During the past month, was your 6-year-old given any herbal or botanical remedies or supplements? (Only count things taken by mouth. Do not count anything applied to the skin on administered in any other way.)

Yes ☐ No ☐ →**(GO TO QUESTION 21A)**

19. Please list all the kinds of herbal or botanical remedies or supplements your 6-year-old was given in the past month.

_____

20. Why was your 6-year-old given an herbal or botanical remedy or supplement in the past month? **(Please X" ALL THAT APPLY)**

To relieve or reduce symptoms of an illness ☐ To reduce stress or anxiety ☐
To reduce congestion ☐ To help my 6-year-old sleep ☐
To strengthen or maintain health ☐ Other: specify_____ ☐

21A. Has a doctor or other health professional ever told you that your 6-year-old has any of the following conditions?

If you answer "Yes" to the first column (21A), please also answer columns 21B and 21C.

		21A			If yes… 21B. How old was your 6-year-old when you were first told he or she had the condition? (write in 0 if less than 1 year)	If yes… 21C. Does your 6-year-old currently have the condition?		
a.	Hearing problems	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
b.	A digestive problem like colitis, acid reflux, colic, or Crohn's	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
c.	Eczema or any kind of skin allergy (e.g., contact dermatitis)	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
d.	Hay fever or respiratory allergy (to pets, pollens, mold, dust mites, etc.)	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
e.	Drug allergy	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
f.	Diabetes	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
g.	Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, ADD, or ADHD	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
h.	Autism or developmental delay	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
i.	Depression or anxiety	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐
j.	Celiac disease	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐	No ☐	Unsure ☐

22. Has your 6-year-old ever visited an emergency room or urgent care center because of breathing difficulties?

Yes ☐ No ☐ Not sure ☐

23. In the past 12 months, has your 6-year-old used an inhaler or nebulizer?

Yes ☐ No ☐ →**(GO TO QUESTION 25)** Not sure ☐ →**(GO TO QUESTION 25)**

24. What are the triggers of your 6-year-old's breathing difficulties? **(PLEASE "X" ALL THAT APPLY)**

Exercise ☐ Change of seasons ☐
Drug allergy ☐ Cold weather ☐
Infections ☐ Humid or hot weather ☐
Inhaled allergens (dust, pet, food, etc) ☐ Anger or emotion ☐
Perfume, scented candles, air freshener, etc ☐ Other ☐
Tobacco or other smoke ☐ Don't know or not sure ☐

25. Has a doctor or other health professional ever told you that your 6-year-old has asthma?
Yes..... ☐ No..... ☐ →**(GO TO QUESTION 27)** Not sure..... ☐ → **(GO TO QUESTION 27)**

26. Does your 6-year-old take daily medications either year-round or seasonally to manage his or her asthma?
Yes, year-round..... ☐ Yes, seasonally..... ☐ No ..... ☐

27. Has your 6-year-old ever been taken to a doctor because of a possible food allergy?
Yes..... ☐ No..... ☐ → **(GO TO QUESTION 30)**

28. If your 6-year-old was tested by a doctor for a food allergy, what method was used?
(PLEASE "X" ALL THAT APPLY)

Description of symptoms only (no medical testing) .. ☐
A skin test..... ☐
A blood test..... ☐
An esophageal or intestinal study..... ☐
Food elimination (withdrawal of the specific food to see if symptoms disappeared)..... ☐
Food challenge (introduction of a specific food to see if symptoms reappeared)..... ☐

29. Has your 6-year-old ever been diagnosed by a doctor as having an allergy to any food?
Yes..... ☐ No..... ☐

30. Do you currently avoid any foods or food ingredients for your 6-year-old because of a known or suspected food allergy or intolerance?
Yes..... ☐ No..... ☐ →**(GO TO SECTION C)**

31. Which foods or food ingredients do you currently avoid for your 6-year-old? **(PLEASE "X" ALL THAT APPLY)**

Cow's milk or other dairy products ..... ☐
Soy milk or other soy food ..... ☐
Eggs or egg products..... ☐
Peanuts, peanut butter, or peanut oil..... ☐
Almonds, pecans, walnuts, or other tree nuts..... ☐
Sesame or sesame seed oil..... ☐
Mustard, sunflower, or other seeds ..... ☐
Fish (for example, salmon, codfish, tuna)..... ☐
Crustacean shellfish (for example, shrimp, crab, or lobster) ..... ☐
Other seafood (for example clams, mussels, squid)..... ☐
Beef, pork, chicken, or other animal meat..... ☐
Wheat or gluten..... ☐
Non-gluten grain or cereal (for example, oats, buckwheat) . . ☐
Fruit or fruit juice..... ☐
Artificial colors or flavors..... ☐
Sulfites..... ☐
None of these..... ☐
Other (please specify)_____..... ☐

32. How old was your 6-year-old the first time he or she had an allergic or intolerance reaction to any food?
Less than 1 year ... ☐ 3 to 4 years ..... ☐ Not sure..... ☐
1 to 2 years ..... ☐ 5 years or older..... ☐

33. Did your 6-year-old have a reaction the first time he or she ate the food?
Yes..... ☐ No..... ☐ Not sure..... ☐

34. Did the first reaction to food result in an emergency care visit (urgent care or emergency department)?
Yes..... ☐ No..... ☐ Not sure..... ☐

35. Which of the following symptoms has your 6-year-old had because of a reaction to food?
(PLEASE "X" ALL THAT APPLY)

Congestion or runny nose..... ☐
Asthma, wheezing, or trouble breathing..... ☐
Irritability or behavior changes..... ☐
Swollen eyes or lips..... ☐
Hives, welts, or flushed and itchy skin..... ☐
Eczema or persistent skin rash..... ☐
Esophagitis or severe acid reflux..... ☐
Vomiting or spitting up..... ☐
Abdominal pain, gassiness, or diarrhea. ☐
Constipation ..... ☐
Unexplained weight loss or gain..... ☐
Blood in stool..... ☐
Loss of consciousness or shock..... ☐
None of these..... ☐

36. Has your 6-year-old ever been prescribed an Epi-pen or epinephrine autoinjector for management of his or her food allergy?
Yes..... ☐ No..... ☐

37. Have you stopped taking your 6-year-old to restaurants, social gatherings, or parties for fear of accidental reactions?
Yes, always..... ☐ Yes, sometimes..... ☐ No..... ☐

SECTION C

1. In a typical week, how many days do you or another adult in your household do any physical activities with your 6-year-old, including things like active games, sports, walks, biking, ice skating, swimming, or other physical activities? Please include only activities where both the adult and your 6-year-old are active.
0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

2. In a typical week, how many days is your 6-year-old physically active for a total of at least 60 minutes per day? Add up all the time your 6-year-old spends in any kind of physical activity that makes him or her sweat or breathe hard (for example, playing tag, running, biking, jumping rope, swimming). If your child is active during recess, please include recess time.
0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

3. Compared with other children of the same age and sex, is your 6-year-old:
A lot more physically active than most..... ☐
A little more physically active than most… ☐
Average – same as most..... ☐
A little less physically active than most..... ☐
A lot less physically active than most..... ☐
Don't know or not sure..... ☐

4. On average, about how many hours per day does your 6-year-old play video games and watch TV programs or videos? **(DO NOT COUNT SCHOOL OR HOMEWORK TIME.)**
Weekdays: _____hours -AND- _____minutes -OR- None ☐
Weekends: _____hours -AND- _____minutes -OR - None ☐

5. Over the past month, how many hours did your 6-year-old usually sleep each night on weekdays? _____ hours

6. Over the past month, how often has it been difficult to wake up your 6-year-old in the mornings on week days?
Less than once a week…… ☐ 1-2 times per week..... ☐ 3-5 times per week..... ☐

	Less Than Once A Week	1-2 Times Per Week	3-5 Times Per Week	6-7 Times Per Week
7. Over the past month, how often has your 6-year-old slept about the same number of hours each night?	☐	☐	☐	☐
8. Over the past month, how often has your 6-year old had trouble falling asleep after going to bed?	☐	☐	☐	☐
9. Over the past month, how often has your 6-year-old woken up during the night?	☐	☐	☐	☐

SECTION D

1. Do you own a pet or does your 6-year-old regularly spend time indoors where a pet lives (such as at day care or in the school classroom)? **(Please "X" All That Apply)**

No..... ☐
Yes, one or more dogs..... ☐
Yes, one or more cats..... ☐
Yes, one or more hamsters, gerbils, or similar pets..... ☐
Yes, one or more birds ..... ☐
Yes, other pet..... ☐

2. In the last 12 months, how often have the following products been used in your home?

	Not At All	Less than Once A Month	1-3 times A Month	About once A Week	A Few times A Week	Every Day
Air fresheners including spray, stick, aerosol, or plug-in.....	☐	☐	☐	☐	☐	☐
Scented candles (burned) or scented oil (burned).....	☐	☐	☐	☐	☐	☐
Pesticides (ant or flying insect killer, flea control, other).....	☐	☐	☐	☐	☐	☐

3. How many times a day does your 6-year-old usually eat? Please count all meals and snacks. ____

4. How many days a week does your 6-year-old usually eat breakfast? **(Please "X" Only One Box)**

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

5. How many days a week does your 6-year-old usually eat dinner at home with you or another adult in your household?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

6. How many days a week does your 6-year-old usually eat dinner from a fast food restaurant like McDonald's, Taco Bell, Pizza Hut, etc., including take-out?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

7. During the school week, how many days a week does your 6-year-old usually eat lunch at school from each of the following places?

Food brought from home .....____
A complete school lunch from the school cafeteria .....____
Individual items from the school cafeteria .....____
Salad bar in the school cafeteria .....____
Fast food from the school cafeteria (such as McDonalds, Taco Bell, or KFC) .....____
Food from a school vending machine, school canteen, or school store .....____
Does not go to school ..... ☐

8. During the past month, what type of fat did you <u>most often</u> use to cook with at home? **(Please "X" Only One Box)**

Butter..... ☐
Margarine..... ☐
Crisco..... ☐
Corn oil..... ☐
Canola oil..... ☐
Olive oil..... ☐
Other vegetable oil..... ☐
Lard or other animal fat..... ☐
Cooking spray (specify type of oil)_____ ..... ☐
Didn't use fat in cooking..... ☐

9. During the past month, what kind of milk did your 6-year-old <u>usually</u> drink? **(Please "X" Only One Box)**

<u>Plain Cow's Milk:</u>
Whole or regular milk..... ☐
2% fat or reduced-fat..... ☐
1%, ½%, or low-fat..... ☐
Fat-free, skim, or nonfat..... ☐

<u>Other Milk:</u>
Sweetened cow's milk (chocolate, vanilla, fruit flavored, etc.)..... ☐
Soy milk..... ☐
Other kind of milk..... ☐
Didn't drink milk..... ☐

10. During the past month, what type of rice did your 6-year-old eat? **(Please "X" Only One Box)**

Only white rice..... ☐
Only brown rice..... ☐
Mostly white rice..... ☐
Mostly brown rice..... ☐
About half and half..... ☐
Didn't eat rice..... ☐

11. During the past month, what type of pasta did your 6-year-old eat? **(Please "X" Only One Box)**

Only white pasta..... ☐
Only whole wheat pasta..... ☐
Mostly white pasta..... ☐
Mostly whole wheat pasta..... ☐
About half and half..... ☐
Didn't eat pasta..... ☐

12. During the past month, what type of bread did your 6-year-old eat? **(Please "X" Only One Box)**

Only white bread..... ☐
Only whole wheat bread..... ☐
Mostly white bread..... ☐
Mostly whole wheat bread..... ☐
About half and half..... ☐
Didn't eat bread..... ☐

13. During the past month, how often did your 6-year-old eat or drink each food listed below?

Think about all the meals and snacks your 6-year-old had at home, school, restaurants, play dates, and anywhere else. Please include food eaten on weekdays and over the weekend.

If your 6-year-old ate the food once a day or more, write the number per day in the first column. If your 6-year-old ate the food less than once a day, write the number per week in the second column. If your 6-year-old ate the food less than once a week, write the number per month in the third column. If your 6-year-old did not eat the food at all during the past month, check the box in the fourth column.

(FILL IN ONLY ONE COLUMN FOR EACH ITEM)

	PER DAY	PER WEEK	PER MONTH	DID NOT EAT
a. Hot or cold cereals	____	____	____	☐
b. Milk: all types to drink or on cereal	____	____	____	☐
c. Cheese: all types (include cheese as a snack, on a sandwich, and in foods such as lasagna, quesadillas, or casseroles). Do not count cheese on pizza	____	____	____	☐
d. Ice cream or other frozen dairy desserts, such as frozen yogurt and sherbet. Don't include sugar free kinds	____	____	____	☐
e. Other dairy products, such as pudding or yogurt. Don't include sugar free or plain kinds	____	____	____	☐
f. Sugar free frozen dairy desserts or sugar free pudding, plain or sugar free yogurt, or other sugar free dairy products	____	____	____	☐
g. Regular soda or pop that contains sugar. Don't include diet soda or diet pop	____	____	____	☐
h. Water: include tap, bottled, and unflavored sparkling water	____	____	____	☐
i. 100% pure fruit juice or 100% pure vegetable juice	____	____	____	☐
j. Sweetened drinks: Kool-aid, lemonade, sweet tea, Hi-C, cranberry cocktail, Gatorade, etc.	____	____	____	☐
k. Fruits: fresh, frozen, or canned. Don't include juice	____	____	____	☐
l. Green leafy or lettuce salad, with or without other vegetables	____	____	____	☐
m. Fried potatoes including French fries, home fries and hash browns	____	____	____	☐
n. Other kinds of potatoes such as baked, boiled, mashed, sweet potatoes and potato salad	____	____	____	☐
o. Refried beans, baked beans, beans in soup, pork and beans, or any other cooked dried beans. Don't include green beans	____	____	____	☐
p. Other vegetables: fresh, frozen, or canned (other than lettuce salads, potatoes, or cooked dried beans)	____	____	____	☐
q. Rice	____	____	____	☐
r. Pasta	____	____	____	☐
s. Pizza: frozen pizza, fast food pizza, homemade pizza, or other pizza	____	____	____	☐
t. Tomato sauces: Mexican-type salsa made with tomato, with spaghetti or noodles or mixed into foods such as lasagna	____	____	____	☐
u. Processed meat: bacon, ham, lunch meats, hot dogs, etc	____	____	____	☐
v. Meat (not processed): chicken, turkey, pork, beef, or lamb	____	____	____	☐
w. Fish or shellfish	____	____	____	☐
x. Peanut butter or peanuts	____	____	____	☐
y. Bread: toast, rolls, bagels, cornbread, tortillas, in sandwiches, pancakes, waffles, etc	____	____	____	☐
z. Sweet foods: candy, cookies, cake, doughnuts, muffins, pop-tarts, etc. Don't count frozen or sugar free desserts	____	____	____	☐
aa. Popcorn	____	____	____	☐
bb. Snacks such as potato chips, corn chips, pretzels, and crackers	____	____	____	☐

14. Please "X" one response for each question which best corresponds to your answer:

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
a. How often are there fruits or vegetables to snack on in your home, such as apples, raisins, carrots, celery, bananas, or melon?	☐	☐	☐	☐	☐
b. How often do you encourage your 6-year-old to eat all of the food on his or her plate?	☐	☐	☐	☐	☐
c. How often does your 6-year-old eat all of the food on his or her plate?	☐	☐	☐	☐	☐

15. Please "X" one response for each question which best corresponds to your answer for your 6-year-old child:

	DISAGREE	SLIGHTLY DISAGREE	NEITHER DISAGREE NOR AGREE	SLIGHTLY AGREE	AGREE
a. I make sure that my child does not eat too many sweets or junk foods	☐	☐	☐	☐	☐
b. If I did not guide or regulate my child's eating, he or she would eat too much of his or her favorite foods	☐	☐	☐	☐	☐
c. I am especially careful to make sure my child eats enough	☐	☐	☐	☐	☐
d. My child will lose appetite for dinner if he or she has had a snack just before	☐	☐	☐	☐	☐
e. My child is always asking for food	☐	☐	☐	☐	☐
f. If allowed to, my child would eat too much	☐	☐	☐	☐	☐
g. My child looks forward to mealtimes	☐	☐	☐	☐	☐

h. My child enjoys a wide variety of foods..... ☐ ☐ ☐ ☐ ☐

SECTION E

1. As best you know, which of the following health conditions do you yourself or your 6-year-old's other relatives have? **(PLEASE "X" ALL THAT APPLY)**

		YOUR 6-YEAR-OLD'S RELATIVES				
		YOU, MOTHER	FATHER	BROTHER OR SISTER	GRAND-PARENT, AUNT, OR UNCLE	NONE OF THESE RELATIVES
a.	Type 1 diabetes	☐	☐	☐	☐	☐
b.	Adult onset diabetes (Type II)	☐	☐	☐	☐	☐
c.	Asthma	☐	☐	☐	☐	☐
d.	Eczema or any kind of skin allergy (e.g., contact dermatitis)	☐	☐	☐	☐	☐
e.	Food allergy	☐	☐	☐	☐	☐
f.	Hay fever or respiratory allergy (to pets, pollens, mold, dust mites, etc)	☐	☐	☐	☐	☐
g.	Overweight or obese	☐	☐	☐	☐	☐
h.	Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, ADD, or ADHD	☐	☐	☐	☐	☐
i.	Bipolar disorder	☐	☐	☐	☐	☐
j.	Depression other than bipolar disorder	☐	☐	☐	☐	☐
k.	Anxiety disorder such as generalized anxiety disorder	☐	☐	☐	☐	☐
l.	Breast cancer	☐	☐	☐	☐	☐

2. How much do you weigh? ____ pounds

3. How tall are you? ____ feet ____ inches

4. What is your age? ____ years

5. How often do you yourself do vigorous activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

   ____times per day -OR- ____times per week -OR- ___times per month -OR- Less than once a month…. ☐

6. How much time do you usually spend doing these vigorous activities in one session?

   ____minutes per session -OR- ____hours per session -OR- None…. ☐

7. How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or slight to moderate increase in breathing or heart rate?

   ____times per day -OR- ____times per week -OR- ___times per month Less than once a month…… ☐

8. How much time do you usually spend doing these light or moderate activities in one session?

   ____minutes per session -OR- ____hours per session None..... ☐

9. For each of the following statements, please "X" the box that best describes how often you felt or behaved this way during the past week

		RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	SOME OR A LITTLE OF THE TIME (1-2 DAYS)	OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
a.	I was bothered by things that usually don't bother me.	☐	☐	☐	☐
b.	I had trouble keeping my mind on what I was doing	☐	☐	☐	☐
c.	I felt depressed	☐	☐	☐	☐
d.	I felt that everything I did was an effort	☐	☐	☐	☐
e.	I felt hopeful about the future	☐	☐	☐	☐
f.	I felt fearful	☐	☐	☐	☐
g.	My sleep was restless	☐	☐	☐	☐
h.	I was happy	☐	☐	☐	☐
i.	I felt lonely	☐	☐	☐	☐
j.	I could not get "going"	☐	☐	☐	☐

10. On average, how many cigarettes do you currently smoke per day? (Write in 0 if you do not smoke)

    _____ cigarettes per day

11. How many people not including yourself smoke inside your home most days? (Include family members, friends, and anyone else.)

    0..... ☐ 1..... ☐ 2..... ☐ 3..... ☐ 4 or more..... ☐

12. Since the birth of your 6-year-old, have you had any pregnancies that ended in a miscarriage, abortion, or stillbirth?

    If so, how many? ____ (Write in 0 if none)

13. Are you pregnant now?

    Yes..... ☐ No..... ☐

14. How many children have you had after your 6-year-old?

    ____children No other children after my 6-year-old..... ☐ →**(GO TO QUESTION 16)**

15. Please answer all columns for each child born after your 6-year-old.

Sex		Date of birth	How old was this child when you completely stopped breastfeeding him or her?	Did this child ever participate in WIC?	
Boy.....☐	Girl.....☐	Month___ / Year___	Breastfed ___ Weeks -OR- ___Months Never breastfed..... ☐ Still breastfed..... ☐	Yes..... ☐	No..... ☐
Boy.....☐	Girl.....☐	Month___ / Year___	Breastfed ___ Weeks -OR- ___Months Never breastfed..... ☐ Still breastfed..... ☐	Yes..... ☐	No..... ☐
Boy.....☐	Girl.....☐	Month___ / Year___	Breastfed ___ Weeks -OR- ___Months Never breastfed..... ☐ Still breastfed..... ☐	Yes..... ☐	No..... ☐

16. How old was your 6-year-old when the following happened?

    a. I stopped breastfeeding and pumping milk for him or her

    ___Weeks -OR- ___Months Never breastfed or pumped milk..... ☐

    b. He or she stopped being fed breast milk, including pumped breast milk

    ___Weeks -OR- ___Months Never fed breast milk..... ☐

    c. He or she stopped drinking from a bottle (include breast milk, formula, juice, water, and anything else)

    ___Weeks -OR- ___Months Never drank from a bottle..... ☐

17. When you were pregnant with your 6-year-old, did you have gestational diabetes?
    Yes..... ☐ No..... ☐ Not sure..... ☐

18. Have you worked at a paid job or a business since your 6-year-old was born?
    Yes..... ☐ → **(GO TO QUESTION 20)** No..... ☐

19. For which of the following reasons have you not worked as a paid employee since your 6-year-old was born? **(Please X" ALL THAT APPLY)**
    I wanted to remain at home to raise child/children.. ☐ I had medical complications related to pregnancy..... ☐
    I could not make suitable child care arrangements. ☐ Other..... ☐
    I could not find a suitable job..... ☐

(IF YOU ANSWERED QUESTION 19, GO TO QUESTION 23)

20. How old was your 6-year-old when you first returned to work?
    ____Weeks -OR- ____Months -OR- ___Years

21. Upon returning to work, did you return to a job with the employer you last worked for while pregnant with your 6-year-old?
    Yes..... ☐ → **(GO TO QUESTION 23)** No..... ☐

22. Why did you not return to your former employer?
    Employer did not make a job available..... ☐ I moved out of the area..... ☐
    Employer was no longer in business..... ☐ Other..... ☐
    I chose not to return to this employer..... ☐

23. Are you currently working for pay?
    Yes..... ☐ No..... ☐ →**(GO TO QUESTION 26)**

24. During the past month, on average how many hours a week were you working?
    1-9 hours per week..... ☐ 30-34 hours per week..... ☐
    10-19 hours per week..... ☐ 35-40 hours per week..... ☐
    20-29 hours per week..... ☐ More than 40 hours per week..... ☐

25. About how much of your family's income comes from the money you earn from work?
    Less than half..... ☐ About half..... ☐ More than half..... ☐

26. Does your 6-year-old have any type of health insurance, or is your 6-year-old covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans?
    Yes private health insurance or plan or private HMO..... ☐
    Yes, government plan (Medicaid, State Children's Health Insurance Plan (SCHIP), other)..... ☐
    No..... ☐

27. During the last 12 months, did you or anyone in your household receive SNAP (Supplemental Nutrition Assistance Program) or Food Stamp benefits?
    Yes..... ☐ No..... ☐

THANK YOU FOR YOUR HELP