

Site: \_\_\_\_\_  
 Date: \_\_\_\_\_

OMB Control # 0584-0524  
 04/30/2013

**OMB BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time to complete this information collection is estimated as part of the 90 minutes for the focus group interview, including the time for reviewing instructions and completing the information.

***Parents/Caregivers Survey***

Please read the following statements and circle the number that represents your level of agreement.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I try to get my children to try new foods	1	2	3	4	5
We have rules at home about <b><i>what</i></b> and when children can eat or drink	1	2	3	4	5
My child has input into what we eat at home	1	2	3	4	5
My child(ren) often ask for certain brands of food/beverages.	1	2	3	4	5
My child(ren) often ask for products with characters from TV found on packaging	1	2	3	4	5
I feel it is important to have a meal with the whole family once a day.	1	2	3	4	5
My child is open-minded to trying new fruits and vegetables	1	2	3	4	5
I try to cook new fruits and vegetables for my children	1	2	3	4	5
At mealtime, I believe a child's plate should be half fruits and vegetables	1	2	3	4	5
My child regularly eats vegetables of many different colors	1	2	3	4	5

a) If you could change one thing about your children's eating habits, what would it be?

b) If you could change one thing about the availability of food in your neighborhood, what would you change?

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c) If you could change one thing about your own eating habits, what would it be?

**Fruits and Vegetables**

d) Name the vegetables you buy most often:

\_\_\_\_\_

e) How often does your 5<sup>th</sup> and 6<sup>th</sup> grade child(ren) eat vegetables?

*Daily or more*      *Several times a week*      *Weekly*      *Rarely*      *Never*

f) Name the fruits you buy most often:

\_\_\_\_\_

g) How often does your middle school child(ren) eat fruit?

*Daily or more*      *Several times a week*      *Weekly*      *Rarely*      *Never*