OMB #: 0925-0593 Expiration Date: 08/31/2014

Nutrition LOI Socio-demographics Instrument (Infants and Preschoolers)

Admin	strative Information
Date:	Staff ID:
a blac	tions for the staff: Enter the answer given by the participant for each response. Use only ball-point pen. Do not use a pencil or felt-tip pen. Circle your answer. If changes need nade, cross out the incorrect response and circle the correct answer.
obtain	tions for parent completing the questionnaire: The purpose of this questionnaire is to general information about you and your child. Answer each question as best you can. g a guess is better than leaving an answer blank.
1.	How many people, both children and adults, live in your household? Include any persor who usually stay but are temporarily away on business, vacation, in the hospital, on full time active military duty, or students living temporarily away from home. Do not include anyone who is in a nursing home or other institution. Including yourself, what is the tota number of people who live in your household?
	_ NUMBER
	Refused
2.	Now I'd like to ask about your marital status. What is your current marital status? Are you:
	Married
	of the same sex

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0593). Do not return the completed form to this address.

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3.	Are you Hispanic,	Latino/a,or Spanish	Origin? (One or	r more categories	may be selected)
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No, not of Hispanic, Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

Yes, Puerto Rican

Yes, Cuban

Yes, Another Hispanic, Latino/a or Spanish origin

4. What race do you consider yourself to be? You may select one or more (select all that apply).

WhiteBlack or African American	
American Indian or Alaskan Native	
Asian Indian	4
Chinese	
Filipino	6
Japanese	7
Korean	
Vietnamese	9
Other Asian	10
Native Hawaiian	11
Guamanian or Chamorro	12
Samoan	13
Other Pacific Islander	14
SOME OTHER RACE (specify):	15
REFUSED	— 997
DON'T KNOW	998

5. Does the father of the child consider himself to be Hispanic, Latino or Spanish Origin (One or more categories may be selected)?

No, not of Hispanic, Latino/a, or Spanish origin

Yes, Mexican, Mexican American, Chicano/a

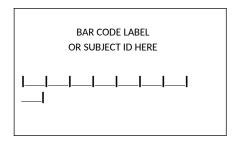
Yes, Puerto Rican

Yes, Cuban

Yes, Another Hispanic, Latino/a or Spanish origin

6. What race does the father of the child consider himself to be? You may select one or more (select all that apply).

White	1
Black or African American	2
American Indian or Alaskan Native	3



Asian Indian	4
Chinese	5
Filipino	6
Japanese	7
Korean	8
Vietnamese	9
Other Asian	10
Native Hawaiian	
Guamanian or Chamorro	12
Samoan	13
Other Pacific Islander	14
SOME OTHER RACE (specify):	15
REFUSED9	97
DON'T KNOW 9	98

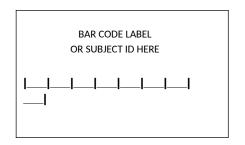
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7. Please look at the card and tell me what is the highest degree or level of school that you have completed?

No school (skip to question 10)		0
Less than a High School Diploma or GED	1	
High School Diploma or GED		
Some College but no degree	3	
Associate Degree	4	
Bachelor's Degree (for example, BA, BS)	5	
Post Graduate Degree (for example, Masters OR Doctoral)	6	
Refused	997	
Don't know	9—98	3

8. Are you currently a full- or part-time student? This includes vocational or technical schooling that may not be done in a classroom.

No, not a student (skip to question 10)	1
Yes, full-time student	2
Yes, part-time student	3
Refused	8
Don't know	9



9	What type	or types of schoo	Lare you currently	v attending?
◡.	VVIIGE LYPC		i aic you carreriti	y attoriania.

	ype or types or comes and you carrottily attending.	
	High school Technical school College or university Graduate school	3 4
	Professional school (e.g., medical, law, dental)	
	Other (specify):	6
	Refused	8
	Don't know	9
10. Are yo	u currently employed?	
	Yes	1
	No	2
	Refused	8
	Don't know	9
		•
11. Were y	ou born in the United States?	
_		
	Yes (skip to question 12)	1
	No	
	Refused	8
	Don't know	9
a.	In what country were you born?	
	Chaoifin	
	Specify:(Source: http://www.state.gov/s/inr/rls/4250.htm#note2)	
	,	98
		99
	DOITE KHOW	99
b.	About how long have you lived in the United States?	
	_ YEARS	
	Refused	98
	Don't know	99

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98

99

12	Was	/Our	mother	horn	in	the	United	States?
工乙.	vvas	<i>y</i> Oui	HIOUIE	וווטע	111	uic	Officea	Jiaics:

a.	No	1 2 8 9		
	(Source: http://www.state.gov/s/inr/rls/4250.htm#note2) Refused 99 Don't know 99			
13. Was your father born in the United States?				
	No	1 2 3 9		
a.	In what country was your father born?			
	Specify:(Source: http://www.state.gov/s/inr/rls/4250.htm#note2)			

14. Please look at the card and tell me of these income groups, which category best represents your household income during the last calendar year?

Refused

Don't know.....

01
02
03
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99

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15.		u currently receive benefits from the WIC program, that is, the en program?	Women, Infants and
		Yes No Refused Don't know	1 2 8 9
16.		u or any members of your household authorized to receive SI stamp card or voucher, or cash grants from the state for food	
		Yes No Refused Don't know	1 2 8 9
17.	Does	our child currently attend a childcare center or a family childc	are home?
		Yes No (skip to question 17b) Refused Don't know	1 2 8 9
	a.	If Yes, how many days per week?	
		_ Days per week	
			98 99
app	oly)	b. If No, who takes care of your child during the wee	ek? (circle all that
		Mother of the child	1 2 3 4 5
		Refused Don't know	8

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18. Does your child currently attend aftercare?

Yes	1
No	2
Refused	8
Don't know	9

19. Circle the meal(s) typically served to your child in the childcare facility or school when s/he is away from home? (circle all that apply)

Breakfast	1
Morning snack	2
Lunch	3
Afternoon snack	4
Dinner	5
Don't know	8
Refused	9

a. Do you provide the meals or does the childcare facility or school provide the meals?

I provide meals	1
Childcare center/school provide meals	2
Combination – both school/childcare and self	3

This question is about your ethnicity, your ethnic group and how you feel about it or react to it. Choose the answer to indicate how much you agree or disagree with the following statement.

20. I have a strong sense of belonging to my own ethnic group.

Strongly agree	1
Agree	
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
Don't know	
Refused	9

Thank you for your time and participation!