

## ATTACHMENT 4A-1 FLASHE PARENT DIET AND DEMOGRAPHICS SURVEY

Thank you for taking the Family Life, Activity, Sun, Health and Eating (FLASHE) Survey. This survey asks about your attitudes and opinions about the things you eat and drink, as well as other related factors. It is important that you answer the survey questions carefully and accurately, since your answers will help us understand more about why people choose to eat particular foods and drinks.

### Survey Instructions

This information will help you answer the FLASHE Survey questions.

- ◆ In the first part of the survey we will ask questions about you. In the second part, we will ask questions about your teenager, **{FILL TEENAGER'S NAME}**.
- ◆ You'll need about 15 minutes to do the survey.
- ◆ Read all the answers before marking a box. Please mark only the box that best describes you or your family. There aren't any right or wrong answers.
- ◆ Try to answer all of the questions. The more questions you answer, the more we'll learn. If any question makes you uncomfortable, it's okay to skip it.
- ◆ Follow the arrows to move through the survey. Some arrows point you to the next question. Other arrows come with a note telling you which question to answer next. They might tell you to skip over some questions. Here are some examples:

### Example Survey Items

1a. Have you ever answered a mail survey questionnaire before?

- No → GO TO QUESTION 2  
 Yes →

1b. When was the last time you answered a mail survey questionnaire?

- 1-5 months ago  
 2 6-12 months ago  
 3 More than 12 months ago

2. Have you ever answered a telephone survey questionnaire before?

- No

Yes

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 40 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.

## FLASHE Diet Survey: Parent

### Section 1: Your Attitudes and Opinions

This next set of questions asks you about your views on certain types of foods.

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

I'm not really sure..... OR \_\_\_\_\_ servings each day (WRITE IN NUMBER)

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

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree

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

I would eat fruits and vegetables because...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I would feel bad about myself if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I enjoy eating fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would feel like I failed if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They help me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have thought about it and decided that I want to want to eat fruits and vegetables every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Others would be upset with me if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It's an important thing for me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.

5. 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...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I don't like how they taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. They cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They often spoil before I get a chance to eat them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They take too much time to prepare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They aren't filling enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My family doesn't like them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The restaurants I go to don't serve fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I don't know how to choose fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have trouble digesting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I just don't think of fruits and vegetables when I'm looking for something to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. They are too messy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fruits contain too much sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This next set of questions asks about your views on junk food and sugary drinks. **Junk foods** are foods that are high in calories and usually have added sugars and fat and include candy, cookies, potato chips, French fries, etc. **Sugary drinks** include regular soda, sports drinks, fruit drinks, sweetened teas and other drinks with added sugar.

6. 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.

- Strongly disagree
- Somewhat disagree
- Neither disagree nor agree
- Somewhat agree
- Strongly agree

7. 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...

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I would feel bad about myself if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would feel like I failed if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Limiting junk food and sugary drinks helps me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have thought about it and decided that I want to limit junk food and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Others would be upset with me if I didn't	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It's an important thing for me to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 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...

	Never	Rarely	Sometimes	Often	Always
a. Food looks, tastes or smells good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Others are eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You feel sad or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You feel bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You feel angry or frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You feel anxious or nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.

10. 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...	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I want to try the advertised foods or drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think the advertised foods or drinks will taste good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I trust the messages advertised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Your Preferences

The questions in this first section ask about your food and drink preferences.

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

	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
a. Sweetened fruit drinks and teas like Kool-Aid, Capri Sun, Sunny D, FUZE, Arizona Tea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 100% pure fruit juice like orange, mango, apple, grape and pineapple juices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regular soda or pop like Coke, Pepsi, Sprite, Dr. Pepper, root beer, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Energy drinks like Rockstar, NOS, Red Bull, Amp, Monster, 5-hour Energy, Full Throttle, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sports drinks like Gatorade, Powerade, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sweetened coffee drinks with cow's milk, soy or rice milk, like hot, refrigerated and frozen lattes, mochas, Frappuccinos, Macchiatos, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tap water, unsweetened bottled water or unsweetened sparkling water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Milk to drink or on cereal. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
a. Fruit, like apples, bananas, melon, etc. Count fresh, frozen, canned or dried fruit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Green leafy or lettuce salad, with or without other vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fried potatoes, like French fries, tater tots, hash brown potatoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other kind of potatoes that aren't fried like baked, boiled, mashed or potatoes used in soups and stews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other non-fried vegetables like carrots, broccoli, collards, green beans, corn, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Refried beans, baked beans, pinto beans, black beans or other cooked beans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pizza like frozen, fast food or homemade pizza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Foods that you heat and serve or make from a box like fried mozzarella sticks, Hot Pockets, macaroni & cheese, etc. Count foods that are made at home or purchased out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tacos, burritos, nachos, taquitos, enchiladas, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Processed meat like hot dogs, corn dogs, lunch meats (like lunchables), ham, bacon, sausage, etc. Count processed meats eaten in sandwiches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hamburgers and cheeseburgers made at home or purchased out. Count fast food burgers like Big Macs, Whoppers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fried chicken like chicken nuggets, breaded chicken strips and breaded chicken patties. Count only chicken that has been <b>fried</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole grain bread, like toast, rolls or sandwich bread. Count whole wheat, rye, oatmeal and pumpernickel bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly dislike	Somewhat dislike	Neither dislike nor like	Somewhat like	Strongly like	Never tried it
n. Brown rice or other cooked whole grains. Count bulgur, cracked wheat or millet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Chocolate or any other type of candy. Count candy bars, lollipops/suckers, sour candies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Hot breakfast foods like pancakes, waffles, French toast, French toast sticks, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Pastries like doughnuts, pop-tarts, muffins, honey buns, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Cookies, cakes, cupcakes, pie or brownies. Count homemade and packaged treats like Little Debbie, Hostess Twinkies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Yogurt. Count yogurt in a carton, squeeze tube and drinkable kinds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Ice cream or other frozen desserts like frozen yogurt, shakes, ice cream sandwiches, sherbet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Sugary cereals like Cap'n Crunch, Froot Loops, Cocoa Krispies, Cinnamon Toast Crunch, Frosted Flakes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Non-sugar-coated cereals like plain Shredded Wheat, Regular Cheerios, Chex, Corn Flakes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Hot cereals like oatmeal, grits, Cream of Wheat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13.**

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

- Peanuts, peanut butter, peanut oil
- Other nuts
- Cow's milk or other dairy products
- Soy milk or other soy foods
- Eggs or egg products
- Red meat
- Pork
- Fish or shellfish
- Chicken or other poultry
- Wheat or gluten products
- Carbs or starchy foods
- Fruit or fruit juice
- Artificial colors or sugars
- Sweets or sugary foods
- Processed foods
- Added fats like butter, oil or mayo
- Other food: \_\_\_\_\_
- I don't avoid any foods → GO TO SECTION 3**

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

- Food allergies or intolerances
- Religious beliefs
- Health concerns
- Ethical concerns

## Section 3: Food Away from Home

**16.** 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...

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. A fast food restaurant like McDonald's, Taco Bell or KFC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A sandwich or sub shop like Subway, Panera or Quiznos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A pizza place like Pizza Hut, Domino's or Papa John's?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A bagel or coffee shop like Starbucks, Einstein Bagels, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A snack bar in stores like Target, Wal-Mart or K-Mart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A vending machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A convenience store like 7-Eleven or Express Mart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A sit-down restaurant like Red Lobster, TGI-Fridays, Chili's or an independent restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Food in Your Home

The next few questions ask about food in your home. For this survey, **home** means the place where you and **{FILL TEENAGER'S NAME}** have lived for most of the time in the **past 12 months**.

**17.** 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...

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. Purchased from a fast food restaurant and eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Purchased from a full service restaurant like Applebee's or Chili's and eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Delivered to your <b>home</b> , like pizza or sandwiches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A ready-made meal like Spaghetti-O's, a microwave meal or frozen pizza, eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooked from scratch or a recipe and eaten <b>at home</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Never	Rarely	Sometimes	Often	Always
a. Fruits or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sweets like candy, cookies, cake, ice cream, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sugary drinks like regular soda, sports drinks, fruit drinks, sweetened teas and other drinks with added sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions are about the food eaten in your household in the **past 12 months** and whether you were able to afford the food you needed.

**19.** 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**.

	Never true	Sometimes true	Always true	Don't know
a. The food we bought just didn't last and we didn't have the money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We couldn't afford to eat balanced meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20.** 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?

- Yes
- No → GO TO QUESTION 19

**21.** If yes, how often did this happen?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know

**22.** 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?

- Yes
- No
- Don't Know

**23.** 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?

- Yes
- No

Don't Know

## **Section 5. Family Meals**

**24.** Think about meal times with your family. Please mark how much you disagree or agree with each of the statements listed below.

In my family...	<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Neither disagree nor agree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>
a. It is important that we eat at least one meal a day together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Different schedules make it hard for us to eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We often watch TV while eating dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I enjoy eating meals with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Neither disagree nor agree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>
a. I do most of the cooking for my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cooking takes too much time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I like cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family doesn't like my cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26.** Please mark how often you....

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>Doesn't apply</b>
a. Make a list before you go shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read the detailed food labels or nutrition facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6: What you Eat and Drink

These questions ask about what you **drank** during the **past week**. Think about everything you drank from the time you got up until you went to bed. Be sure to count what you drank at home, work, restaurants or anywhere else. Also think about drinks you had in a can, bottle or glass.

**27.** During the **past week**, how often did you drink the following:

Please mark only **one** box for each item.

Didn't drink in the past week	1 - 3 times in the past week	4 - 6 times in the past week	1 time per day	2 times per day	3 or more times per day
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a. Sweetened fruit drinks and sweetened teas like Kool-Aid, Capri Sun, Sunny D, FUZE, Arizona Tea, etc. **Don't** count 100% pure fruit juice or artificially sweetened or diet drinks.

b. 100% pure fruit juice like orange, apple, grape and pineapple juices. **Don't** count fruit-flavored drinks with added sugar like Kool-Aid, Capri Sun, etc.

c. Regular soda or pop like Coke, Pepsi, Sprite, Dr. Pepper, root beer, etc. **Don't** count diet or zero calorie sodas.

d. Energy drinks like Rockstar, NOS, Red Bull, Amp, Monster, 5-hour Energy Full Throttle etc. These drinks usually **have caffeine**.

e. Sports drinks like Gatorade, Powerade, etc. These drinks usually don't have caffeine. **Don't** count low-calorie sports drinks like G2, Powerade Zero, etc.

f. Sweetened coffee drinks with cow's milk, soy or rice milk, like hot, refrigerated and frozen lattes, mochas, Frappuccinos, Macchiatos, etc. **Don't** count regular coffee without sugar.

g. Water or unflavored sparkling water. Count water from the sink, fountain, bottle or can.

h. Milk you drink by itself or have on your cereal. **Don't** count small amounts of milk added to coffee or tea.

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

- Plain or white milk (cow's milk)
- Flavored or sweetened cow's milk (like chocolate, vanilla, strawberry, etc.)
- Other type like soy, rice, almond milk, etc.
- Don't drink milk → GO TO QUESTION 27

**29.** What kind of milk do you usually drink? Please mark only one box below.

- Whole or regular milk (red top)
- 2% fat or reduced-fat
- 1% or low-fat
- Fat-free, skim or nonfat
- Don't know

These questions ask about the **food** you ate during the **past week**. Think about all the food you ate from the time you got up until you went to bed. Be sure to count food that you ate at home, work, restaurants or anywhere else.

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

Please mark only **one** box for each item.

Didn't drink in the past week    
 1 - 3 times in the past week    
 4 - 6 times in the past week    
 1 time per day    
 2 times per day    
 3 or more times per day

a. Fruit, like apples, bananas, melon, etc. Count fresh, frozen, canned and dried fruit. <b>Don't</b> count fruit juices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A Green leafy or lettuce salad, with or without other vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fried potatoes, like French fries, tater tots, hash brown potatoes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other kind of potatoes that aren't fried, like baked, boiled, mashed or potatoes used in soups and stews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other non-fried vegetables like carrots, broccoli, collards, green beans, corn, etc. <b>Don't</b> count green salad or potatoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Refried beans, baked beans, pinto beans, black beans or other cooked beans. <b>Don't</b> count green beans or string beans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pizza, like frozen, fast food and homemade pizza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Foods that you heat and serve or make from a box like fried mozzarella sticks, Hot Pockets, macaroni and cheese, etc. Count foods that are made at home or purchased out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tacos, burritos, nachos, taquitos, enchiladas, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Processed meat like hot dogs, corn dogs, lunch meats (like lunchables), ham, bacon, sausage, etc. Count processed meats eaten in sandwiches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hamburgers and cheeseburgers made at home or purchased out. Count fast food burgers like Big Macs, Whoppers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fried chicken like chicken nuggets, breaded chicken strips and breaded chicken patties. Count only chicken that has been <b>fried</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Whole grain bread, like toast, rolls and sandwich bread. Count whole wheat, rye, oatmeal and pumpernickel bread. <b>Don't</b> count white bread.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Brown rice or other cooked whole grains. Count bulgur, cracked wheat or millet. <b>Don't</b> count white rice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark only **one** box for each item.

Didn't drink in the past week    
  1 - 3 times in the past week    
  4 - 6 times in the past week    
  1 time per day    
  2 times per day    
  3 or more times per day

o. Chocolate or any other types of candy. Count candy bars, lollipops/suckers, sour candies, etc. **Don't** count sugar-free candy.

                       

q. Hot breakfast foods like pancakes, waffles, French toast, french toast sticks, etc. **Don't** count whole wheat kinds.

                       

r. Pastries like doughnuts, Pop-Tarts, muffins, honey buns, etc. **Don't** count sugar-free pastries.

                       

s. Cookies, cakes, cupcakes, pie or brownies. Count homemade and packaged treats like Little Debbie, Hostess Twinkies, etc. **Don't** count sugar-free kinds.

                       

t. Yogurt. Count yogurt in a carton, squeeze tube and drinkable kinds. **Don't** count frozen yogurt.

                       

u. Ice cream or other frozen desserts like frozen yogurt, shakes, ice cream sandwiches, sherbet, etc. **Don't** count sugar-free kinds.

                       

v. Regular potato chips, corn chips or cheese puffs like Lays, Doritos, Cheetos, etc. **Don't** count low-fat or baked varieties and **don't** count pretzels.

                       

w. Sugary cereals like Cap'n Crunch, Froot Loops, Cocoa Krispies, Cinnamon Toast Crunch, Frosted Flakes, etc. **Don't** count non-sugary-coated kinds like Shredded Wheat or Regular Cheerios.

                       

x. Non-sugar coated cereals like Shredded Wheat, Regular Cheerios, Chex, Corn Flakes, etc. **Don't** count sugary cereals like Froot Loops or Frosted Flakes.

                       

y. Hot cereals like oatmeal, grits, Cream of Wheat, etc.

## Section 7. Your Teenager

This next part of the survey asks you to think about **{FILL TEENAGER'S NAME}**'s eating habits. Remember to answer only for **{FILL TEENAGER'S NAME}**.

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

	Never	Rarely	Sometimes	Often	Always
a. My teenager enjoys eating fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My teenager eats enough fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I buy fruits and vegetables for my teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I try to eat fruits and vegetables in front of my teenager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I encourage my teenager to eat more fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I encourage my teenager to try different kinds of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My teenager and I decide together how many fruits and vegetables he/she has to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I don't keep track, my teenager won't eat enough fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I make my teenager eat fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. It's my responsibility to make rules about how many fruits and vegetables my teenager eats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about junk food and sugary drinks that your teenager may eat or drink. Remember that **junk foods** are foods that are high in calories and usually have added sugars and fat and include candy, cookies, potato chips, French fries, etc. **Sugary drinks** include regular soda, sports drinks fruit drinks, sweetened teas and other drinks with added sugar.

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

	Never	Rarely	Sometimes	Often	Always
a. My teenager enjoys junk food and sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If my teenager has a bad day, I let him/her eat junk food or drink sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I offer junk food or sugary drinks as a reward for my teenager's good behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I don't buy a lot of junk food or sugary drinks for my teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I try to limit how much junk food or sugary drinks I eat and drink in front of my teenager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My teenager and I decide together how much junk food or sugary drinks he/she can eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If I don't keep track, my teenager will eat too much junk food or drink too many sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If I don't limit them, my teenager will eat too much junk food or drink too many sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If my teenager gets in trouble or acts up, I don't let him/her eat junk food or drink sugary drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I decide how much junk food or sugary drinks my teenager can eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. It's my responsibility to make rules about how much junk food or sugary drinks my teenager can eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33.**

34. 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.

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree
a. I expect my teenager to follow family rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I encourage my teenager to share his/her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I respect my teenager's privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If my teenager doesn't behave him/herself, he/she will be in trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I make most of the decisions about what my teenager can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I believe my teenager has a right to his/her own point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My teenager can count on me if he/she has a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I let my teenager get away with things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I point out ways my teenager could do better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My teenager and I do fun things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Thank you for taking the time to complete this survey. Your answers are important to us!

#### INSTRUCTIONS FOR RETURNING COMPLETED SURVEY

# FLASHE Demographics Survey: Parent

## **General Information about You**

We are interested in some general information about you. Your answers to these questions are important to us. They will help us better understand your answers to other parts of the survey.

**1. What is your age?** \_\_\_\_\_

**2. Are you male or female?**

Male

Female

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

Less than a high school degree

A high school degree or GED

Some college but not a college degree

A 4-year college degree or higher

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

Married

Divorced

Widowed

Separated

Never married

A member of an unmarried couple

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

Yes

No

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**7. Were you born in the United States?**

- Yes → GO TO QUESTION 9
- No

**8. If not, in what year did you come to live in the United States? \_\_\_\_\_**

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

\_\_\_\_\_ Months                      \_\_\_\_\_ Years

**10. Do you currently rent or own your home?**

- Own
- Rent
- Occupied without paying monetary rent

**11. 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?**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**12. What is your current employment status? Are you...**

- Employed for wages
- Self-employed
- Out of work for more than 1 year → GO TO QUESTION 14
- Out of work for less than 1 year → GO TO QUESTION 14
- A homemaker → GO TO QUESTION 14
- A student → GO TO QUESTION 14
- Retired → GO TO QUESTION 14

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

\_\_\_\_\_ Hours

**14. 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?**

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more

**15. 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)?**

- Yes
- No
- Don't know

**16. What languages do you usually speak at home? Please mark all that apply.**

- English
- Spanish
- Cantonese
- Vietnamese
- Tagalog
- Mandarin
- Korean
- Asian Indian languages
- Russian
- Other Language: \_\_\_\_\_

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

- Only another language
- More of another language than English
- Another language and English about the same
- More English than another language
- Only English

**18. How would you rate your ability to read English?**

- Very poor
- Poor
- Okay
- Good
- Very good

**19. How often do you need to have someone help you read written material from your doctor or pharmacy?**

- Never
- Rarely
- Sometimes
- Often
- Always

**20. How many children under the age of 18 live in your household? \_\_\_\_\_**

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

- Yes
- No
- Don't know

Please also answer a few questions about your general health.

**22. In general, would you say your health is...**

- Excellent
- Very good
- Good
- Fair
- Poor

**23. What is your height and weight without shoes?**

Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_

Weight: Pounds \_\_\_\_\_

- Don't Know

**24. Overall, how would you rate your current weight?**

- I'm very underweight
- I'm a little underweight
- My weight is just right
- I'm a little overweight
- I'm very overweight

**25. Are you currently trying to...**

- Lose weight
- Gain weight
- Stay the same weight