Appendix D2 (Questionnaire about sibling)

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/20xx

Form Approved
OMB No. 0920-15AFJ
Exp. Date xx/xx/20xx

Household ID#

Date

Interviewer's Initials

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Appendix D2 (Questionnaire about sibling)

A. Location Questions (To be completed by field technician and participant)

1. For each approximate time period given below, indicate where your child was located. Select any locations that apply to the time period.

	Home	Outdoor area at home	Other residence (ex. babysitter's house)	Store	Restaurant	Church	Other indoor location	Park	Bus/train stop	On or near street	Parking garage	Other outdoor location	In vehicle	Don't know/Refused to answer
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2. Look back at the answers to question 1. Based on yesterday's day of the week, do these locations represent a fairly typical or normal day for your child? For example, if yesterday was a weekday, is this a typical weekday schedule for your child?

- ○ Yes
- ○ No
- ○ Don't know/Refused to answer

Appendix D2 (Questionnaire about sibling)

B. Activity Questions (To be completed by field technician and participant)

3. For each approximate time period given below, indicate activities your child performed. Select all that apply for the time period.

	Dress, groom or bathe	Eat	Watch TV	Play	Use computer or play video games	Read or do school work	Take care of younger children	Chores	Exercise	Play with pet	Arts and crafts	Sleep	Don't know/Refused to answer	None of these
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4. When at home, which room does your child sleep in?

- ○ Child's bedroom
- ○ Mother's bedroom
- ○ Living room
- ○ Other room in the home
- ○ Don't know/Refused to answer

5. When indoors at home and awake, where does your child spend the most time?

- ○ Living room/family room
- ○ Child's bedroom
- ○ Mother's bedroom
- ○ Kitchen
- ○ Other room in the home
- ○ Don't know/Refused to answer

6. When at home, how much time per day does your child spend sitting/playing/lying on the floor?

- ○ Less than 30 minutes
- ○ 30 minutes
- ○ 1 hr
- ○ 1.5 hrs
- ○ 2 hrs
- ○ 2.5 hrs
- ○ 3 hrs
- ○ More than 3 hrs
- ○ Don't know/Refused to answer

7. Is the floor she or he plays on carpeted?

- ○ Carpeted
- ○ Not carpeted
- ○ Partially carpeted
- ○ Child does not play/sit/lie on the floor
- ○ Don't know/Refused to answer

8. Typically, how much time per day does your child play outside at home (yard, common area, playground)?

- ○ 0-15 minutes
- ○ 15-30 minutes
- ○ 30 minutes to 1 hour
- ○ 1-2 hours
- ○ 2-3 hours
- ○ More than 3 hours
- ○ Don't know/Refused to answer

9. Typically, how much time per day does your child play outside at school/daycare?

- ○ 0-15 minutes
- ○ 15-30 minutes
- ○ 30 minutes to 1 hour
- ○ 1-2 hours
- ○ 2-3 hours
- ○ More than 3 hours
- ○ Don’t know/Refused to answer

10. How much time per day does your child play at local parks?

- ○ 0-15 minutes
- ○ 15-30 minutes
- ○ 30 minutes to 1 hour
- ○ 1-2 hours
- ○ 2-3 hours
- ○ More than 3 hours
- ○ Don’t know/Refused to answer

11. How often does your child's sleep get interrupted (e.g., by noise or other disturbance in the community)?

- ○ Never
- ○ Once a month
- ○ Once a week
- ○ More than once a week
- ○ Don't know/Refused to answer

12. How many times did your child wash his/her hands yesterday?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ More than 7
- ○ Don't know/Refused to answer

13. How many times a week does your child bathe?

- ○ 1
- ○ 2
- ○ 3

- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ More than 7
- ○ Don't know/Refused to answer

C. Diet Questions (To be completed by field technician and participant)

14. How many meals did your child eat yesterday (e.g., breakfast, lunch, dinner), not counting snacks?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ More than 7
- ○ Don't know/Refused to answer

15. For each MEAL your child ate, what best describes the meal? If your child ate more than 4 meals, just answer for the first 4.

	Meal prepared by school	Meal made at home from ready-made frozen or canned food	Fast food meal	Restaurant meal (not fast food)	Meal made at home from scratch	Don't know/Refused to answer
Meal 1	○	○	○	○	○	○
Meal 2	○	○	○	○	○	○
Meal 3	○	○	○	○	○	○
Meal 4	○	○	○	○	○	○

16. On average, how often does your child eat/drink the following foods and beverages?

	Once a month or less	2-3 times per month	1-2 times per week	3-4 times per week	5-6 times per week	Once a day	2-3 times per day	4-5 times per day	6 or more times per day
Poultry	○	○	○	○	○	○	○	○	○
Beef	○	○	○	○	○	○	○	○	○
Pork	○	○	○	○	○	○	○	○	○
Fish	○	○	○	○	○	○	○	○	○
Shellfish	○	○	○	○	○	○	○	○	○
Rice	○	○	○	○	○	○	○	○	○
Other dairy products (not milk)	○	○	○	○	○	○	○	○	○
Leafy green vegetables	○	○	○	○	○	○	○	○	○
Other vegetables (not potatoes)	○	○	○	○	○	○	○	○	○
Potatoes	○	○	○	○	○	○	○	○	○
Breads	○	○	○	○	○	○	○	○	○
Fruit	○	○	○	○	○	○	○	○	○
Snack Foods	○	○	○	○	○	○	○	○	○
Milk	○	○	○	○	○	○	○	○	○
Fruit juice	○	○	○	○	○	○	○	○	○
Soda	○	○	○	○	○	○	○	○	○
Tap water or beverage made with tap water	○	○	○	○	○	○	○	○	○

17. How often do you purchase food at each of these types of stores? (**Field Technician: If Appendix D3 has been completed for the index child, please copy those answers here, do not ask the question a second time**).

	Never	Once a month	Once a week	2 times a week	3 times a week	More than 3 times a week
Supermarket or large grocery store	○	○	○	○	○	○
Small grocery store (e.g., small store in your neighborhood that mainly sells food)	○	○	○	○	○	○
Farmer's or outdoor market	○	○	○	○	○	○
Store in a gas station	○	○	○	○	○	○
Discount store (e.g., a dollar store, Big Lots)	○	○	○	○	○	○

18. How often does your child eat at each of these types of restaurants?

	Never	Once a month	Once a week	2 times a week	3 times a week	More than 3 times a week
Fast food	○	○	○	○	○	○
Sit - down restaurant	○	○	○	○	○	○
Food truck or stand	○	○	○	○	○	○