Form Approved OMB No. 0920-xxxx Exp. Date $x x / x x / 2$ Fxxm Approved

Exp. Date $x x / x x / 20 x x$

Household ID\#
$\square$
Date


Interviewer's Initials

Public reporting burden of this collection of information is estimated to average 20 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

## 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.


Appendix D3 (Questionnaire about Index child)

|  | 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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Appendix D3 (Questionnaire about Index child)

|  | Home | Outdoor area at home | Other residence (ex. babysitter's house) | Store | Restaurant | Church | Other indoor location | Park | $\begin{gathered} \text { Bus/train } \\ \text { stop } \end{gathered}$ | On or near street | Parking garage | Other outdoor location | In vehicle | Don't know/Refused to answer |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} 3: 30 \mathrm{pm}- \\ 3: 59 \mathrm{pm} \end{gathered}$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
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Appendix D3 (Questionnaire about Index child)


## Appendix D3 (Questionnaire about Index child)

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

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



## Appendix D3 (Questionnaire about Index child)

|  | 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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| $\begin{gathered} 3: 30 \mathrm{pm}- \\ 3: 59 \mathrm{pm} \end{gathered}$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

## Appendix D3 (Questionnaire about Index child)

|  | 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 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} 4: 00 \mathrm{pm}- \\ 4: 29 \mathrm{pm} \end{gathered}$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
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| $\begin{aligned} & \text { 9:30 pm - } \\ & \text { 9:59 pm } \end{aligned}$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

Appendix D3 (Questionnaire about Index child)

|  | 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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| $\begin{gathered} 11: 30 \mathrm{pm}- \\ \text { 11:59 pm } \end{gathered}$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

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
${ }_{2}$
$O_{3}$
${ }^{\circ} 4$
5
6
7
More than 7
Don't know/Refused to answer
13. How many times a week does your child bathe?
${ }_{1}$
${ }_{2}$
$O_{3}$

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
${ }_{2}$
$\mathrm{O}_{3}$
${ }_{4}$
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 | Meal made at | Fast food | Restaurant | Meal made | Don't |
| :---: | :---: | :---: | :---: | :---: | :---: |
| prepared by | home from ready- | meal | meal (not | at home | know/Refused |
| school | made frozen or |  | fast food) | from | to answer |
|  | canned food |  |  | scratch |  |


| Meal 1 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Meal 2 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Meal 3 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Meal 4 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

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

|  | Once a month or less | 2-3 <br> times <br> per month | $\begin{gathered} 1-2 \\ \text { times } \\ \text { per } \\ \text { week } \end{gathered}$ | 3-4 <br> times <br> per <br> week | 5-6 <br> times <br> per <br> week | Once a day | $\begin{gathered} 2-3 \\ \text { times } \end{gathered}$ per day | 4-5 times per day | 6 or more times per day |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Poultry | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Beef | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Pork | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Fish | $\bigcirc$ | $\bigcirc$ | O | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Shellfish | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Rice | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Other <br> dairy <br> products <br> (not milk) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Leafy green vegetables | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Other vegetables (not potatoes) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Potatoes | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Breads | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Fruit | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Snack <br> Foods | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Milk | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Fruit juice | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Soda | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Tap water or beverage made with tap water | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

17. How often do you purchase food at each of these types of stores? (Field Technician: If Appendix D2 has been completed for the sibling, please copy those answers here, do not ask the question a second time).

| Never | Once a | Once a | 2 times a | 3 times a |
| :---: | :---: | :---: | :---: | :---: |
| month | week | week | week | More than |
|  |  |  | week |  |


| Supermarket or large grocery store | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | 0 | $\bigcirc$ | $\bigcirc$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Small grocery store (e.g., small store in your neighborhood that mainly sells food) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| Farmer's or outdoor market | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | 0 | $\bigcirc$ | 0 |
| Store in a gas station | 0 | $\bigcirc$ | $\bigcirc$ | 0 | 0 | 0 |
| Discount store (e.g., a dollar store, Big Lots) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

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

| Never | Once a <br> month | Once a <br> week | 2 times a <br> week | 3 times a <br> week | More than <br> 3 times a <br> week |
| :---: | :---: | :---: | :---: | :---: | :---: |


| Fast food | $\bigcirc$ | $\bigcirc$ | 0 | $\bigcirc$ | 0 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Sit - down <br> restaurant | $\bigcirc$ | 0 | 0 | 0 | 0 | 0 |
| Food truck or <br> stand | 0 | 0 | 0 | 0 | 0 | 0 |

