Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/20xx

OMB No. 0920-15AFJ

Exp. Date xx/xx/20xx

Household ID#	
Date	
Interviewer's Initial	s

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-XXXXX).

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.

1.101 edel1	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
5:00 am - 5:29 am														
5:30 am - 5:59 am														
6:00 am - 6:29 am														
6:30 am - 6:59 am														
7:00 am - 7:29 am														
7:30 am - 7:59 am														
8:00 am - 8:29 am														
8:30 am - 8:59 am														
9:00 am - 9:29 am														
9:30 am - 9:59 am														

	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
10:00 am - 10:29 am														
10:30 am - 10:59 am														
11:00 am - 11:29 am														
11:30 am - 11:59 am														
12:00 pm - 12:29 pm														
12:30 pm - 12:59 pm														
1:00 pm - 1:29 pm														
1:30 pm - 1:59 pm														
2:00 pm - 2:29 pm														
2:30 pm - 2:59 pm														
3:00 pm - 3:29 pm														

	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
3:30 pm - 3:59 pm														
4:00 pm - 4:29 pm														
4:30 pm - 4:59 pm														
5:00 pm - 5:29 pm														
5:30 pm - 5:59 pm														
6:00 pm - 6:29 pm														
6:30 pm - 6:59 pm														
7:00 pm - 7:29 pm														
7:30 pm - 7:59 pm														
8:00 pm - 8:29 pm														
8:30 pm - 8:59 pm														

	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
9:00 pm - 9:29 pm														
9:30 pm - 9:59 pm														
10:00 pm - 10:29 pm														
10:30 pm - 10:59 pm														
11:00 pm - 11:29 pm														
11:30 pm - 11:59 pm														

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 typical weekday schedule for your child?
○ Yes
○ No
Opon't know/Refused to answer

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.

o. For each	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
5:00 am - 5:29 am														
5:30 am - 5:59 am														
6:00 am - 6:29 am														
6:30 am - 6:59 am														
7:00 am - 7:29 am														
7:30 am - 7:59 am														
8:00 am - 8:29 am														
8:30 am - 8:59 am														
9:00 am - 9:29 am														
9:30 am - 9:59 am														

	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
10:00 am - 10:29 am														
10:30 am - 10:59 am														
11:00 am - 11:29 am														
11:30 am - 11:59 am														
12:00 pm - 12:29 pm														
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2:00 pm - 2:29 pm														
2:30 pm - 2:59 pm														
3:00 pm - 3:29 pm														
3:30 pm - 3:59 pm														

	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
4:00 pm - 4:29 pm														
4:30 pm - 4:59 pm														
5:00 pm - 5:29 pm														
5:30 pm - 5:59 pm														
6:00 pm - 6:29 pm														
6:30 pm - 6:59 pm														
7:00 pm - 7:29 pm														
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9:00 pm - 9:29 pm														
9:30 pm - 9:59 pm														

	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
10:00 pm - 10:29 pm														
10:30 pm - 10:59 pm														
11:00 pm - 11:29 pm														
11:30 pm - 11:59 pm														

4. When at home, which room does your child sleep in?
Child's bedroom
O Mother's bedroom
OLiving room
Other room in the home
O 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
O Child's bedroom
O Mother's bedroom
O Kitchen
Other room in the home
Opon'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
O 1 hr
○ 1.5 hrs
2 hrs
2.5 hrs
O 3 hrs
More than 3 hrs
Opn't know/Refused to answer
7. Is the floor she or he plays on carpeted?
O Carpeted
O Not carpeted
O Partially carpeted
Child does not play/sit/lie on the floor
O Don't know/Refused to answer
8. Typically, how much time per day does your child play outside at home (yard, common area,
playground)?
O-15 minutes
O 15-30 minutes
O 30 minutes to 1 hour
1-2 hours
2-3 hours
More than 3 hours
Opon'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? O-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 0 2 0 3

O 4
O ₅
06
O ₇
O More than 7
O 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?
\circ 1
O ₂
O ₃
O ₄
O ₅
O ₆
O 7
More than 7
O 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	0	0	0	0	0	0
Meal 2	0	0	0	0	0	0
Meal 3	0	0	0	0	0	0
Meal 4	0	0	\circ	0	0	0

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	0	0	0	0	0	0	0	0	0
Beef	0	0	0	0	0	0	0	0	0
Pork	0	0	0	0	0	0	0	0	0
Fish	0	0	0	0	0	0	0	0	0
Shellfish	0	0	0	0	0	0	0	0	0
Rice	0	0	0	0	0	0	0	0	0
Other dairy products (not milk)	0	0	0	0	0	0	0	0	0
Leafy green vegetables Other	0	0	0	0	0	0	0	0	0
vegetables (not potatoes)	0	0	0	0	0	0	0	0	0
Potatoes	0	0	0	0	0	0	0	0	0
Breads	0	0	0	0	0	0	0	0	0
Fruit	0	0	0	0	0	0	0	0	0
Snack Foods	0	0	0	0	0	0	0	0	0
Milk	0	0	0	0	0	0	0	0	0
Fruit juice	0	0	0	0	0	0	0	0	0
Soda	0	0	0	0	0	0	0	0	0
Tap water or beverage made with tap water	0	0	0	0	0	0	0	0	0

17. How often do <u>you</u> 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 month	Once a week	2 times a week	3 times a week	More than 3 times a week
Supermarket or large grocery store	0	0	0	0	0	0
Small grocery store (e.g., small store in your neighborhood that mainly sells food)	0	0	0	0	0	0
Farmer's or outdoor market	0	0	0	0	0	0
Store in a gas station	0	0	0	0	0	0
Discount store (e.g., a dollar store, Big Lots)	0	0	0	0	0	0

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	0	0	0	0	0	0
Sit - down restaurant	0	0	0	0	0	0
Food truck or stand	0	0	0	0	0	0