

**E.4a Parent Interview (English)**



## Parent Interview Introduction

**Intro 1.** Hello, my name is [interview name]. May I please speak to [CONSENTED PARENT name]? I am calling regarding the [study name] that is taking place at your child's [insert care program] at [insert PROVIDER name].

- € RESP ON PHONE - CONTINUE → [GOTO Consent]
- € NEW RESP COMES TO PHONE → [REPEAT INTRO1]
- € RESP NOT AVAILABLE → [SCHEDULE CALLBACK]
- € WRONG NUMBER → [WRONG NUMBER - PERSON]
- € GATEKEEPER REFUSAL → [SOFT REFUSAL]
- € DO NOT WISH TO PARTICIPATE → [CODE AS SOFT REFUSAL]

**Consent.** Thank you for agreeing to be part of the [Study Name]. As we explained when you signed up for the study, we are conducting a brief phone interview with parents in the study. The interview should take about 15 minutes, and we'll be gathering some information about your childcare arrangements to help us plan for the next part of our research at your child's childcare/provider/afterschool program. We'll also ask about meals and snacks at this program, your child's physical activity and some general questions about you and your household.

This interview is voluntary. That means you can skip any question and you can end the call at any time. Everything you tell us will be kept private and used for research purposes according to state and federal law. We will not include your name or your child's name in any of our reports - we will be reporting overall results for all children and parents participating in the study.

Do you have any questions about the interview before I begin?

- € Yes, questions → Record questions.
- € No.

## SECTION A: CHILD INFO

**Q1.** First I would like to confirm I have the correct name of your child attending [Center/Provider/Afterschool Program]. Is the name of this child (CHILD'S NAME)?<sup>1</sup> (Confirm spelling)

Yes → Skip to Q2

No

**Q 1.1** What is the name of this child? [CHILDNAME]

Name of child: \_\_\_\_\_

**Q2.** Is (CHILD) a boy or girl?<sup>2</sup>

Boy

Girl

Refused

**Q3.** What is (CHILD)'s date of birth?<sup>3</sup>

Month \_\_\_ \_\_\_ Day \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_

DON'T KNOW

REFUSED

**Q4.** What is your relationship to [CHILDNAME] Are you...

Mother

Father

Grandmother/Grandfather

Aunt

Uncle

Stepparent

Other, specify \_\_\_\_\_

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<sup>1</sup> Modified from Summer Electronic Benefits Transfer for Children (SEBTC) Demonstration 2013

<sup>2</sup> Summer Electronic Benefits Transfer for Children (SEBTC) Demonstration 2013

<sup>3</sup> Early Childhood and Child Care Study

## SECTION B: CHILDCARE SCHEDULE

Now we have some questions about [CHILDNAME]'S childcare at (Center/Provider/Afterschool Program). This information will help us plan our research activities at the [center/provider/afterschool program].

**Q5.** Which days of the week does [CHILDNAME] attend (Center/Provider/Afterschool Program)?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

[Based on answer to this question, show/hide rows/options in **Q8** schedule below].

**Q6.** Does the same person usually drop off (CHILD) at (Center/Provider/Afterschool Program) every day or does it vary?

- Yes, it is usually the same person every day → **Q6.1.**
- No, it varies → **Q6.2.**

**Q6.1.** Who usually drops off (CHILD) at (Center/Provider/Afterschool Program)?

- Child's mother/legal female guardian
- Child's father/legal male guardian
- Partner of child's mother or father
- Child's grandparent
- Other adult relative
- Child's sibling under 18
- Another child under 18
- Unrelated adult(s), friend or neighbor
- Afterschool program/bus
- Other: \_\_\_\_\_

→ **Q7.**

**Q6.2.** Which of the following people drop off (CHILD) at (Center/Provider/Afterschool Program)? (Check all that apply.)

- Child's mother/legal female guardian
- Child's father/legal male guardian
- Partner of child's mother or father
- Child's grandparent
- Other adult relative
- Child's sibling under 18
- Another child under 18
- Unrelated adult(s), friend or neighbor
- Afterschool program/bus
- Other: \_\_\_\_\_

**Q7.** Does the same person usually pick up (CHILD) at (Center/Provider/Afterschool Program) every day or does it vary?

- Yes, it is usually the same person every day → **Q7.1.**
- No, it varies → **Q7.2.**

**Q7.1.** Who usually picks up (CHILD) at (Center/Provider/Afterschool Program)?

- Child's mother/legal female guardian
- Child's father/legal male guardian
- Partner of child's mother or father
- Child's grandparent
- Other adult relative
- Child's sibling under 18
- Another child under 18
- Unrelated adult(s), friend or neighbor
- Afterschool program/bus
- Other: \_\_\_\_\_

→ **Q8.**

**Q7.2.** Which of the following people pick up (CHILD) at (Center/Provider/Afterschool Program)? (Check all that apply.)

- Child's mother/legal female guardian
- Child's father/legal male guardian
- Partner of child's mother or father
- Child's grandparent
- Other adult relative
- Child's sibling under 18
- Another child under 18
- Unrelated adult(s), friend or neighbor
- Afterschool program/bus
- Other: \_\_\_\_\_

**Q8.** For each day (CHILD) is at (Center/Provider/Afterschool Program), what time does (CHILD) get dropped off and picked up?

	<b>Drop off time</b>	<b>Pick up time</b>
Monday	_____ AM/PM	_____ AM/PM
Tuesday	_____ AM/PM	_____ AM/PM
Wednesday	_____ AM/PM	_____ AM/PM
Thursday	_____ AM/PM	_____ AM/PM
Friday	_____ AM/PM	_____ AM/PM
Saturday	_____ AM/PM	_____ AM/PM
Sunday	_____ AM/PM	_____ AM/PM

**SECTION C: FOOD AND BEVERAGES IN CHILD CARE**

Now I have some questions about meals and snacks your child may have at [Center/Provider/Afterschool Program].

**Q9.** For what meals and snacks is (CHILD) typically at (Center/Provider/Afterschool Program) each day?<sup>4</sup>

	<b>Breakfast</b>	<b>Morning Snack</b>	<b>Lunch</b>	<b>Afternoon Snack</b>	<b>Supper/ Dinner</b>	<b>Evening Snack</b>	<b>D/K</b>
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

**Q10.** Do you usually send your child to (Center/Provider/Afterschool Program) with a meal or snack from home (i.e., a brown bag lunch/snack)?<sup>5</sup> This includes formula or breast milk.

- Yes → **Q10.1**
- No → **SKIP TO Q10.2**

**Q10.1** How many days each week does (CHILD) bring a meal or snack from home?<sup>6</sup>

Days per week [Range 1-7]: \_\_\_\_\_

- DON'T KNOW
- REFUSED

→ **SKIP TO Q11**

**Q10.2** Is this because the program does not allow food from home?

- Yes
- No

→ **SKIP TO Q12**

<sup>4</sup> Modified from Early Childhood and Child Care Study

<sup>5</sup> Early Childhood and Child Care Study

<sup>6</sup> Modified from Early Childhood and Child Care Study



**Q11.** Which of the following reasons describe why (CHILDNAME) brings food from home?<sup>7</sup>

	[ ]			
	YES	NO	DON'T KNOW	REFUSED
a. Program/provider does not provide all meals or snacks?.....	1	0	d	r
b. Your child prefers to eat food brought from home?.....	1	0	d	r
c. Your child does not like the food served at childcare?.....	1	0	d	r
d. Your child has food allergies or special dietary needs?.....	1	0	d	r
e. Your child does not get enough food at child care and needs food from home to supplement?.....	1	0	d	r
f. You believe food prepared at home is better for your child?.....	1	0	d	r
g. Your child prefers to drink a specific kind of formula?.....	1	0	d	r
h. As a treat? .....	1	0	d	r
i. Your child drinks breast milk?.....	1	0	d	r
j. Is there any other reason? (SPECIFY)..... _____	1	0	d	r

<sup>7</sup> Modified from School Nutrition and Meal Cost Study

## SECTION D: CHILD'S PHYSICAL ACTIVITY

[For Parents of **Infants (IF Q3 skip to next Section)**]

Now I have some questions about [CHILDNAME'S] activities on the most recent day [CHILDNAME] was in childcare.

**Q12.** What was the most recent day [CHILDNAME] was in childcare at (Center/Provider/Afterschool Program)?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- REF → SKIP TO Q16.

**Q13.** On THIS DAY, how much time did your child spend playing at a park, playground, or outdoor recreation area....<sup>8</sup>

**Q13.1** ...before child care? Please include time spent walking to the park or to child care.

[Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- 0 Minutes
- 1-15 minutes
- 16-30 minutes
- 31-60 minutes
- Over 60 minutes
- Don't know
- REF

**Q13.2** ...after child care? Please include time spent walking to the park or to child care.

[Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- 0 Minutes
- 1-15 minutes
- 16-30 minutes
- 31-60 minutes
- Over 60 minutes
- Don't know
- REF

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<sup>8</sup> Modified from Burdette, H.L., Whitaker, R.C., & Daniels, S.R. (2004). Parental Report of Outdoor Playtime as a Measure of Physical Activity in Preschool-aged Children. *Archives of Pediatrics & Adolescent Medicine*, 158(4), 353-357.

**Q14.** On this day, how much time did your child spend playing in the yard or street around your house (or around the house of a friend, neighbor, or relative)...<sup>9</sup>

**Q14.1** ...before child care? Please include time spent biking or walking in the yard or around the neighborhood.

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

**Q14.2** ...after child care? Please include time spent biking or walking in the yard or around the neighborhood.

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

**Q15.** Was your child's total outdoor activity on this day greater than, less than, or similar to those on a typical day your child attended (Center/Provider/Afterschool Program)?

- Greater than
- Less than
- Similar to
- Don't know
- Refused

Now I have some questions about [CHILDNAME'S] activities on the most recent day [CHILDNAME] was NOT in childcare.

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<sup>9</sup> Modified from Burdette, H.L., Whitaker, R.C., & Daniels, S.R. (2004). Parental Report of Outdoor Playtime as a Measure of Physical Activity in Preschool-aged Children. *Archives of Pediatrics & Adolescent Medicine*, 158(4), 353-357.

**Q16.** What was the most recent day (CHILD) was not in childcare at (Center/Provider/Afterschool Program)?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

REF → SKIP TO Q20.

**Q17.** On THIS DAY, how much time did your child spend playing at a park, playground, or outdoor recreation area ...<sup>10</sup>

**Q17.1** ...between wake up and noon? Please include time spent walking to the park or playground [Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

**Q17.2** ...between noon and 6 PM? Please include time spent walking to the park or playground. [Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

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<sup>10</sup> Modified from Burdette, H.L., Whitaker, R.C., & Daniels, S.R. (2004). Parental Report of Outdoor Playtime as a Measure of Physical Activity in Preschool-aged Children. *Archives of Pediatrics & Adolescent Medicine*, 158(4), 353-357.

**Q17.3** ...between 6 PM and bedtime? Please include time spent walking to the park or playground. [Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

**Q18.** On this day, how much time did (CHILD) spend playing in the yard or street around your house (or around the house of a friend, neighbor, or relative)...<sup>11</sup>

**Q18.1** ...between wake up and noon? Please include time spent biking or walking in the yard or around the neighborhood.

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

**Q18.2** ...between noon and 6 PM? Please include time spent biking or walking in the yard or around the neighborhood.

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know
- € REF

**Q18.3** ...between 6 PM and bedtime? Please include time spent biking or walking in the yard or around the neighborhood.

- € 0 Minutes
- € 1-15 minutes
- € 16-30 minutes
- € 31-60 minutes
- € Over 60 minutes
- € Don't know

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<sup>11</sup> Modified from Burdette, H.L., Whitaker, R.C., & Daniels, S.R. (2004). Parental Report of Outdoor Playtime as a Measure of Physical Activity in Preschool-aged Children. *Archives of Pediatrics & Adolescent Medicine*, 158(4), 353-357.

€ REF

**Q19.** Was your child's outdoor activity on this day greater than, less than, or similar to those on a typical day not at (Center/Provider/Afterschool Program)?

Greater than

Less than

Similar to

Don't know

Refused

SECTION E: OPINIONS

Q20. To what extent do you agree with the following statements?

Q20.1 The meals and snacks served at your child's daycare are healthy.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Don't know
- Refused

Q20.2 It is important for your child's day care to serve healthy foods and beverages.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Don't know
- Refused

Q20.3 Your child receives enough opportunities for active play at child care.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Don't know
- Refused

Q20.4 It is important for your child's day care to provide enough opportunities for active play.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Don't know
- Refused



## SECTION F: FOOD SECURITY

**Q21.** I'm going to read you several statements that people have used to describe their food situation. Please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.<sup>12</sup>

**Q21.1** Within the past 12 months we worried whether our food would run out before we got money to buy more.

- Often true
- Sometimes true
- Never true
- Don't know
- REF

**Q21.2** Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

- Often true
- Sometimes true
- Never true
- Don't know
- REF

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<sup>12</sup> USDA Food Security Module subscale; Hager et al., 2010; Nord et al., 2009

## SECTION G: CHILD DEMOGRAPHICS & HOUSEHOLD PROGRAM PARTICIPATION

Now I have a few more general questions about [CHILDNAME] and your household.

- Q22.** Do you consider [CHILDNAME] to be Hispanic or [Latino/Latina]? [IF NECESSARY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.] [SOURCE: FMLA SURVEY]
- Hispanic or Latino
  - Not Hispanic or Latino
- Q23.** What race do you consider [CHILDNAME] to be? Please select one or more of the following.
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- Q24.** Including yourself and [CHILDNAME], how many people live in your household? Don't forget to include non-relatives who live here and, of course, babies, small children and foster children. Also include persons who usually live here but are temporarily away for reasons such as: vacation, traveling for work, or in the hospital. Do not include children living away at school.<sup>13</sup>
- Number of people [RANGE 1-20]: \_\_\_\_\_
- DON'T KNOW
  - REFUSED
- Q25.** Of the number of people in your household, how many are children currently 5 to 18 years of age?<sup>14</sup>
- # of children aged 5 to 18: \_\_\_\_\_
- Q26.** Of the number of people in your household, how many are children currently less than 5 years old?<sup>15</sup>
- # of children less than 5 years old: \_\_\_\_\_

Next, I'm going to read the names of some programs that provide food or meals to individuals or households.

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<sup>13</sup> Summer Electronic Benefits Transfer for Children (SEBTC) Demonstration 2013

<sup>14</sup> Modified from Early Childhood and Child Care Study

<sup>15</sup> Modified from Early Childhood and Child Care Study

- Q27.** Please tell me if you or anyone in your household has received benefits from these programs in the last 30 days.<sup>16</sup>
- € SNAP PROGRAM NAME,<sup>17</sup> also known as food stamps
  - € WIC (Women, Infants and Children) program
  - € [For households receiving WIC] Infant formula from WIC
  - € [For families with school aged children] Free meals at school
  - € [For families with school aged children] Reduced price meals at school
  - € Food pantries, food banks, local soup kitchens or emergency kitchens
  - € None of the above
  - € DON'T KNOW
  - € REFUSED
- Q28.** Is [CHILDNAME] now covered by the [INSERT STATE CHIP NAME] or the Children's Health Insurance Program (CHIP)?<sup>18 19</sup> [IF NECESSARY: Children's Health Insurance Program (CHIP) is free or low-cost health coverage for eligible children and other family members.]
- € Yes
  - € No
  - € Don't know
  - € Refused
- Q29.** Does anyone in your household participate in Medicaid<sup>20</sup>?
- € Yes
  - € No
  - € Don't know
  - € Refused
- Q30.** Does anyone in the household receive income from the [INSERT STATE TANF NAME]?<sup>21</sup> [IF NECESSARY: Temporary Assistance for Needy Families (TANF) is a program that provides cash assistance and supportive services to assist families with children under age 18]
- € Yes
  - € No
  - € Don't know
  - € Refused
- Q31.** Now for my final question, we would like your best estimate of your total annual household income before taxes in the year 2015. Please include all forms of income, including wages,

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<sup>16</sup> Modified from Summer Electronic Benefits Transfer for Children (SEBTC) Demonstration 2013

<sup>17</sup> We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

<sup>18</sup> We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

<sup>19</sup> Modified from National Institute of Child Health and Human Development Study of Early Child Care and Youth Development

<sup>20</sup> We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

<sup>21</sup> Modified from Early Childhood and Child Care Study

salaries, interest, dividends, child support, and other forms of income such as Social Security, SSI or TANF for all household members.<sup>22</sup>

- LESS THAN \$5,000
- \$5,000 TO LESS THAN \$10,000
- \$10,000 TO LESS THAN \$15,000
- \$15,000 TO LESS THAN \$20,000
- \$20,000 TO LESS THAN \$25,000
- \$25,000 TO LESS THAN \$30,000
- \$30,000 TO LESS THAN \$40,000
- \$40,000 TO LESS THAN \$50,000
- \$50,000 TO LESS THAN \$60,000
- \$60,000 TO LESS THAN \$70,000
- \$70,000 TO LESS THAN \$80,000
- \$80,000 TO LESS THAN \$90,000
- \$90,000 TO LESS THAN \$100,000
- \$100,000 OR MORE
- DON'T KNOW
- REFUSED

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<sup>22</sup> Modified from School Nutrition and Meal Cost Study

## CONCLUSION

Thank you very much for your participation in this interview.

[For parents of infants skip to the end]

During the week of [Target Week] our study team will conduct on-site observations at your child's provider: [Childcare center/Provider/Afterschool Program]. As part of the observation we will record everything your child eats and drinks at [INSERT PROGRAM NAME]. That week, we will also be asking you to complete two food diaries about the foods your child eats. In *the first* diary, you will be asked to record everything your child eats and drinks from the time he/she is picked up from [INSERT PROGRAM NAME] until the following day when your child arrives back at [INSERT PROGRAM NAME]. A member of our study team will need to take a few minutes with you when they give the diary to you to explain how to fill it out. The next morning when you drop off your child, our study team member will collect the completed diary and will spend 5-10 minutes reviewing it with you to be sure that we understand the details. Please plan this time into your morning drop off that day, but if you can't our study staff can make arrangements to call you later that day.

The second diary will be given to you when you return the first diary. This time we will ask you to record everything your child eats and drinks on a day when he/she is *NOT* in child care. The second diary will look the same as the first one, but the time period for recording foods will be a little different, so our team member will again need to take a few minutes with you to make sure you understand. They will arrange to pick it up on a morning when your child next arrives at [INSERT PROGRAM NAME] and will again spend 5-10 minutes reviewing it with you.

You will receive \$20 for completing the childcare day food diary (the first one) and \$30 for completing the non-childcare day food diary (the second one). Some parents may be asked to complete a third food diary for their child and if you are asked to complete a third diary, you will receive additional payment. You are always welcome to call our toll-free hotline telephone number—844-808-4777—if you have any questions.

We greatly appreciate your participation in this important study.