CHILD HEALTH & DIET SURVEY

OMB # 0910-0696

The following questions should be answered about your 6-year-old child.

Expiration Date: 11/30/2014

The Public Disclosure Burden Statement can be found in the cover letter

SECTION A

1. During the past month, what were your regular childcare arrangements for your 6-year-old? **(PLEASE "X" ALL THAT APPLY)**

	BEFORE SCHOOL	AFTER SCHOOL	WEEK DAYS WHEN SCHOOL IS OUT
Parent cared for the child			
Childcare in my home provided by someone other than a parent	☐	☐	☐
Childcare in someone else's home			
A before- or after-school childcare program at school	☐	☐	☐
Childcare center			
Other	☐	☐	☐

2. What kind of school does your 6-year-old currently attend? **(PLEASE "X" ALL THAT APPLY)**

Public ☐ Private ☐ Home-schooled ☐

3. What grade is your 6-year-old in?

Kindergarten ☐ Second grade ☐
First grade ☐ Third grade ☐

4. How many days a week is your 6-year-old in school?

Whole days: 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐

Half days: 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐

5. During this school year, has a special plan been developed at school to provide your 6-year-old with extra help or support such as a special needs program or an Individualized Education Program (IEP)?

> EXPLANATORY NOTE: Some children have difficulty in school because of a health problem, condition, or disability. These children may receive services from a program called Special Education and have a written intervention plan called an Individualized Education Program (IEP).

Yes ☐ No ☐ Don't know ☐

6. During this school year, has your 6-year-old received any of the following services? **(PLEASE "X" ALL THAT APPLY)**

Speech or language therapy ☐
Occupational therapy or other type of therapy for help with handwriting or other motor skills ☐
Special instruction or help in one or more school subjects such as reading or math ☐
Special services because of a problem with vision or hearing ☐
Psychological services or counseling because of a problem with emotions, behavior, or socialization ☐
Behavioral support, such as a behavior management plan or individual support in the classroom by an assistant ☐
Other (please specify) _____ ☐
None of these ☐

7. How often do you read aloud to your 6-year-old?

Never ☐ Once a week ☐
Several times a year ☐ At least 3 times a week ☐
Several times a month ☐ Every day ☐

8. Does your 6-year-old get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

Yes ☐ No ☐

9. How often has a family member taken or arranged to take your 6-year-old to any type of musical or theatrical performance within the past year?

Never ☐ About once a month ☐
Once or twice ☐ About once a week or more often ☐
Several times ☐

10. Here is a list of items that describe children. For each item, please "X" how true it has been for your 6-year-old during the past six months. He or she …

		NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
a.	...is considerate of other people's feelings	☐	☐	☐
b.	...is restless, overactive, cannot stay still for long	☐	☐	☐
c.	...often complains of headaches, stomach aches, or sickness	☐	☐	☐
d.	...shares toys or treats readily with other children	☐	☐	☐
e.	...often loses temper	☐	☐	☐
f.	…is rather solitary, prefers to play alone	☐	☐	☐
g.	...is generally well behaved, usually does what adults request	☐	☐	☐
h.	...has many worries, or often seems worried	☐	☐	☐
i.	...is helpful if someone is hurt, upset, or feeling ill	☐	☐	☐
j.	...is constantly fidgeting or squirming	☐	☐	☐
k.	...has at least one good friend	☐	☐	☐
l.	...often fights with other children or bullies them	☐	☐	☐
m.	...is often unhappy, depressed, or tearful	☐	☐	☐
n.	...is generally liked by other children	☐	☐	☐
o.	...is easily distracted, concentration wanders	☐	☐	☐
p.	...is nervous or clingy in new situations	☐	☐	☐
q.	...is kind to younger children	☐	☐	☐
r.	...often lies or cheats	☐	☐	☐
s.	...is picked on or bullied by other children	☐	☐	☐
t.	...often offers to help others (parents, teachers, other children)	☐	☐	☐
u.	...thinks things out before acting	☐	☐	☐
v.	...steals from home, school, or elsewhere	☐	☐	☐
w.	...gets along better with adults than with other children	☐	☐	☐
x.	...has many fears, is easily scared	☐	☐	☐
y.	...has good attention span, sees chores or homework through to the end	☐	☐	☐

SECTION B

1. How tall is your 6-year-old now (without shoes)? Please use the enclosed tape measure to measure the height. Have your child back up to a wall with the back of the head, shoulder blades, buttocks, and heels touching the wall. Lay a hard-backed book or other flat item from your child's head to the wall and level with the floor. Mark the wall under the book and then measure from the floor to the mark. Please tell us the height to the nearest quarter inch.

   _____ inches

2. How much does your 6-year-old weigh now (without shoes)? Please weigh your child on a scale. _____ pounds

3. How tall was your 6-year-old the last time he or she was measured at a doctor's visit? _____ inches

4. What was the date of the height measurement? Month_____ / Day_____ / 20_____

5. How much did your 6-year-old weigh the last time he or she was weighed at a doctor's visit? _____ pounds

6. What was the date of the weight measurement? Month_____ / Day_____ / 20_____

7. Did you check any written record from the doctor or notes that you keep after doctor's visits to answer the questions about your child's height and weight at the last doctor's visit?

   Yes, for both weight and height... ☐ Yes, for weight only..... ☐ Yes, for height only.... ☐ No ..... ☐

8. Please indicate how you would classify your 6-year-old's weight at each of the 2 periods listed below:

	VERY UNDERWEIGHT	UNDERWEIGHT	AVERAGE	OVERWEIGHT	VERY OVERWEIGHT
Now.....					
First year of life	☐	☐	☐	☐	☐

9. Thinking about your 6-year-old, would you like him or her to weigh:

   A lot less ..... ☐ A little more ..... ☐
   A little less..... ☐ A lot more ..... ☐
   About the same..... ☐

10. How old was your 6-year-old the first time you took him or her to a dentist?

_____years My 6-year-old has never been to a dentist ..... ☐ →**(GO TO QUESTION 13)**

11. During the past 12 months, has your 6-year-old been to a dentist?

Yes ..... ☐ No ..... ☐

12. How many dental cavities (teeth with decay) has your 6-year-old had in his or her lifetime?

None ... ☐ 1 ..... ☐ 2 ..... ☐ 3 ..... ☐ 4 ..... ☐ 5 ..... ☐ 6 or more ..... ☐

13. How often does your 6-year-old usually brush his or her teeth? If someone else brushes your 6-year-old's teeth, please count this.

Never ..... ☐ →**(GO TO QUESTION 15)**
A few times a week..... ☐
Once a day ..... ☐
2 times a day ..... ☐
3 or more times a day ..... ☐

14. Does your 6-year-old usually brush his or her teeth by himself or herself, or does an older child or adult help? **(PLEASE "X" ALL THAT APPLY)**

My 6-year-old brushes his or her teeth by himself or herself ..... ☐
An adult or older child brushes my 6-year-old's teeth..... ☐
An adult or older child helps my 6-year-old brush his or her teeth ..... ☐

15. During the past 12 months, how many times did you take your 6-year-old to a doctor or other health professional for each of the following reasons?

	NONE	ONCE	2 TIMES	3 TIMES	4 TIMES	5 TIMES	6 OR MORE TIMES
Routine well child visit							
Sick visit.....	☐	☐	☐	☐	☐	☐	☐
Follow up visit							
Emergency room visit due to illness.....	☐	☐	☐	☐	☐	☐	☐

16. During the past 12 months, how many times did your 6-year-old have the following infections?

	NONE	ONCE	2 TIMES	3 TIMES	4 TIMES	5 TIMES	6 OR MORE TIMES
Ear infection.....							
Sinus infection	☐	☐	☐	☐	☐	☐	☐
Throat infection, like strep throat ...							
Pneumonia or lung infection	☐	☐	☐	☐	☐	☐	☐
Urinary tract infection.....							
Cold or upper respiratory infection	☐	☐	☐	☐	☐	☐	☐

17. During this current school year, how many days has your 6-year-old missed school because of illness? Count part of the day as a whole day.

None ..... ☐
1 to 2 days ..... ☐
3 to 4 days ..... ☐
One to two weeks ..... ☐
Three to four weeks..... ☐
More than one month ..... ☐
Most of the year..... ☐

18. Does your 6-year-old have any trouble seeing?

No ..... ☐
Yes, but he or she sees normally when wearing eyeglasses..... ☐
Yes, and eyeglasses cannot correct his or her vision problem enough for him or her to see normally..... ☐

19. During the past month, was your 6-year-old given any herbal or botanical remedies or supplements? (Only count things taken by mouth. Do not count anything applied to the skin on administered in any other way.)

Yes ..... ☐ No ..... ☐ →**(GO TO QUESTION 22A)**

20. Please list all the kinds of herbal or botanical remedies or supplements your 6-year-old was given in the past month.

_____

21. Why was your 6-year-old given an herbal or botanical remedy or supplement in the past month? **(PLEASE "X" ALL THAT APPLY)**

To relieve or reduce symptoms of an illness ☐
To reduce congestion ..... ☐
To strengthen or maintain health..... ☐
To reduce stress or anxiety..... ☐
To help my 6-year-old sleep..... ☐
Other: specify_____... ☐

22A. Has a doctor or other health professional ever told you that your 6-year-old has any of the following conditions?				If yes…	If yes…
If you answer "Yes" to the first column (22A), please also answer columns 22B and 22C.				22B. How old was your 6-year-old when you were first told he or she had the condition? (Write in 0 if less than 1 year)	22C. Does your 6-year-old currently have the condition?
a. Hearing problems	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
b. A digestive problem like colitis, acid reflux, colic, or Crohn's	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
c. Eczema or any kind of skin allergy (like contact dermatitis)	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
d. Hay fever or respiratory allergy (to pets, pollens, mold, dust mites, etc.)	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
e. Asthma	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
f. Diabetes	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
g. Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, ADD, or ADHD	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
h. Autism or developmental delay	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐
i. Depression or anxiety	Yes ☐	No ☐	Unsure ☐	_____ Years	Yes ☐ No ☐ Unsure ☐

23. Has your 6-year-old ever had breathing difficulties that required: **(PLEASE "X" ALL THAT APPLY FOR EACH ITEM)**

	YES, WITHIN THE PAST 12 MONTHS	YES, MORE THAN 12 MONTHS AGO	NO
a. Use of an inhaler or nebulizer?			
b. A visit to an emergency room or urgent care center?	☐	☐	☐
c. Daily medicine taken seasonally or year-round?			
d. Medicine taken occasionally or as needed?	☐	☐	☐

(IF "NO" TO ALL ITEMS OF QUESTION 23, GO TO QUESTION 25)

24. What are the triggers of your 6-year-old's breathing difficulties? **(PLEASE "X" ALL THAT APPLY)**

Exercise ☐
Infections ☐
Allergens (like pollen, dust, pets, food) ☐
Smoke or scents (like perfume, air fresheners) ☐
Change of seasons ☐
Cold, hot, or humid weather ☐
Anger or emotion ☐
Other ☐

25. Has your 6-year-old ever been taken to a medical doctor because of a possible food allergy? **(PLEASE "X" ALL THAT APPLY)**

Yes, within the past 12 months ☐ Yes, more than 12 months ago ☐ No ☐ → **(GO TO QUESTION 31)**

26. What testing method was used by a doctor to check for a food allergy? **(PLEASE "X" ALL THAT APPLY)**

No test ☐
Description of symptoms only ☐
A skin test ☐
A blood test ☐
An esophageal or intestinal study ☐
Food elimination (withdrawal of the specific food to see if symptoms disappeared) ☐
Food challenge (introduction of a specific food to see if symptoms reappeared) ☐
Other test ☐

27. Has your 6-year-old been diagnosed by a doctor as having an allergy to any food? **(PLEASE "X" ALL THAT APPLY)**

Yes, within the past 12 months ☐ Yes, more than 12 months ago ☐ No ☐

28. What symptoms has your 6-year-old had because of a reaction to food? **(PLEASE "X" ALL THAT APPLY)**

Congestion ☐
Runny nose ☐
Asthma or wheezing ☐
Trouble breathing ☐
Coughing ☐
Swollen eyes and or lips ☐
Hives or welts ☐
Gassiness or stomach cramps ☐
Vomiting ☐
Diarrhea ☐
Constipation ☐
Irritability or behavior changes ☐
Sleeplessness ☐
Blood in stool ☐

Flushing ..... ☐
Skin rash or eczema ..... ☐
Esophagitis or severe acid reflux ..... ☐
Loss of consciousness ..... ☐
None of these ..... ☐

29. Has any reaction to food been treated with epinephrine or resulted in a visit to an emergency room or urgent care center? **(PLEASE "X" ALL THAT APPLY)**

Yes, within the past 12 months ..... ☐ Yes, more than 12 months ago ..... ☐ No ..... ☐

30. Has your 6-year-old outgrown a food allergy or intolerance that he or she had when younger?

Not sure ..... ☐ Yes ..... ☐ No ..... ☐

31. Do you currently avoid any foods or food ingredients for your 6-year-old because of a known or suspected food allergy or intolerance?

Yes ..... ☐ No ..... ☐ →**(GO TO SECTION C)**

32. Which foods or food ingredients do you currently avoid for your 6-year-old? **(PLEASE "X" ALL THAT APPLY)**

Cow's milk or other dairy products ..... ☐
Soy milk or other soy food ..... ☐
Eggs or egg products ..... ☐
Peanuts, peanut butter, or peanut oil ..... ☐
Nuts (like almonds, pecans, walnuts) ..... ☐
Sesame seed or sesame seed oil ..... ☐
Fish (like salmon, codfish, tuna) ..... ☐
Crustacean shellfish (like shrimp, crab, lobster) ..... ☐
Beef, pork, chicken, turkey or other animal meat ..... ☐
Wheat, gluten, or wheat starch ..... ☐
Other grain or cereal (like oats, barley) ..... ☐
Fruit or fruit juice ..... ☐
Vegetables ..... ☐
Artificial colors or flavors ..... ☐
Sulfites ..... ☐
None of these ..... ☐

33. Have you stopped taking your 6-year-old to restaurants, social gatherings, or parties for fear of accidental reactions to food?

Yes, always ..... ☐ Yes, sometimes ..... ☐ No ..... ☐

SECTION C

1. In a typical week, how many days do you or another adult in your household do any physical activities with your 6-year-old, including things like active games, sports, walks, biking, ice skating, swimming, or other physical activities? Please include only activities where both the adult and your 6-year-old are active.

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

2. In a typical week, how many days is your 6-year-old physically active for a total of at least 60 minutes per day? Add up all the time your 6-year-old spends in any kind of physical activity that makes him or her sweat or breathe hard (for example, playing tag, running, biking, jumping rope, swimming). If your child is active during recess, please include recess time.

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

3. Compared with other children of the same age and sex, is your 6-year-old:

A lot more physically active than most ..... ☐
A little more physically active than most ..... ☐
Average – same as most ..... ☐
A little less physically active than most ..... ☐
A lot less physically active than most ..... ☐
Don't know or not sure ..... ☐

4. On average, about how many hours per day does your 6-year-old play video games and watch TV programs or videos? **(DO NOT COUNT SCHOOL OR HOMEWORK TIME)**

Weekdays: _____ hours PER DAY -AND- _____minutes PER DAY -OR- None ☐
Weekends: _____ hours PER DAY -AND- _____minutes PER DAY -OR- None ☐

5. Over the past month, how many hours did your 6-year-old usually sleep each night on weekdays? _____ hours

6. Over the past month, how often has it been difficult to wake up your 6-year-old in the mornings on week days?

Less than once a week ..... ☐ 1-2 times per week ..... ☐ 3-5 times per week ..... ☐

	LESS THAN ONCE A WEEK	1-2 TIMES PER WEEK	3-5 TIMES PER WEEK	6-7 TIMES PER WEEK
7. Over the past month, how often has your 6-year-old slept about the same number of hours each night?	☐	☐	☐	☐
8. Over the past month, how often has your 6-year old had trouble falling asleep after going to bed?	☐	☐	☐	☐
9. Over the past month, how often has your 6-year-old woken up during the night?	☐	☐	☐	☐

SECTION D

1. Do you own a pet or does your 6-year-old regularly spend time indoors where a pet lives (such as at day care or in the school classroom)? **(Please "X" ALL THAT APPLY)**

No	☐	Yes, one or more hamsters, gerbils, or similar pets	☐
Yes, one or more dogs	☐	Yes, one or more birds	☐
Yes, one or more cats	☐	Yes, other pet	☐

2. In the last 12 months, how often have the following products been used in your home?

	NOT AT ALL	LESS THAN ONCE A MONTH	1-3 TIMES A MONTH	ABOUT ONCE A WEEK	A FEW TIMES A WEEK	EVERY DAY
Air fresheners including spray, stick, aerosol, or plug-in						
Scented candles (burned) or scented oil (burned)						
Pesticides (ant or flying insect killer, flea control, other)						

3. How many times a day does your 6-year-old usually eat? Please count all meals and snacks. ____ times a day

4. How many days a week does your 6-year-old usually eat breakfast? **(PLEASE "X" ONLY ONE BOX)**

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

5. How many days a week does your 6-year-old usually eat dinner at home with you or another adult in your household?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

6. How many days a week does your 6-year-old usually eat dinner from a fast food restaurant like McDonald's, Taco Bell, Pizza Hut, etc., including take-out?

0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐

7. During the school week, how many days a week does your 6-year-old usually eat lunch at school from each of the following places?

Food brought from home	____ days a week
A complete school lunch from the school cafeteria	____ days a week
Individual items from the school cafeteria	____ days a week
Salad bar in the school cafeteria	____ days a week
Fast food from the school cafeteria (such as McDonalds, Taco Bell, or KFC)	____ days a week
Food from a school vending machine, school canteen, or school store	____ days a week
Does not eat lunch at school	☐

8. During the past month, what type of fat did you <u>most often</u> use to cook with at home? **(PLEASE "X" ONLY ONE BOX)**

Butter	☐	Vegetable shortening	☐
Margarine	☐	Lard or other animal fat	☐
Vegetable oil (corn, canola, olive, etc.)	☐	Didn't use fat in cooking	☐

9. During the past month, what kind of milk did your 6-year-old <u>usually</u> drink? **(PLEASE "X" ONLY ONE BOX)**

PLAIN COW'S MILK:		**OTHER MILK:**	
Whole or regular milk	☐	Sweetened cow's milk (chocolate, vanilla, fruit flavored, etc.)	☐
2% fat or reduced-fat	☐	Soy milk	☐
1%, ½%, or low-fat	☐	Other kind of milk	☐
Fat-free, skim, or nonfat	☐	Didn't drink milk	☐

10. During the past month, what type of rice did your 6-year-old eat? **(PLEASE "X" ONLY ONE BOX)**

Only white rice	☐	Mostly brown rice	☐
Only brown rice	☐	About half and half	☐
Mostly white rice	☐	Didn't eat rice	☐

11. During the past month, what type of pasta did your 6-year-old eat? **(PLEASE "X" ONLY ONE BOX)**

Only white pasta	☐	Mostly whole wheat pasta	☐
Only whole wheat pasta	☐	About half and half	☐
Mostly white pasta	☐	Didn't eat pasta	☐

12. During the past month, what type of bread did your 6-year-old eat? **(PLEASE "X" ONLY ONE BOX)**

Only white bread	☐	Mostly whole wheat bread	☐
Only whole wheat bread	☐	About half and half	☐
Mostly white bread	☐	Didn't eat bread	☐

13. During the past month, how often did your 6-year-old eat or drink each food listed below?

Think about all the meals and snacks your 6-year-old had at home, school, restaurants, play dates, and anywhere else. Please include food eaten on weekdays and over the weekend.

If your 6-year-old ate the food once a day or more, write the number of times per day in the first column. If your 6-year-old ate the food less than once a day, write the number of times per week in the second column. If your 6-year-old ate the food less than once a week, write the number of times per month in the third column. If your 6-year-old did not eat the food at all during the past month, check the box in the fourth column.

	(FILL IN ONLY ONE COLUMN FOR EACH ITEM)							
	TIMES PER DAY	-OR-	TIMES PER WEEK	-OR-	TIMES PER MONTH	-OR-	DID NOT EAT
a. Hot or cold cereals			____		____		☐
b. Milk: all types to drink or on cereal			____		____		☐
c. Cheese: all types (include cheese as a snack, on a sandwich, or in foods such as lasagna, quesadillas, or casseroles). Do not count cheese on pizza			____		____		☐
d. Ice cream or other frozen dairy desserts, such as frozen yogurt and sherbet. Don't include sugar free kinds			____		____		☐
e. Other dairy products, such as pudding or yogurt. Don't include sugar free or plain kinds			____		____		☐
f. Sugar free frozen dairy desserts or sugar free pudding, plain or sugar free yogurt, or other sugar free dairy products			____		____		☐
g. Regular soda or pop that contains sugar. Don't include diet soda or diet pop			____		____		☐
h. Water: include tap, bottled, or unflavored sparkling water			____		____		☐
i. 100% pure fruit juice or 100% pure vegetable juice			____		____		☐
j. Sweetened drinks: Kool-Aid, lemonade, sweet tea, Hi-C, cranberry cocktail, Gatorade, etc.			____		____		☐
k. Fruits: fresh, frozen, or canned. Don't include juice			____		____		☐
l. Green leafy or lettuce salad, with or without other vegetables			____		____		☐
m. Fried potatoes including French fries, home fries, or hash browns			____		____		☐
n. Other kinds of potatoes such as baked, boiled, or mashed potatoe potato salad, or sweet potatoes			____		____		☐
o. Refried beans, baked beans, beans in soup, pork and beans, or any other cooked dried beans. Don't include green beans			____		____		☐
p. Other vegetables: fresh, frozen, or canned (other than green leafy or lettuce salads, potatoes, or cooked dried beans)			____		____		☐
q. Rice			____		____		☐
r. Pasta			____		____		☐
s. Pizza: frozen pizza, fast food pizza, homemade pizza, or other pizza			____		____		☐
t. Tomato sauces: Mexican-type salsa made with tomato, spaghetti noodles with tomato sauce, or mixed into foods such as lasagna			____		____		☐
u. Processed meat: bacon, ham, lunch meats, hot dogs, etc			____		____		☐
v. Meat (not processed): chicken, turkey, pork, beef, or lamb			____		____		☐
w. Fish or shellfish			____		____		☐
x. Peanut butter or peanuts			____		____		☐
y. Bread: toast, rolls, bagels, cornbread, tortillas, in sandwiches, pancakes, waffles, etc			____		____		☐
z. Sweet foods: candy, cookies, cake, doughnuts, muffins, pop-tarts, etc. Don't count frozen or sugar free desserts			____		____		☐
aa. Popcorn			____		____		☐
bb. Snacks such as potato chips, corn chips, pretzels, or crackers			____		____		☐

14. Please "X" one response for each question that best corresponds to your answer:

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS

a. How often are there fruits or vegetables to snack on in your home, such as apples, raisins, carrots, celery, bananas, or melon?	☐	☐	☐	☐	☐
b. How often do you encourage your 6-year-old to eat all of the food on his or her plate?	☐	☐	☐	☐	☐
c. How often does your 6-year-old eat all of the food on his or her plate?	☐	☐	☐	☐	☐

15. Please "X" one response for each question that best corresponds to your answer for your 6-year-old child:

	DISAGREE	SLIGHTLY DISAGREE	NEITHER DISAGREE NOR AGREE	SLIGHTLY AGREE	AGREE
a. I make sure that my child does not eat too many sweets or junk foods	☐	☐	☐	☐	☐
b. If I did not guide or regulate my child's eating, he or she would eat too much of his or her favorite foods	☐	☐	☐	☐	☐
c. I am especially careful to make sure my child eats enough	☐	☐	☐	☐	☐
d. My child will lose appetite for dinner if he or she has had a snack just before	☐	☐	☐	☐	☐
e. My child is always asking for food	☐	☐	☐	☐	☐
f. If allowed to, my child would eat too much	☐	☐	☐	☐	☐
g. My child looks forward to mealtimes	☐	☐	☐	☐	☐
h. My child enjoys a wide variety of foods	☐	☐	☐	☐	☐

SECTION E

1. As best you know, which of the following health conditions do you yourself or your 6-year-old's other relatives have? **(PLEASE "X" ALL THAT APPLY)**

	YOUR 6-YEAR-OLD'S				NONE OF THESE RELATIVES
	YOU, MOTHER	FATHER	BROTHER OR SISTER	GRANDPARENT, AUNT OR UNCLE	
a. Type 1 diabetes					
b. Adult onset diabetes (Type II)	☐	☐	☐	☐	☐
c. Asthma	☐	☐	☐	☐	☐
d. Eczema or any kind of skin allergy (like contact dermatitis)	☐	☐	☐	☐	☐
e. Food allergy	☐	☐	☐	☐	☐
f. Hay fever or respiratory allergy (to pets, pollens, mold, dust mites, etc.)	☐	☐	☐	☐	☐
g. Overweight or obesity	☐	☐	☐	☐	☐
h. Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, ADD, or ADHD	☐	☐	☐	☐	☐
i. Bipolar disorder	☐	☐	☐	☐	☐
j. Depression other than bipolar disorder	☐	☐	☐	☐	☐
k. Anxiety disorder such as generalized anxiety disorder	☐	☐	☐	☐	☐
l. Breast cancer	☐	☐	☐	☐	☐

2. How much do you weigh? _____ pounds

3. How tall are you? _____ feet _____ inches

4. What is your age? _____ years

5. On average, how many cigarettes do you currently smoke per day? **(WRITE IN 0 IF YOU DO NOT SMOKE)**

_____ cigarettes per day

6. How many people not including yourself smoke inside your home most days? **(INCLUDE FAMILY MEMBERS, FRIENDS, AND ANYONE ELSE)**

0 ..... ☐ 1..... ☐ 2..... ☐ 3..... ☐ 4 or more..... ☐

The next questions are about physical activities (exercises, sports, physically active hobbies) that you may do in your LEISURE time.

7. In a usual week, how many days per week do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

   0..... ☐ 1..... ☐ 2..... ☐ 3..... ☐ 4..... ☐ 5..... ☐ 6..... ☐ 7..... ☐

8. About how long do you do these vigorous leisure-time physical activities each day? Minutes per day: _____

9. In a usual week, how many days per week do you do MODERATE leisure-time physical activities for AT LEAST 10 MINUTES that cause ONLY MEDIUM sweating or a MODERATE increase in breathing or heart rate?

   0..... ☐ 1..... ☐ 2..... ☐ 3..... ☐ 4..... ☐ 5..... ☐ 6..... ☐ 7..... ☐

10. About how long do you do these moderate leisure-time physical activities each day? Minutes per day: _____

11. For each of the following statements, please "X" the box that best describes how often you felt or behaved this way during the past week.

		RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	OCCASIONALLY OR A LITTLE OF THE TIME (1-2 DAYS)	SOME OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
a.	I was bothered by things that usually don't bother me.				
b.	I had trouble keeping my mind on what I was doing.....	☐	☐	☐	☐
c.	I felt depressed.....				
d.	I felt that everything I did was an effort.....	☐	☐	☐	☐
e.	I felt hopeful about the future	☐	☐	☐	☐
f.	I felt fearful	☐	☐	☐	☐
g.	My sleep was restless	☐	☐	☐	☐
h.	I was happy.....	☐	☐	☐	☐
i.	I felt lonely.....	☐	☐	☐	☐
j.	I could not get "going".....	☐	☐	☐	☐

12. Since the birth of your 6-year-old, have you had any pregnancies that ended in a miscarriage, abortion, or stillbirth?

    If so, how many? ____ **(WRITE IN 0 IF NONE)**

13. Are you pregnant now?

    Yes ..... ☐ No..... ☐ Not sure ..... ☐

14. How many children have you given birth to after your 6-year-old? **(DON'T COUNT STILLBIRTHS)**

    ____children -OR- No other children after my 6-year-old..... ☐

15. Please answer all columns for your 6-year-old and also for each child born to you after your 6-year-old.

EXPLANATORY NOTE: Some mothers pump milk to freeze and then feed to their infant after they have stopped making milk. The third column asks how old the baby was when YOU, the mother, stopped breastfeeding and pumping milk. This may be different from how old the baby was when you stopped feeding him or her breast milk.

Sex		Date of birth	How old was this child when YOU completely stopped both breastfeeding and pumping milk for him or her?	Did this child ever participate in WIC?	
Boy ..... ☐	Girl ..... ☐	Month___ /Day___/20___	___ Weeks -OR- ___Months	Yes..... ☐	No..... ☐
Boy ..... ☐	Girl ..... ☐	Month___ /Day___/20___	___ Weeks -OR- ___Months Never breastfed ..... ☐ Still breastfeeding ..... ☐	Yes..... ☐	No..... ☐
Boy ..... ☐	Girl ..... ☐	Month___ /Day___/20___	___ Weeks -OR- ___Months	Yes..... ☐	No..... ☐
Boy ..... ☐	Girl ..... ☐	Month___ /Day___/20___	___ Weeks -OR- ___Months Never breastfed ..... ☐ Still breastfeeding ..... ☐	Yes..... ☐	No..... ☐

16. How old was your 6-year-old when the following happened?

    a. He or she stopped drinking from a bottle (include breast milk, formula, juice, water, and anything else)

___Weeks -OR- ___Months Never drank from a bottle ..... ☐

b. He or she stopped being fed breast milk, including pumped breast milk

___Weeks -OR- ___Months Never fed breast milk..... ☐

17. When you were pregnant with your 6-year-old, did you have gestational diabetes?

Yes..... ☐ No ..... ☐ Not sure..... ☐

18. Have you worked for pay since your 6-year-old was born?

Yes ..... ☐ → **(GO TO QUESTION 20)** No..... ☐

19. For which of the following reasons have you not worked for pay since your 6-year-old was born? **(Please X" ALL THAT APPLY)**

I wanted to remain at home to raise child/children .. ☐ I could not find a suitable job ..... ☐
I could not make suitable child care arrangements . ☐ Other ..... ☐

(IF YOU ANSWERED QUESTION 19, GO TO QUESTION 26)

20. How old was your 6-year-old when you first returned to work or went to work?

____Weeks -OR- ____Months -OR- ___Years

21. Upon returning to work, did you return to a job with the employer you last worked for while pregnant with your 6-year-old?

Yes ..... ☐ → **(GO TO QUESTION 23)** No..... ☐

22. Why did you <u>not</u> return to your former employer? **(PLEASE "X" ALL THAT APPLY)**

Employer did not make a job available..... ☐ I moved out of the area ..... ☐
Employer was no longer in business..... ☐ I didn't work while pregnant ..... ☐
I chose not to return to this employer ..... ☐ Other ..... ☐

23. Are you currently working for pay?

Yes..... ☐ No..... ☐ →**(GO TO QUESTION 26)**

24. During the past month, how many hours per week did you usually work?

1-9 hours per week..... ☐ 30-34 hours per week ..... ☐
10-19 hours per week..... ☐ 35-40 hours per week ..... ☐
20-29 hours per week..... ☐ More than 40 hours per week ..... ☐

25. About how much of your family's income comes from the money you earn from work?

Less than half ..... ☐ About half..... ☐ More than half ..... ☐

26. Does your 6-year-old have any type of health insurance, or is your 6-year-old covered by any kind of private or governmental health or hospitalization plan or health maintenance organization (HMO) plan? **(PLEASE "X" ALL THAT APPLY)**

Yes, private health insurance plan or private HMO ..... ☐
Yes, government plan, like Medicaid, State Children's Health Insurance Plan (SCHIP), etc..... ☐
No..... ☐

27. During the past 12 months, did you or anyone in your household receive SNAP (Supplemental Nutrition Assistance Program) or Food Stamp benefits?

Yes..... ☐ No..... ☐

28. Date you completed this survey: Month_____ / Day_____ / 2012

THANK YOU FOR YOUR HELP