



Health Behavior Survey

Parent Version

This survey is about health behavior. It has been developed so you can tell us what your child does that may affect her/his health. The information you give will help us better understand health behaviors and will be used to guide the development of programs for youth.

Completing this survey is voluntary. If you are not comfortable answering a question, just leave it blank. However, the answers you give are very important and we hope that you will choose to answer all of the questions. The answers you give will be kept private.

Choose the one best answer based on what your child really does. Don't pick an answer just because you think that's what someone wants you to say. Several of the questions (7, 8, 10, 12, and 13) ask about servings of drinks and food. Please refer to the serving size chart on the next page to answer those questions.

Please fill in completely the circle next to your answer choice. If you would like to change your answer, please erase completely.

Thank you very much for your help!



Serving Size Chart

Question 7:



Questions 8 and 10:

- Refer to medium glass in picture above. The liquid in the glass equals 8 oz.

Question 12:

Vegetable*	Serving Size	Comparison
100% vegetable juice	$\frac{3}{4}$ cup (6 oz)	Small glass in picture
Raw, cooked, frozen or canned vegetables	$\frac{1}{2}$ cup	Small computer mouse or large egg
Cooked, canned or frozen peas and beans	$\frac{1}{2}$ cup	Small computer mouse or large egg
Raw leafy vegetables (salad greens)	1 cup	Fist or tennis ball

* Source: United States Department of Agriculture Food and Nutrition Service

Question 13:

Fruit*	Serving Size	Comparison
100% fruit juice	$\frac{3}{4}$ cup (6 oz)	Small glass in picture
Raw, cooked, frozen or canned (in 100% juice) fruit	$\frac{1}{2}$ cup	Small computer mouse or large egg
Dried fruit	$\frac{1}{4}$ cup	Golf ball or small egg
Piece of fruit	1 medium	Tennis ball

* Source: United States Department of Agriculture Food and Nutrition Service

Health Behavior Survey: Parent Version

Child's Name _____

(Please print NEATLY.)

Today's Date _____ / _____ / _____

(MM)

(DD)

(YYYY)

What is your child's date of birth? _____ / _____ / _____

(MM)

(DD)

(YYYY)

1. Compared to others of the same age/sex, is your child:

- a. A lot more physically active than most
- b. A little more physically active than most
- c. Average – same as most
- d. A little less physically active than most
- e. A lot less physically active than most
- f. Don't know / not sure

Physical activity includes any time spent moving around including walking, active time in PE, sports, marching band, dancing.

2. On how many of the past 7 days did your child exercise or participate in physical activity for at least 20 minutes that made her/him sweat and breathe hard?

- a. 1 day
- b. 2 days
- c. 3 days
- d. 4 days
- e. 5 days
- f. 6 days
- g. 7 days
- h. 0 days
- i. Don't know / not sure

Examples include basketball, soccer, running, fast bicycling, swimming laps, or fast dancing. This refers to 20 minutes in a row and includes PE time as long as it was active PE time.

3. How many hours of television does your child watch on the typical school day (week day)?

- a. 1 hour or less
- b. 2 hours
- c. 3 hours
- d. 4 hours
- e. 5 hours
- f. 6 hours or more
- g. None
- h. Don't know / not sure

This TV time includes watching movie videos or DVDs but does not include playing computer or video games. If your child falls between two levels, round up. For example, if your child watches 2 ½ hours of TV, you should select 3 hours.

4. How many hours of television does your child watch on the typical weekend day?

- a. 1 hour or less
- b. 2 hours
- c. 3 hours
- d. 4 hours
- e. 5 hours
- f. 6 hours or more
- g. None
- h. Don't know / not sure

This TV time includes watching movie videos or DVD's but does not include playing computer or video games. If your child falls between two levels, round up. For example, if your child watches 2 ½ hours of TV, you should select 3 hours.

5. On a typical day, how many times does your child drink soda? Do not count diet soda.

- a. 1 time
- b. 2 times
- c. 3 or more times
- d. None
- e. Don't know / not sure

FOR PROGRAM STAFF USE ONLY:

ID Number: _____

Location: _____

County code: _____

Gender: F M

Height: _____ feet _____ inches Self-Reported? Y

Weight: _____ pounds Self-Reported? Y

Measurement date: _____ / _____ / _____

6. **On a typical day, how many times does your child drink sweetened beverages such as sweet tea, punch, Kool-aid, sports drinks or fruit drinks? Do not count 100% fruit juices.**
- a. 1 time
 - b. 2 times
 - c. 3 or more times
 - d. None
 - e. Don't know / not sure

This does not include sodas/soft drinks. Also, don't include artificially sweetened beverages such as Crystal Light.

7. **How much soda or other sweetened beverage does your child typically drink each time?**
- a. Small glass (4-6 ounces)
 - b. Medium glass (8-12 ounces)
 - c. Large glass (16-20+ ounces)
 - d. 1 can (12 ounces)
 - e. 1 bottle (16-20 ounces)
 - f. Doesn't typically drink soft drinks or soda
 - g. Don't know / not sure

Refer to serving size chart. Do not include 100% fruit juice. Choose "a. Small glass" for drink boxes and pouches. If your child drinks less than a small glass of beverage, choose "f. Don't typically drink soft drinks or soda".

8. **On a typical day, how many glasses of milk does your child drink?**
- a. Less than 1 glass
 - b. 1 glass
 - c. 2 glasses
 - d. 3 glasses
 - e. 4 or more glasses
 - f. None
 - g. Don't know / not sure

Refer to serving size chart. A glass is the same amount in a small carton at school or an 8-ounce drinking glass (medium glass in the picture). Include any milk your child has with cereal. This does not include soymilk or calcium fortified juices, but does include Lactaid. If your child does not drink milk, choose "f. None" and then skip to Q10.

9. **What type of milk does your child usually drink?**
- a. Skim or non-fat
 - b. Lowfat (1/2 – 1%)
 - c. Reduced fat (2%)
 - d. Whole
 - e. Flavored lowfat or skim
 - f. Flavored 2% or whole
 - g. Don't know / not sure

If your child drinks different types of milk at home and school, choose the type of milk s/he drinks most often.

10. **On a typical day, how many glasses of water does your child drink?**
- a. Less than 1 glass
 - b. 1 glass
 - c. 2 glasses
 - d. 3 glasses
 - e. 4 or more glasses
 - f. None
 - g. Don't know / not sure

Refer to serving size chart. A glass is 8 ounces (medium glass in the picture).

11. **When your child is thirsty s/he is most likely to drink:**
- a. Diet soda, unsweetened tea, or artificially sweetened beverage
 - b. Juice
 - c. Milk
 - d. Non-diet/regular soda, sweet tea, or another sweetened drink (Kool-aid, punch)
 - e. Sports drink (Gatorade, PowerAde)
 - f. Water
 - g. Don't know / not sure

Pick only one answer.

12. **On a typical day, how many servings of vegetables does your child eat? Do not include French fries.**
- a. 1 serving
 - b. 2 servings
 - c. 3 or more servings
 - d. None
 - e. Don't know / not sure

Refer to serving size chart. Include vegetables eaten at home and at school. If your child eats less than one serving, choose "d. None".

13. **On a typical day, how many servings of fruit does your child eat?**
- a. 1 serving
 - b. 2 servings
 - c. 3 or more servings
 - d. None
 - e. Don't know / not sure

Refer to serving size chart. Include 100% fruit juice. Include fruit and juice consumed at home and at school. If your child eats less than one serving, choose "d. None".

14. **On a typical day, how many times does your child eat French fries or chips? Chips are potato chips, tortilla chips, cheetos, corn chips or other snack chips.**
- a. 1 time
 - b. 2 times
 - c. 3 or more times
 - d. None
 - e. Don't know / not sure

15. How many times a week does your child eat food from a fast food restaurant like Burger King, Chick-Fil-A, Bojangles, or Pizza Hut?

- a. Less than once a week
- b. Once a week
- c. 2 times a week
- d. 3 to 5 times a week
- e. More than 5 times a week
- f. Don't know / not sure

This includes breakfast, lunch, or dinner eaten at a fast food restaurant.

16. When your child eats at a restaurant that offers different sizes of food or drinks, how often does s/he order the large, "super size" or "biggie size"?

- a. Always
- b. Almost all of the time
- c. Some of the time
- d. Never
- e. Don't know / not sure

17. When your child is hungry and wants a snack, s/he is most likely to eat:

- a. Candy
- b. Chips
- c. Cereal
- d. Cookies, cake, Pop-Tarts
- e. Fruit
- f. Vegetables
- g. Yogurt, ice cream, pudding or cheese
- h. Some other snack: _____
- i. Don't know / not sure

Pick only one answer.

18. Besides your child's lunch, how often does s/he buy extra food or drinks at school?

- a. Every day
- b. 1-2 times per week
- c. 3-4 times per week
- d. Never buy anything extra
- e. Don't know / not sure

This means buying a la carte items or food and drinks from vending machines at school during school hours.

19. On how many school days per week does your child eat breakfast?

- a. 1 day
- b. 2 days
- c. 3 days
- d. 4 days
- e. 5 days
- f. Don't know / not sure

This can be breakfast at home or school.

20. How do you describe your child's weight?

- a. Very underweight
- b. Slightly underweight
- c. About the right weight
- d. Slightly overweight
- e. Very overweight
- f. Don't know / not sure

21. Which of the following is your child trying to do about her/his weight?

- a. Lose weight
- b. Gain weight
- c. Stay the same weight
- d. Not trying to do anything about her/his weight
- e. Don't know / not sure

22. Is your child of Hispanic or Latino origin?

- a. Yes
- b. No
- c. Unknown

23. Which of the following groups would you say best describes your child's race?

- a. White
- b. Black
- c. American Indian
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. Unknown

24. What is your child's sex?

- a. Female
- b. Male

25. What grade is your child in?

- a. Kindergarten
- b. 1st grade
- c. 2nd grade
- d. 3rd grade
- e. 4th grade
- f. 5th grade

26. On a typical day, where does your child go after school?

- a. Home
- b. An after school program at my child's school or at another school
- c. An after school program at another location
- d. To a friend's house
- e. To a relative's house
- f. Another place
- g. Not currently in school
- h. Don't know / not sure

If your child goes to different places after school during the week, pick the one s/he goes to most often.

Thank you for completing this survey.