

**Thank you for completing this survey about your family and home.
Keep in mind that there are no right or wrong answers, and all of your
information will be kept confidential.**

1. **Please indicate which items you have in your home, yard or apartment complex, that are available to your daughter.**

Yes No

1 0 a. Stationary aerobic equipment (bicycle, treadmill, etc.)

1 0 b. Bicycle

1 0 c. A dog to walk

1 0 d. Weight lifting equipment (free weights, Nautilus, etc.)

1 0 e. Exercise workout videotapes or DVDs

1 0 f. In-line, roller or ice skates

1 0 g. Sports equipment (balls, racquets, jump ropes, hula hoops)

1 0 h. Skis or snowboard

1 0 i. Stretching or yoga equipment

2. **Please indicate which items you have in your home.**

Yes No

1 0 a. Pay television (cable, satellite, etc.)

1 0 b. Video/DVD player

1 0 c. Electronic games (Nintendo, Playstation, etc.)

1 0 d. Computer

1 0 e. Internet access

		0	1	2	3	4 or more
3.	How many televisions do you have in your home?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. **How strongly do you agree or disagree with the following statements?**

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. It is safe to walk or jog in our neighborhood.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. There is a lot of crime in our neighborhood.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

5. **In the past 7 days,**

	Never	Sometimes	Usually	Always
a. vegetables were <u>available</u> in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. vegetables were <u>served</u> at meals in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. fruit was <u>available</u> in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. fruit was <u>served</u> at meals in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. regular soda pop or other sugar-sweetened drinks were <u>available</u> in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. regular soda pop or other sugar-sweetened drinks were <u>served</u> at meals in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. snack foods like potato chips were <u>available</u> in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. candy was <u>available</u> in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

6. **In the past week (7 days), how many HOURS did you spend doing the following activities?**

a. Strenuous exercise (heart beats rapidly) Examples: biking fast, aerobic dancing, running, jogging, swimming laps, rollerblading, skating, tennis, cross-country skiing, soccer, basketball

- 01 None
- 02 Less than ½ hour
- 03 ½ – 1 hours
- 04 1 ½ - 2 hours
- 05 2 ½ - 3 hours
- 06 3 ½ - 4 hours
- 07 4 ½ - 5 hours
- 08 5 ½ - 6 ½ hours
- 09 7 or more hours

b. Moderate exercise (not exhausting) Examples: walking quickly, dancing, baseball/softball, gymnastics, easy bicycling, volleyball, strength training

- 01 None
- 02 Less than ½ hour
- 03 ½ – 1 hours
- 04 1 ½ - 2 hours
- 05 2 ½ - 3 hours
- 06 3 ½ - 4 hours
- 07 4 ½ - 5 hours
- 08 5 ½ - 6 ½ hours
- 09 7 or more hours

c. Mild Exercise (little effort) Examples: walking slowly, bowling, yoga, stretching muscles, household chores

- 01 None
- 02 Less than ½ hour
- 03 ½ – 1 hours
- 04 1 ½ - 2 hours
- 05 2 ½ - 3 hours
- 06 3 ½ - 4 hours
- 07 4 ½ - 5 hours
- 08 5 ½ - 6 ½ hours
- 09 7 or more hours

7. **In your free time, on an average WEEKDAY (Mon – Fri) how many hours do you spend**

0 hr ½ hr 1 hr 2 hr 3 hr 4 hr 5+ hr

a. Watching TV/Videos/DVDs 1 2 3 4 5 6 7

b. Reading (at home) 1 2 3 4 5 6 7

c. Using a computer (at home) 1 2 3 4 5 6 7

8. **In your free time, on an average WEEK END DAY (Saturday and Sunday) how many hours do you spend**

0 hr ½ hr 1 hr 2 hr 3 hr 4 hr 5+ hr

a. Watching TV/Videos/DVDs 1 2 3 4 5 6 7

b. Reading (at home) 1 2 3 4 5 6 7

c. Using a computer (at home) 1 2 3 4 5 6 7

9. **During a typical week, how often have you or a member of your household...**

Never Once Some-
times Most
days Every
day

a. encouraged your daughter to do physical activities or play sports? 1 2 3 4 5

b. done a physical activity or played sports with your daughter? 1 2 3 4 5

c. encouraged your daughter to eat healthy foods? 1 2 3 4 5

d. provided transportation to a place where your daughter can do physical activities or play sports? 1 2 3 4 5

e. watched your daughter participate in physical activities or sports? 1 2 3 4 5

f. encouraged your daughter to diet to lose or maintain her weight? 1 2 3 4 5

g. told your daughter that she is doing well in physical activities or sports? 1 2 3 4 5

h. encouraged your daughter to watch less TV? 1 2 3 4 5

10. **During the past 7 days, how many days did you eat BREAKFAST?**

0 0 days

1 1 day

2 2 days

3 3 days

4 4 days

5 5 days

6 6 days

7 7 days

11. **During the past 7 days, how many TIMES did all, or most, of your family living in your house eat a meal together?**

0 0 times

1 1 time

2 2 times

3 3 times

4 4 times

5 5 times

6 6 times

7 7 times

8 More than 7 times

12. **During the past 7 days, how many TIMES was a family meal purchased at a fast food restaurant (McDonalds, KFC, pizza, etc.) and eaten either at the restaurant or at home?**

0 0 times

1 1 time

2 2 times

3 3 times

4 4 times

5 5 times

6 6 times

7 7 times

8 More than 7 times

13. **During the past 7 days, how many TIMES was a family meal eaten in other types of restaurants (i.e. full-service, sit down type)?**

- 0 0 times
- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 times
- 6 6 times
- 7 7 times
- 8 More than 7 times

	Almost Always	Usually	Sometimes	Hardly Ever
14. How often are meals in your home served family-style (food is brought to the table and people can serve themselves)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. When cooking, how often do use methods to reduce the amount of fat in your meal?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. How often do you choose to serve low-fat meals in your home?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How strongly do you agree or disagree with the following?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
17. My spouse/significant other is supportive of our family <u>eating healthy foods</u> .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. My spouse/significant other is supportive of our family <u>being physically active</u> .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

19. **Thinking back over the PAST WEEK, how often did you drink regular soda (not diet)?**

- 0 None
- 1 Less than 1 serving
- 2 1 serving
- 3 2 servings
- 4 3 servings
- 5 4 servings
- 6 5 or more servings

20. **Thinking back over the PAST WEEK, how many servings of FRUIT did you USUALLY eat on a typical day? A serving would be a medium piece of fruit or ½ cup of fruit. Do not include fruit juice.**

- 0 None
- 1 Less than 1 serving
- 2 1 serving
- 3 2 servings
- 4 3 servings
- 5 4 servings
- 6 5 or more servings

21. **Thinking back over the PAST WEEK, how many servings of VEGETABLES did you USUALLY eat on a typical day? A serving would be a ½ cup of cooked vegetables or 1 cup of raw vegetables.**

Do not include potatoes or French fries.

- 0 None
- 1 Less than 1 serving
- 2 1 serving
- 3 2 servings
- 4 3 servings
- 5 4 servings
- 6 5 or more servings

22. **How often do you weigh yourself?**

- 0 Never
- 1 About once a year or less
- 2 Every couple of months
- 3 Every month
- 4 Every week
- 5 Every day
- 6 More than once a day

23. **How often have you gone on a diet during the last year? By “diet” we mean changing the way you eat so you can lose weight.**
- | | Never | 1-4 times | 5-10 times | More than 10 times | I am always dieting |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

24. **How satisfied are you with your weight?**

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither dissatisfied or satisfied
- 4 Satisfied
- 5 Very satisfied

25. **Which of the following best describes your weight?**

- 1 Very underweight
- 2 Somewhat underweight
- 3 About right
- 4 Somewhat overweight
- 5 Very overweight

	Never	Rarely	Sometimes	Often	Very Often
26. How often do either you or your spouse/significant other make comments to your daughter about her weight?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
27. How often do you talk about your own weight, shape or size?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
28. How often do you make comments about other people's weight, shape or size?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

29. **What is your relationship with your daughter who is participating in New Moves?**

- 1 Mother
- 2 Stepmother
- 3 Other female guardian
- 4 Father
- 5 Stepfather
- 6 Other male guardian
- 7 Other: _____

30. **Do you think of yourself as:**
(you may select more than one)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaskan Native
- 6 Hispanic or Latino
- 7 Other: _____

31. **How far did you go in school?** (indicate the highest level)

- 1 Did not finish high school
- 2 Finished high school or got GED
- 3 Did some college or training after high school
- 4 Graduated from a college or university
- 5 Professional training beyond a four-year college degree

32. **Please mark one box: Right now I am...**

- 1 Working full time
- 2 Working part-time only
- 3 Not working outside the home

Thank You! Please return this survey in the envelope provided.