

# V\_Constant Contact Pre V1baseline

Study ID

\_\_\_\_\_

Recruitment Site

- Pearsall
- Floresville
- Pleasanton
- Remote
- Dilley

Was the participant recruited through the website?

- Yes
- No

**Please complete and/or update this form as part of scheduling process.**

Eligibility/Recruitment ID

\_\_\_\_\_

Enter Eligibility Date (From Eligibility Form)

\_\_\_\_\_

Recruitment Date

(Date the visit 1 appointment was made). NOT the date of the visit 1 appointment.

\_\_\_\_\_

Date of Consent-Assent/Baseline Visit 1.

\_\_\_\_\_

Time of Consent-Assent/Baseline Visit 1

\_\_\_\_\_

## Demographic Information

Participant's First Name

\_\_\_\_\_

Participant's Last Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Participant's Address Number

\_\_\_\_\_

Unit Number (If applicable)

\_\_\_\_\_

Participant's Street Name

\_\_\_\_\_

Participant's City

\_\_\_\_\_

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Participant's Zip Code

---

---

Email

---

---

Participant's Phone

---

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Participant's Alternate Phone

---

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Relationship of Person with Alternate Phone Number

- Spouse
- Parent
- Child
- Relative
- Neighbor
- Friend
- Roommate
- Other
- Workplace

---

Other Relationship:

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Best day to contact participant

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

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Best Time to Contact Participant

- Morning (Before Noon)
- Afternoon (12:01 pm - 5:00 pm)
- Evening (5:01 pm - 9:00 pm)
- Any time

# Baseline Visit 1

[welcome\_phone\_call\_arm\_1][m\_first\_name] [welcome\_phone\_call\_arm\_1][m\_last\_name]

Phone: [welcome\_phone\_call\_arm\_1][m\_phone]

Email: [email\_constantcontact]

Recruitment site: [recruitment\_site]

Alternate Phone: [welcome\_phone\_call\_arm\_1][m\_alt\_phone]

Alternative Relation: [welcome\_phone\_call\_arm\_1][m\_alt\_relation]

Best Day to Call: [welcome\_phone\_call\_arm\_1][m\_best\_day]

Best Time to Call: [welcome\_phone\_call\_arm\_1][m\_best\_time]

Appointment Date (missed appointment date)

\*See assessment calendar

Appointment status

- Completed  
 No-showed/missed  
 6-month pre-scheduling  
 12-month pre-scheduling  
 3-month pre-scheduling

Measurement Staff Initials

What appointment time point are the participants at?

- Baseline  
 3 Month  
 6 Month  
 12 Month

What visit #?

- V1  
 V2  
 V3

Date of Call

Time of Call

Which phone number ?

- "Phone"  
 "Alternate Phone"  
 Other (if incoming)

Type of Call

- Incoming (Participant contacted Staff)  
 Outgoing (Staff contacted Participant)

Provide Phone Number

(XXX-XXX-XXXX)

---

Result of Call

- Rescheduled.
- No longer interested.
- Will call back.
- Left voicemail AND text
- Left message with someone
- No voicemail set-up/Wrong #/disconnected.
- Updated Contact Information
- Pre-scheduled (6 month)
- Pre-scheduled (12 month)
- 3-month pre-scheduling
- Assessment reminder call
- Activity monitor reminder call
- Texted participant only
- Emailed participant only

---

Notes Regarding Call

\_\_\_\_\_  
(Format (mmddyyyy: Updated participant address in constant contact baseline. STAFF INITIALS))

---

New appointment date  
\*Add to assessment calendar

\_\_\_\_\_

---

Reason for "no longer interested"

\_\_\_\_\_

---

Who did you leave a message with (name)?

\_\_\_\_\_

---

Please specify.

\_\_\_\_\_

---

Reminder to update the rescheduled appointment in the calendar!!!

---

Participant phone disconnected / wrong number and was unable to reach after 3 attempts.

- Yes, will no longer contact.
- No, will continue until 3 call outcomes of disconnected and/or wrong number have been reached.

UT Austin staff only

# Scheduling

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Ensure that [eligibility\_number] completed the following for Visit 1:

- Anthropometry  
 Demographic and behavioral surveys  
 Received monitor

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Ensure that [eligibility\_number] completed the following for Visit 2:

- FFQ and PA surveys

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Ensure that [eligibility\_number] completed the following for Visit 3:

- Other lacking surveys or measurements

---

Did the adult participant return the monitor?

[return\_with\_monitor]

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Did the child participant return the monitor?

[return\_with\_monitor]

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Did the participant return the monitor with sufficient "wear-time" in Visit 2?

[weartime\_v2]

---

We will be text messaging you three times this week.

Can we call you at this number?

[phone\_number]

---

Next steps:

- 1) Go to "Scheduling" under Data Collection.
- 2) Select "choose existing unscheduled"
- 3) Select today's date as the Visit 1 date.
- 4) Select the current Arm (Baseline, Month 3, etc.)

This will produce a projected schedule.

- 5) Make adjustments to fit a projected Tue-Thur-Sat format.
- 6) Add a generic time. (Note: all times are in 24hr format)
- 7) Got to calendar to ensure appointment for Visit 2 or 3.
- 8) Ask the participant for best time on that date. (Note: ensure you do not overbook)

---

Next steps:

- 1) Go to "scheduling" under Data Collection.
- 2) Select "View or Edit Schedule"
- 3) Make edits to data and time (if needed)

4) Double check Calendar for double-booking

01/26/2024 12:37pm

---

We will see you back in approximately 8 days from now.  
Your 2nd visit with us will be on:

\_\_\_\_\_

---

At this time:

\_\_\_\_\_

---

Since we did not collect enough information on your  
monitor, we will need to see you back in approximately  
8 days from now. Your 3rd visit with us will be on:

\_\_\_\_\_

---

Since we did not collect enough information on your  
monitor, we will need to see you back in approximately  
8 days from now. Your 3rd visit with us will be at:

\_\_\_\_\_

---

Did you do the following for the incentive process?:

- Sign the receipt
- Have the participant sign the receipt
- Give the participant the cash incentive
- Place the receipt in the participant folder
- Thank them for their participation

# Rescheduling

[welcome\_phone\_call\_arm\_1][m\_first\_name] [welcome\_phone\_call\_arm\_1][m\_last\_name]

Phone: [welcome\_phone\_call\_arm\_1][m\_phone]

Email: [email\_constantcontact]

Recruitment site: [recruitment\_site]

Alternate Phone: [welcome\_phone\_call\_arm\_1][m\_alt\_phone]

Alternative Relation: [welcome\_phone\_call\_arm\_1][m\_alt\_relation]

Best Day to Call: [welcome\_phone\_call\_arm\_1][m\_best\_day]

Best Time to Call: [welcome\_phone\_call\_arm\_1][m\_best\_time]

Purpose of phone call

- Reminder of appointment  
 Missed appointment ( attempting to reschedule)  
 Scheduling an appointment

Measurement Staff Initials

\_\_\_\_\_

Appointment Date

\*See assessment calendar

\_\_\_\_\_

Appointment status

- Completed  
 No-showed/missed  
 6-month pre-scheduling  
 12-month pre-scheduling  
 3-month pre-scheduling

What appointment time point are the participants at?

- Baseline  
 3 Month  
 6 Month  
 12 Month

What visit #?

- V1  
 V2  
 V3

Date of Contact

\_\_\_\_\_

Time of Contact

\_\_\_\_\_

Method of Contact

- Phone call  
 Text  
 Email

Which phone number ?

- "Phone"  
 "Alternate Phone"  
 Other (if incoming)

Type of Contact

- Incoming (Participant contacted Staff)  
 Outgoing (Staff contacted Participant)

Provide Phone Number

\_\_\_\_\_

(XXX-XXX-XXXX)

Result of Call

- Rescheduled.
- No longer interested.
- Will call back.
- Left voicemail
- Sent text
- Left message with someone
- No voicemail set-up/Wrong #/disconnected.
- Updated Contact Information
- Pre-scheduled (6 month)
- Pre-scheduled (12 month)
- 3-month pre-scheduling
- Assessment reminder call
- Activity monitor reminder call
- Emailed participant only

Notes Regarding Call

(Format (mmddyyyy: Updated participant address in constant contact baseline. STAFF INITIALS))

New appointment date  
\*Add to assessment calendar

\_\_\_\_\_

Reason for "no longer interested"

\_\_\_\_\_

Who did you leave a message with (name)?

\_\_\_\_\_

Please specify.

\_\_\_\_\_

Reminder to update the rescheduled appointment in the calendar!!!

Participant phone disconnected / wrong number and was unable to reach after 3 attempts.

- Yes, will no longer contact.
- No, will continue until 3 call outcomes of disconnected and/or wrong number have been reached.

UT Austin staff only



# Assessment reminder calls

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[welcome\_phone\_call\_arm\_1][m\_first\_name] [welcome\_phone\_call\_arm\_1][m\_last\_name]  
Phone: [welcome\_phone\_call\_arm\_1][m\_phone]  
Recruitment site: [recruitment\_site]  
Alternate Phone: [welcome\_phone\_call\_arm\_1][m\_alt\_phone]  
Alternative Relation: [welcome\_phone\_call\_arm\_1][m\_alt\_relation]  
Best Day to Call: [welcome\_phone\_call\_arm\_1][m\_best\_day]  
Best Time to Call: [welcome\_phone\_call\_arm\_1][m\_best\_time]

---

Appointment status  Completed  
 No-showed/missed  
 Pending (already scheduled)

---

Missed appointment date  
\*See assessment calendar

---

Appointment Date

---

Measurement Staff Initials  Alicia Diaz  
 Jacque Arellano  
 Priscilla Miranda  
 Samantha Olivarez  
 Sarai Llamas  
 Daisy Escamilla  
 Laura Delfausse  
 Marisol McDaniel

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What appointment time point are the participants at?  BV 1  
 BV 2  
 BV 3 (if needed)  
 M3 V1  
 M3 V2  
 M3 V3 (if needed)  
 M6 V1  
 M6 V2  
 M6 V3 (if needed)  
 M12 V1  
 M12 V2  
 M12 V3 (if needed)

---

Date and time of call

---

Type of Call  Incoming  
 Outgoing

---

Which phone number ?  "Phone"  
 "Alternate Phone"  
 Other (if incoming)

---

Provide Phone Number

---

(XXX-XXX-XXXX)

---

Result of Call

- Rescheduled.
- No longer interested.
- Will call back.
- Left voicemail & sent text message.
- Left message with someone.
- No voicemail set-up/Wrong #/disconnected

---

New appointment date  
\*Add to assessment calendar \_\_\_\_\_

---

Reason for "no longer interested" \_\_\_\_\_

---

Who did you leave a message with (name)? \_\_\_\_\_

---

Please specify. \_\_\_\_\_

---

Participant phone disconnected / wrong number and was unable to reach after 3 attempts.

- Yes, will no longer contact.
- No, will continue until 3 call outcomes of disconnected and/or wrong number have been reached.

# Retention Form

Staff Initials

\_\_\_\_\_

Was the participant enrolled and randomized? ( IRB vs NIH)

- Yes
- No

No longer interested

- Participant is no longer interested

Enrollment Date

\_\_\_\_\_

Study Withdrawal Date

\_\_\_\_\_

Reason for withdrawal notes:

\_\_\_\_\_

Participant Status

- Current participant
- Lost to followup
- PI withdrawal
- Participant withdrawal
- Death
- Completed study

What measurement period did they last finish?

- Baseline
- 3-month
- 6-month
- 12-month

Baseline Visit 1

- Complete
- Partial
- No show

Date

\_\_\_\_\_

Baseline Visit 2

- Complete
- Partial
- No-show

Date

\_\_\_\_\_

Baseline Visit 3

- Completed
- Partial
- No Show

Date

\_\_\_\_\_

---

3-month Visit 1

- Complete
- Partial
- No show

---

Date

---

---

3-month Visit 2

- Complete
- Partial
- No show

---

Date

---

---

3-month Visit 3

- Complete
- Partial
- No Show

---

Date

---

---

6-month Visit 1

- Complete
- Partial
- No Show

---

Date

---

---

6-month Visit 2

- Complete
- Partial
- No Show

---

Date

---

---

6-month Visit 3

- Complete
- Partial
- No Show

---

Date

---

---

12-month Visit 1

- Complete
- Partial
- No Show

---

Date

---

---

12-month Visit 2

- Complete
- Partial
- No Show

---

Date

---

---

12- month Visit 3

- Complete
- Partial
- No Show

---

Date

---

# Check In Process

Mark today's date and time by pressing "Now"

\_\_\_\_\_

Staff ID  
[eligible]

\_\_\_\_\_

Intervention Level

- Baseline
- 3 month
- 6 month
- 12 month

Parent t-shirt size

- Youth Small
- Youth Medium
- Youth Large
- Small
- Medium
- Large
- X-Large
- XX

Child t-shirt size

- Youth Small
- Youth Medium
- Youth Large
- Small
- Medium
- Large
- X-Large
- XX

Visit Number

- Visit 1
- Visit 2
- Visit 3

Is the participant currently taking any weight loss medications?

- Yes
- No

How long have you been taking the medication?

\_\_\_\_\_

Is the participant currently pregnant? (FEMALE PARTICIPANTS ONLY)

- Yes
- No

How many months?

\_\_\_\_\_

\*\*\*Need to include additional eligibility questions.

\_\_\_\_\_

Is the participant currently on weight loss medication?  
Is the participant currently pregnant?

Must Consent and Assent the Participants Before Data Collection

# Informed Consent Check Point

---

Begin the consent protocol.

---

How is this visit being completed?

- In Person  
 Over the Phone

---

At what time did the staff email the informed consent documents to the participants? \_\_\_\_\_

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Consent for Adult Participation in Research

[Attachment: "2016-04-0117, Adult Consent for Participation in Research, Aim 2, 06-01-2021.pdf"]

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Parental Consent for Child Participation in Research

[Attachment: "2016-04-0117, Parent Consent For Child Participation in Research, Aim 2, 06-01-2021.pdf"]

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Assent for Participation in Research

[Attachment: "2016-04-0117, Child Assent for Participation in Research, Aim 2, 06-01-2021.pdf"]

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Did the adult participant verbally consent to participate in the study?

- Yes  
 No

---

If participant stated "NO", thank them for their time and conclude visit.

---

Did the adult participant verbally consent for the child to participate in the study?

- Yes  
 No

---

If participant stated "NO", thank them for their time and conclude visit.

---

Did the child participant assent (agree) to participate in the study?

- Yes  
 No

---

In addition, also make sure that:

- Adult was provided with paper copy of adult consent document to review.
- Adult was provided with paper copy of adult's consent for the child to participate.
- Child was provided with paper copy of child's assent to participate.
- Study was explained to both participants and participants were given the opportunity to ask questions.
- Participants were given the opportunity to discuss participation with family or sign consent/assent at later time.

(All checkboxes must be completed)

---

If participant stated "NO", thank them for their time and conclude visit.

---

Time Confirming Verbal Consent \_\_\_\_\_

---

Staff (Initials) Confirming Verbal Informed Consent from Participant \_\_\_\_\_

---

ADULT ONLY

\*\*Add text to confirm reading of Adult Participation Form

---

---

ADULT ONLY

\*\*Add text to confirm reading of Adult Allowing child to participate

---

---

CHILD ONLY

\*\*Add text to confirm reading of Child assent to participate.

---

---

MEASUREMENT STAFF ONLY

\*\*Add text to confirm witness signature

---

---

ENSURE THAT ALL CHECK BOXES ARE CHECKED!

---

Date

---

---

ADULT ONLY

Adult's Consent Form

---

ADULT ONLY

Adult's Consent for the Child

---

CHILD ONLY

Child's Assent Form



# Demographics [DEM] --Adult

Please complete the survey below.

Thank you!

**Adult's Demographics**

**Welcome to Healthy Frio! You will be taking several surveys all grouped into one. Your entire visit today will be about 2 hours long. This survey will take about 60-75 minutes, the survey questions you will fill out have a set of responses to choose from. If you need further explanation to any question, please let the measurement staff assist you. Once you are finished with this survey, you will be asked to proceed to the next survey and to finish today's visit we will issue you a monitor to track your activity.**

What is your age?

---

Are you male or female?

- Male  
 Female

Are you currently married or not married?

- Married  
 Not Married

Are you Hispanic?

- Yes  
 No

Which one of these groups would you say best describes your race?

- White  
 Black or African American  
 Asian  
 Native Hawaiian/Other Pacific Islander  
 American Indian or Alaska Native  
 More than one race  
 Other

If more than one race, please specify.

---

If other, please specify.

---

**Short Acculturation Scale for Hispanics (SASH)**

In general, what language(s) do you read and speak?

- Only English
- English better than Spanish
- Both equally
- Spanish better than English
- Only Spanish

What language do you usually speak at home?

- Only English
- English better than Spanish
- Both equally
- Spanish better than English
- Only Spanish

In what language do you usually think?

- Only English
- English better than Spanish
- Both equally
- Spanish better than English
- Only Spanish

"What language do you usually speak with your friends?"

- Only English
- English better than Spanish
- Both equally
- Spanish better than English
- Only Spanish

**Acculturation**National Origin  
\_\_\_\_\_

Where you born in the United States?

- Yes  
 No

If not, at what age did you come to live in the United States for the first time?  
\_\_\_\_\_From the time that you moved to the United States to today, about how many years have you lived in the United States.  
\_\_\_\_\_

Where was your mother born?

- In the US  
 In Mexico  
 In another country  
 Don't know  
 Refused

If your mother was born in another country, please specify.  
\_\_\_\_\_

Where was your father born?

- In the US  
 In Mexico  
 In another country  
 Don't know  
 Refused

If your father was born in another country, please specify.  
\_\_\_\_\_

**Habitation**

How many adults (anyone 18 years of age or older) live in your household, including yourself?

---

**Can you please tell me the age and gender of each child living in the home, starting with the oldest child?**

	Ma le	Fe ma le	Les s tha n 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th oldest child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which child is in the study with you?

- Oldest
- 2nd oldest
- 3rd oldest
- 4th oldest
- 5th oldest
- 6th oldest

Do you?

- Rent a house
- Rent an apartment/town house/condo/trailer
- Own a house
- Own an apartment/townhouse
- Have other living arrangements
- Don't know

How long have you lived in your present location?

- Less than 1 year
- 1 to 2 years
- 2 to 5 years
- 6 to 10 years
- 11 to 20 years
- Over 20 years

**Social Economic Status**

How many working vehicles do you have in your household that are available for use?

- 0
- 1
- 2
- 3
- 4
- 5
- More than 5
- I don't know
- Refused

What is the highest grade or year of school you completed?

- Never attended
- Grades 1-8
- Grades 9-11
- 12th grade or GED
- 1-3 years of college
- 4 or more years of college

Where did you complete most of your education?

- In the US
- In your country of origin
- In another country
- Don't know
- Refused

Are you currently?

- Employed Full-time
- Employed Part-time
- Self-Employed Full-time
- Self-Employed Part-Time
- Out of Work
- Unable to work
- Home maker
- Student
- Retired

Is your annual household income from all sources...

- Less than \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or greater
- Don't know
- Refused

If you are out of work, how long have you been out of work?

- More than 1 year
- About 1 year
- Less than 1 year

Do you have enough money to pay your bills?

- Yes
- No
- Refused

---

What type of medical insurance do you have?

- No insurance
- Private
- Medicaid
- Medicare
- Uniform Health Care
- VA
- Other, please specify
- Don't know

---

If medical insurance is other, please specify.

---



## Health Literacy New Vital Sign

Please hand the participate the laminated Nutrition Facts sheet and turn you tablet screen away from their field of view.

Do not use this image as the visual example. Use the laminated sheet.

Nutrition Facts			
Serving Size	½ cup		
Servings per container	4		
Amount per serving			
Calories	250	Fat Cal	120
			%DV
<b>Total Fat</b>	13g		20%
Sat Fat	9g		40%
<b>Cholesterol</b>	28mg		12%
<b>Sodium</b>	55mg		2%
<b>Total Carbohydrate</b>	30g		12%
Dietary Fiber	2g		
Sugars	23g		
<b>Protein</b>	4g		8%
*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.			
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.			

If you eat the entire container, how may calories will you eat?

- Correct  
 Incorrect  
 (1,000 kcals)

If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

- Correct  
 Incorrect  
 (1 cup)

Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 grams of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

- Correct  
 Incorrect  
 (33g)

If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

- Correct  
 Incorrect  
 (10%)

READ TO SUBJECT:

Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

Is it safe for you to eat this ice cream?

- Correct  
 Incorrect  
 (No)

---

Why not?

- Correct
- Incorrect  
(Peanut oil)

---

Literacy Score Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.

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Score of 2-3 indicates the possibility of limited literacy.

Score of 4-6 almost always indicates adequate literacy.

# Anthropometry [ANA]--Adult

## Adult's Section

Is the participant using their personal scale or the scale sent by Healthy Frio?

- Personal Scale  
 Scale sent by Healthy Frio

## Weight and Height (REMOTE)

**Make sure participant has recently emptied their bladder and has removed shoes & socks.**

Weight 1 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 2 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 3 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 4 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 5 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 6 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight Average in Pounds

\_\_\_\_\_  
(Average of the three measurements recorded from participant)

Adult Weight Converted to Kilograms

\_\_\_\_\_

Remote Height feet and inches (self reported)

\_\_\_\_\_

**Height and Weight (IN-PERSON)****Make sure adult participant has recently emptied their bladder and has shoes off.**

Age: [adult\_age]  
 Gender: [adult\_gender]  
 Ethnicity: [dem\_hisp]  
 Race: [adult\_race]

Height 1 (round up to the nearest 0.1 cm)

\_\_\_\_\_  
 ((record measurement before having the participant step out))

Height 2 (round up to the nearest 0.1 cm)

\_\_\_\_\_  
 ((record measurement before having the participant step out))

Height 3 (round up to the nearest 0.1 cm)

\_\_\_\_\_  
 ((If the difference between Measurement 1 & 2 is > 1 cm))

Average height in cm

(Enter Average Height in TANITA)

\_\_\_\_\_  
 (Enter Average Height in TANITA)

Height in feet

\_\_\_\_\_

Height in inches

\_\_\_\_\_

**Make sure socks are off.**

Weight (round up to the nearest .05 kgs)

\_\_\_\_\_

Weight converted to pounds

\_\_\_\_\_

Fat %

\_\_\_\_\_  
 ((Record exactly from Tanita printout))

BMI

\_\_\_\_\_  
 (25 - 60 --This field self-calculates. You do not need to respond.)

**Waist Circumference (IN-PERSON ONLY) Round up to the nearest 0.1 cm.**

Waist Circumference 1 (round up to the nearest 0.1 cm)

---

Waist Circumference 2 (round up to the nearest 0.1 cm)

---

Waist Circumference 3 (round up to the nearest 0.1 cm)

\_\_\_\_\_  
(If the difference between Measurement 1 & 2 is > 1 cm)

The average Waist Circumference for the adult is

---

Enter all notes here:

---

Upload TANITA receipt

# Anthropometry [ANC] -- Child

## Child's Section

Child's Name

\_\_\_\_\_

Month of Child's Birth

\_\_\_\_\_  
(Use two digits to express the month (00))

Year of Child's Birth

\_\_\_\_\_  
(Use four digits to express the year (0000))

Child's approximate age in years:

\_\_\_\_\_

What is child's race/ethnicity?

- Hispanic/Latino  
 Other

What is child's gender?

- Male  
 Female

Child BMI

\_\_\_\_\_  
(Record number from TANITA printout)

Child BMI Percentile

\_\_\_\_\_  
(Record Number Calculated from CDC Excel Sheet)

**Remote Measurement Data Make sure participant has recently emptied their bladder and has removed shoes & socks.**

Weight 1 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 2 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 3 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 4 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

Weight 5 (Record in pounds [lbs])

\_\_\_\_\_  
(Round to nearest 0.1 lb)

---

Weight 6 (Record in pounds [lbs])

---

(Round to nearest 0.1 lb)

---

Average Weight in Pounds

---

(Average of the three measurements recorded from participant)

---

Child Weight Converted to Kilograms

---

Remote Height in feet and inches (self-reported)

---

### Height and Weight (IN-PERSON)

**Make sure the child participant removes their shoes and socks from their feet and emptied their bladder if needed.**

Height 1 (round up to the nearest 0.1 cm)

---

((record measurement before having the participant step out))

---

Height 2 (round up to the nearest 0.1 cm)

---

((record measurement before having the participant step out))

---

Height 3 (round up to the nearest 0.1 cm)

---

((If the difference between Measurement 1 & 2 is > 1 cm))

---

Average height in cm

---

Height in inches

---

Height in feet

---

### Make sure socks are off

Weight (rounding up to the nearest .05 kgs)

---

Weight converted to pounds

---

Body Fat %

---

((Record exactly from Tanita printout))

---

---

Child BMI Percentile

\_\_\_\_\_  
((Record exactly from Tanita printout))

**Waist Circumference (IN-PERSON ONLY)**  
**Round waist circumference to nearest 0.1 cm.**

Waist Circumference 1 (round up to the nearest 0.1 cm)

\_\_\_\_\_

Waist Circumference 2 (round up to the nearest 0.1 cm)

\_\_\_\_\_

Waist Circumference 3 (round up to the nearest 0.1 cm)

\_\_\_\_\_  
((If the difference between Measurement 1 & 2 is > 1 cm))

The average Waist Circumference for the child is

\_\_\_\_\_

Upload TANITA receipt

Notes:

\_\_\_\_\_

Continue to the Surveys



# Family Readiness -- Adult

Please complete the survey below.

Thank you!

**Readiness to Change**

**Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which the exertion is at least as intense as these activities.**

Are you currently physically active?

- Yes  
 No

Do you intend to become more physically active in the next 6 months?

- Yes  
 No

**For activity to be regular, it must add up to a total of 30 minutes or more per day and be done at least five days per week. For example, you could take one 30-minute walk or take three 10-minute walks for a total of 30 minutes.**

Do you currently engage in regular physical activity?

- Yes  
 No

Have you been regularly physically active for the past 6 months?

- Yes  
 No

Stage 1 Readiness to Change = Participant not even thinking about it. Not ready to change.

Stage 2 Readiness to Change = Participant giving it a thought now and then, but not doing an activity. Thinking about changing.

Stage 3 Readiness to Change = Participant doing physical activity infrequently. Changing, but too infrequent.

Stage 4 Readiness to Change = Participant active consistently, but less than 6 months. Changing, but less than 6 months.

Stage 5 Readiness to Change = Participant maintained new habit for 6 months or more. Changing and maintaining the new habit.

# Food Insecurity Survey -- Adult

Please complete the survey below.

Thank you!

1. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often True  
 Sometimes True  
 Never True  
 Don't Know

2. "(I/we) couldn't afford to eat balanced meals."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often True  
 Sometimes True  
 Never True  
 Don't Know

3. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- No  
 Yes

4. [IF YES] How often did this happen?

Almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month  
 Some months but not every month  
 Only 1 or 2 months  
 Don't Know

5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No  
 Yes  
 Don't Know

6. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- No  
 Yes  
 Don't Know

7. In the last 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Women, Infants and Children program?

- No  
 Yes  
 Don't Know

8. Have you or anyone in your household ever received SNAP or Food Stamp benefits?

- No  
 Yes  
 Don't Know

9. [IF YES] In the last 12 months, did you or anyone who lives with you receive SNAP or Food Stamp benefits?

- No  
 Yes  
 Don't Know

10. [IF YES] Does any member of your household currently receive SNAP or Food Stamp benefits?

- No  
 Yes  
 Don't Know

11. How much did you/your household receive in SNAP or food stamp benefits the last time you got them?

\_\_\_\_\_

12. Does your child's school serve school lunches? These are complete lunches that cost the same every day.

- No  
 Yes  
 Don't Know

---

13. [IF YES] During the school year, about how many times a week does your child usually get a complete school lunch?

0  
 1  
 2  
 3  
 4  
 5  
 Don't Know

---

14. Does your child get these lunches free, at a reduced price, or does he/she pay full price?

Free  
 Reduced  
 Full Price  
 Don't Know

---

15. Does your child's school serve a complete breakfast that costs the same every day?

No  
 Yes  
 Don't Know

---

16. [IF YES] During the school year, about how many times a week does your child usually get a complete breakfast at school?

0  
 1  
 2  
 3  
 4  
 5  
 Don't Know

---

17. [IF YES] Does your child get these breakfasts free, at a reduced price, or does he/she pay full price?

Free  
 Reduced  
 Full Price  
 Don't Know

# Quality of Life -- Adult

Please complete the survey below.

Thank you!

---

267) In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

**The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

268) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

269) Climbing several flights of stairs.

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

**During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

270) Accomplished less than you would like.

- Yes  
 No

271) Were limited in the kind of work or other activities.

- Yes  
 No



**During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

272) Accomplished less than you would like.

- Yes  
 No

273) Did work or activities less carefully than usual.

- Yes  
 No

274) During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

- Not at all  
 A little bit  
 Moderately  
 Quite a bit  
 Extremely

**These questions are about how you have been feeling during the past 4 weeks.**

**For each question, please give the one answer that comes closest to the way you have been feeling.**

**How much of the time during the past 4 weeks...**

275) Have you felt calm & peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

276) Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

277) Have you felt down-hearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

278) During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

# Home Food Environment Survey -- Adult

Please complete the survey below.

Thank you!

**Foods in the Home:****How often are the following foods/drinks available in your home?**

	Never	Rarely	Sometimes	Often	Always
279) 1. Chocolate candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
280) 2. Other candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
281) 3. Raw fruit (e.g. apples, oranges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
282) 4. Cakes, brownies, muffins or cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
283) 5. Regular chips or crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
284) 6. Baked chips, low-fat crackers, pretzels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
285) 7. Raw vegetables (e.g. carrots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
286) 8. 100% fruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
287) 9. Juice drinks (Sunny Delight)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
288) 10. Regular sodas with sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
289) 11. Diet or sugar-free sodas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
290) 12. Sports drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
291) 13. Fruit roll-ups or other dried fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
292) 14. Regular or 2% milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
293) 15. 1% or fat-free milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
294) 16. Sweetened breakfast cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
295) 17. Unsweetened breakfast cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Food Accessibility in the Home:**

**Based on the past 30 days, thinking about where you store your food, please choose the appropriate response for each question.**

- |  | Never                 | Rarely                | Sometimes             | Often                 | Always                |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 296) 1. How often are fruits and vegetables in a place where your child can see and easily reach them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 297) 2. How often can your child get a soda without the help of an adult?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 298) 3. How often can your child get snack foods without the help of an adult?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Home Physical Activity Environment Survey -- Adult

Please complete the survey below.

Thank you!

**Where "child" is mentioned, please respond only about the child who is participating in this study. Be as accurate as you can. There are no right or wrong answers. All information is strictly confidential.**

**YOUR CHILD'S ELECTRONICS: Please indicate whether the following are IN YOUR CHILD'S BEDROOM.**

	No	Yes
299) 1. TV	<input type="radio"/>	<input type="radio"/>
300) 2. Computer	<input type="radio"/>	<input type="radio"/>
301) 3. Video game system (non-hand held. Playstation, Xbox, etc.)	<input type="radio"/>	<input type="radio"/>

**Does your CHILD have the following items for his/her own use?**

	No	Yes
302) 1. Cell phone or 2-way radio	<input type="radio"/>	<input type="radio"/>
303) 2. Hand-held videogame players (Game Boy, Sony PSP, etc.)	<input type="radio"/>	<input type="radio"/>
304) 3. Music systems (Ipod, stereo, radio, etc.)	<input type="radio"/>	<input type="radio"/>



**For the next set of questions, please think about your CHILD'S activities over the past year.**

**YOUR CHILD'S PLAY EQUIPMENT: How often during the past year has your CHILD used these items at or around home (or in a common apartment area)?**

	Not at all (Don't have)	Available but never use	Once a month or less	Once every week	Once a week or more
305) 1. Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
306) 2. Basketball hoop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
307) 3. Jump rope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
308) 4. Active video games (e.g., with dance pad, Wii, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
309) 5. Sports equipment (like ball, racquets, bats, sticks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
310) 6. Swimming pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
311) 7. Roller skates, skateboard, scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
312) 8. Fixed play equipment (e.g., swing set, playhouse, jungle gym)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**YOUR ELECTRONICS: Please indicate whether the following are in YOUR bedroom.**

- |  | No                    | Yes                   |
|--|-----------------------|-----------------------|
| 313) 1. TV   | <input type="radio"/> | <input type="radio"/> |
| 314) 2. Computer   | <input type="radio"/> | <input type="radio"/> |
| 315) 3. Video game system (non-hand held; Playstation, Xbox, etc.) | <input type="radio"/> | <input type="radio"/> |

**Do YOU own the following items?**

	NO	Yes
316) 1. Cell phone or 2-way radio	<input type="radio"/>	<input type="radio"/>
317) 2. Hand-held videogame players (Game Boy, Sony PSP, etc.)	<input type="radio"/>	<input type="radio"/>
318) 3. Music systems (Ipod, stereo, radio, etc.)	<input type="radio"/>	<input type="radio"/>

**For the next set of questions, please think about YOUR activities over the past year. (Some items taken from Sallis, Johnson, Calfas, Caparosa, & Nichols, 1997)**

**PHYSICAL ACTIVITY EQUIPMENT: How often during the past year have YOU used these items at or around home (or in a common apartment area)?**

	Not Available (Don't Have)	Available, but never use	Once a month or less	Once every other week	Once a week or more
319) 1. Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
320) 2. Stationary aerobic equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
321) 3. Dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
322) 4. Active video games (e.g., with dance pad, Wii, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
323) 5. Sports equipment (like ball, racquets, bats, sticks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
324) 6. Swimming pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
325) 7. Roller skates, skateboard, scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326) 8. Running shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
327) 9. Toning devices (ankle weights, Thighmaster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
328) 10. Aerobic workout videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
329) 11. Weight lifting equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Neighborhood Food Environment -- Adult

Please complete the survey below.

Thank you!

**Store Access:**

**Please indicate whether the following statements are true of the store where you usually buy groceries.**

	No	Yes	Not Applicable
330) 1. Close to my location of my employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
331) 2. Close to my child's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
332) 3. Close to my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Food Shopping****The following questions apply to the store where you usually buy groceries.**

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
333) 1. Low-fat foods cost too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
334) 2. There is a large selection of fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
335) 3. There is a large selection of low-fat products available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
336) 4. The condition of fresh fruits and vegetables is poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
337) 5. Fruits and vegetables cost too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Where you shop:**

**When you, or the main food shopper in your home, go food shopping, how often do you go to each of these types of stores?**

	Never	Rarely	Sometimes	Often	Always
338) 1. Large supermarket or discount warehouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
339) 2. Small to medium food store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
340) 3. Convenience store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
341) 4. Farmer's market/produce stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
342) 5. Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

343) Other places you shop:

\_\_\_\_\_



# PA Neighborhood Environment -- Adult

Please complete the survey below.

Thank you!

**Think about the different facilities in and around your neighborhood-by this we mean the area ALL around your home that you could walk to in 10-15 minutes.**

344) 1. What is the main type of housing in your neighborhood

- Detached single-family housing
- Townhouses, row houses, apartments, or condos of 2-3 stories
- Mix of single-family residences and townhouses, row houses, apartments or condo
- Apartments or condos of 4-12 stories
- Apartments or condos of more than 12 stories
- Don't know/Not sure

**The next items are statements about your neighborhood related to walking and bicycling.**

- 345) 2. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 346) 3. It is within a 10-15 minutes walk to a transit stop (such as bus, train, trolley, or tram) from my home.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 347) 4. There are sidewalks on most of the streets in my neighborhood.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Does not apply to my neighborhood  
 Don't know/Not sure
- 
- 348) 5. There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Does not apply to my neighborhood  
 Don't know/Not sure
- 
- 349) 6. My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 350) 7. The crime rate in my neighborhood makes it unsafe to go on walks at night.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 351) 8. There is so much traffic on the streets that it makes it difficult or unpleasant to walk in my neighborhood.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 There are no streets or roads in my neighborhood  
 Don't know/Not sure
- 
- 352) 9. I see many people being physically active in my neighborhood doing things like walking, jogging, cycling, or playing sports and active games.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 353) 10. There are many interesting things to look at while walking in my neighborhood.  
Would you say you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure

- 
- 354) 11. How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?
- 1  
 2  
 3  
 4  
 5  
 Don't Know
- 
- 355) 12. There are many four-way intersections in my neighborhood.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 There are no streets or roads in my neighborhood  
 Don't know/Not sure
- 
- 356) 13. The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 357) 14. Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 358) 15. There is so much traffic on the streets that it makes it difficult or unpleasant to ride a bicycle in my neighborhood.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 359) 16. The crime rate in my neighborhood makes it unsafe to go on walks during the day.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure
- 
- 360) 17. There are many places to go within easy walking distance of my home.  
Would you say that you...
- Strongly disagree  
 Somewhat disagree  
 Somewhat agree  
 Strongly agree  
 Don't know/Not sure

# Perceived Stress Scale -- Adult

Please complete the survey below.

Thank you!

**READ ALOUD:**

**These questions ask you about your feelings and thoughts during the last month. For each statement, tell me how often you felt or thought a certain way.**

**In the past month....**

	Never	Almost Never	Sometimes	Fairly Often	Very Often
361) 1. How often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
362) 2. How often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
363) 3. How often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
364) 4. How often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
365) 5. How often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
366) 6. How often have you felt that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
367) 7. How often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
368) 8. How often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
369) 9. How often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
370) 10. How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Depression Survey -- Adult

Please complete the survey below.

Thank you!

**The next few statements describe the way people sometimes feel or act. For each one, please choose the answer that describes how often you felt or acted this way in the past 7 days.**

**During the past 7 days, how often did you feel or act in the following ways?**

	Rarely or None of the Time (< 1 Day)	Some or a Little of the Time (1-2 Days)	Moderate Amount of the Time (3-4 Days)	Most or All of the Time (5-7 Days)
371) 1. You were bothered by things that don't usually bother you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
372) 2. You had trouble keeping your mind on what you were doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
373) 3. You felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
374) 4. You felt that everything you did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
375) 5. You felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
376) 6. You felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
377) 7. You were happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
378) 8. Your sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
379) 9. You felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
380) 10. You could not "get going".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Decisional Balance -- Adult

Please complete the survey below.

Thank you!



**Please rate how important each statement is in your decision of whether to be physically active. In each case, think about how you feel right now, not how you have felt in the past or would like to feel.**

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
381) 1. You would have more energy for your family and friends if you were regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
382) 2. Regular physical activity would help you relieve tension.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
383) 3. You think you would be too tired to do your daily work after being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
384) 4. You would feel more confident if you were regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
385) 5. You would sleep more soundly if you were regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
386) 6. You would feel good about yourself if you kept your commitment to be regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
387) 7. You would find it difficult to find a physical activity that you enjoy and that is not affected by bad weather.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
388) 8. You would like your body better if you were regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
389) 9. It would be easier for you to perform routine physical tasks if you were regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
390) 10. You would feel less stressed if you were regularly physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
391) 11. You feel uncomfortable when you are physically active because you get out of breath and your heart beats very fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
392)					

- 12. You would feel more comfortable with your body if you were regularly physically active.
- 393) 13. Regular physical activity would take too much of your time.
- 394) 14. Regular physical activity would help you have more positive outlook on life.
- 395) 15. You would have less time for your family and friends if you were regularly physically active.
- 396) 16. At the end of the day, you are too exhausted to be physically active.

# Diet Self-Efficacy -- Adult

Please complete the survey below.

Thank you!

**Below is a list of things people might do while trying to change their eating habits. We are mainly interested in salt and fat intake, rather than weight reduction.**

**Whether you are trying to change your eating habits or not, please rate how confident you are that you could really motivate yourself to do things like these consistently, FOR AT LEAST 6 MONTHS.**

**How sure are you that you can do these things?**

- 397) 1. Stick to your low fat, low salt foods when you feel depressed, bored, or tense.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable
- 
- 398) 2. Stick to your low fat, low salt foods when there is high fat, high salt food readily available at a party.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable
- 
- 399) 3. Stick to your low fat, low salt foods when dining with friends or co-workers.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable
- 
- 400) 4. Stick to your low fat, low salt foods when the only snack close by is available from a vending machine.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable
- 
- 401) 5. Stick to your low fat, low salt foods when you are alone, and there is no one to watch you.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable
- 
- 402) 6. Eat smaller portions at dinner.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable
- 
- 403) 7. Cook smaller portions so there are no leftovers.
1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

404) 8. Eat lunch as your main meal of the day, rather than dinner.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

405) 9. Eat smaller portions of food at a party.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

406) 10. Eat salads for lunch.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

407) 11. Add less salt than the recipe calls for.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

408) 12. Eat unsalted peanuts, chips, crackers, and pretzels.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

409) 13. Avoid adding salt at the table.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

410) 14. Eat unsalted, unbuttered popcorn.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

411) 15. Keep the salt shaker off the kitchen table.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

412) 16. Eat meatless (vegetarian) entrees for dinner.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

413) 17. Substitute low or non-fat milk for whole milk at dinner.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

414) 18. Cut down on gravies and cream sauce.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

415) 19. Eat poultry and fish instead of red meat at dinner.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

---

416) 20. Avoid ordering red meat (beef, pork, ham, lamb) at restaurants.

1. I know I cannot.  
 2.  
 3. Maybe I can.  
 4.  
 5. I know I can.  
 Not Applicable

# PA Self-Efficacy -- Adult

Please complete the survey below.

Thank you!

**Below is a list of things people might do while trying to increase or continue regular exercise. We are interested in exercises like running, swimming, brisk walking, bicycle riding, or aerobics classes.**

**Whether you exercise or not, please rate how confident you are that you could really motivate yourself to do things like these consistently, FOR AT LEAST 6 MONTHS?**

**How sure are you that you can do these things?**

- 417) 1. Get up early, even on weekends, to exercise.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 418) 2. Stick to your exercise program after a long, tiring day at work.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 419) 3. Exercise even though you are feeling depressed.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 420) 4. Set aside time for a physical activity program; that is, walking, jogging, swimming, biking, or other continuous activities for at least 30 minutes, 3 times per week.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 421) 5. Continue to exercise with others even though they seem too fast or too slow for you.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 422) 6. Stick to your exercise program when undergoing a stressful life change (e.g., divorce, death in the family, moving).  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 423) 7. Attend a party only after exercising.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 424) 8. Stick to your exercise program when your family is demanding more time from you.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 425) 9. Stick to your exercise program when you have household chores to attend to.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 426) 10. Stick to your exercise program even when you have excessive demands at work.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable
- 
- 427) 11. Stick to your exercise program when social obligations are very time consuming.  1. I know I cannot  2  
 3. Maybe I can  4.  
 5. I know I can  Not Applicable



428) 12. Read or study less in order to exercise more.

- 1. I know I cannot
- 2.
- 3. Maybe I can
- 4.
- 5. I know I can
- Not Applicable

# Diet Social Support Survey -- Adult

Please complete the survey below.

Thank you!

## SOCIAL SUPPORT AND EATING HABITS SURVEY

Below is a list of things people might do or say to someone who is trying to improve their eating habits. We are interested in high fat and high salt (or high sodium) foods. If you are not trying to make any of these dietary changes, then some of the questions may not apply to you, but please read and give an answer to every question.

Please rate each question twice. Under family, rate how often anyone living in your household has said or done what is described DURING THE LAST 3 MONTHS. Under friends, rate how often your friends, acquaintances, or coworkers have said or done what is described DURING THE LAST 3 MONTHS.

Please select one number from the following rating scale in each space:

- 429) 1a. MY FAMILY Encouraged me not to eat "unhealthy foods" (cake, salted chips) when I'm tempted to do so.
- None  
 Rarely  
 A few times  
 Often  
 Very often  
 Does not apply

- 430) 1b. MY FRIENDS Encouraged me not to eat "unhealthy foods" (cake, salted chips) when I'm tempted to do so.
- None  
 Rarely  
 A few times  
 Often  
 Very often  
 Does not apply

- 431) 2a. MY FAMILY discussed my eating habit. changes with me (asked me how I'm doing with my eating changes).
- None  
 Rarely  
 A few times  
 Often  
 Very often  
 Does not apply

- 432) 2b. MY FRIENDS discussed my eating habit. changes with me (asked me how I'm doing with my eating changes).
- None  
 Rarely  
 A few times  
 Often  
 Very often  
 Does not apply

- 433) 3a. MY FAMILY reminded me not to eat high fat, high salt foods.
- None  
 Rarely  
 A few times  
 Often  
 Very often  
 Does not apply

- 434) 3b. MY FRIENDS reminded me not to eat high fat, high salt foods.
- None  
 Rarely  
 A few times  
 Often  
 Very often  
 Does not apply

- 
- 435) 4a. MY FAMILY complimented me on changing my eating habits ("Keep it up", "We are proud of you ") .
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 436) 4b. MY FRIENDS complimented me on changing my eating habits ("Keep it up", "We are proud of you ") .
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 437) 5a. MY FAMILY commented if I went back to my old eating habits.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 438) 5b. MY FRIENDS commented if I went back to my old eating habits.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 439) 6a. MY FAMILY ate high fat or high salt foods in front of me.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 440) 6b. MY FRIENDS ate high fat or high salt foods in front of me.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 441) 7a. MY FAMILY refused to eat the same foods I eat.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 442) 7b. MY FRIENDS refused to eat the same foods I eat.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply

- 
- 443) 8a. MY FAMILY brought home foods I'm trying not to eat.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 444) 8b. MY FRIENDS brought home foods I'm trying not to eat.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 445) 9a. MY FAMILY got angry when I encouraged them to eat low salt, low fat foods.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 446) 9b. MY FRIENDS got angry when I encouraged them to eat low salt, low fat foods.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 447) 10a. MY FAMILY offered me food I'm trying not to eat.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply
- 
- 448) 10b. MY FRIENDS offered me food I'm trying not to eat.
- None
  - Rarely
  - A few times
  - Often
  - Very often
  - Does not apply

# Diet Self Regulation Survey -- Adult

Please complete the survey below.

Thank you!

**Please tell us what you have done in the past month to eat healthier foods.**

**Use this scale to tell us how often in the past month you did the following:**

	Never	Seldom	Occasionally	Often	Repeatedly
449) 1. Remind yourself that high-fat foods have more calories than low-fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
450) 2. Tell yourself that every calorie counts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
451) 3. Remind yourself that "fat-free" does not mean "calorie-free."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
452) 4. Tell yourself that fruits and vegetables are low in calories.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
453) 5. Tell yourself that fruits and vegetables are good substitutes for high calorie and high fat foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
454) 6. Work toward the goal to eat more vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
455) 7. Work toward the goal to eat more fruit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
456) 8. Work toward the goal to pay closer attention to serving sizes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
457) 9. Keep track of how many high-fat foods you eat each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
458) 10. Work toward the goal to eat smaller portions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
459) 11. Work toward the goal to avoid ice cream and other high-fat dairy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
460) 12. Work toward the goal to avoid high-fat beef.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
461) 13. Work toward the goal to eat low-fat toppings for potatoes and other vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
462) 14. Work toward the goal to eat low-fat salad dressing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
463) 15. Work toward the goal to choose low-fat foods in fast-food and other restaurants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
464) 16. Work toward the goal to eat regular meals everyday day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
465)					

- 17. Work toward the goal to eat fruits and vegetables for snacks.
- 466) 18. Plan to eat only a certain number of calories a day.
- 467) 19. Keep track of the number of calories in the foods you eat.
- 468) 20. Plan to eat 5 or more servings of fruits and vegetables each day.
- 469) 21. Keep track of how many servings of fruits and vegetables you eat each day.
- 470) 22. Keep track of how many sweet snacks and desserts you have each day.
- 471) 23. Plan to eat fewer sweet snacks and desserts.
- 472) 24. Plan to eat fewer high-fat foods at meals.
- 473) 25. Keep track of how many sodas and other sugared beverages you have each day.
- 474) 26. Plan to drink fewer sodas and other sugared beverages.
- 475) 27. Plan to eat fewer high-fat chips and crackers.
- 476) 28. Keep track of how many servings of high-fat chips and crackers you eat each day.



# Social Support Survey -- Adult

Please complete the survey below.

Thank you!

## SOCIAL SUPPORT AND EXERCISE SURVEY

Below is a list of things people might do or say to someone who is trying to exercise regularly. If you are not trying to exercise, then some of the questions may not apply to you, but please read and give an answer to every question.

Please rate each question twice. Under family, rate how often anyone living in your household has said or done what is described DURING THE LAST 3 MONTHS. Under friends, rate how often your friends, acquaintances, or coworkers have said or done what is described DURING THE LAST 3 MONTHS.

Please select one number from the following rating scale in each space:

477) 1a. MY FAMILY exercised with me.

- None  
 Rarely  
 A few times  
 Often  
 Very Often  
 Does not apply

478) 1b. MY FRIENDS exercised with me.

- None  
 Rarely  
 A few times  
 Often  
 Very Often  
 Does not apply

479) 2a. My FAMILY offered to exercise with me.

- None  
 Rarely  
 A few times  
 Often  
 Very Often  
 Does not apply

480) 2b. MY FRIENDS offered to exercise with me.

- None  
 Rarely  
 A few times  
 Often  
 Very Often  
 Does not apply

481) 3a. MY FAMILY gave me helpful reminders to exercise ("Are you going to exercise tonight?").

- None  
 Rarely  
 A few times  
 Often  
 Very Often  
 Does not apply

482) 3b. MY FRIENDS gave me helpful reminders to exercise ("Are you going to exercise tonight?").

- None  
 Rarely  
 A few times  
 Often  
 Very Often  
 Does not apply

- 
- 483) 4a. MY FAMILY gave me encouragement. to stick with my exercise program.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 484) 4b. MY FRIENDS gave me encouragement. to stick with my exercise program.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 485) 5a. MY FAMILY changed their schedule so we could exercise together.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 486) 5b. MY FRIENDS changed their schedule so we could exercise together.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 487) 6a. MY FAMILY discussed exercise with me.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 488) 6b. MY FRIENDS discussed exercise with me.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 489) 7a. My FAMILY complained about the time I spend exercising.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 490) 7b. My FRIENDS complained about the time I spend exercising.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply

- 
- 491) 8a. MY FAMILY criticized me or made fun of me for exercising.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 492) 8b. MY FRIENDS criticized me or made fun of me for exercising.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 493) 9a. MY FAMILY gave me rewards for exercising (bought me something or gave me something I like).
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 494) 9b. MY FRIENDS gave me rewards for exercising (bought me something or gave me something I like).
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 495) 10a. MY FAMILY planned for exercise on recreational outings.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 496) 10b. MY FRIENDS planned for exercise on recreational outings.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 497) 11a. MY FAMILY helped plan activities around my exercise.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply
- 
- 498) 11b. MY FRIENDS helped plan activities around my exercise.
- None
  - Rarely
  - A few times
  - Often
  - Very Often
  - Does not apply

---

499) 12a. MY FAMILY asked me for ideas on how they can get more exercise.

- None
- Rarely
- A few times
- Often
- Very Often
- Does not apply

---

500) 12b. MY FRIENDS asked me for ideas on how they can get more exercise.

- None
- Rarely
- A few times
- Often
- Very Often
- Does not apply

---

501) 13a. MY FAMILY talked about how much they like to exercise.

- None
- Rarely
- A few times
- Often
- Very Often
- Does not apply

---

502) 13b. MY FRIENDS talked about how much they like to exercise.

- None
- Rarely
- A few times
- Often
- Very Often
- Does not apply

# V\_PA Self Regulation Survey [PSR] -- Adult

Please complete the survey below.

Thank you!

**Please, tell us what strategies you have you used in the past month to successfully walk or do other exercise.**

**In the past month, how often did you:**

	Never	Seldom	Occasionally	Often	Repeatedly
503) 1. Set aside time each day to walk or do other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
504) 2. Make a plan to walk or do other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
505) 3. Keep or make a new plan based on how well you were doing with your walking or other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
506) 4. Set a goal for the number of days you walked or exercised each week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
507) 5. Keep track of how many steps you take each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
508) 6. Keep track of the number of days you walked or exercised each week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
509) 7. Keep track of how long your walks or exercise sessions were?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
510) 8. Plan to walk or exercise 5 days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
511) 9. Plan to make your walking or exercise sessions a little longer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
512) 10. Set goals for how long your walking or exercise sessions will be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
513) 11. Plan your walking or other exercise sessions so they are enjoyable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
514) 12. Get together with someone else to walk or do other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
515) 13. Keep track of how much you enjoy your walking or other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
516) 14. Keep track of how fast you walked or how hard you did other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Parenting Strategies -- Adult

Please complete the survey below.

Thank you!



## Parenting Strategies for Eating and Physical Activity (PEAS) - Adults

Please rate each of the items below. "In the past month, how often did you..."

	Never	Almost Never	Sometimes	Often	Very Often
517) 1. Keep track of the sweet snacks (candy, ice cream, cake) that your child eats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
518) 2. Keep track of the high-fat foods that your child eats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
519) 3. Keep track of the sugar-sweetened drinks like soda, Tampico, Kool-Aid, that your child drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
520) 4. Keep track of the salty snack foods (potato chips, tortilla chips) that your child eats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
521) 5. Have to be especially careful to make sure your child eats enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
522) 6. Tell your child to eat everything on their plate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
523) 7. Try to get your child to eat anyway, even if they say 'I'm not hungry'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
524) 8. Regulate or guide your child's eating so that they eat enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
525) 9. Eat foods that you wanted your child to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
526) 10. Show your child how to eat fruits and vegetables as snacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
527) 11. Encourage your child to try new fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
528) 12. Keep track of the amount of TV or videos your child watches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
529) 13. Keep track of the amount of exercise or physical activity your child is getting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
530) 14. Keep track of the amount of time your child is on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
531) 15. Keep track of time your child is on the computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
532)					

- 16. Offer TV, videos, or video games to my child as a reward for good behavior
- 533) 17. Make sure that your child gets enough physical activity
- 534) 18. Try to get your child to be physically active, even if they say 'I'm tired'
- 535) 19. Do physical activities or exercises that you want your child to do
- 536) 20. Encouraged your child to be physically active
- 537) 21. Showed your child new ways to be physically active (games, exercises)

# CHAMPS PA Questionnaire -- Adult

Please complete the survey below.

Thank you!

**This part of the survey is about activities that you may have done in the past 4 weeks. In a typical week during the past 4 weeks, did you...**

1. Dance (such as square, folk, line, ballroom) (do not count aerobic dance here)?

- Yes  
 No

How many TIMES a week?

\_\_\_\_\_

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

2. Play golf, carrying or pulling your equipment (count walking time only)?

- Yes  
 No

How many TIMES a week?

\_\_\_\_\_

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

3. Play golf, riding in a cart (count walking time only)?

- Yes  
 No

How many TIMES a week?

\_\_\_\_\_

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

4. Play singles tennis (do not count doubles)?

- Yes  
 No

How many TIMES a week?

\_\_\_\_\_

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

5. Play doubles tennis (do not count singles)?

- Yes  
 No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

6. Skate (ice, roller, in-line)?

- Yes  
 No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

7. Do heavy work around the house and garage (such as washing windows, cleaning gutters)?

- Yes  
 No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

8. Do light work around the house (such as sweeping or vacuuming)?

- Yes  
 No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

9. Do heavy gardening (such as spading, raking)?

- Yes  
 No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

10. Do light gardening (such as watering the plants)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

11. Work on your car, truck, lawn mower, or other machinery?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

12. Jog or run (including treadmill use)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

13. Walk uphill or hike uphill (count only uphill part)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

14. Walk fast or briskly for exercise including use of the treadmill (do not count walking leisurely or uphill)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

15. Walk to do errands (such as to/from store or to take children to school) (count walk time only)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

16. Walk leisurely for exercise or pleasure includes the use of the treadmill?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

17. Ride a bicycle or stationary cycle?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

18. Do other aerobic machines such as rowing, or step machines (do not count treadmill or stationary cycle)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

19. Do water exercises (do not count other swimming)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

20. Swim moderately or fast?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

21. Swim gently?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

22. Do stretching or flexibility exercises (do not count yoga or Tai-chi)?

- Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours



---

23. Do yoga or Tai-chi?  Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?  Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

24. Do aerobics or aerobic dancing?  Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?  Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

25. Do moderate to heavy strength training (such as hand-held weights or more than 5lbs., weight machines, or push-ups)?  Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?  Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

26. Do light strength training (such as hand-held weights of 5lbs. or less or elastic bands)?  Yes  
 No

---

How many TIMES a week?

\_\_\_\_\_

---

How many TOTAL hours a week did you usually do it?  Less than 1 hour  
 1 - 2.5 hours  
 3 - 4.5 hours  
 5 - 6.5 hours  
 7 - 8.5 hours  
 9 or more hours

---

27. Do general conditioning exercises, such as light calisthenics or chair exercises (do not count strength training)?  Yes  
 No

---

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour
- 1 - 2.5 hours
- 3 - 4.5 hours
- 5 - 6.5 hours
- 7 - 8.5 hours
- 9 or more hours

---

28. Play basketball, soccer, or racquetball (do not count on the sidelines)?

- Yes
- No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour
- 1 - 2.5 hours
- 3 - 4.5 hours
- 5 - 6.5 hours
- 7 - 8.5 hours
- 9 or more hours

---

29. Do other types of physical activity not previously mentioned?

- Yes
- No

---

How many TIMES a week?

---

---

How many TOTAL hours a week did you usually do it?

- Less than 1 hour
- 1 - 2.5 hours
- 3 - 4.5 hours
- 5 - 6.5 hours
- 7 - 8.5 hours
- 9 or more hours

# Sleep -- Adult

Please complete the survey below.

Thank you!

## Pittsburgh Sleep Quality Index

### Instructions:

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

1. During the past month, when have you usually gone to bed at night? \_\_\_\_\_

2. During the past month, how long (in minutes) does it usually take you to fall asleep each night? \_\_\_\_\_

3. During the past month, when have you usually gotten up the morning? \_\_\_\_\_

4. During the past month, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spend in bed.) \_\_\_\_\_

**For each of the remaining questions, choose the one best response. Please answer all questions.**

**5. During the past month, how often have you had trouble sleeping because you...**

	Not during the past month	less than once a week	Once or twice a week	Three or more times a week.
(a) Cannot get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Wake up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have to get up to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Cannot breathe comfortably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Cough or snore loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Feel too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Feel too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Had bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Have pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Other reason(s), please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other reasons \_\_\_\_\_

6. During the past month, how would you rate your sleep quality overall?

- Very bad    Fairly bad  
 Fairly good    Very good

7. During the past month, how often have you taken medicine (prescribed or over the counter) to help you sleep?

- Not during the past month  
 Less than once a week  
 Once or twice a week  
 Three or more times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

- Not during the past month  
 Less than once a week  
 Once or twice a week  
 Three or more times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- No problem at all    Only a very slight problem  
 Somewhat of a problem  
 A very big problem

# Sedentary Behavior -- Adult

Please complete the survey below.

Thank you!

**On a typical WEEKDAY DAY, how much time do you spend (from when you wake up until you go to bed) doing the following? \*Highlighted text means that I added a question to the original questionnaire.**

	None	15 minutes or less	30 minutes	1 hours	2 hours	3 hours	4 hours	5 hours	6 hours or more
644) a. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
645) b. Playing computer/video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
646) c. Sitting while listening to music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
647) d. Sitting and talking/texting on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
648) e. Sitting and browsing social network sites (e.g. Facebook, Instagram, Twitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
649) f. Doing paperwork or office work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
650) g. Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
651) h. Playing a musical instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
652) i. Doing arts and crafts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
653) j. Sitting and driving/riding in a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**On a typical WEEKEND DAY, how much time do you spend (from when you wake up until you go to bed) doing the following?**

	None	15 minutes or less	30 minutes	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
654) a. Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
655) b. Playing computer/video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
656) c. Sitting while listening to music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
657) d. Sitting and talking/texting on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
658) e. Sitting and browsing social network sites (e.g. Facebook, Instagram, Twitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
659) f. Doing paperwork or office work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
660) g. Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
661) h. Playing a musical instrument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
662) i. Doing arts and crafts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
663) j. Sitting and driving/riding in a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## FFQ Check Point --Adult (NutritionQuest)

---

Has the adult completed the FFQ survey?

- Yes  
 No

---

Initial data collection format

- Nutrition Quest website  
 Paper format

## PA Survey Check Point --Adult (NutritionQuest)

---

Has the adult completed the PA survey?

- Yes  
 No
- 

Initial data collection format

- Nutrition Quest website  
 Paper format

# Diet Self-Efficacy -- Child

Please complete the survey below.

Thank you!

**Social Situations****If you wanted to, how sure are you that you could eat healthy foods when you are...**

668) a) ...at the mall?

- 1 Not at all sure  
 2  
 3  
 4  
 5  
 6 Very sure
- 

669) b) ...with your friends?

- 1 Not at all sure  
 2  
 3  
 4  
 5  
 6 Very sure
- 

670) c) ...at a fast food restaurant?

- 1 Not at all sure  
 2  
 3  
 4  
 5  
 6 Very sure

**Emotional Situations**

**If you wanted to, how sure are you that you could eat healthy foods when you are...**

671) a) stressed out?

- 1 Not at all sure
- 2
- 3
- 4
- 5
- 6 Very sure

---

672) b) feeling down?

- 1 Not at all sure
- 2
- 3
- 4
- 5
- 6 Very sure

---

673) c) bored?

- 1 Not at all sure
- 2
- 3
- 4
- 5
- 6 Very sure

**Emotional Situations**

**If you wanted to, how sure are you that you could eat healthy foods when you are...**

674) a) hungry after school?

- 1 Not at all sure
- 2
- 3
- 4
- 5
- 6 Very sure

---

675) b) alone?

- 1 Not at all sure
- 2
- 3
- 4
- 5
- 6 Very sure

---

676) c) eating dinner with your family?

- 1 Not at all sure
- 2
- 3
- 4
- 5
- 6 Very sure

# Physical Activity Self-Efficacy -- Child

Please complete the survey below.

Thank you!

## Physical Activity Self Efficacy Questionnaire -- Child

	No (0)	Not sure (1)	Yes (2)
677) 1. I can be physically active most days after school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
678) 2. I can ask my parent/other adult to do physically active things with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
679) 3. I can be physically active even if I could watch TV/ play video games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
680) 4. I can be physically active even if it is very hot or cold outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
681) 5. I can be physically active even if I have to stay at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
682) 6. I have the skills I need to be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
683) 7. I can be physically active no matter how busy my day is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
684) 8. I can ask my best friend to be physically active with me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Diet Social Support -- Child

Please complete the survey below.

Thank you!



**Parental Support for Healthy Eating**

---

685) My mother cares about eating healthy food.

- Not at all     A little bit  
 Somewhat     Very much
- 

686) My mother encourages me to eat healthy food.

- Not at all     A little bit  
 Somewhat     Very much
- 

687) My father cares about eating healthy food.

- Not at all     A little bit  
 Somewhat     Very much
- 

688) My father encourages me to eat healthy food.

- Not at all     A little bit  
 Somewhat     Very much

**Peer Support for Healthy Eating.**

689) Many of my friends care about eating healthy food.

- Not at all
- A little bit
- Somewhat
- Very much

# PA Social Support -- Child

Please complete the survey below.

Thank you!

## Physical Activity Social Support -- Friends

During a typical week, how often ...

	Never	Once	Sometimes	Almost every day	Everyday
690) 1. ...Do your friends encourage you to do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
691) 2. ...Do your friends do physical activities or play sports with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
692) 3.... Do your friends tell you that you are doing well at physical activities or sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Child Social Support -- Family

During a typical week how often has a member of your household ... (for example, your father, mother, brother, sister, grandparent, or other relative)

	Never	Once	Sometimes	Almost every day	Everyday
693) 4. ... done a physical activity or played sports with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
694) 5. ... provided transportation to a place where you can do physical activities or play sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
695) 6. ... watched you participate in physical activities or sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
696) 7. ... told you that you are doing well in physical activities or sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Diet Self Regulation -- Child

Please complete the survey below.

Thank you!

## Diet Self Regulation -- Child

	Never	Rarely	Sometimes	Often	Very often
697) 1. I plan to bring a piece of fruit or vegetable to school to eat as a snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
698) 2. I set goals to eat 5 or more servings of fruits and vegetables a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
699) 3. I keep track of the number of servings of fruits and vegetables I eat per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
700) 4. I remind myself to eat healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
701) 5. I think about the benefits I will get from eating healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
702) 6. I plan to eat fewer sweet snacks or desserts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
703) 7. I keep track of how many sweet snacks or desserts I eat each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
704) 8. I keep track of how many sodas and sugary drink I have each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
705) 9. I plan to drink fewer sodas and other sugary beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
706) 10. I keep track of how much water I drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
707) 11. I plan to drink more water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
708) 12. I keep track of how many servings of high-fat salty snacks (e.g. chips, crackers) I eat each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
709) 13. I plan to eat fewer high-fat salty snacks (e.g. chips, crackers) each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# PA Self Regulation -- Child

Please complete the survey below.

Thank you!

## Child Self-Management Strategies

	Never	Rarely	Sometimes	Often	Very often
710) 1. I think about the benefits I will get from being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
711) 2. I say positive things to myself about physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
712) 3. When I get off track with my physical activity plans, I tell myself I can start again and get right back on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
713) 4. I try different kinds of physical activity so that I have more options to choose from.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
714) 5. I set goals to do physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
715) 6. I make back-up plans to be sure I get my physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Parenting Strategies -- Child

Please complete the survey below.

Thank you!

## Parenting Strategies for Eating and Physical Activity (PEAS) - Children

Please rate each of the items below. "In the past month, how often did your parents..."

	Never	Almost Never	Sometimes	Often	Very Often
716) 1. Keep track of the sweet snacks (candy, ice cream, cake) that you ate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
717) 2. Keep track of the high-fat foods that you ate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
718) 3. Keep track of the sugar-sweetened drinks like soda, Tampico, Kool-Aid, that you drank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
719) 4. Keep track of the salty snack foods (potato chips, tortilla chips) that you ate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
720) 5. Have to be especially careful to make sure you ate enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
721) 6. Tell you to eat everything on your plates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
722) 7. Tried to get you to eat anyway, even if you said I'm not hungry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
723) 8. Regulated or guided your eating so that you would eat enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
724) 9. Eat foods that they wanted you to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
725) 10. Taught you to eat fruits and vegetables as snacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
726) 11. Encouraged you to try new fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
727) 12. Keep track of the amount of TV or videos you watch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
728) 13. Keep track of the amount of exercise or physical activity you get	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
729)					

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. Keep track of the amount of time you are on the phone                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 730) 15. Keep track of time you are on the computer                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 731) 16. Offer TV, videos, or video games to you as a reward for good behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 732) 17. Have to make sure that you get enough physical activity               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 733) 18. Tried to get you go do physical activity even if you said I'm tired   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 734) 19. Do physical activities or exercises that they wanted you to do        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 735) 20. Encouraged you to be physically active                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 736) 21. Showed you new ways to be physically active (games, exercises)        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# Sleep -- Child

Please complete the survey below.

Thank you!

## Child Sleep

**Note: For children in 5th grade and younger, parent will assist the child in answering these questions.**

**Children in 6th grade and older can answer these questions on their own.**

In the past week, on average, how much time did you sleep during a usual 24-hour period? ON WEEKDAYS

- Enter Time  
 Don't Know

| | | hours | | | min per day on a weekday

\_\_\_\_\_

In the past week, on average, how much time did you sleep during a usual 24-hour period? ON WEEKEND Days

- Enter Time  
 Don't Know

| | | hours | | | min per day on a weekend day

\_\_\_\_\_

Do you have a regular weekday bedtime?

- None of the time  
 Some of the time  
 Most of the time  
 Always  
 Don't know

What time do you usually go to bed during a weekday?

- Enter Time  
 Don't Know

Enter Weekday Bedtime Here

| | |:| | |

\_\_\_\_\_ (Note: Use military time (24 hour clock).)

Is this the same time you go to bed on the weekend?

- No  
 Yes  
 Don't Know

If not, what time does you go to bed on weekends?

- Enter Time  
 Don't Know

Enter Weekend Bedtime Here

| | |:| | |

\_\_\_\_\_ (Note: Use military time (24 hour clock).)



# Sedentary Behavior -- Child

Please complete the survey below.

Thank you!

Note:

For children in 5th grade and younger, parent will assist the child in answering these questions.

Children in 6th grade and older can answer these questions on their own.

## 1. On a typical weekday/weekend day, including evenings, how much time do you spend doing the following activities?

	None	15min	30min	1 hour	2 hours	3 hours	4 hours or more
747) a. Watching TV/DVDS on a typical weekday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
748) b. Watching TV/DVDS on a typical weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
749) c. Texting, talking, playing games, browsing the Internet on a cell phone on a typical weekday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
750) d. Texting, talking, playing games, browsing the Internet on a cell phone on a typical weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
751) e. Playing computer or video games (like Nintendo or X-box; do NOT include active games like Wii Fit) on a typical weekday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
752) f. Playing computer or video games (like Nintendo or X-box; do NOT include active games like Wii Fit) on a typical weekend day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

753) 2. Do you have a TV in your bedroom?  
 Yes  
 No

754) 3. Do you think you watch too much TV?  
 No  
 Yes  
 Don't Know

755) 4. Do you think you spend too much time playing computer/video games?  
 No  
 Yes  
 Don't Know

## FFQ Check Point --Child (NutritionQuest)

---

Has the child completed the FFQ survey?

- Yes  
 No

---

Initial data collection format

- Nutrition Quest website  
 Paper format

## PA Survey Check Point --Child (NutritionQuest)

---

Has the child completed the PA survey?

- Yes  
 No

---

Initial data collection format

- Nutrition Quest website  
 Paper format

# ActiGraph Check Point Adult V1

## Measurement Coordinator Only

Staff ID# \_\_\_\_\_

How was this visit completed?

- Remote Measurement  
 In-person

Parent

Gender: [sex\_parent]

Height: [cm\_to\_in]

Lbs.: [weight\_pounds]

Race: [race\_parent]

Waist size: [adult\_waist\_avg]

Side: Right Side

ActiGraph monitor number assigned at Visit 1. \_\_\_\_\_

Date monitor delivered by mail \_\_\_\_\_

Make sure that before the participant leaves with the monitor that you do the following:

- Explain how to wear the monitor.
- Explain when to wear the monitor.
- Give the participant a monitor.
- Give the participants a pouch and belt.
- Tell the participant that they will be text messaged 3 times over the next week.  
(Make sure all are checked)

# ActiGraph Check Point Adult V2

## Measurement Coordinator Only

Staff ID#

\_\_\_\_\_

Did the participant return with a monitor?

- Yes  
 No

You have indicated that the participant has NOT returned the monitor. Select the Arm below and follow the instructions.

- Baseline  
 3 Month  
 6 Month  
 12 Month

Dismiss from study.

No incentive will be given.

Alert the Measurement Coordinator.

Not dismissed from study.

Eligible to receive incentives for remainder of study.

No NOT issue another monitor for remainder of study.

Not dismissed from study

No incentives will be given.

ActiGraph monitor number assigned at Visit 2.

\_\_\_\_\_

Date monitor returned

\_\_\_\_\_

Did the monitor you received at Visit 2 have enough "wear time"?

- Yes  
 No

What was the amount of wear time days?

\_\_\_\_\_

What was the amount of wear time hours?

\_\_\_\_\_

Upload the adult's participants monitor data here (ONLY AGD file)

Upload the adult's participants monitor data here (ONLY GT3X file)

Notes about return

\_\_\_\_\_

---

If at the second visit, the participant's Actigraph does not show enough "wear-time", re-issue Actigraph for another full 7 days.

---

Make sure that before the participant leaves with the monitor that you do the following:

- Explain how to wear the monitor.
  - Explain when to wear the monitor.
  - Give the participant a monitor.
  - Give the participants a pouch and belt.
  - Tell the participant that they will be text messaged 3 times over the next week.
- (Make sure all are checked)

# ActiGraph Check Point Adult V3

## Measurement Coordinator Only

Staff ID# \_\_\_\_\_

Did the participant return with a monitor?

- Yes  
 No

You have indicated that the participant has NOT returned the monitor. Select the Arm below and follow the instructions.

- Baseline  
 3 Month  
 6 Month  
 12 Month

Dismiss from study.

No incentive will be given.

Alert the Measurement Coordinator.

Not dismissed from study.

Eligible to receive incentives for remainder of study.

No NOT issue another monitor for remainder of study.

Not dismissed from study

No incentives will be given.

ActiGraph monitor number assigned at Visit 3. \_\_\_\_\_

Did the monitor you received at Visit 3 have enough "wear time"?

- Yes  
 No

What was the amount of wear time days? \_\_\_\_\_

What was the amount of wear time hours? \_\_\_\_\_

Upload the adult's participants monitor data here (ONLY AGD file)

Upload the adult's participants monitor data here (ONLY GT3X file)

If at the third visit, the participant's monitor still does not show enough "wear-time":

DO NOT dismiss from study.

Still eligible to receive incentives for remainder of study.

Attempt to capture ActiGraph data at next arm (3 months, 6 months, or 12 months).

# ActiGraph Check Point Child V1

---

Staff ID# \_\_\_\_\_

---

Child

Gender: [gender\_child]

Height: [cm2\_to\_in\_childs]

Lbs.: [weight\_pounds\_2\_childs]

Race: [race\_child]

Waist size: [child\_waist\_avg\_childs]

Side: Right Side

---

ActiGraph monitor number assigned at Visit 1. \_\_\_\_\_

---

Make sure that before the participant leaves with the monitor that you do the following:

- Explain how to wear the monitor.
- Explain when to wear the monitor.
- Give the participant a monitor.
- Give the participants a pouch and belt.
- Tell the participant that they will be text messaged 3 times over the next week.  
(Make sure all are checked)



# ActiGraph Check Point Child V2

---

Staff ID# \_\_\_\_\_

---

Did the participant return with a monitor?

- Yes  
 No

---

You have indicated that the participant has NOT returned the monitor. Select the Arm below and follow the instructions.

- Baseline  
 3 Month  
 6 Month  
 12 Month

---

Dismiss from study.

No incentive will be given.

Alert the Measurement Coordinator.

---

Not dismissed from study.

Eligible to receive incentives for remainder of study.

No NOT issue another monitor for remainder of study.

---

Not dismissed from study

No incentives will be given.

---

ActiGraph monitor number assigned at Visit 2.

\_\_\_\_\_

---

Did the monitor you received at Visit 2 have enough "wear time"?

- Yes  
 No

---

What was the amount of wear time days?

\_\_\_\_\_

---

What was the amount of wear time hours?

\_\_\_\_\_

---

Upload the child's monitor data here (ONLY AGD file)

---

Upload the child's monitor data here (ONLY GT3X file)

---

If at the second visit, the participant's Actigraph does not show enough "wear-time", re-issue Actigraph for another full 7 days.

---

Make sure that before the participant leaves with the monitor that you do the following:

- Explain how to wear the monitor.  
 Explain when to wear the monitor.  
 Give the participant a monitor.  
 Give the participants a pouch and belt.  
 Tell the participant that they will be text messaged 3 times over the next week.  
(Make sure all are checked)

# ActiGraph Check Point Child V3

---

Staff ID# \_\_\_\_\_

---

Did the participant return with a monitor?

- Yes  
 No

---

You have indicated that the participant has NOT returned the monitor. Select the Arm below and follow the instructions.

- Baseline  
 3 Month  
 6 Month  
 12 Month

---

Dismiss from study.

No incentive will be given.

Alert the Measurement Coordinator.

---

Not dismissed from study.

Eligible to receive incentives for remainder of study.

No NOT issue another monitor for remainder of study.

---

Not dismissed from study

No incentives will be given.

---

ActiGraph monitor number assigned at Visit 3.

\_\_\_\_\_

---

Did the monitor you received at Visit 3 have enough "wear time"?

- Yes  
 No

---

What was the amount of wear time days?

\_\_\_\_\_

---

What was the amount of wear time hours?

\_\_\_\_\_

---

Upload the child's monitor data here (ONLY AGD file)

---

Upload the child's monitor data here (ONLY GT3X file)

---

If at the third visit, the participant's monitor still does not show enough "wear-time":

DO NOT dismiss from study.

Still eligible to receive incentives for remainder of study.

Attempt to capture ActiGraph data at next arm (3 months, 6 months, or 12 months).

# Checkout Check Point

## Remote Measurement Check Out

Today's date

---

Team Member Initials

---

ONLY FOR 3-Month V2 AND 6-Month V2

Before you continue with the checkout process, ask the participant if they would like to schedule their next visit.

Is the participant interested in scheduling their next visit?

- Yes  
 No

Which visit would you like to schedule this participant for?

- 6-month Visit 1  
 12-month Visit 1  
 6- month Visit 2  
 12-month Visit 2  
 3-month Visit 1  
 3-month Visit 2  
 Baseline Visit 2

Is this a 12-month visit 2?

- Yes  
 No

## COVID-19 Questions

	yes	no
Have you been diagnosed with COVID-19 during your time as a participant in this study?	<input type="radio"/>	<input type="radio"/>

When?

---

Has anyone in your immediate family contracted COVID-19 during your time as a participant in the study?

- Yes  
 No

When?

---

User name

---

Password

---

Date received invitation

---

---

### Scheduling a 6-month Visit 1 Assessment

Choose a date on or after [checkout\_date+3M] to schedule the participant's next assessment.

Note: Remember to add the date & time of the participant's next assessment appointment into the calendar after the call.

---

### Scheduling a 12-month Visit 1 Assessment

Choose a date on or after [checkout\_date+6M] to schedule the participant's next assessment.

Note: Remember to add the date & time of the participant's next assessment appointment into the calendar after the call.

---

Parent Monitor ID

---

Which Visit Did the Participant Complete?

- Visit 1  
 Visit 2
- 

Are all the Visit 1 Surveys and Measurements Complete?

- Yes  
 No
- 

What is missing to complete Visit 1?

---

Time Participants Completed Remote Visit 1

---

What form of payment does the participant prefer?

- Tango Card (ONLY option available at the moment)  
 Certified Mail Visa Pre-paid Card  
 PayPal  
 Venmo
- 

Do you expect to receive \$600 or more for all compensation from the University of Texas at Austin for the current calendar year?

- Yes  
 No
- 

Individual Receipt Form for reference

[Attachment: "individual-participant\_v2.pdf"]

---

According to UT Austin policy, if a participant expects to be given more than \$600 dollars, they need to provide their SSN to research staff. See the form attached above for reference.

(If participant refuses to give his/her SSN, or does not have one, just input N/A.)

Please list the participant's SSN.

---

Did you schedule their Visit 2?  
(Make sure the Visit 2 is scheduled TWO weeks out)

- Yes  
 No
-

What needs to be finished to complete their Visit 1 and schedule their Visit 2?

\_\_\_\_\_

Remote Visit 2 Appointment Date  
(Do NOT Forget to ADD to the Calendar)

\_\_\_\_\_

Are all Visit 2 Surveys Complete, including the FFQ?

- Yes
- No

Time Participants Completed Remote Visit 2

\_\_\_\_\_

What is missing to complete their Visit 2?

\_\_\_\_\_

Has the participant returned their monitor using the pre-paid package?

- Yes
- No

The participant will not receive payment until they have completed all surveys and returned the monitor via mail. If they have not returned the monitor, please remind them at this time.

What type of payment does the Participant Prefer?

- Tango Card
- Certified Mail Visa Pre-paid Card
- PayPal
- Venmo

Do you expect to receive \$600 or more for all compensation from the University of Texas at Austin for the current calendar year?

- Yes
- No

Individual Receipt Form for reference

[Attachment: "individual-participant\_v2.pdf"]

According to UT Austin policy, if a participant expects to be given more than \$600 dollars, they need to provide their SSN to research staff. See the form attached above for reference.

\_\_\_\_\_  
(If participant refuses to give his/her SSN, or does not have one, just input N/A.)

Please list the participant's SSN.

For Supervisor USE ONLY

When did the supervisor pay out the participant?

\_\_\_\_\_

Supervisor Signature for RMV1 Payment

\_\_\_\_\_

For Supervisor USE ONLY

When did the supervisor pay out the participant?

\_\_\_\_\_

Supervisor Signature for RMV2 Payment

Thank you for completing all of your assessments! As we mentioned when we reviewed the consent form with you, before you can be enrolled into the study and randomly assigned to one of our programs, you must complete our 1-week trial period. During this 1-week trial period, we ask that you:

- watch a short, 10-minute online video about the Healthy Rural Texas study,
- answer a few questions at the end of the video,
- and record your food and drink intake in an online diary once a day, for 7 days.

It's very important you remember that you MUST log your food and beverage intake on at least 4 of the 7 days and complete the online lesson in order to be assigned to a healthy lifestyle program. If you do not log your food and beverage intake on at least 4 of 7 days and/or do not complete the online lesson, you and your child will no longer be eligible to participate in this study.

Once the 1-week trial period is completed, you and your child will be randomly assigned to 1 of 2 healthy lifestyle program groups (you cannot choose).

To view the online lesson, you must login to the Moodle Dashboard on the following website via your MOBILE PHONE OR TABLET( Browser on PC is not working at the moment): <http://myhealthpanel.org/>. The website link and your login information - that is, your username and password - have been sent to your email address. If you would prefer the information by text, please let us know. Would you please check your email right now to confirm that you received the website link and login information?

**IN-PERSON Check Out**

Parent Check Out

Parent Monitor ID

Parent's signature confirming receipt of monitor, monitor instructions, monitor care sheet, and school note.

Child Check-Out

Child Monitor ID

Child's signature confirming receipt of monitor.

### Follow-up Visit Scheduling

Has visit 2 been scheduled?  Yes  
 No

Date and time of scheduled V2 visit \_\_\_\_\_

Appointment date  
Don't forget to add the appointment to the Assessment  
Calendar!!

If visit 2 has not been scheduled, has the "Welcome  
Call," phone call been rescheduled to prompt a  
scheduling phone call for visit 2?  Yes  
 No

Will the participant require a visit 3 appointment?  Yes  
 No

### Run-In Period Script for Baseline V2 Check Out Check Point

Did participant receive email with website and login  
information?  Yes  
 No

[desc] [Resend email with website and login information] or if they chose text, text the information to them]

You should see that your username and password are:

Username

Password

\*Add field note reminding staff where to get this information\*

Did participant confirm login information? YES/NO  Yes  
 No

Write the login information participant received in the fields below

Great! Thank you for confirming that information.

You have 7 days, starting tomorrow, to view the online video. We will send you a couple of text messages throughout the week to remind you to complete the video.

In addition, starting tomorrow, you will receive a link to the online daily food and beverage diary where you will log your food and drink for the next 7 days. The link will be sent to you through text message at 5pm for the next 7 days. Clicking the link in the text message will take you directly to the online diary. Let's confirm your phone number to make sure you receive the text messages.

Is your phone number \_\_\_\_\_? Yes/no (add field  
note on where to find this information)  Yes  
 No

[text] Okay, glad we checked! To which phone number can I text the link to the food diary?

Phone Number: \_\_\_\_\_

Great!

I am going to text a brief message to you from our study phone number. When you receive the text message, please reply with a Y to indicate you received the text.

[Once the participant confirms that they received the text message]: Great! Looks like you are all set up for the trial period. Once the 7-day trial run-in period is over, we will contact you within the next a couple of days to let you know if you are enrolled and what program you were assigned. Do you have any questions for me before I go?

If you have any questions in the future, feel free to contact \_\_\_\_\_

Thank you for your time today, and we look forward to your participation in the Healthy Rural Texas program!

Incentive Opportunity Script: Thank you for participating in our study! We'd appreciate your support in sharing our program with people in your community. If you refer one person to our program, you will receive a free workout plan, and if they successfully enroll you will receive a \$25 e-gift card. You can earn up to \$75 with a maximum of 3 enrolled referrals. If you know family or friends who may be interested in our program, we recommend sharing our brief, online screening form.

— END OF SURVEY—

Date and Time of scheduled V3 visit.

Appointment date  
Don't forget to add the appointment to the Assessment Calendar!!

Date that Baseline Assessment is completed.

Incentive (T-shirts)

3 Month Visit Incentive

Parent signature for t-shirt

\*\*text confirming participant has received incentive for Visit 1.

3 Month Visit Incentive

Child signature for t-shirt



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Measurement Staff signature confirming receipt of incentives by participants.

(Required as of 2/16/2018 @ 4:30 p.m.)

# Monitor Follow-up Log

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aa

- Yes  
 No

---

Hello, this is the Healthy Frio team, we're texting you to make sure everything is going ok with wearing your monitor and to answer any questions you may have about the monitor. You can call us back at 000-000-0000 if you have any questions. Thank you for your participation!

---

Hello, this is the Healthy Frio team, we're texting you to make sure everything is going ok with wearing your monitor and to answer any questions you may have about the monitor. You can call us back at 000-000-0000 if you have any questions. Thank you for your participation!

---

Hello, this is the Healthy Frio team, we're texting you to make sure everything is going ok with wearing your monitor and to remind you to return the monitor on [ ]. The monitor contains valuable data, do please remember to bring it with you.

# Tracking Sheet

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UT Austin ONLY

- Yes  
 No

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Has this participant completed the 12 month assessment  
(pt. 1, 2 & 3 (as needed))?

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Staff Initials

---

---

Study ID

---

---

Group ID

---

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Have you been diagnosed with COVID during your time as  
a participant in the study?

- Yes  
 no

---

If yes, when?

---

---

Has anyone in immediate family contracted COVID-19  
during your time as a participant in the study?

- yes  
 no

---

If yes, when?

---

---

Participant's Name

---

---

Date received invitation

---

---

User name

---

---

Password

---

# Randomization

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Which study arm was the participant randomized to?

- Control
- In-Person
- Remote Technology

# Protocol Deviation Form

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Study ID

---

---

Staff Initials

---

---

Today's date

---

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Deviation Category

- Safety
- Informed Consent
- Eligibility
- Protocol Implementation
- Other, specify in notes

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Safety Code

- Not reporting a Serious Adverse Event (SAE) within 24 hours
- Not reporting Adverse Event (AE) to IRB
- Other, specify in notes

---

Informed Consent Code

- Failure to obtain informed consent
- Consent form used was not current IRB-approved version
- Consent form does not include updates or information required by IRB
- Consent form missing
- Consent form not signed and dated by participant
- Consent form does not contain all required signatures
- Other, specify in notes

---

Eligibility Code

- Participant did not meet eligibility criteria
- Randomization of an ineligible participant
- Participant randomized prior to completing baseline assessment, etc.
- Randomization and/or treatment of participant prior to IRB approval of protocol
- Other, specify in notes

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Protocol Implementation

- Failure to keep IRB approval up to date
- Participant receives wrong treatment
- Missed Visit
- Participant randomized before baseline assessment completed
- Other, specify in notes

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Other code

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Date deviation occurred:

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PI Signature

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Date of PI signature

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