

Parent-Child Survey I

We need your help to make our study a success. Your honest answers to the items in this survey are very important to us. This will not take too long to complete. Remember....

- we want to know what you think,
- there are no right or wrong answers,
- everything you tell us will be kept strictly confidential (secret).
- try to answer all the questions

Many of the questions are about your child's activities. Please answer these questions for your child with the most recent birthday who is between the ages of 5 and 11 years and who lives in this house most of the time.

Please tell us your: 1. Child's Name: _____

2. Child's Age: _____

3. Child's Gender: Male Female

4. Child's Height: _____feet _____inches

5. Child's Weight: _____pounds

A. Equipment Checklist

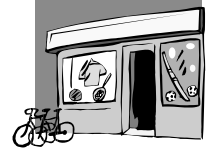
For the following non-portable electronic devices, please count the total number in your home that work, whether or not you use them. Please then tell us how many of these are in your child's bedroom (if any).

	a.Total number in home	b. Number in child's bedroom
1. TVs	_____	_____
2. VCR or DVD player	_____	_____
3. digital TV recorders (e.g., TiVo, ReplayTV, Sonic Blue)	_____	_____
4. music players (e.g., radio, CD or tape players, stereo system)	_____	_____
5. desktop computer <u>with</u> internet access	_____	_____
6. desktop computer <u>without</u> internet access	_____	_____
7. video game player that hooks up to a TV (e.g., Playstation, xbox)	_____	_____
8. telephone (non-cell phone)	_____	_____

Please tell us how many of the following portable electronic devices your child has access to (if any). Please write the total number in the space provided.

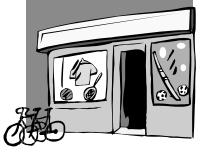
	Total number
9. music player (CD, MP3 player, iPod)	_____
10. hand held videogame player (e.g., game boy, sony psp etc)	_____
11. computer <u>with</u> internet access (e.g., laptop, PDA)	_____
12. computer <u>without</u> internet access	_____
13. cell phone	_____

B. Stores and other public places in the neighborhood where you and your child live



About how long would it take you to walk (on your own, without your children) from your home to the nearest stores or places listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

e.g.	gas station	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
1	convenience/corner store/ small grocery store/bodega	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
2	supermarket	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
3	hardware store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
4	fruit/vegetable market	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
5	laundry or dry cleaners	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
6	clothing store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
7	post office	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
8	library	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
9	elementary school	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
10	middle or high school	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
11	book store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
12	fast food restaurant	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
13	coffee place	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
14	bank/credit union	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
15	non-fast food restaurant	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
16	video store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
17	pharmacy/drug store	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
18	hairdressers/barber shop	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
19	any offices/worksites	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
20	bus, subway or train stop	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know



C. Recreation places in the neighborhood where you and your child live

About how long would it take you to walk (on your own, without your children) from your home to the nearest recreation place listed below? Please circle the time it would take you to walk to each place, even if you don't normally go there.

1	Indoor recreation or exercise facility (public or private)	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
2	beach, lake, river, or creek	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
3	bike/hiking/walking trails, paths	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
4	basketball court	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
5	other playing fields/courts (e.g., soccer, football, softball, tennis, skate park etc.)	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
6	YMCA	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
7	boys and girls club	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
8	swimming pool	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
9	walking / running track	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
10	school with recreation facilities <u>open to the public</u>	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
11	small public park	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
12	large public park	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
13	public playground with equipment	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
14	public open space (grass or sand/dirt) that is not a park	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know



D. Recreation places and sports facilities where your child plays



For the following questions please answer both parts.

-Please tell us how often your child is active in the following places

-If your child goes there, does he/she usually walk or bike there? (Alone or with someone)

Even if your child is not active in the place (but might go there for other reasons) please indicate whether he/she walks or bikes there. Please circle the answer that best applies to your child.

		a. My <u>child</u> is active here:				b. My <u>child</u> usually walks or bikes to or from here	
		Never	Once a month or less	Once every other week	Once a week or more	Yes	No
1	indoor recreation or exercise facility (public or private)	0	1	2	3	Yes	No
2	beach, lake, river, or creek	0	1	2	3	Yes	No
3	bike/hiking/walking trails, paths	0	1	2	3	Yes	No
4	basketball court	0	1	2	3	Yes	No
5	other playing fields/courts (e.g., football, softball, tennis)	0	1	2	3	Yes	No
6	YMCA	0	1	2	3	Yes	No
7	boys and girls club	0	1	2	3	Yes	No
8	swimming pool	0	1	2	3	Yes	No
9	walking / running track	0	1	2	3	Yes	No
10	school with recreation facilities <u>open to the public</u>	0	1	2	3	Yes	No
11	small public park	0	1	2	3	Yes	No
12	large public park	0	1	2	3	Yes	No
13	public playground with equipment	0	1	2	3	Yes	No
14	public open space (grass or sand/dirt) that is not a park	0	1	2	3	Yes	No
15	shopping mall, plaza	0	1	2	3	Yes	No
16	friend/relative's house	0	1	2	3	Yes	No
17	place <u>child</u> works ___ check here and skip if child does not work	0	1	2	3	Yes	No

E. Barriers to walking and biking to the local park for your child

Please circle the answer that best applies to your child.

1a. Is there a park within a 15-minute walk or bike (for your child) from your home? Yes No

1b. If yes, does your child walk or bike there (alone or with someone)? Yes No

Do you agree or disagree with the following statements:

It is difficult for my child to walk or bike to the local park (alone or with someone) because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
2. There are too many hills along the way	1	2	3	4
3. There are no sidewalks or bike lanes	1	2	3	4
4. The route is boring	1	2	3	4
5. The route does not have good lighting	1	2	3	4
6. There is too much traffic along the route	1	2	3	4
7. There is one or more dangerous crossings	1	2	3	4
8. My child gets too hot and sweaty	1	2	3	4
9. No other children walk or bike to this park	1	2	3	4
10. It's not considered cool to walk or bike	1	2	3	4
11. My child has too much stuff to carry	1	2	3	4
12. It is easier for me to drive my child here on the way to something else	1	2	3	4
13. It involves too much planning ahead	1	2	3	4
14. It is unsafe because of crime (strangers, gangs, drugs)	1	2	3	4
15. My child gets bullied, teased, harassed	1	2	3	4
16. There is nowhere to leave a bike safely	1	2	3	4
17. There are stray dogs	1	2	3	4
18. It is too far	1	2	3	4

F. Barriers to walking and biking to shops and restaurants for your child

Please circle the answer that best applies to your child.

1a. Are there shops, restaurants, or food stores within a 15-minute walk or bike (for your child) from your home? Yes No

1b. If yes, does your child walk or bike there (alone or with someone)? Yes No

Do you agree or disagree with the following statements:

It is difficult for my child to walk or bike to the local stores and restaurants (alone or with someone) because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
--	---------------------------	---------------------------	------------------------	------------------------

2. There are too many hills along the way	1	2	3	4
---	---	---	---	---

3. There are no sidewalks or bike lanes	1	2	3	4
---	---	---	---	---

4. The route is boring	1	2	3	4
------------------------	---	---	---	---

5. The route does not have good lighting	1	2	3	4
--	---	---	---	---

6. There is too much traffic along the route	1	2	3	4
--	---	---	---	---

7. There is one or more dangerous crossings	1	2	3	4
---	---	---	---	---

8. My child gets too hot and sweaty	1	2	3	4
-------------------------------------	---	---	---	---

9. No other children walk or bike	1	2	3	4
-----------------------------------	---	---	---	---

10. It's not considered cool to walk or bike	1	2	3	4
--	---	---	---	---

11. My child has too much stuff to carry	1	2	3	4
--	---	---	---	---

12. It is easier for me to drive here on the way to something else	1	2	3	4
--	---	---	---	---

13. It involves too much planning ahead	1	2	3	4
---	---	---	---	---

14. It is unsafe because of crime (strangers, gangs, drugs)	1	2	3	4
---	---	---	---	---

15. My child gets bullied, teased, harassed	1	2	3	4
---	---	---	---	---

16. There is nowhere to leave a bike safely	1	2	3	4
---	---	---	---	---

17. There are stray dogs	1	2	3	4
--------------------------	---	---	---	---

18. It is too far	1	2	3	4
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G. Barriers to activity in the local neighborhood

Please circle the answer that best applies to your child. Do you agree or disagree with the following statements:

It is difficult for my child to be active in the local park near our home because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
1. There is not enough space to be active in	1	2	3	4
2. There is no choice of activities	1	2	3	4
3. There is no equipment	1	2	3	4
4. There is no adult supervision	1	2	3	4
5. There are no other children there	1	2	3	4
6. It is not safe because of crime (strangers, gangs, drugs)	1	2	3	4
7. My child gets bullied, teased, harassed	1	2	3	4
8. It is not safe because it is close to a road	1	2	3	4
9. There are too many people there	1	2	3	4
10. It does not have good lighting	1	2	3	4
11. It is difficult to get to	1	2	3	4

It is difficult for my child to be active in the local streets, alley ways, cul de sacs because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
12. There is not enough space to be active in	1	2	3	4
13. There is no choice of activities	1	2	3	4
14. There is no equipment	1	2	3	4
15. There is no adult supervision	1	2	3	4
16. There are no other children there	1	2	3	4
17. It is not safe because of crime (strangers, gangs, drugs)	1	2	3	4
18. My child gets bullied, teased, harassed	1	2	3	4
19. It is not safe because of traffic	1	2	3	4
20. There are too many people there	1	2	3	4
21. There is no good lighting	1	2	3	4



H. Types of homes in your neighborhood

While thinking about the places where people live in your neighborhood, please circle an answer for each of the following questions. Your neighborhood is the local area around your home, within a 10-15 minute walk in any direction.

1. How common are separate or stand alone one family homes in your neighborhood?

There are:

- | | | | | |
|------|-------|------|-------|---|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are
separate one family homes |

2. How common are connected townhouses or rows of houses in your neighborhood?

There are:

- | | | | | |
|------|-------|------|-------|--|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are
townhouses or row houses |

3. How common are multiple family or duplex homes in your neighborhood?

There are:

- | | | | | |
|------|-------|------|-------|--|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are
multiple family/duplex homes |

4. How common are apartment or condo buildings in your neighborhood?

There are:

- | | | | | |
|------|-------|------|-------|---|
| 1 | 2 | 3 | 4 | 5 |
| None | A few | Some | A lot | All the residences are
in apartment or condo buildings |



I. Access to services

Please circle the answer that best applies to the neighborhood where you and your child live. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. Stores are within easy walking distance of our home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Parking is difficult in local shopping areas.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. There are many places for my child to go (alone or with someone) within easy walking distance of our home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. From our home, it is easy for my child to walk (alone or with someone) to a transit stop (bus, subway, train).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. The streets in my neighborhood are hilly, making our neighborhood difficult for my child to walk in.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are major barriers to walking in our local area that make it hard for my child to get from place to place (for example, freeways, railway lines, rivers).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree



J. Streets in my neighborhood

Please circle the answer that best applies to the neighborhood where you and your child live.

1. The streets in our neighborhood do not have many cul-de-sacs (dead-end streets).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The distance between intersections (where streets cross) in our neighborhood is usually short. (100 yards or less; the length of a football field or less).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many different routes for getting from place to place in our neighborhood. (My child doesn't have to go the same way every time.)

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



K. Places for walking

Please circle the answer that best applies to the neighborhood where you and your child live.

1. There are sidewalks on most of the streets in our neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. Sidewalks are separated from the road/traffic in our neighborhood by parked cars.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There is grass/dirt between the streets and the sidewalks in our neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



L. Neighborhood surroundings

Please circle the answer that best applies to the neighborhood where you and your child live.

1. There are trees along the streets in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. There are many interesting things for my child to look at while walking in my neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. There are many beautiful natural things for my child to look at in my neighborhood (e.g., gardens, views).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

4. There are many buildings/homes in my neighborhood that are nice to look at for my child.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |



M. Neighborhood safety

Please circle the answer that best applies to the neighborhood where you and your child live.

1. There is so much traffic along nearby streets that it makes it difficult or unpleasant for my child to walk (alone or with someone) in our neighborhood.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

2. The speed of traffic on most nearby streets is usually slow (30 mph or less).

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1 | 2 | 3 | 4 |
| strongly disagree | somewhat disagree | somewhat agree | strongly agree |

3. Most drivers go faster than the posted speed limits in our neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. Our neighborhood streets have good lighting at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. Walkers and bikers on the streets in our neighborhood can be easily seen by people in their homes.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are crosswalks and signals to help walkers cross busy streets in our neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

7. When walking in our neighborhood there are a lot of exhaust fumes.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

8. There is a high crime rate in our neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

9. The crime rate in our neighborhood makes it unsafe for my child to go on walks (alone or with someone) at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

10. I am worried about letting my child play outside alone around my home (e.g., yard, driveway, apartment common area) because I am afraid of my child being taken or hurt by a stranger.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

11. I am worried about letting my child be outside with a friend around my home because I am afraid my child will be taken or hurt by a stranger.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

12. I am worried about letting my child play or walk alone or with friends in my neighborhood and local streets because I am afraid my child will be taken or hurt by a stranger.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

13. I am worried about letting my child be alone or with friends in a local or nearby park because I am afraid my child will be taken or hurt by a stranger.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

N. Weather

Please circle the answer that best applies to the neighborhood where you and your child live.

1. Bad weather (like rain, snow, or cold) often keeps my child from being physically active outside.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Bad weather often keeps my child from biking or walking places.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

O. Local environment

How often is your child active in the following places? Please circle the answer that best applies to your child.

	Never	Once a month or less	Once every other week	Once a week or more	
1. Inside our home	0	1	2	3	
2. In our yard	0	1	2	3	No yard
3. In our driveway	0	1	2	3	No driveway
4. At a neighbor's house, yard or driveway	0	1	2	3	
5. In a local street, cul de sac (dead end street), vacant lot	0	1	2	3	



P. Home environment

Please indicate if you have the following items in your home, yard, or apartment complex, and if you have them, how often your child uses each item. Please circle the answer that best applies to your child.

		Not available	Available but never use	Use once a month or less	Use once every other week	Uses once a week or more
1	bike	0	1	2	3	4
2	basketball hoop	0	1	2	3	4
3	jump rope	0	1	2	3	4
4	sports equipment (e.g., balls, racquets, bats, sticks)	0	1	2	3	4
5	Swimming pool	0	1	2	3	4
6	roller skates, skateboard, scooter	0	1	2	3	4
7	fixed play equipment (e.g., swing set, play house, jungle gym)	0	1	2	3	4
8	home aerobic equipment (e.g., treadmill, cycle, cross trainer, stepper, rower, workout video or audiotapes)	0	1	2	3	4
9	weight lifting equipment, toning devices (e.g., free weights, pull up bars, exercise balls, ankle weights etc)	0	1	2	3	4
10	water or snow equipment (e.g., skis, skates, canoe, row boat, kayak, surf board, boogie board, windsurf board)	0	1	2	3	4
11	yoga/exercise mats	0	1	2	3	4
12	exercise, play or rec room	0	1	2	3	4
13	trampoline	0	1	2	3	4
14	stairs	0	1	2	3	4

Q. Physical activity

Physical Activity is any activity that increases your child's heart rate and makes your child get out of breath some of the time.

Physical Activity can be done in sports, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, and surfing.

Add up the time your child spends in physical activity each day (do not include school physical education or gym class). Circle the answer that best applies to your child.

1. For the past seven days, how many days was your child physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

2. Over a typical or usual week on how many days is your child physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7

3. Outside of school, how many days per week does your child play or practice team sports?

0 days 1 2 3 4 5 or more

4. Outside of school, how many days per week does your child have activity training or instruction not in a team sport (e.g., martial arts, dance, tennis)

0 days 1 2 3 4 5 or more

5. How many days per week does your child have gym or Phys Ed class at school?

0 days 1 2 3 4 5 or more

6. On average, how long is each PE period? ___ minutes per class don't know

7. Do you have a dog at home? Yes No

7a. If you answered yes, how much time did your child spend walking your dog last week?

_____ hours _____ minutes

8. Do you have a family membership to a health club or gym? Yes No

9. Do you have a family membership to a public, private, or community pool? Yes No



R. Sedentary behavior

WEEKDAYS

Please indicate how much time on a typical WEEK DAY **your child** does the following activities, when he/she is mostly sitting, and not moving around. Please think about the time from when your child wakes up until he/she goes to bed. Please DO NOT include time when your child is in school during regular hours. Please circle the best answer for your child.

1. Watching television/videos/DVDs	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
2. Playing computer or video games (like Nintendo or xbox)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
3. Using the internet, emailing, or other electronic media for leisure	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
4. Doing homework (including reading, writing, or using the computer)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
5. Sitting listening to music (on radio, CD, tape, MP3, iPod, etc.)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
6. Sitting talking on the telephone or texting	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
7. Sitting/hanging out/talking with friends or family	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
8. Reading a book or magazine NOT for school (including comic books)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
9. Doing inactive hobbies (music, art, crafts, clubs, going to movies etc)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
10. Sitting at work (if child has a job) ____ check & skip if child doesn't have job	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
11. Riding or driving in a car	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more



Good Work! Keep it up. You are over half way!!!

WEEKENDS

Please indicate how much time on a typical WEEKEND day **your child** does the following activities, when he/she is mostly sitting, and not moving around. Please think about the time from when your child wakes up until he/she goes to bed. Please circle the best answer for your child.

12. Watching television/videos/DVDs	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
13. Playing computer or video games (like Nintendo or xbox)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
14. Using the internet, emailing, or other electronic media for leisure	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
15. Doing homework (including reading, writing, or using the computer)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
16. Sitting listening to music (on radio, CD, tape, MP3, iPod, etc.)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
17. Sitting talking on the telephone or texting	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
18. Sitting/hanging out/talking with friends or family	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
19. Reading a book or magazine NOT for school (including comic books)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
20. Doing inactive hobbies (music, art, crafts, clubs, going to movies etc)	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
21. Sitting at work (if child has a job) ____ check & skip if child doesn't have job	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more
22. Riding or driving in a car	None	15 min	30 min	1 hour	2 hours	3 hours	4 hours or more

23. Does your child do regular paid or volunteer work? Yes No

23a. If yes, how many days per week does your child work? _____

23b. If yes, How many hours per day does your child usually work? _____

24. On average, how many hours a week do you or another adult in the household spend driving your child to/from places where he/she gets physical activity (don't include driving to/from school unless it is a special trip because your child is in sports at school)?

_____ hours per week



S. Rules

Rules for playing outside

Do you or another parent/guardian have the following rules for your child, regardless of how often the child is told the rule? Please circle an answer for each rule.

1	Stay close to or within sight of the house/parent	Yes	No	Sometimes
2	Do not go into the street	Yes	No	Sometimes
3	Come in before dark	Yes	No	Sometimes
4	Do not fight or play rough games	Yes	No	Sometimes
5	Do not climb walls, trees or fences	Yes	No	Sometimes
6	Do not go places alone	Yes	No	Sometimes
7	Stay within the neighborhood	Yes	No	Sometimes
8	Do not ride bike on the street	Yes	No	Sometimes
9	Wear a bike helmet	Yes	No	Sometimes
10	Wear protective clothing (e.g. knee pads)	Yes	No	Sometimes
11	Carry a cell phone	Yes	No	Sometimes
12	Avoid strangers	Yes	No	Sometimes
13	Do homework before going out	Yes	No	Sometimes
14	Watch out for cars	Yes	No	Sometimes
15	Check in frequently	Yes	No	Sometimes
16	Stay on paths, trails or sidewalk	Yes	No	Sometimes
17	Do not cross busy streets	Yes	No	Sometimes
18	Wear hat and/or sunscreen in summer	Yes	No	Sometimes

Rules for TV and Related Behaviors

Do you or another parent/guardian have the following rules about your child's watching TV, DVD's, or videos, or playing computer games, regardless of how often the child is told the rule? Please circle an answer for each rule.

19	Not too much TV/DVDs	Yes	No	Sometimes
20	No TV/DVD before homework	Yes	No	Sometimes
21	No TV/DVD while doing homework	Yes	No	Sometimes
22	Less than 2 hours TV/DVD per day	Yes	No	Sometimes
23	No computer before homework	Yes	No	Sometimes
24	Only 1 hour computer per day	Yes	No	Sometimes
25	No internet without permission	Yes	No	Sometimes
26	No TV/computer unless exercised first	Yes	No	Sometimes

Rules for Eating

How often do you or another parent/guardian have the following rules about your child's eating, regardless of how often the child is told the rule? Please circle an answer for each rule.

27	No second helpings at meals	Yes	No	Sometimes
28	Limited portion sizes at meals	Yes	No	Sometimes
29	No dessert until plate is cleaned	Yes	No	Sometimes
30	No desserts except fruit	Yes	No	Sometimes
31	No meals while watching TV/DVDs	Yes	No	Sometimes
32	No snacking while watching TV/DVDs	Yes	No	Sometimes
33	No sweet snacks	Yes	No	Sometimes
34	No fried snacks at home (such as potato chips)	Yes	No	Sometimes
35	Must help with meal preparation at home	Yes	No	Sometimes
36	Must help with clean-up after meals at home	Yes	No	Sometimes
37	Must eat dinner with family	Yes	No	Sometimes
38	Limited fast food	Yes	No	Sometimes



T. FOOD

1. In a typical day, how many servings of fruit does **your child** eat? A serving is equal to:

- 1 medium piece of fresh fruit
- 1/2 cup of fruit salad
- 1/4 cup of raisins, apricots or other dried fruit
- 6 oz. of 100% orange, apple, or grapefruit juice

(Do not count fruit punch, lemonade, Gatorade, Sunny Delight or fruit drink)

None (0) 1 2 3 4 or more

2. In a typical day, how many servings of vegetables does **your child** eat? A serving is equal to:

- 1 medium carrot or other fresh vegetable
- 1 small bowl of green salad
- 1/2 cup of fresh or cooked vegetables
- 3/4 cup of vegetable soup

(Do not count French fries, onion rings, potato chips, or fried okra)

None (0) 1 2 3 4 or more

How often are the following food items available in your home? (Please circle one answer for each food.)

3	chocolate candy	Never	Rarely	Sometimes	Frequently	Always
4	other candy	Never	Rarely	Sometimes	Frequently	Always
5	raw fruit (e.g., apples, oranges)	Never	Rarely	Sometimes	Frequently	Always
6	cakes, brownies, muffins or cookies	Never	Rarely	Sometimes	Frequently	Always
7	regular chips	Never	Rarely	Sometimes	Frequently	Always
8	baked chips	Never	Rarely	Sometimes	Frequently	Always
9	raw vegetables (e.g., carrots)	Never	Rarely	Sometimes	Frequently	Always
10	100% fruit juice	Never	Rarely	Sometimes	Frequently	Always
11	juice drinks (e.g., Snapple, Sunny delight)	Never	Rarely	Sometimes	Frequently	Always
12	regular sodas with sugar	Never	Rarely	Sometimes	Frequently	Always
13	diet or sugar free sodas	Never	Rarely	Sometimes	Frequently	Always
14	sports drinks (e.g., Gatorade)	Never	Rarely	Sometimes	Frequently	Always
15	fruit roll-ups or other dried fruit	Never	Rarely	Sometimes	Frequently	Always
16	regular or 2% milk	Never	Rarely	Sometimes	Frequently	Always
17	1% or fat-free milk	Never	Rarely	Sometimes	Frequently	Always
18	sweetened breakfast cereal	Never	Rarely	Sometimes	Frequently	Always
19	unsweetened breakfast cereal	Never	Rarely	Sometimes	Frequently	Always



U. Physical activity and your child's school

The following questions are about your child's school, what it is like, where it is and how your child gets there. Please circle the best answer for your child and your child's school.

1. Does your child go to school outside your home?

Yes No **(If no, skip to Section X)**

If yes, we would like to know how far away your child lives from his/her school:

a. What is the name of the school? _____

b. What is the address of the school? _____

In an average school week, how many days does your child use the following modes of transportation to get to and from school? (e.g., if your child rides the bus to and from school, you would circle a 5 next to "go by car or bus" in both columns)

2. DAYS PER WEEK TO SCHOOL:

- | | | | | | | |
|---------------------|---|---|---|---|---|---|
| a. Walk | 0 | 1 | 2 | 3 | 4 | 5 |
| b. Bicycle | 0 | 1 | 2 | 3 | 4 | 5 |
| c. Go by car or bus | 0 | 1 | 2 | 3 | 4 | 5 |

3. DAYS PER WEEK FROM SCHOOL:

- | | | | | | | |
|---------------------|---|---|---|---|---|---|
| a. Walk | 0 | 1 | 2 | 3 | 4 | 5 |
| b. Bicycle | 0 | 1 | 2 | 3 | 4 | 5 |
| c. Go by car or bus | 0 | 1 | 2 | 3 | 4 | 5 |

For the next few questions, tell us how much you agree or disagree with each statement. Please circle your answers.

	strongly disagree	somewhat disagree	somewhat agree	strongly agree
4. Other kids my child's age walk or bike to school by themselves	1	2	3	4
5. Other kids my child's age walk or bike to school with a parent or other adult	1	2	3	4
6. Other kids my child's age think walking or biking to school is "cool"	1	2	3	4
7. At my child's school, the older kids think walking or biking to school is "cool"	1	2	3	4
8. My child enjoys walking or biking to school	1	2	3	4
9. My child enjoys walking or biking to school with friends	1	2	3	4
10. My child enjoys walking or biking to school with a parent or other adult	1	2	3	4

We would like to know more about your child's school environment. Please circle the answer that best applies to your child and your child's school.

11. How often does your child's school have supervised physical activities after school?

never rarely sometimes frequently always don't know

12. How often does your child's school allow students to use play areas or fields after school?

never rarely sometimes frequently always don't know

13. How often does your child's school allow students to use play areas or fields after lunch?

never rarely sometimes frequently always don't know



Does your child have any of these at school? Circle all that apply.

14. basketball hoops Yes No Don't know

15. soccer goal posts Yes No Don't know

16. baseball backstop Yes No Don't know

17. playground markings Yes No Don't know

18. things to climb up Yes No Don't know

19. running/walking track Yes No Don't know

20. weight lifting machines Yes No Don't know

21. indoor exercise machines such as treadmills/stair climbers Yes No Don't know

Please circle the answer that best applies to your child's school.

22. In the past school year, has your child had homework assignments trying to increase the amount of physical activity your child does?

Yes No

23. In the past school year, has your child had homework assignments trying to decrease the amount of TV your child watches?

Yes No

V. Barriers to walking and biking to school for your child

Please circle the answer that best applies to your child.

- 1a. Is your child's school within a 30 minute walk or bike from your home? Yes No
- 1b. Does your child walk or bike to school, either alone or with someone (at least once week)? Yes No

Do you agree or disagree with the following statements:

It is difficult for my child to walk or bike to school (alone or with someone) because...

	1 strongly disagree	2 somewhat disagree	3 somewhat agree	4 strongly agree
2. There are too many hills along the way	1	2	3	4
3. There are no sidewalks or bike lanes	1	2	3	4
4. The route is boring	1	2	3	4
5. The route does not have good lighting	1	2	3	4
6. There is too much traffic along the route	1	2	3	4
7. There is one or more dangerous crossings	1	2	3	4
8. My child gets too hot and sweaty	1	2	3	4
9. No other children walk or bike to school	1	2	3	4
10. It's not considered cool to walk or bike	1	2	3	4
11. My child has too much stuff to carry	1	2	3	4
12. It is easier for me to drive my child here on the way to something else	1	2	3	4
13. It involves too much planning ahead	1	2	3	4
14. It is unsafe because of crime (strangers, gangs, drugs)	1	2	3	4
15. My child gets bullied, teased, harassed	1	2	3	4
16. There is nowhere to leave a bike safely	1	2	3	4
17. There are stray dogs	1	2	3	4
18. It is too far	1	2	3	4



W. Food and your child's school

Please answer the following questions about the foods that your child can get at school. Please circle the answer that best applies to your child and your child's school.

1. In the past school year, has your child had homework assignments trying to improve his/her eating habits, such as eating more fruits and vegetables or drinking fewer sugary drinks? Yes No

2. How often does your child's school send home information about the nutritional content of the foods offered at school?

never rarely sometimes frequently always

Please answer the following questions about the foods that your child can get at school. Please circle or mark the answer that best applies to your child and his/her school.

3. Are there food vending machines at your child's school? Yes No
3a. If yes, how many days per week does your child use them? 0 1 2 3 4 5

4. Are there food vending machines at your child's school that offer only "healthy" foods, including fruit? Yes No
4a. If yes, how many days per week does your child use them? 0 1 2 3 4 5

5. Are there drink vending machines at your child's school? Yes No
5a. If yes, how many days per week does your child use them? 0 1 2 3 4 5

6. Are there drink machines at your child's school that offer only "healthy" drinks, including water and 100% fruit juice? Yes No
6a. If yes, how many days per week does your child use them? 0 1 2 3 4 5

7. Is there usually a salad bar at your child's school? Yes No
7a. If yes, how many days per week does your child eat there? 0 1 2 3 4 5

8. Are there carts to buy food at your child's school outside of the regular lunch line? Yes No
8a. If yes, how many days per week does your child eat there? 0 1 2 3 4 5

9. Are name-brand fast foods served at your child's school (like Pizza Hut or Taco Bell)? Yes No
9a. If yes, how many days per week does your child eat there? 0 1 2 3 4 5

10. Is there a student store at your child's school that sells food? Yes No
10a. If yes, how many days per week does your child eat there? 0 1 2 3 4 5

11. Is it permitted for your child to go off-campus during lunch time? Yes No

11a. How many days per week does your child eat off-campus? 0 1 2 3 4 5

12. How often do clubs or other groups sell candy at your child's school?
never rarely sometimes frequently always

13. How many days does your child typically eat breakfast at school?
Number of days per week: 0 1 2 3 4 5

14. How many days does your child typically get lunch in the cafeteria line?
Number of days per week: 0 1 2 3 4 5

15. How many days does your child typically bring lunch from home?
Number of days per week: 0 1 2 3 4 5

16. Is there a fruit and vegetable market within a 5-minute walk from your child's school?
Yes No Don't Know

17. Is there a convenience store/ corner shop /bodega within a 5-minute walk from your child's school?
Yes No Don't Know

18. Is there a fast food restaurant within a 5-minute walk from your child's school?
Yes No Don't Know

19. During a normal school week, how many days per week does your child get lunch off campus at a fast food restaurant?
Number of days per week: 0 1 2 3 4 5

20. During a normal school week, how many days per week does your child get lunch off campus at a convenience store?
Number of days per week: 0 1 2 3 4 5



X. Parking

Please circle the response that best applies to you and the places where you park regularly.

1. Parking at my home is difficult

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

2. Parking at my home is expensive

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

3. Parking at my child's school is difficult

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

4. Parking at my child's school is expensive

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

5. Parking at the place where my child is most active is difficult

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

6. Parking at the place where my child is most active is expensive

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

7. Parking at my local stores is difficult

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

8. Parking at my local stores is expensive

1	2	3	4
strongly	somewhat	somewhat	strongly
disagree	disagree	agree	agree

9. Parking where my child works (if applicable) is difficult

1	2	3	4	8
strongly	somewhat	somewhat	strongly	Child does
disagree	disagree	agree	agree	not work

10. Parking where my child works (if applicable) is expensive

1	2	3	4	8
strongly	somewhat	somewhat	strongly	Child does
disagree	disagree	agree	agree	not work

Y. INTERNATIONAL PREVALENCE STUDY [IPS] ON PHYSICAL ACTIVITY

We realize that the following questions are similar to some of the questions you have already answered. We appreciate your patience and hope you don't mind completing this slightly different format to help our research. The questions are about YOU, not your child.

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.

1. *What is the main type of housing in your neighborhood?*

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

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

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...

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 77 Don't know/Not sure

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...

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 77 Don't know/Not sure

4. There are sidewalks on most of the streets in my neighborhood. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

88 Does not apply to my neighborhood

77 Don't know/Not sure

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...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

88 Does not apply to my neighborhood

77 Don't know/Not sure

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...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

7. The crime rate in my neighborhood makes it unsafe to go on walks at night. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

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...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

88 Does not apply to my neighborhood

77 Don't know/Not sure

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...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

10. There are many interesting things to look at while walking in my neighborhood. Would you say you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

11. How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?

_____ Motor Vehicles

77 Don't know/Not sure

12. There are many four-way intersections in my neighborhood. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

88 Does not apply to my neighborhood

77 Don't know/Not sure

13. The sidewalks in my neighborhood are well maintained (paved, with few cracks) and not obstructed. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

14. Places for bicycling (such as bike paths) in and around my neighborhood are well maintained and not obstructed. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

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...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

16. The crime rate in my neighborhood makes it unsafe to go on walks during the day. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure

17. There are many places to go within easy walking distance of my home. Would you say that you...

1 Strongly disagree

2 Somewhat disagree

3 Somewhat agree

4 Strongly agree

77 Don't know/Not sure



Keep up the good work...the end is near!

Z. General Information

Please print clearly. Please answer all the questions for you, not your child. Please give us your accurate address so you can receive your next survey and gift card.

1. Home address: _____
Street Apt/Suite

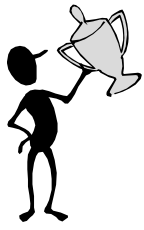
City

State Zip Code
2. Nearest street intersection to home: _____ & _____
3. Phone number: _____
Area code Number
4. Email Address: _____
5. Age: _____
6. Please circle: Male Female
7. Do you consider yourself Hispanic or Latino? Yes No
8. Race (you can circle one or more):
1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Pacific Islander
5. American Indian or Alaskan Native
6. Other _____
9. Your height: _____ feet _____ inches
10. Your weight: _____ pounds
11. Do you have a valid driver's license? Yes No
12. What was your highest education level completed? (please check one).
- 1. Less than 7th grade _____
 - 2. Junior high/middle school _____
 - 3. Some high school _____
 - 4. Completed high school _____
 - 5. Some college or vocational training _____
 - 6. Completed college or university _____
 - 7. Completed graduate degree _____

13. How many people (including yourself) live in your household? _____ people
14. How many children under 18 live in your household? _____
15. What are the ages of the children living in your household?
 a) _____ b) _____ c) _____ d) _____ e) _____ f) _____
16. What type of residence do you live in? (please circle one).
1. Single family house
 2. Multi-family house
 3. Apartment
 4. Condominium/townhouse
 5. Other _____
17. Do you rent or own your home? 1. Own/buying _____ 2. Rent _____
18. How long have you lived at your current address? _____ year(s); _____ month(s)
19. How many drivable motor vehicles (cars, trucks, motorcycles) are there at your household?

20. What is your marital status? (please circle one).
- i. Married
 - ii. Widowed/divorced/separated
 - iii. Single and never married
 - iv. Living with partner
21. Approximate annual household income (please check one)
- | | |
|----------------------------|-----------------------------|
| 1. <\$10,000 _____ | 7. \$60,000-\$69,000 _____ |
| 2. \$10,000-\$19,000 _____ | 8. \$70,000-\$79,000 _____ |
| 3. \$20,000-\$29,000 _____ | 9. \$80,000-\$89,000 _____ |
| 4. \$30,000-\$39,000 _____ | 10. \$90,000-\$99,000 _____ |
| 5. \$40,000-\$49,000 _____ | 11. > \$100,000 _____ |
| 6. \$50,000-\$59,000 _____ | |
22. How many days a week does your child live at this address?
- 0 1 2 3 4 5 6 7

What is today's date? _____ month _____ day _____ year



You're Finished!
Thank you for your time and effort!

Please mail this survey back to us. Don't forget to use the return envelope we sent with the survey

- ✓ *Remember, the envelope should include 2 items:*
 - *Your survey*
 - *Your signed consent form*



If you don't have the envelope we provided, mail to:

*The Active Where? Project
3900 5th Ave, Suite 310
San Diego, CA 92103*

Please feel free to give us a call if you have any questions.

Contact the *Active Where? Study*
Jacqueline Kerr, Ph.D.
(619) 260-1966

For Office Use Only

Date mailed _____

Date received _____

ID Number _____

Date entered _____

By _____

Date entered _____

By _____