What Does Your Child Eat?

¿Qué come su niño?

Thank you for taking part in this important study!

Please fill out and return the survey in the enclosed envelope within the next week. If you have any questions about the What Does Your Child Eat? study, please send an e-mail to USDA@sna.rti.org or call toll-free at 1-866-800-9176.
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). Do not return the completed form to this address.

If you have questions regarding your rights as a research participant, you may contact RTI’s Office of Research Protection toll-free at 866-214-2043.
Questions on Whether Certain Foods Are Available at Home

1. Were any of the following foods available in your home during the past week? Include fresh, frozen, canned, and dried foods. (Circle yes or no for each food.)

<table>
<thead>
<tr>
<th>Food</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bananas</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Apples</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Grapes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d. Melons (for example, cantaloupe, honeydew, or watermelon)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Strawberries</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>f. Carrots</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>g. Potato chips, nacho chips, or corn chips</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>h. Regular soft drinks or sodas</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>i. Diet or low calorie soft drinks or sodas</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>j. Regular whole or 2% milk</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>k. 1% or skim milk</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Questions on the Fruits and Vegetables Your Child Eats

For the next questions think about what your child ate during the past week, or the past 7 days. Do not include school or day care time.

2. How many days during the past week did your child eat more than one kind of fruit each day? Do not include fruit juice. (Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day
3. During the past week, how many cups of fruit did your child eat each day? Do not include fruit juice. (Circle one.)
   1. None
   2. 1/2 cup
   3. 1 cup
   4. 1 ½ cups
   5. 2 cups
   6. 2 ½ cups
   7. 3 cups or more

4. How many days during the past week did your child eat more than one kind of vegetable each day? Do not include vegetable juice. (Circle one.)
   1. None
   2. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 6 days
   5. Every day

5. During the past week, how many cups of vegetables did your child eat each day? Do not include vegetable juice. (Circle one.)
   1. None
   2. 1/2 cup
   3. 1 cup
   4. 1 ½ cups
   5. 2 cups
   6. 2 ½ cups
   7. 3 cups or more

6. During the past week, did your child eat any meals or snacks that were provided by his or her school or day care? (Circle all that apply.)
   1. Yes, breakfast
   2. Yes, lunch
   3. Yes, snacks
   4. No, did not eat breakfast, lunch, or snacks provided by school or day care

7. Is your child willing to try a new kind of fruit? (Circle one.)
   1. No
   2. Maybe
   3. Yes
8. How many days during the past week did you give your child fruit as a snack? (Circle one.)
   1. None
   2. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 6 days
   5. Every day

9. How many days during the past week did your child ask or help himself or herself to fruit as a snack? (Circle one.)
   1. None
   2. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 6 days
   5. Every day

10. How many days during the past week did you give your child fruit at dinner? (Circle one.)
    1. None
    2. 1 to 2 days
    3. 3 to 4 days
    4. 5 to 6 days
    5. Every day

11. Is your child willing to try a new kind of vegetable? (Circle one.)
    1. No
    2. Maybe
    3. Yes

12. How many days during the past week did you give your child a vegetable as a snack? (Circle one.)
    1. None
    2. 1 to 2 days
    3. 3 to 4 days
    4. 5 to 6 days
    5. Every day
13. How many days during the past week did your child ask or help himself or herself to vegetables as a snack? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

14. How many days during the past week did you give your child a vegetable at dinner? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

**Questions on the Dairy Products Your Child Eats**

15. Did your child drink milk or use milk on his or her cereal *at home* during the past week? *(Circle one.)*

1. Yes
2. No [Go to Question 17]

16. What kind of milk did your child drink or use on his or her cereal *at home* during the past week? *(Circle one.)*

1. Regular whole milk
2. 2% milk
3. 1% milk
4. Skim or fat-free milk
5. Other type of milk (for example, soy or rice milk)

17. How many days during the past week did your child eat low-fat or fat-free yogurt *at home*? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day
18. How many days during the past week did your child eat regular-fat yogurt at home? 
   (Circle one.)
   1. None
   2. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 6 days
   5. Every day

Questions on Your Child’s Eating Habits

19. How many days during the past week did your child help you make or cook a meal? For example, did your child wash fruits or vegetables? (Circle one.)
   1. None
   2. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 6 days
   5. Every day

20. How many days during the past week did you make your child eat everything on his or her dinner plate? (Circle one.)
   1. None
   2. 1 to 2 days
   3. 3 to 4 days
   4. 5 to 6 days
   5. Every day

21. How much do you agree or disagree with the following statement? “If my child eats healthy, he or she will be healthier when he or she gets older.” (Circle one.)
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree

22. How much do you agree or disagree with the following statement? “I am a good role model for my child by eating healthy foods.” (Circle one.)
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
Questions about You and Your Household

23. During the past year, how often did you run out of food before the end of the month?  
   (Circle one.)
   1. Did not run out of food
   2. Seldom
   3. Sometimes
   4. Most of the time
   5. Almost always

24. How many people under 18 years of age live in your household?  
   ____

25. Including yourself, how many people 18 years of age or older live in your household?  
   ____

26. Which of the following categories best describes your age? (Circle one.)
   1. 18 to 24
   2. 25 to 34
   3. 35 to 44
   4. 45 to 54
   5. 55 to 64
   6. 65 to 74
   7. Over 74

27. What is your gender? (Circle one.)
   1. Male
   2. Female

28. Are you Hispanic or Latino? (Circle one.)
   1. Yes
   2. No

29. What is your race? (Circle all that apply.)
   1. American Indian or Alaska Native
   2. Asian
   3. Black or African American
   4. Native Hawaiian or other Pacific Islander
   5. White
30. Does your family speak English at home? *(Circle one.)*

1. We speak English all of the time at home.
2. We speak English some of the time at home and speak another language some of the time.
3. We never speak English at home. We speak another language.

*Thank you for completing our survey.*

*Please return the survey in the enclosed envelope.*

*If you have misplaced the envelope, call 1-866-800-9176 for a replacement or mail the survey to*  

**RTI INTERNATIONAL**  
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**Research Triangle Park, NC 27709-9779**