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.

¿Qué come su niño?

Put Label Here
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.
This survey asks about what your child eats. You may recall that we asked some of the same questions in the last survey. This study is being sponsored by the U.S. Department of Agriculture’s Food & Nutrition Service and conducted by RTI International, a non-profit research organization. The survey will take about 15 minutes to complete. You will receive $15 for completing this survey.

All of your answers to the survey will be kept private. We will not share your answers with anyone. You may skip any questions you do not want to answer. If you have any questions, please call Matthew Bensen at RTI International at 1-866-800-9176.

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.)

<table>
<thead>
<tr>
<th>Days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. None</td>
<td></td>
</tr>
<tr>
<td>2. 1 to 2 days</td>
<td></td>
</tr>
<tr>
<td>3. 3 to 4 days</td>
<td></td>
</tr>
<tr>
<td>4. 5 to 6 days</td>
<td></td>
</tr>
<tr>
<td>5. Every day</td>
<td></td>
</tr>
</tbody>
</table>
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 on Nutrition Education Materials Your Child Got at Child Care

23. Your child’s teacher sent home a handout about eating vegetables. Did you or someone else in your household do the handout with your child? (Circle one.)
   1. Yes
   2. No
   3. Did not get handout

24. Your child’s teacher sent home a handout about eating fruit. Did you or someone else in your household do the handout with your child? (Circle one.)
   1. Yes
   2. No
   3. Did not get handout

25. Your child’s teacher sent home a handout about drinking and eating low-fat dairy products. Did you or someone else in your household do the handout with your child? (Circle one.)
   1. Yes
   2. No
   3. Did not get handout

26. Your child’s teacher sent home several “Parent Pages” with tips on healthy eating and healthy recipes. Did you or someone else in your household read the “Parent Pages”? (Circle one.)
   1. Yes, all or most of them
   2. Yes, some of them
   3. No
   4. Did not get the “Parent Pages”

27. How easy was it to understand the handouts, the “Parent Pages,” and other materials sent home with your child? (Circle one.)
   1. Very easy
   2. Easy
   3. Somewhat easy
   4. Not very easy
   5. Not at all easy
   6. Did not get or read the handouts, the “Parent Pages,” and other materials
28. How useful were the handouts, the “Parent Pages,” and other materials sent home with your child in helping you to get your child to eat healthier? (Circle one.)

1. Very useful
2. Useful
3. Somewhat useful
4. Not very useful
5. Not at all useful
6. Did not get or read the handouts, the “Parent Pages” and other materials

29. During the past two months, six classes for parents were conducted by a registered dietitian at your child care facility on why it is important to eat healthy and be physically active. Did you or someone else in your household go to any of these classes? (Circle one.)

1. Yes
2. No [Go to Question 33]

30. Of these six classes on healthy eating and physical activity, how many did you or someone else in your household attend? (Circle one.)

1. One
2. Two
3. Three
4. Four
5. Five
6. Six [Go to Question 32]

31. Why did you decide not to go to all of the classes? (Circle all that apply.)

1. Did not know about the other classes
2. The classes were offered at times that did not work for me
3. Did not think the classes would be useful
4. Do not like to go to classes like this
5. Other reason (specify): ________________________________________________

32. How useful were the classes in helping you to get your child to eat healthier? (Circle one.) [Go to Question 34 after answering this question.]

1. Very useful
2. Useful
3. Somewhat useful
4. Not very useful
5. Not at all useful
33. Why did you decide not to go to any of the classes? (Circle all that apply.)

1. Did not know about the classes
2. The classes were offered at times that did work for me
3. Did not think the classes would be useful
4. Do not like to go to classes like this
5. Other reason (specify): ________________________________________________

34. Please share any comments about the handouts, "Parent Pages," and classes.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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
ATTN: Data Capture (0211890.001.008.002)
PO Box 12194
Research Triangle Park, NC 27709-9779