PERCEPTIONS OF CHILD APPEARANCE AND HEALTH

This survey is for parents and guardians of children from 2-17 years old.

1. Today's date: _____/_____/_____

2. Child's birth date: _____/_____/_____

3. Child's sex:
   - Male
   - Female

4. What is your relationship with child?
   - Mother
   - Father
   - Other, (describe _____________)

5. What is your highest grade completed?
   (Check one)
   - Did not finish high school
   - High school graduate or GED
   - Some college or trade school
   - College graduate
   - Post-graduate degree

6. Does your child have any medical condition that has limited his or her growth?
   - No
   - Yes (describe__________________)

7. Does your child have any medical condition that limits his/her physical activity?
   - No
   - Yes (what____________________)

8. Child’s race/ethnicity:
   - Asian/ Pacific Islander
   - Black/African-American
   - Hispanic
   - White/Caucasian
   - Other (describe__________________)

9. I feel my child is...
   - underweight
   - a little underweight
   - about the right weight
   - a little overweight
   - overweight

10. Did your child’s doctor ever tell you that your child is gaining weight too fast or is overweight?
    - No
    - Yes
    - I don’t know

11. About how many days per week does your child participate in active physical exercise for at least 20-30 minutes (such as running, biking, sports or active playing)?
    - 6-7 days each week
    - 3-5 days each week
    - 1-2 days each week or less
    - I don’t know

For the next two questions, compare your child with other children of the same age.

12. In summer weather, my child participates in active physical exercise...
    - more hours/week than other children
    - about the same number of hours/week as other children
    - fewer hours/week than other children

13. When my child runs, he/she is usually...
    - faster than other children
    - about as fast as other children
    - slower than other children

Practice # _____  Survey__________
14. How strongly do you agree or disagree with each of the following statements?  
(Check one box for each statement.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can influence my child's food choices.</td>
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<tr>
<td>I can influence my child's amount of physical activity.</td>
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<td>I am worried about my child's weight right now.</td>
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<td>Overweight children are likely to be overweight as adults.</td>
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<td>Overweight children are more likely to develop diabetes (high blood sugar) than children who are not overweight.</td>
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<td>Overweight children are more likely to have problems in their social relationships with other children than children who are not overweight.</td>
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<td>Children will exercise more if their parents exercise regularly.</td>
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<td>Eating habits of parents influence the eating habits of their children.</td>
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</table>
15. (Check one box for each statement.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>I probably will try</th>
<th>I probably will not try</th>
<th>I already do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the next month, I intend to get 30 minutes of physical exercise at least 5 days per week.</td>
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<td>During the next month, I intend to buy less junk food when I shop.</td>
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<td>During the next month, I intend to limit the amount of juice and sweetened beverages (regular soda, Kool Aid, sports drinks, etc.) that my child drinks to 2 cups a day (or less).</td>
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<tr>
<td>During the next month, I intend to limit my child’s daily television viewing to 2 hours per day (or less).</td>
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</table>
16. Has the child’s parent or grandparent had a heart attack?

☐ No  ☐ I don’t know  ☐ Yes  →  If yes, do you believe the heart attack was related to: (Check all that apply, or NONE)

Smoking  ☐
Alcohol use  ☐
Diet  ☐
Low physical activity  ☐
Obesity  ☐
NONE  ☐

17. Has the child’s parent or grandparent had a stroke?

☐ No  ☐ I don’t know  ☐ Yes  →  If yes, do you believe the stroke was related to: (Check all that apply, or NONE)

Smoking  ☐
Alcohol use  ☐
Diet  ☐
Low physical activity  ☐
Obesity  ☐
NONE  ☐

18. Does the child’s parent, grandparent, bother or sister have diabetes (high sugar)?

☐ No  ☐ I don’t know  ☐ Yes  →  If yes, do you believe the diabetes was related to: (Check all that apply, or NONE)

Smoking  ☐
Alcohol use  ☐
Diet  ☐
Low physical activity  ☐
Obesity  ☐
NONE  ☐

19. Does the child’s parent, grandparent, bother or sister have high blood pressure?

☐ No  ☐ I don’t know  ☐ Yes  →  If yes, do you believe the high blood pressure was related to: (Check all that apply, or NONE)

Smoking  ☐
Alcohol use  ☐
Diet  ☐
Low physical activity  ☐
Obesity  ☐
NONE  ☐