The following questions should be answered about your 6-year-old child.

1. During the past month, what were your regular childcare arrangements for your 6-year-old? (PLEASE “X” ALL THAT APPLY)

- Parent cared for the child ............................................................
- Childcare in my home provided by someone other than a parent ........... ☐ ☐ ☐
- Childcare in someone else’s home ............................................. ☐ ☐ ☐
- A before- or after-school childcare program at school ...................... ☐ ☐ ☐
- Childcare center ........................................................................
- Other ........................................................................................

2. What kind of school does your 6-year-old currently attend? (PLEASE “X” ALL THAT APPLY)

- Public ....................................................................................... ☐
- Private .................................................................................... ☐
- Home-schooled ................................................................. ☐

3. What grade is your 6-year-old in?

- Kindergarten ................................................................. ☐
- Second grade ................................................................. ☐
- First grade ............................................................................
- Third grade ................................................................. ☐

4. How many days a week is your 6-year-old in school?

- Whole days: 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐
- Half days: 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐

5. During this school year, has a special plan been developed at school to provide your 6-year-old with extra help or support such as a special needs program or an Individualized Education Program (IEP)?

- Yes ........................................ ☐
- No ........................................... ☐
- Don’t know ........................................... ☐

6. During this school year, has your 6-year-old received any of the following services? (PLEASE “X” ALL THAT APPLY)

- Speech or language therapy .................................................... ☐
- Occupational therapy or other type of therapy for help with handwriting or other motor skills ................. ☐
- Special instruction or help in one or more school subjects such as reading or math ..................................... ☐
- Special services because of a problem with vision or hearing ................................................................. ☐
- Psychological services or counseling because of a problem with emotions, behavior, or socialization .......... ☐
- Behavioral support, such as a behavior management plan or individual support in the classroom by an assistant ................................................................................................................... ☐
- Other (please specify) ............................................................ ☐
- None of these ...........................................................................

7. How often do you read aloud to your 6-year-old?

- Never ..................................................................................... ☐
- Once a week ......................................................................... ☐
- Several times a year ......................................................... ☐
- At least 3 times a week ..................................................... ☐
- Several times a month ..................................................... ☐
- Every day .............................................................................

8. Does your 6-year-old get special lessons or belong to any organization that encourages activities such as sports, music, art, dance, drama, etc.?

- Yes ........................................... ☐
- No ........................................... ☐

9. How often has a family member taken or arranged to take your 6-year-old to any type of musical or theatrical performance within the past year?

- Never ..................................................................................... ☐
- About once a month ............................................................. ☐
- Once or twice ....................................................................... ☐
- About once a week or more often ...................................... ☐
- Several times ........................................................................
10. Here is a list of items that describe children. For each item, please “X” how true it has been for your 6-year-old during the past six months. He or she …

a. ...is considerate of other people’s feelings
b. ...is restless, overactive, cannot stay still for long
c. ...often complains of headaches, stomach aches, or sickness
d. ...shares toys or treats readily with other children
e. ...often loses temper
f. ...is rather solitary, prefers to play alone
g. ...is generally well behaved, usually does what adults request
h. ...has many worries, or often seems worried
i. ...is helpful if someone is hurt, upset, or feeling ill
j. ...is constantly fidgeting or squirming
k. ...has at least one good friend
l. ...often fights with other children or bullies them
m. ...is often unhappy, depressed, or fearful
n. ...is generally liked by other children
o. ...is easily distracted, concentration wanders
p. ...is nervous or clingy in new situations
q. ...is kind to younger children
r. ...often lies or cheats
s. ...is picked on or bullied by other children
t. ...often offers to help others (parents, teachers, other children)
u. ...thinks things out before acting
v. ...steals from home, school, or elsewhere
w. ...gets along better with adults than with other children
x. ...has many fears, is easily scared
y. ...has good attention span, sees chores or homework through to the end

**SECTION B**

1. How tall is your 6-year-old now (without shoes)? Please use the enclosed tape measure to measure the height. Have your child back up to a wall with the back of the head, shoulder blades, buttocks, and heels touching the wall. Lay a hard-backed book or other flat item from your child’s head to the wall and level with the floor. Mark the wall under the book and then measure from the floor to the mark. Please tell us the height to the nearest quarter inch. _____ inches

2. How much does your 6-year-old weigh now (without shoes)? Please weigh your child on a scale. _____ pounds

3. How tall was your 6-year-old the last time he or she was measured at a doctor’s visit? _____ inches

4. What was the date of the height measurement? Month _____ / Day _____ / 20_____

5. How much did your 6-year-old weigh the last time he or she was weighed at a doctor’s visit? _____ pounds

6. What was the date of the weight measurement? Month _____ / Day _____ / 20_____

7. Did you check any written record from the doctor or notes that you keep after doctor’s visits to answer the questions about your child’s height and weight at the last doctor’s visit?

   Yes, for both weight and height…☐  Yes, for weight only.....☐  Yes, for height only....☐  No ............☐

8. Please indicate how you would classify your 6-year-old’s weight at each of the 2 periods listed below:

<table>
<thead>
<tr>
<th></th>
<th>VERY UNDERWEIGHT</th>
<th>UNDERWEIGHT</th>
<th>AVERAGE</th>
<th>OVERWEIGHT</th>
<th>VERY OVERWEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>First year of life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

9. Thinking about your 6-year-old, would you like him or her to weigh:

   A lot less ......................... ☐  A little more ......................... ☐
   A little less ......................... ☐  A lot more ......................... ☐
   About the same ..................... ☐

10. How old was your 6-year-old the first time you took him or her to a dentist?
11. During the past 12 months, has your 6-year-old been to a dentist?
   Yes .................................................. ☐    No .................................................. ☐

12. How many dental cavities (teeth with decay) has your 6-year-old had in his or her lifetime?
   None .................................................. ☐    1 ........ ☐    2 ........ ☐    3 ........ ☐    4 ........ ☐    5 ........ ☐    6 or more ........ ☐

13. How often does your 6-year-old usually brush his or her teeth? If someone else brushes your 6-year-old’s teeth, please count this.
   Never ............................................. ☐    2 times a day ........................................... ☐
   A few times a week ............................... ☐    3 or more times a day .................................. ☐
   Once a day ........................................... ☐

14. Does your 6-year-old usually brush his or her teeth by himself or herself, or does an older child or adult help? (PLEASE “X” ALL THAT APPLY)
   My 6-year-old brushes his or her teeth by himself or herself ........................................... ☐
   An adult or older child brushes my 6-year-old’s teeth ........................................... ☐
   An adult or older child helps my 6-year-old brush his or her teeth .................................. ☐

15. During the past 12 months, how many times did you take your 6-year-old to a doctor or other health professional for each of the following reasons?

<table>
<thead>
<tr>
<th>Reason</th>
<th>None</th>
<th>Once</th>
<th>2 Times</th>
<th>3 Times</th>
<th>4 Times</th>
<th>5 Times</th>
<th>6 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine well child visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sick visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Follow up visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emergency room visit due to illness</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

16. During the past 12 months, how many times did your 6-year-old have the following infections?

<table>
<thead>
<tr>
<th>Condition</th>
<th>None</th>
<th>Once</th>
<th>2 Times</th>
<th>3 Times</th>
<th>4 Times</th>
<th>5 Times</th>
<th>6 or More Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sinus infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Throat infection, like strep throat...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pneumonia or lung infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cold or upper respiratory infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

17. During this current school year, how many days has your 6-year-old missed school because of illness? Count part of the day as a whole day.
   None ............................................. ☐    3 to 4 weeks ........................................... ☐
   1 to 2 days .................................... ☐    More than one month ................................... ☐
   3 to 4 days .................................... ☐    Most of the year ................................... ☐
   One to two weeks ............................. ☐

18. Does your 6-year-old have any trouble seeing?
   No .................................................. ☐    Yes, but he or she sees normally when wearing eyeglasses ........................................... ☐
   Yes, and eyeglasses cannot correct his or her vision problem enough for him or her to see normally .......... ☐
   Yes, and eyeglasses cannot correct his or her vision problem enough for him or her to see normally ...... ☐

19. During the past month, was your 6-year-old given any herbal or botanical remedies or supplements? (Only count things taken by mouth. Do not count anything applied to the skin on administered in any other way.)
   Yes ............................................. ☐    No ............................................. ☐

20. Please list all the kinds of herbal or botanical remedies or supplements your 6-year-old was given in the past month. (PLEASE “X” ALL THAT APPLY)
   To relieve or reduce symptoms of an illness ☐    To reduce stress or anxiety ..................... ☐
   To reduce congestion ................................ ☐    To help my 6-year-old sleep ...................... ☐
   To strengthen or maintain health ................ ☐    Other: specify ................................... ☐

21. Why was your 6-year-old given an herbal or botanical remedy or supplement in the past month? (PLEASE “X” ALL THAT APPLY)
   To relieve or reduce symptoms of an illness ☐    To reduce stress or anxiety ..................... ☐
   To reduce congestion ................................ ☐    To help my 6-year-old sleep ...................... ☐
   To strengthen or maintain health ................ ☐    Other: specify ................................... ☐
22A. Has a doctor or other health professional ever told you that your 6-year-old has any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes □ No □ Unsure □</th>
<th>If yes…</th>
<th>If yes…</th>
</tr>
</thead>
<tbody>
<tr>
<td>22B. How old was your 6-year-old when you were first told he or she had the condition? (Write in 0 if less than 1 year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22C. Does your 6-year-old currently have the condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answer “Yes” to the first column (22A), please also answer columns 22B and 22C.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes □ No □ Unsure □</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hearing problems</td>
<td></td>
</tr>
<tr>
<td>b. A digestive problem like colitis, acid reflux, colic, or Crohn’s</td>
<td></td>
</tr>
<tr>
<td>c. Eczema or any kind of skin allergy (like contact dermatitis)</td>
<td></td>
</tr>
<tr>
<td>d. Hay fever or respiratory allergy (to pets, pollens, mold, dust mites, etc.)</td>
<td></td>
</tr>
<tr>
<td>e. Asthma</td>
<td></td>
</tr>
<tr>
<td>f. Diabetes</td>
<td></td>
</tr>
<tr>
<td>g. Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, ADD, or ADHD</td>
<td></td>
</tr>
<tr>
<td>h. Autism or developmental delay</td>
<td></td>
</tr>
<tr>
<td>i. Depression or anxiety</td>
<td></td>
</tr>
</tbody>
</table>

23. Has your 6-year-old ever had breathing difficulties that required: (PLEASE “X” ALL THAT APPLY FOR EACH ITEM)

<table>
<thead>
<tr>
<th>Item</th>
<th>YES, WITHIN THE PAST 12 MONTHS</th>
<th>YES, MORE THAN 12 MONTHS AGO</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Use of an inhaler or nebulizer?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. A visit to an emergency room or urgent care center?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Daily medicine taken seasonally or year-round?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Medicine taken occasionally or as needed?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

(IF “NO” TO ALL ITEMS OF QUESTION 23, GO TO QUESTION 25)

24. What are the triggers of your 6-year-old’s breathing difficulties? (PLEASE “X” ALL THAT APPLY)

- Exercise
- Infections
- Allergens (like pollen, dust, pets, food)
- Smoke or scents (like perfume, air fresheners)
- Change of seasons
- Cold, hot, or humid weather
- Anger or emotion
- Other

25. Has your 6-year-old ever been taken to a medical doctor because of a possible food allergy? (PLEASE “X” ALL THAT APPLY)

Yes, within the past 12 months .... □ Yes, more than 12 months ago ... □ No .... □ → (GO TO QUESTION 31)

26. What testing method was used by a doctor to check for a food allergy? (PLEASE “X” ALL THAT APPLY)

- No test
- Food elimination (withdrawal of the specific food)
- Description of symptoms only
- Food challenge (introduction of a specific food to see if symptoms disappeared)
- A skin test
- An esophageal or intestinal study
- A blood test
- Other

27. Has your 6-year-old been diagnosed by a doctor as having an allergy to any food? (PLEASE “X” ALL THAT APPLY)

Yes, within the past 12 months .... □ Yes, more than 12 months ago .... □ No .... □

28. What symptoms has your 6-year-old had because of a reaction to food? (PLEASE “X” ALL THAT APPLY)

- Congestion
- Gassiness or stomach cramps
- Runny nose
- Vomiting
- Asthma or wheezing
- Diarrhea
- Trouble breathing
- Constipation
- Coughing
- Irritability or behavior changes
- Swollen eyes and or lips
- Sleeplessness
- Hives or welts
- Blood in stool
29. Has any reaction to food been treated with epinephrine or resulted in a visit to an emergency room or urgent care center? (PLEASE "X" ALL THAT APPLY)
   Yes, within the past 12 months ...... □    Yes, more than 12 months ago ...... □   No ................................ □

30. Has your 6-year-old outgrown a food allergy or intolerance that he or she had when younger?
    Not sure......................................... □    Yes ......................................................... □    No ................................ □

31. Do you currently avoid any foods or food ingredients for your 6-year-old because of a known or suspected food allergy or intolerance?
    Yes ................................................................ □    No ................................................ □  \(\rightarrow\) (GO TO SECTION C)

32. Which foods or food ingredients do you currently avoid for your 6-year-old? (PLEASE "X" ALL THAT APPLY)
   Cow's milk or other dairy products ................. □   Beef, pork, chicken, turkey or other animal meat ........ □
   Soy milk or other soy food ................................ □   Wheat, gluten, or wheat starch ......................... □
   Eggs or egg products .................................. □   Other grain or cereal (like oats, barley) ............... □
   Peanuts, peanut butter, or peanut oil .............. □   Fruit or fruit juice ........................................ □
   Nuts (like almonds, pecans, walnuts) ............. □   Vegetables .................................................. □
   Sesame seed or sesame seed oil .................. □   Artificial colors or flavors .............................. □
   Fish (like salmon, codfish, tuna) .................. □   Sulfites ..................................................... □
   Crustacean shellfish (like shrimp, crab, lobster) □   None of these ............................................. □

33. Have you stopped taking your 6-year-old to restaurants, social gatherings, or parties for fear of accidental reactions to food?
    Yes, always ........................................ □    Yes, sometimes................................. □    No ......................... □

SECTION C

1. In a typical week, how many days do you or another adult in your household do any physical activities with your 6-year-old, including things like active games, sports, walks, biking, ice skating, swimming, or other physical activities? Please include only activities where both the adult and your 6-year-old are active.
   0 days □ 1 day □ 2 days □ 3 days □ 4 days □ 5 days □ 6 days □ 7 days □

2. In a typical week, how many days is your 6-year-old physically active for a total of at least 60 minutes per day? Add up all the time your 6-year-old spends in any kind of physical activity that makes him or her sweat or breathe hard (for example, playing tag, running, biking, jumping rope, swimming). If your child is active during recess, please include recess time.
   0 days □ 1 day □ 2 days □ 3 days □ 4 days □ 5 days □ 6 days □ 7 days □

3. Compared with other children of the same age and sex, is your 6-year-old:
   A lot more physically active than most........ □   A little less physically active than most .......... □
   A little more physically active than most ....... □   A lot less physically active than most .......... □
   Average – same as most ......................... □   Don’t know or not sure .......................... □

4. On average, about how many hours per day does your 6-year-old play video games and watch TV programs or videos? (DO NOT COUNT SCHOOL OR HOMEWORK TIME)
   Weekdays: ________ hours PER DAY -AND- ________ minutes PER DAY -OR- None □
   Weekends: ________ hours PER DAY -AND- ________ minutes PER DAY -OR- None □

5. Over the past month, how many hours did your 6-year-old usually sleep each night on weekdays? ______ hours

6. Over the past month, how often has it been difficult to wake up your 6-year-old in the mornings on week days?
   Less than once a week ...... □  1-2 times per week ........ □  3-5 times per week .............. □

7. Over the past month, how often has your 6-year-old slept about the same number of hours each night? ................. □  □  □  □

8. Over the past month, how often has your 6-year old had trouble falling asleep after going to bed? .................. □  □  □  □

9. Over the past month, how often has your 6-year-old woken up during the night? .............................................................. □  □  □  □
**SECTION D**

1. Do you own a pet or does your 6-year-old regularly spend time indoors where a pet lives (such as at day care or in the school classroom)? *(Please “X” All That Apply)*
   - No ........................................................................................................... ☐
   - Yes, one or more hamsters, gerbils, or similar pets.......................... ☐
   - Yes, one or more dogs ................................................................. ☐
   - Yes, one or more birds ........................................................... ☐
   - Yes, one or more cats ................................................................. ☐
   - Yes, other pet ................................................................................... ☐

2. In the last 12 months, how often have the following products been used in your home?

<table>
<thead>
<tr>
<th>Product</th>
<th>Not At All</th>
<th>Less Than Once A Month</th>
<th>1-3 Times A Month</th>
<th>About Once A Week</th>
<th>A Few Times A Week</th>
<th>Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air fresheners including spray, stick, aerosol, or plug-in..</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scented candles (burned) or scented oil (burned)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pesticides (ant or flying insect killer, flea control, other) ..</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How many times a day does your 6-year-old usually eat? Please count all meals and snacks. ____ times a day

4. How many days a week does your 6-year-old usually eat breakfast? *(Please “X” Only One Box)*
   - 0 days ☐
   - 1 day ☐
   - 2 days ☐
   - 3 days ☐
   - 4 days ☐
   - 5 days ☐
   - 6 days ☐
   - 7 days ☐

5. How many days a week does your 6-year-old usually eat dinner at home with you or another adult in your household?
   - 0 days ☐
   - 1 day ☐
   - 2 days ☐
   - 3 days ☐
   - 4 days ☐
   - 5 days ☐
   - 6 days ☐
   - 7 days ☐

6. How many days a week does your 6-year-old usually eat dinner from a fast food restaurant like McDonald’s, Taco Bell, Pizza Hut, etc., including take-out?
   - 0 days ☐
   - 1 day ☐
   - 2 days ☐
   - 3 days ☐
   - 4 days ☐
   - 5 days ☐
   - 6 days ☐
   - 7 days ☐

7. During the school week, how many days a week does your 6-year-old usually eat lunch at school from each of the following places?
   - Food brought from home ......................................................................... days a week
   - A complete school lunch from the school cafeteria ..................................... days a week
   - Individual items from the school cafeteria ............................................. days a week
   - Salad bar in the school cafeteria ........................................................... days a week
   - Fast food from the school cafeteria (such as McDonalds, Taco Bell, or KFC) ................................ days a week
   - Food from a school vending machine, school canteen, or school store .................. days a week
   - Does not eat lunch at school .................................................................... ☐

8. During the past month, what type of fat did you most often use to cook with at home? *(Please “X” Only One Box)*
   - Butter ................................................................. ☐
   - Margarine ................................................................. ☐
   - Vegetable shortening ............................................................. ☐
   - Lard or other animal fat ............................................................. ☐
   - Vegetable oil (corn, canola, olive, etc.).............................................. ☐
   - Didn’t use fat in cooking ...................................................................... ☐

9. During the past month, what kind of milk did your 6-year-old usually drink? *(Please “X” Only One Box)*
   - Plain Cow’s Milk:
     - Whole or regular milk ................................................................. ☐
     - 2% fat or reduced-fat ................................................................. ☐
     - 1%, ½%, or low-fat ................................................................. ☐
     - Fat-free, skim, or nonfat ............................................................. ☐
   - Other Milk:
     - Sweetened cow’s milk ................................................................. ☐
     - 1%, ½%, or low-fat ................................................................. ☐
     - Soy milk ................................................................. ☐
     - Other kind of milk ................................................................. ☐
     - Didn’t drink milk ...................................................................... ☐

10. During the past month, what type of rice did your 6-year-old eat? *(Please “X” Only One Box)*
    - Only white rice ................................................................. ☐
    - Mostly white rice ............................................................. ☐
    - Mostly white wheat pasta ............................................................. ☐
    - Only brown rice ................................................................. ☐
    - Mostly brown rice ............................................................. ☐
    - About half and half ............................................................. ☐
    - Didn’t eat rice ...................................................................... ☐

11. During the past month, what type of pasta did your 6-year-old eat? *(Please “X” Only One Box)*
    - Only white pasta ................................................................. ☐
    - Mostly white pasta ............................................................. ☐
    - Mostly white wheat pasta ............................................................. ☐
    - Only whole wheat pasta ............................................................. ☐
    - About half and half ............................................................. ☐
    - Didn’t eat pasta ...................................................................... ☐
12. During the past month, what type of bread did your 6-year-old eat? (PLEASE “X” ONLY ONE BOX)

<table>
<thead>
<tr>
<th>Type of Bread</th>
<th>Mostly white wheat bread</th>
<th>About half and half</th>
<th>Mostly white bread</th>
<th>Only white bread</th>
<th>Only whole wheat bread</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] White bread</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>[ ] Whole wheat bread</td>
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<tr>
<td>[ ] Most white bread</td>
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</tbody>
</table>

13. During the past month, how often did your 6-year-old eat or drink each food listed below?

Think about all the meals and snacks your 6-year-old had at home, school, restaurants, play dates, and anywhere else. Please include food eaten on weekdays and over the weekend.

If your 6-year-old ate the food once a day or more, write the number of times per day in the first column. If your 6-year-old ate the food less than once a day, write the number of times per week in the second column. If your 6-year-old ate the food less than once a week, write the number of times per month in the third column. If your 6-year-old did not eat the food at all during the past month, check the box in the fourth column.

<table>
<thead>
<tr>
<th>Food Description</th>
<th>Times Per Day</th>
<th>Times Per Week</th>
<th>Times Per Month</th>
<th>Did Not Eat</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hot or cold cereals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Milk: all types to drink or on cereal</td>
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<tr>
<td>c. Cheese: all types (include cheese as a snack, on a sandwich, or in foods such as lasagna, quesadillas, or casseroles). Do not count cheese on pizza</td>
<td></td>
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<tr>
<td>d. Ice cream or other frozen dairy desserts, such as frozen yogurt and sherbet. Don't include sugar free kinds.</td>
<td></td>
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</tr>
<tr>
<td>e. Other dairy products, such as pudding or yogurt. Don't include sugar free or plain kinds.</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>f. Sugar free frozen dairy desserts or sugar free pudding, plain or sugar free yogurt, or other sugar free dairy products</td>
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<tr>
<td>g. Regular soda or pop that contains sugar. Don't include diet soda or diet pop.</td>
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<tr>
<td>h. Water: include tap, bottled, or unflavored sparkling water</td>
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<tr>
<td>i. 100% pure fruit juice or 100% pure vegetable juice</td>
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<tr>
<td>j. Sweetened drinks: Kool-Aid, lemonade, sweet tea, Hi-C, cranberry cocktail, Gatorade, etc.</td>
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</tr>
<tr>
<td>k. Fruits: fresh, frozen, or canned. Don't include juice.</td>
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<tr>
<td>l. Green leafy or lettuce salad, with or without other vegetables</td>
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<tr>
<td>m. Fried potatoes including French fries, home fries, or hash browns</td>
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<tr>
<td>n. Other kinds of potatoes such as baked, boiled, or mashed potatoe potato salad, or sweet potatoes</td>
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</tr>
<tr>
<td>o. Refried beans, baked beans, beans in soup, pork and beans, or any other cooked dried beans. Don't include green beans.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>p. Other vegetables: fresh, frozen, or canned (other than green leafy or lettuce salads, potatoes, or cooked dried beans)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Rice</td>
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</tr>
<tr>
<td>r. Pasta</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>s. Pizza: frozen pizza, fast food pizza, homemade pizza, or other pizza</td>
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<tr>
<td>t. Tomato sauces: Mexican-type salsa made with tomato, spaghetti noodles with tomato sauce, or mixed into foods such as lasagna</td>
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<tr>
<td>u. Processed meat: bacon, ham, lunch meats, hot dogs, etc.</td>
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<tr>
<td>v. Meat (not processed): chicken, turkey, pork, beef, or lamb</td>
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<td></td>
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<tr>
<td>w. Fish or shellfish</td>
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<td></td>
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<td></td>
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<tr>
<td>x. Peanut butter or peanuts</td>
<td></td>
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<tr>
<td>y. Bread: toast, rolls, bagels, cornbread, tortillas, in sandwiches, pancakes, waffles, etc.</td>
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</tr>
<tr>
<td>z. Sweet foods: candy, cookies, cake, doughnuts, muffins, pop-tarts, etc. Don't count frozen or sugar free desserts.</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>aa. Popcorn</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>bb. Snacks such as potato chips, corn chips, pretzels, or crackers</td>
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</tr>
</tbody>
</table>

14. Please “X” one response for each question that best corresponds to your answer:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15. Please “X” one response for each question that best corresponds to your answer for your 6-year-old child:

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>SLIGHTLY DISAGREE</th>
<th>NEITHER DISAGREE NOR AGREE</th>
<th>SLIGHTLY AGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I make sure that my child does not eat too many sweets or junk foods.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. If I did not guide or regulate my child’s eating, he or she would eat too much of his or her favorite foods.</td>
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<tr>
<td>c. I am especially careful to make sure my child eats enough.</td>
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<tr>
<td>d. My child will lose appetite for dinner if he or she has had a snack just before.</td>
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<tr>
<td>e. My child is always asking for food.</td>
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<tr>
<td>f. If allowed to, my child would eat too much.</td>
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<tr>
<td>g. My child looks forward to mealtimes.</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>h. My child enjoys a wide variety of foods.</td>
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</tr>
</tbody>
</table>

SECTION E

1. As best you know, which of the following health conditions do you yourself or your 6-year-old’s other relatives have? (PLEASE “X” ALL THAT APPLY)

<table>
<thead>
<tr>
<th>YOU, MOTHER</th>
<th>FATHER</th>
<th>BROTHER OR SISTER</th>
<th>GRANDPARENT, AUNT OR UNCLE</th>
<th>NONE OF THESE RELATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type 1 diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Adult onset diabetes (Type II)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Eczema or any kind of skin allergy (like contact dermatitis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Food allergy</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f. Hay fever or respiratory allergy (to pets, pollens, mold, dust mites, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>g. Overweight or obesity</td>
<td></td>
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<tr>
<td>h. Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, ADD, or ADHD</td>
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<td></td>
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</tr>
<tr>
<td>i. Bipolar disorder</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>j. Depression other than bipolar disorder</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>k. Anxiety disorder such as generalized anxiety disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Breast cancer</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. How much do you weigh? ________ pounds

3. How tall are you? ________ feet ________ inches

4. What is your age? ________ years

5. On average, how many cigarettes do you currently smoke per day? (WRITE IN 0 IF YOU DO NOT SMOKE) ________ cigarettes per day

6. How many people not including yourself smoke inside your home most days? (INCLUDE FAMILY MEMBERS, FRIENDS, AND ANYONE ELSE) 0 ................. □ 1............... □ 2................. □ 3 ................. □ 4 or more........... □

The next questions are about physical activities (exercises, sports, physically active hobbies) that you may do in your LEISURE time.
7. In a usual week, how many days per week do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

8. About how long do you do these vigorous leisure-time physical activities each day? Minutes per day: _____

9. In a usual week, how many days per week do you do MODERATE leisure-time physical activities for AT LEAST 10 MINUTES that cause ONLY MEDIUM sweating or a MODERATE increase in breathing or heart rate?

10. About how long do you do these moderate leisure-time physical activities each day? Minutes per day: _____

11. For each of the following statements, please "X" the box that best describes how often you felt or behaved this way during the past week.

<table>
<thead>
<tr>
<th>RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)</th>
<th>OCCASIONALLY OR A LITTLE OF THE TIME (1-2 DAYS)</th>
<th>SOME OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)</th>
<th>MOST OR ALL OF THE TIME (5-7 DAYS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I was bothered by things that usually don't bother me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. I had trouble keeping my mind on what I was doing.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. I felt depressed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. I felt that everything I did was an effort.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. I felt hopeful about the future.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. I felt fearful.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. My sleep was restless.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. I was happy.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. I felt lonely.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. I could not get &quot;going&quot;.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12. Since the birth of your 6-year-old, have you had any pregnancies that ended in a miscarriage, abortion, or stillbirth? If so, how many? (WRITE IN 0 IF NONE)

13. Are you pregnant now?

Yes .................................................. ☐  No................................................. ☐  Not sure ................. ☐

14. How many children have you given birth to after your 6-year-old? (DON'T COUNT STILLBIRTHS)

_____ children -OR- No other children after my 6-year-old............. ☐

15. Please answer all columns for your 6-year-old and also for each child born to you after your 6-year-old.

EXPLANATORY NOTE: Some mothers pump milk to freeze and then feed to their infant after they have stopped making milk. The third column asks how old the baby was when YOU, the mother, stopped breastfeeding and pumping milk. This may be different from how old the baby was when you stopped feeding him or her breast milk.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of birth</th>
<th>How old was this child when YOU completely stopped both breastfeeding and pumping milk for him or her?</th>
<th>Did this child ever participate in WIC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>Month___/Day___/20___</td>
<td>___ Weeks -OR- ___ Months</td>
<td>Yes........ ☐ No...... ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of birth</th>
<th>How old was this child when YOU completely stopped both breastfeeding and pumping milk for him or her?</th>
<th>Did this child ever participate in WIC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>Month___/Day___/20___</td>
<td>___ Weeks -OR- ___ Months</td>
<td>Yes........ ☐ No...... ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of birth</th>
<th>How old was this child when YOU completely stopped both breastfeeding and pumping milk for him or her?</th>
<th>Did this child ever participate in WIC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>Month___/Day___/20___</td>
<td>___ Weeks -OR- ___ Months</td>
<td>Yes........ ☐ No...... ☐</td>
</tr>
</tbody>
</table>

16. How old was your 6-year-old when the following happened?

a. He or she stopped drinking from a bottle (include breast milk, formula, juice, water, and anything else)
17. When you were pregnant with your 6-year-old, did you have gestational diabetes?

Yes .................. □  No .................... □  Not sure .................. □

18. Have you worked for pay since your 6-year-old was born?

Yes .................. □  No .................... □

19. For which of the following reasons have you not worked for pay since your 6-year-old was born? (Please X’ ALL THAT APPLY)

   I wanted to remain at home to raise child/children .................. □
   I could not find a suitable job .................................. □
   I could not make suitable child care arrangements .................. □
   Other .......................................................... □

(IF YOU ANSWERED QUESTION 19, GO TO QUESTION 26)

20. How old was your 6-year-old when you first returned to work or went to work?

   ____Weeks -OR- ____Months -OR- ____Years

21. Upon returning to work, did you return to a job with the employer you last worked for while pregnant with your 6-year-old?

   Yes .................. □  No .................... □

22. Why did you not return to your former employer? (PLEASE “X” ALL THAT APPLY)

   Employer did not make a job available .................. □
   I moved out of the area .................................. □
   Employer was no longer in business ................. □
   I didn’t work while pregnant .................. □
   I chose not to return to this employer ............ □
   Other .......................................................... □

23. Are you currently working for pay?

   Yes .......................................................... □  No .................... □

24. During the past month, how many hours per week did you usually work?

   1-9 hours per week .................................. □
   10-19 hours per week .......................... □
   20-29 hours per week .......................... □
   30-34 hours per week .......................... □
   35-40 hours per week .......................... □
   More than 40 hours per week .................. □

25. About how much of your family’s income comes from the money you earn from work?

   Less than half ........ □  About half ............. □  More than half ............. □

26. Does your 6-year-old have any type of health insurance, or is your 6-year-old covered by any kind of private or governmental health or hospitalization plan or health maintenance organization (HMO) plan? (PLEASE “X” ALL THAT APPLY)

   Yes, private health insurance plan or private HMO .................. □
   Yes, government plan, like Medicaid, State Children’s Health Insurance Plan (SCHIP), etc. .................. □
   No .......................................................... □

27. During the past 12 months, did you or anyone in your household receive SNAP (Supplemental Nutrition Assistance Program) or Food Stamp benefits?

   Yes .......................................................... □  No .................... □

28. Date you completed this survey: Month_____ / Day_____ / 2012

THANK YOU FOR YOUR HELP