

HEALTHIER TROOPS IN A SNAP EVALUATION- PARENT

➔ Instructions: These questions are about the foods YOU (the parent) usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

Example Question: How often do you eat eggs? (place an answer in only one space)

| | |
|---|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input checked="" type="checkbox"/> 3 Per month | <input type="checkbox"/> Don't know/Not sure |

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

| | |
|------------------------------------|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Per month | <input type="checkbox"/> Don't know/Not sure |

2. Not counting juice, how often do you eat fruit?

| | |
|------------------------------------|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Per month | <input type="checkbox"/> Don't know/Not sure |

3. How often do you eat green salad?

| | |
|------------------------------------|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Per month | <input type="checkbox"/> Don't know/Not sure |

4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

| | |
|------------------------------------|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Per month | <input type="checkbox"/> Don't know/Not sure |

5. How often do you eat carrots?

| | |
|------------------------------------|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Per month | <input type="checkbox"/> Don't know/Not sure |

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(1 serving = ½ cup)

| | |
|------------------------------------|--|
| <input type="checkbox"/> Per day | <input type="checkbox"/> Per year |
| <input type="checkbox"/> Per week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Per month | <input type="checkbox"/> Don't know/Not sure |

Survey continues...

→ Instructions: *Please read each statement and decide for each one how frequently the behavior occurs in your family, marking your response in the appropriate box to the right:*

7. In a typical week, how often does...

| | Never | 1 time | 2 times | 3 times | 4 times | 5 times | 6 times | Every Day |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| -at least some of the family eat <u>breakfast</u> together? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -at least some of the family eat <u>lunch</u> together? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -your family eat the <u>evening meal</u> together? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. During a typical week, how often would you...

| | Never | 1 time | 2 times | 3 times | 4 times | 5 times | 6 times | Every Day |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| -encourage your daughter to do physical activity, sports or exercise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -provide transportation so your daughter could go to a place where she can do physical activity, sports or exercise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -watch your daughter participate in physical activity, sports or exercise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -tell your daughter that physical activity is good for her health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -praise your daughter for being physically active? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -do physical activity, sport or exercise with your daughter? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -be physically active inside the house with your daughter? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -be physically active outside the house with your daughter? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -prepare or cut up vegetables and have them available in the refrigerator for your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -have prepared or cut-up fruits available for your child's snack? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -encourage your child to eat fruits and vegetables? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -eat fruits and vegetables with your child, or prepare/cook fruits and vegetables with your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Survey continues...

→ Instructions: *Please read each item and mark your response in the appropriate box to the right.*

9. Over the last month, how often...

Never Sometimes Often

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| -have you talked with your scout about what happened at her troop meetings? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -has your scout asked you to buy fruit or fruit juices for a snack or meal, when it wasn't available at home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -has your scout asked you to buy vegetables for a snack or meal, when it wasn't available at home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -has your scout asked you to do a physical activity with her? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

→ Instructions: *Please read each item and mark your response in the appropriate box to the right.*

10. How often does the...

Never Almost never Some times Almost always Always

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| -mother (female caregiver) eat while watching television, reading, working? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -father (male caregiver) eat while watching television, reading, working? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -child eat while watching television, reading, working (on schoolwork)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

→ Finished- Thank you for your participation! Please return this survey to _____.

HEALTHIER TROOPS IN A SNAP EVALUATION- CHILD

→ **Instructions:** Please rate how frequently the following things happen by marking your response for each item in a box to the right.

→ **Physical Activity** is any play, game, sport, or exercise that gets you moving and breathing harder.

1. *Over the past week, how often have you...*

Never 1 2 3 4 5 6 Every
time times times times times times day

-been physically active with your mother (female caregiver)?

-been physically active with your father (male caregiver)?

-been physically active inside the house with your mother (female caregiver)?

-been physically active inside the house with your father (male caregiver)?

-been physically active outside the house with your mother (female caregiver)?

-been physically active outside the house with your father (male caregiver)?

Survey continues...

→ Please rate how frequently the following actions happen by marking your response for each item:

4. How often do you...

| | Never | Seldom | Some- times | Often | Very Often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -Set goals to eat meals with your family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -Think about the good things that come from being physically active with your mom or dad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -Set goals to do physical activity with your mom or dad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -Say good things to yourself about drinking water instead of soda | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

→ Please rate how frequently the following actions happen by marking your response for each item:

5. How often do you...

| | Never | Seldom | Some- times | Often | Very Often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -Do things to make family meals more enjoyable, like sharing stories or jokes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Think about the good things that come from eating meals with your family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -Think about the good things that come from turning off the TV during meals with your family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

→ Please rate how frequently the following actions happen by marking your response for each item:

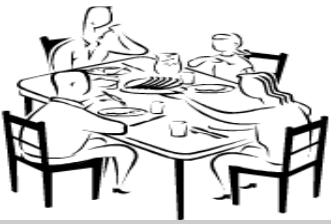
6. Over the past week, how often did you...

| | Never | 1 times | 2 times | 3 times | 4 times | 5 times | 6 times | Every Day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -Eat fruit for breakfast? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -Eat vegetables for dinner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -Drink regular soda or sugar-sweetened beverages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Survey continues...

→ Please rate how frequently the following actions happen by marking your response for each item:

7. Over a typical or usual week, how often do you eat meals with your family? Never 1 time 2 times 3 times 4 times 5 times 6 times Every day



| | | | | | | | | |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| For breakfast: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For lunch: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For dinner: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. When you eat meals with your family, how often...

Never Almost never Sometimes Almost always Always

-Do you help with the cooking, preparation, or clean-up of the meal?

-Do you enjoy eating meals with your family?

-Do you eat WITHOUT watching TV?

-Does the meal include a fruit or 100% fruit juice?

-Does the meal include a vegetable?

-Does the meal include soda (pop) or sweet soft drinks like Kool-aid, Gatorade, or sweet tea?

-Do you and your parent(s) do a physical activity together right before or right after your family meal?

THANK YOU FOR YOUR PARTICIPATION!

Please return this survey to _____.