

May I please speak with the parent of (----)?

(No) When would be the best time to reach them?

Thank you for your time.

Hello, my name is (___). I'm a research assistant with the *High Five for Kids* study. *High Five for Kids* is a Harvard Vanguard Medical Associates study about healthy growth in children. You may have already received a letter describing it.

(Yes) Are you the parent who knows the most about (----)'s medical care?

(Yes) Is this a good time to talk?

(Yes) Do you recall receiving a letter from us about the study?

(Yes) Go to description and verbal consent.

(No) Ok then, I am going to re-send you the letter and call you back in a few days.

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(No) May I please speak with the parent who knows the most about (----)'s medical care? *(Repeat introduction if another parent comes to the phone and then go to description and verbal consent)*

(No) What is the best time to reach them?

Thank you for your time.

Description and Verbal consent

Harvard Vanguard Medical Associates is conducting this study to learn how to best promote healthy growth in children. Your child's doctor is working with us in this effort. We are asking you to take part because your child is between the ages of 2 and 7 and because your child saw his or her pediatrician within the last year for a primary care visit that included a height and weight measurement. These measurements show that your child's weight may be above average for his or her height.

First I'll start with some questions to see if you are eligible for the study.

E 1. Are you comfortable speaking English or Spanish?

- ₁ Yes
- ₂ No, neither language
- ₉₈ Don't know
- ₉₉ Refused

E	I
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(If No, neither: “Thank you, but we are looking to speak with families who can comfortably speak in either English or Spanish. Although we can’t include you in our study, we appreciate your willingness to help. Thank you for your time.”)

E 2. Do you plan to stay at (-----)’s current pediatric office for the next two years?

- ₁ Yes
₂ No
₉₈ Don’t know
₉₉ Refused

E I

(If parent answered No to the above question: “Thanks very much for your time, but we are looking to enroll families who know they will be staying with the same Harvard Vanguard office over the next two years. Although we can’t include you in our study, we appreciate your willingness to help.”)

E 3. How old is (---)?

__ __ (Enter number, using leading zero)

E I

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(If child is not between the ages of two and seven: “Thanks very much for your time and your interest in participating, but (----)’s age is outside the range of our study participants. Although we can’t include you in our study, we greatly appreciate your willingness to help.”)

E 4. Can you tell me how you are related to (----)?

- ₁ Mother
₂ Stepmother
₃ Foster Mother (see below)
₄ Biological Father’s Partner
₅ Father
₆ Stepfather
₇ Foster Father (see below)
₈ Biological Mother’s Partner
₉ Grandparent(s)
₁₀ Other (Please specify): _____ [E4_10s]

E I

(If they are the child’s foster parent: “Thank you very much for your time, but we are looking for children in permanent homes. Although we can’t include you in our study, we appreciate your willingness to help.”)

E 5. Have you ever been told by a doctor or nurse that (----) has any medical condition for which he or she should see a specialist?

- ₂ No (go to question E6)
₁ Yes (If Yes: “Please tell me the name of the condition or conditions.”)

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₉₈ Don't know

₉₉ Refused

E I

E5_1. Take a second to see if any of the above named conditions are on the below exclusion list. If Yes, proceed to the below E5 script and end the call.

<input type="checkbox"/> ₁	Severe Congenital heart disease
<input type="checkbox"/> ₂	Other congenital anomalies (e.g. Tuberous sclerosis, Cornelia de Lange's syndrome, cleft lip or palate).
<input type="checkbox"/> ₃	Chromosomal anomalies (e.g. Down Syndrome, Turner Syndrome Klinefelter Syndrome).
<input type="checkbox"/> ₄	Cystic fibrosis
<input type="checkbox"/> ₅	Cerebral palsy
<input type="checkbox"/> ₆	Inflammatory bowel disease (Crohn disease or ulcerative colitis)
<input type="checkbox"/> ₇	Spina bifida (meningomyelocele)
<input type="checkbox"/> ₈	Leukemia
<input type="checkbox"/> ₉	Juvenile Diabetes
<input type="checkbox"/> ₁₀	Juvenile rheumatoid arthritis
<input type="checkbox"/> ₁₁	Other (Please specify): _____ [E5_11s]

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(If they answered yes to any of the above: "Thanks very much for your time, but we can't include children with chronic conditions that may limit our ability to measure height and weight or that may interfere with their growth, physical activity, or dietary recommendations. Although we can't include you in our study, we appreciate your willingness to help.")

One component of the study is to look at the connection between heights and weights of parents, or guardians, and heights and weights of their children. Some of the following questions are sensitive in nature. Please answer only what you are comfortable with but know that the data we collect are important to our research and we will keep them private.

E 6. How tall are you?

__ __ Feet __ __. __ Inches

__ __ __ Meters

₉₈ Don't know

₉₉ Refused

E 7. Are you currently pregnant?

₂ No

₁ Yes (*If Yes, "Please answer the following question based on your weight before becoming pregnant."*)

₃ Not Applicable

E 8. Next I will read 6 weight categories based on your height. Please tell me in which one you fall:

[Use BMI weight categories tool for answer categories]

₁ Below 18.5 [NO]

₂ 18.5 to 24.9 [NO]

₃ 25.0 to 29.9 [YES]

₄ 30.0 to 34.9 [YES]

₅ 35.0 to 39.9 [YES]

₆ 40.0 or higher [YES]

₉₈ Don't know

₉₉ Refused

₉₇ Not applicable

Child's BMI: _____

E I

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E 9. How tall do you think your spouse or partner is?

___ Feet ___ Inches

___ Meters

₉₈ Don't know

₉₉ Refused

₉₇ Do not have a spouse or partner

E 10. Next I will read 6 weight categories based on his or her height, please tell me in which one you think he or she falls:

[Use BMI weight categories tool for answer categories]

₁ Below 18.5 [NO]

₂ 18.5 to 24.9 [NO]

₃ 25.0 to 29.9 [YES]

₄ 30.0 to 34.9 [YES]

₅ 35.0 to 39.9 [YES]

₆ 40.0 or higher [YES]

₉₈ Don't know

₉₉ Refused

E I

₉₇ Not applicable

*(If ***the child is between the 85th and 95th percentile*** and neither parent has a BMI over 25, or if parent refuses to answer: “Thanks very much for your time, but we are looking to enroll children whose parents are of a certain Height and Weight ratio. Although we can’t include you in our study, we appreciate your willingness to help.”)*

E.10 a. Is this spouse or partner a biological (father/mother)?

₁ Yes ₂ No

E 11. Is (-----) currently enrolled in a formal weight management program? For example, Optimal Weight for Life (OWL) or Foundation’s Family Nutrition?

₁ Yes (Please specify): _____ (see below) [E11_1s]

₂ No

₉₈ Don’t know

₉₉ Refused

E	I
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(If parent answered YES to question E-11): “Thanks very much for your time, but we are looking to enroll children who are not currently involved in formal weight management programs. Although we can’t include you in our study, we appreciate your willingness to help.”)

You are eligible, so if this is still a good time to talk I would like to take a minute to further explain the study. I’ll be glad to answer any questions you have, and then continue with some questions that will take about 25 minutes of your time.

Is this still a good time to talk?

(Yes) *Continue below with the study description.*

(No) **When would be a good time to talk?** _____

If you choose to take part, a project staff member will call you 3 times over a 2 year period. Each of these telephone calls will last about 20-25 minutes. They will involve answering questions about you and your child’s general health, lifestyle, and current health habits. You will receive a \$20 dollar gift card for each survey you complete as a way to thank you for your time. Today is the first of these 3 calls.

By chance you’ll be chosen to be in 1 of 2 groups. If you are in the first group, you’ll receive

- **Six 30- to 40- minute meetings over the next 2 years at the Harvard Vanguard office where your child goes for regular check-ups. You would meet with a nurse practitioner there who works on the study. Your nurse practitioner can help you think about changes you and your child may want to make to support your child’s healthy growth. Study**

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funds will cover any insurance co-pays you make for these study visits and transportation costs of \$4 per study visit will be reimbursed.

- In addition, you would have two 15- to 20- minute phone calls with your nurse practitioner to see how you and your child are doing and to give you more support and suggestions.
- You would also receive other health-related materials and information, some of which may be web-based.

If you are in the second group, you'll receive:

- Health-related materials and information, as well as one growth check at the Harvard Vanguard office where your child goes for regular check-ups. You will receive a \$25 gift card for the height and weight check you complete as a thank-you for your time.

Please know that a signed written consent form is required for participation. This form will be mailed to you and should be returned in the enclosed postage paid envelope. Your participation in High Five for Kids is voluntary, and you can stop participating at any time. Your decision to participate or not will not affect your health care or insurance coverage in any way. All the information we collect will be kept confidential and will be stored in locked files in our research offices. Any electronic data will be password protected and accessible only to study staff.

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Would you like to participate in this study?
(No) Thank you very much for your time.

(Yes) Thank you so much for your willingness to participate. We greatly appreciate it.

First I am going to start by asking you some questions about your family.

1. How many adults 18 or older live in your household, including yourself?

____ #

₉₈ Don't Know

₉₉ Refused

2. Can you tell me how each adult is related to (----), including yourself?

2a. ____ Mother (0-1)

2b. ____ Stepmother /Biological Father's Partner (0-1)

2c. ____ Father (0-1)

2d. ____ Stepfather /Biological Mother's Partner (0-1)

2e. ____ Grandparent (S) (0-4)

2f. ____ Other (0-N) *Please specify:* _____ [2_2fs]

2g. ____ Adoptive Mother (0-2)

2h. ____ Adoptive Father (0-2)

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Date: _____ Initials: _____

3. How many children under 18 live in your household, including (----)?

- ____ #
₉₈ Don't Know
₉₉ Refused

4. Which of the following best describes your current marital status? Would you say...

- ₁ Married
₂ Not married, but living with partner
₃ Single, never married
₄ Divorced
₅ Separated
₆ Widowed

5. In what country were you born?

- ₁ United States
₂ Other (*Please specify*): _____ [5_2s] (*Go to question 5a*)

5a. How many years have you lived in the United States?

- ____ # years
₉₇ Less than one year
₉₈ Don't Know
₉₉ Refused

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6. What is the highest grade or degree you completed in school?

_____ (*Code education below*)

- ₁ 8th Grade Or Less (0-8)
₂ Some High School (9-11)
₃ High School Graduate (12)
₄ Some College Or Technical School (13-15)
₅ College Graduate (16)
₆ Postgraduate Training Or Degree (17+)
₉₈ Don't Know
₉₉ Refused

7. What is the highest grade or degree your spouse or partner completed in school?

_____ (*Code education below*)

- ₁ 8th Grade Or Less (0-8)
₂ Some High School (9-11)
₃ High School Graduate (12)
₄ Some College Or Technical School (13-15)
₅ College Graduate (16)
₆ Postgraduate Training Or Degree (17+)
₉₈ Don't Know

- ₉₉ Refused
₉₇ Do not have a spouse or partner

8. Is (-----) **Spanish, Hispanic or Latino?**

- ₁ Yes (*Go to question 8a*)
₂ No (*Go to question 9*)
₉₈ Don't Know
₉₉ Refused

8a. **Where is your family from?** (*Choose all that apply*)

- ₁ Mexican, Mexican American, Chicano
₂ Puerto Rican
₃ Cuban
₄ Dominican
₅ Other (*Please specify*): _____ [8a _5s]

9. What best describes (-----)'s race?

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- (Code race below)
- ₁ White Or Caucasian
₂ Black, African American, Negro Or Haitian
₃ American Indian, North American Indian or Alaska Native
₄ Asian Indian
₅ Chinese
₆ Filipino
₇ Japanese
₈ Korean
₉ Vietnamese
₁₀ Native Hawaiian
₁₁ Native Guamanian Or Chamorro
₁₂ Native Samoan
₁₃ Other Race (*Please specify*): _____ [9_13s]
₉₈ Don't Know
₉₉ Refused

If answered more than one race: Q9_A. If you had to choose one race or ethnicity to describe (-----), which one would that be?

(*Pick from above list*): _____

- ₉₈ Don't Know
₉₉ Refused

10. Is (-----) **currently in childcare, day care, or school?**

- ₁ Yes (*If yes, go to question 10a*)
- ₂ No (*If no during summer → During the regular school year is your child in childcare, day care, or school?*)
- ₁ Yes (*If yes, go to question 10a*)
- ₂ No

10a. **Is he (or she):** (*Ask all three options.*)

- ₁ **In a day care center, preschool, or school?**

If yes: How many hours in an average week? _____ [10a_1a]

- ₂ **In family day care, out of home family daycare?**

If yes: How many hours in an average week? _____ [10a_2a]

- ₃ **In in-home care, for example with a babysitter, nanny, or relative?**

If yes: How many hours in an average week? _____ [10a_3a]

Next I am going to ask some questions about your (your child's mother's) pregnancy and (----)'s birth.

11. What was (-----)'s birth weight in pounds and ounces?

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(use -9 if parent doesn't know or refuses)

12. Have you (has your child's mother) ever breastfed (-----)?

- ₁ Yes (*Go to question 12a*)
- ₂ No

12a. *If yes: For how long?*

___ ___ months *or*

___ ___ weeks *or*

___ ___ days

- ₉₈ Don't Know

13. In general, would you say your child's health is...

- ₁ **Excellent**
- ₂ **Very good**
- ₃ **Good**
- ₄ **Fair**
- ₅ **Poor**

14. I'm going to read you a list of six different kinds of foods and ask you to report in the past month, on average, how often (-----) has eaten each of them. Remember to include things you cook with. These questions are not intended to assess (-----)'s total diet and you may not find all the foods (-----) eats included. The answer categories are less than once per week, once per week, 2-4 times per week, about once per day, or twice or more per day.

In the past month, on average, how often has (-----) eaten...

14a. Dark Green Leafy Vegetables (like spinach or salad)

- ₁ Less than once per week
₂ Once per week
₃ 2-4 times per week
₄ About once per day
₅ Twice or more per day

14b. Carrots

- ₁ Less than once per week
₂ Once per week
₃ 2-4 times per week
₄ About once per day
₅ Twice or more per day

14c. Other Vegetables (like broccoli, tomatoes, peas, green beans, mixed vegetables,

cauliflower, cabbage, peppers, or squash)

- ₁ Less than once per week
₂ Once per week
₃ 2-4 times per week
₄ About once per day
₅ Twice or more per day

14d. Citrus Fruits, not including juice (like oranges or grapefruit)

- ₁ Less than once per week
₂ Once per week
₃ 2-4 times per week
₄ About once per day
₅ Twice or more per day

14e. Other Fruits (like apples, pears, bananas, berries, grapes, melons, peaches, or plums)

- ₁ Less than once per week
₂ Once per week
₃ 2-4 times per week
₄ About once per day
₅ Twice or more per day

14f. Cold breakfast cereal

- ₁ Less than once per week
₂ Once per week
₃ 2-4 times per week
₄ About once per day

5 Twice or more per day15. What is the cold breakfast cereal that (-----) eats most commonly?

16. In the next 9 questions I'm going to ask about (-----)'s intake of different types of beverages. In the past month, on average, how often does (-----) drink a serving of...[fill source here]?

16a.	White milk	___ ___ times per day ___ ___ times per week ___ ___ times per month
16b.	Flavored milk, such as chocolate milk	___ ___ times per day ___ ___ times per week ___ ___ times per month
16c.	Regular soda, not diet or sugar-free	___ ___ times per day ___ ___ times per week ___ ___ times per month
16d.	Diet Soda, sugar-free	___ ___ times per day ___ ___ times per week ___ ___ times per month
16e.	Orange Juice or other 100% juice	___ ___ times per day ___ ___ times per week ___ ___ times per month <i>If parent mentions diluting ask:</i> 16e_1. Is it more than half water or half juice? <input type="checkbox"/> ₁ more water <input type="checkbox"/> ₂ more juice

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		<input type="checkbox"/> ₃ equal
16f.	Fruit drinks, like Hi-C, Kool-Aid, lemonade, or Sunny-D	<p>___ ___ times per day ___ ___ times per week ___ ___ times per month</p> <p><i>If parent mentions diluting ask:</i> 16f_1. Is it more than half water or half juice?</p> <p><input type="checkbox"/>₁ more water <input type="checkbox"/> more juice <input type="checkbox"/> equal</p>
16g.	Sports drinks, like Gatorade or Vitamin Water	<p>___ ___ times per day ___ ___ times per week ___ ___ times per month</p> <p><i>If parent mentions diluting ask:</i> 16g_1. Is it more than half water or half juice?</p> <p><input type="checkbox"/>₁ more water <input type="checkbox"/>₂ more juice <input type="checkbox"/>₃ equal</p>
16h.	Bottled water or tap water	<p>___ ___ times per day ___ ___ times per week ___ ___ times per month</p>
16i.	Flavored sugar-free water, such as Fruit₂O or Crystal Light	<p>___ ___ times per day ___ ___ times per week ___ ___ times per month</p>

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17. What kind of milk does (-----) usually drink?

- ₁ Whole milk
- ₂ 2 % milk
- ₃ 1% milk
- ₄ Skim milk
- ₅ Soy milk
- ₆ Other (*Please specify*):_____ [17_6s]
- ₇ My child does not drink milk

18. In the past month, on average, how often did (-----) eat something from a fast food restaurant like McDonald's, Burger King, Taco Bell, Dunkin Donuts, or a pizza place? Please include breakfast, lunch, and dinner.

___ ___ times per day

___ ___ times per week

___ ___ times per month

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18. In the past month, on average, how often did (-----) eat something from a fast food restaurant? Please include breakfast, lunch and dinner. (Eat-in or take-out, not including school or daycare.)

___ ___ times per day

___ ___ times per week

___ ___ times per month

20. In the past month, on average, how often does (-----) eat second helpings at dinner or supper? Would you say...

- ₁ Everyday
- ₂ Most days, that is 4-6 days a week
- ₃ A few days, that is 1-3 days a week
- ₄ Never

The next few questions are about (-----)'s TV and other screen time.

21. How many TV's do you have in your home?

____ #

22. Is there a television in the room where (-----) sleeps?

- ₁ Yes
₂ No

23. In the past month, on average, how many days a week does (-----) eat breakfast in a room with the TV turned on? Would you say...

- ₁ Every day of the week
₂ Most days, that is 4-6 days a week
₃ A few days, that is 1-3 days a week
₄ Never

24. In the past month, on average, how many days a week does (-----) eat dinner in a room with the TV turned on? Would you say...

- ₁ Every day of the week
₂ Most days, that is 4-6 days a week
₃ A few days, that is 1-3 days a week
₄ Never

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In the next 6 questions I will be asking about (----) screen time, separately for television, then for videos or DVDs and video games, and lastly for computer and Internet.

25. Think for a moment about a typical weekday during the past month. How much time (either in your home or elsewhere) does (-----) spend watching television, on a typical weekday?

____ hours and ____ minutes per day

26. How much time (either in your home or elsewhere) does (----) spend watching videos or DVDs or playing videogames on a typical weekday?

____ hours and ____ minutes per day

27. How much time (either in your home or elsewhere) does (----) spend on the computer or Internet on a typical weekday?

____ hours and ____ minutes per day

28. Think for a moment about a typical weekend day (Saturday or Sunday) during the past month. How much time (either in your home or elsewhere) does (----) spend watching television, on a typical weekend day?

___ ___ hours and ___ ___ minutes per day

29. How much time (either in your home or elsewhere) does (----) spend watching videos or DVDs or playing videogames on a typical weekend day?

___ ___ hours and ___ ___ minutes per day

30. How much time (either in your home or elsewhere) does (----) spend on the computer or Internet on a typical weekend day?

___ ___ hours and ___ ___ minutes per day

Now I will be asking about (----)'s outdoor active playtime.

31. Think for a moment about a typical weekday during the past month. How much time does (---) spend playing outdoors on a typical weekday?

___ ___ hours and ___ ___ minutes

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32. Think for a moment about a typical weekend day during the past month. How much time does (----) spend playing outdoors on a typical weekend day?

___ ___ hours and ___ ___ minutes

33. In the past month, on average, how much time does (----) spend sleeping in a usual 24-hour period? Please include naps.

___ ___ hours and ___ ___ minutes

Now, I'm going to ask you many of the same questions, but about yourself.

34. In the next 3 questions I'm going to ask about your intake of different types of beverages. In the past month, on average, how often do you drink a serving of...[fill source here]?

34a.	Orange Juice or other 100% juice	___ ___ times per day ___ ___ times per week ___ ___ times per month
------	---	--

34b.	Fruit drinks such as Hi-C, Kool-Aid, lemonade, or Sunny-D	___ ___ times per day ___ ___ times per week ___ ___ times per month
34c.	Regular soda, not diet or sugar-free	___ ___ times per day ___ ___ times per week ___ ___ times per month

35. **In the past month**, on average, how often did you eat something from a fast food restaurant like McDonald's, Burger King, Taco Bell, Dunkin Donuts, or a pizza place? Please include breakfast, lunch, and dinner.

___ ___ times per day

___ ___ times per week

___ ___ times per month

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36. **In the past month**, on average, how often did you eat something from any other restaurant? Please include breakfast, lunch, and dinner. (*Eat-in or take-out.*)

___ ___ times per day

___ ___ times per week

___ ___ times per month

The next few questions are about meals and food preparation.

37. The last time (-----) had fast food, what was the total bill for everyone?

\$ _____ (-9 if parent refused or missing, \$0 if doesn't eat fast food)

38. The last time (-----) had a meal from any other restaurant, what was the total bill for everyone?

\$ _____ (-9 if parent refused or missing, \$0 if doesn't eat fast food)

39. **In the past month**, how much did you or others spend buying groceries for your household? Think about how often you shop and if you shop in between these times.

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\$_____ per week

\$_____ every other week

\$_____ every month (-9 if refused or missing)

* when entering this data in the database, make sure to calculate the total spent PER MONTH (e.g. multiply \$ per week by 4)

40. **In the past month, on an average day, how much time do you or others spend preparing meals for your household? Please include time spent preparing breakfast, lunch, dinner and snacks.**

(Please round to the nearest hour.)

__ __ hours

41. **In the past month, on average, how many days a week does (----) sit down with other members of his or her family to eat dinner or supper? Would you say...**

₁ Every day of the week

₂ Most days, that is, 4-6 days a week

₃ A few days, that is 1-3 days a week

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Next I will ask about your TV and other screen time.

42. **Think for a moment about a typical weekday during the past month. How much time (either in your home or elsewhere) do you spend watching television, videos, or DVDs on a typical weekday?**

__ __ hours and __ __ minutes per day

43. **Think for a moment about a typical weekend day (Saturday or Sunday) during the past month. How much time (either in your home or elsewhere) do you spend watching television, videos, or DVDs on a typical weekend day?**

__ __ hours and __ __ minutes per day

The next few questions are about where you get your health information. These will only take a few more minutes.

44. **Imagine that you had a strong need to get information about nutrition or physical activity for (----). Where would you go first?**

(Fill in, then code below.)

- ₁ Books
₂ Brochures, pamphlets, etc.
₃ Family
₄ Friend/co-worker
₅ Health care provider or doctor
₆ Internet
₇ Library
₈ Magazines
₉ Newspapers
₁₀ Radio
₁₁ Telephone information number (1-800)
₁₂ Health organizations
₁₃ Television
₁₄ Health research/treatment facilities
₁₅ Nutritionist
₁₆ Other (Please specify): _____ [44_16s]

45. How much would you trust information about nutritional or physical activity topics [fill source here]? Would you say a lot, some, a little or not at all? How about [fill source here]?

	A lot	Some	A little	Not at all
45a. From a doctor or other health care professional	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
45b. From family or friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
45c. In newspapers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
45d. In magazines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
45e. On the radio	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
45f. On the Internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
45g. On television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Now a few questions about your computer and Internet use.

46. Is there a computer in your home?

- ₁ Yes
₂ No (Go to question 48)

47. Does the computer have Internet access?

- ₁ Yes
₂ No

48. Do you ever go on-line to access the Internet or to send and receive e-mail?

- ₁ Yes (Go to question 49)
₂ No (Go to question 48a)

48a. Which of the following, if any, are the reasons you do not access the Internet?

48a_1 Because you are not interested

- ₁ Yes
₂ No

48a_2 Because it costs too much

- ₁ Yes
₂ No

48a_3 Because it is too complicated to use

- ₁ Yes
₂ No

48a_4 Because you do not think it is useful

- ₁ Yes
₂ No

48a_5 Other

- ₁ Yes
₂ No

(Please specify): _____ Yes/No [48a_5s]

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49. From where (else) do you go on-line to use the Internet? (Probe: Anywhere else? Choose all that apply.)

- ₁ Home
₂ Work
₃ School
₄ A public library
₅ A community center
₆ Someone else's house
₇ Some other place (Please specify): _____ [49_7s]

(If more than one, go to question 49a)

49a. From where do you use the Internet most often? (Choose only one.)

- ₁ Home
₂ Work
₃ School
₄ A public library
₅ A community center
₆ Someone else's house
₇ Place specified above _____ [49a_7s]

50. When you use the internet at [fill 49 or 49a], do you mainly access it through...

- ₁ Dial-up
₂ Cable
₃ DSL
₄ A wireless device, such as a PDA or Blackberry
₅ Some other way (Please specify): _____ [50_5s]
₉₈ Don't know

51. **In the past 12 months**, did you use the Internet to look for health or medical information for yourself?

- ₁ Yes (Go to question 51a)
₂ No

51a. **In the past 12 months**, how often did you use the Internet to look for health or medical information for yourself? Would you say...

- ₁ Once a week
₂ Once a month
₃ Every few months
₄ Less often

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52. **In the past 12 months**, have you used the Internet to look for health or medical information for (-----)?

- ₁ Yes (Go to question 52a)
₂ No

52a. **In the past 12 months**, how often have you used the Internet to look for health or medical information for (-----)? Would you say...

- ₁ Once a week
₂ Once a month
₃ Every few months
₄ Less often

Here are some ways people use the Internet. In the past 12 months, have you done the following things while using the Internet?

53. Participated in an on-line support group for people with health or medical issues similar to your own?

- ₁ Yes
₂ No
₃ Not applicable

54. Used email or the Internet to communicate with a doctor or a doctor's office?

- ₁ Yes
₂ No
₃ Not available

55. Visited an Internet web site to learn specifically about nutrition or physical activity?

- ₁ Yes (Go to question 55a)
₂ No (Go to question 56)

55a) **In the past 12 months**, how often have you used the Internet to look for advice or information about nutrition or physical activity? Would you say...

- ₁ Once a week
₂ Once a month
₃ Every few months
₄ Less often

55b) Overall, how useful was the nutritional or physical activity information you got from the Internet? Would you say...

- ₁ Very useful
₂ Somewhat useful
₃ A little useful
₄ Not at all useful

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Lastly, a few more questions about your family.

56. How much do you pay for insurance co-pays when you take (-----) to see his or her doctor for [fill source]?

56a. Sick visits \$ _____ (-9 if refused or missing)

56b. Well Child visits \$ _____ (-9 if refused or missing)

Q56_HD_FLAG= Yes when they mention they are in a high deductible health plan

Q56_HD_FLAG_info= any info they give you about it, amount of deductible etc.

57. What is your current employment status?

- ₁ Employed full-time, that is, at least 35 hours per week
₂ Employed part-time, that is, less than 35 hours per week
₃ Employed, but currently on maternity or medical leave
₄ Not employed, not looking for work
₅ Not employed, looking for work
₆ Student, either full-time or part-time

58. Which of the following categories best describes the total income for the household where (-----) lives? Please include income from all sources such as wages, child support, public assistance, or investments. Is it...

- ₁ \$20,000 or less? (Go to question 58a)
- ₂ Between \$20,000 and \$70,000? (Go to question 58b)
- ₃ Or more than \$70,000? (Go to question 58c)
- ₄ Don't Know
- ₅ Refused

58a. Was it \$5,000 or less, between \$5,000 and \$10,000, or more than \$10,000?

- ₁ \$5,000 or less
- ₂ \$5,000 to \$10,000
- ₃ \$10,000 to \$20,000
- ₉₈ Don't Know
- ₉₉ Refused

58b. Was it \$30,000 or less, between \$30,000 and \$50,000, or more than \$50,000?

- ₁ \$20,000 to \$30,000
- ₂ \$30,000 to \$50,000
- ₃ \$50,000 to \$70,000
- ₉₈ Don't Know
- ₉₉ Refused

58c. Was it \$90,000 or less, between \$90,000 and \$120,000, between \$120,000 and \$150,000, or more than \$150,000?

- ₁ \$70,000 to \$90,000
- ₂ \$90,000 to \$120,000
- ₃ \$120,000 to \$150,000
- ₄ \$150,000 or more
- ₉₈ Don't Know
- ₉₉ Refused

That's all the questions I have. Do you have any comments or questions?

We are very excited you have decided to join the *High Five for Kids* study. Please contact us at any time with any questions or concerns you may have. In the meantime we will be sending you out a consent form that goes over what is involved with being in the study. We ask that you PLEASE return a signed copy of the consent form in the pre-paid envelope that will be provided to you.

STUDY_ID: HIGH5_____

Date:

Initials:

Participant Incentive Sheet

To thank you for your time we would like to offer you a \$20 gift card to CVS, Stop & Shop or Shaw's or Star. Which one are you interested in?

\$20 Shaw's or Star gift card \$20 Stop & Shop gift card \$20 CVS gift card

We'll need the following information to process the gift card:

The Name of the person to whom we should send it:

Street Address:

City:

State:

Zip:

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In the future what are the best days and times to call you?

a. Set 1: _____

b. Set 2: _____

M=Monday	8=8:00-8:59am
T=Tuesday	9=9:00-9:59am
W=Wednesday	10=10:00-10:59am
R=Thursday	11=11:00-11:59am
F=Friday	12=12:00-12:59pm
S=Saturday	13=1:00-1:59pm
U=Sunday	14=2:00-2:59pm
	15=3:00-3:59pm
	16=4:00-4:59pm
	17=5:00-5:59pm
	18=6:00-6:59pm
	19=7:00-7:59pm
	20=8:00-8:59pm
	21=9:00-9:59pm

STUDY_ID: HIGH5_____

Date:

Initials:

Do you have another phone number or email address in case we have trouble reaching you at the one we called you at today?

Phone:_____ Work Home Cell Other

Phone:_____ Work Home Cell Other

Email:_____ Work Home

Email:_____ Work Home

In the future if we are unable to reach you at your current address or phone number is there a friend or relative we could call to locate you?

Name:_____

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Thanks again for your time!