

In a typical week...	Yes	No
1. Does your family eat dinner while watching television?	<input type="radio"/>	<input type="radio"/>
2. Do you use food as a reward for good behavior?	<input type="radio"/>	<input type="radio"/>
3. Do you restrict how much your child eats potato chips, cookies, and candy?	<input type="radio"/>	<input type="radio"/>
4. Do you have a routine or schedule for bedtime for your child?	<input type="radio"/>	<input type="radio"/>

In a typical week...	<8	8-9	9-10	>10
5. How many hours of sleep does your child usually get each night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a typical week...	<7	7-14	14+
6. How many hours of television does your child watch?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How many hours does your child spend on the computer or video games?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a typical week...	Yes	No
8. Does your child have a television in his or her bedroom?	<input type="radio"/>	<input type="radio"/>
9. Do you monitor the amount of television your child watches?	<input type="radio"/>	<input type="radio"/>

In a typical week...	Almost Never	Sometimes	Often	Almost Always
10. How often does your child eat breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. How often does your family eat at least one meal together each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often does your family eat fast food during the week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How often does your family eat fruits and/or vegetables with your main meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How often do you use prepackaged foods (like frozen pizza) for your main meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How often does your family freshly prepare food (like chicken, pasta) for your main meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How often does your family drink soda pop or Kool-Aid at snacks and meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. How often does your family drink 100% fruit juice or low fat milk at snacks and meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. How often do you participate in at least 30 minutes of physical activity per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How often does your family play games outside, ride bikes, or walk together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How often does your child participate in physical activity during their free time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past year...	0-1	1-2	3-4	5+
21. Has your child participated in organized sports with a coach or leader (e.g. soccer) or in organized group activities involving physical activity (e.g. swim lessons)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>