Children's Healthy Living (CHL) Program Questions and Response Options - Time 1, Time 2, Time 3

Sheet/Form	Area
Screening Questions	Screening Questions
Form 23-02	
	Information about your child and household
Form 23-02	Household Composition
Form 23-02	Child Information
Form 23-02	Early Life of Child
Form 23-02	Food Security/Availability
Form 23-02	Medical
Form 23-03	
	Culture - U.S. Mainland Heritage and Lifestyle
Form 23-04	Lifestyle Behavior
Form 23-05	
	Sleep Behavior
Form 23-06	
	Child and Household's Food and Physical Activity Environment
Form 23-07	Intervention Exposure
Form 59-01	
	Anthropometric Measurements
Form 59-01	
	Acanthosis Nigricans Screening
<u>CE Form</u>	Community Behavior
<u>CE Form</u>	
	Community Behavior Survey Input
All Questions	
	All Questions included in one sheet

Screening Questions

Change in form from time 1 to time 2

Change in form from time 2 to time 3

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Screening Questions	Screening Questions	Q1	Does your child have any problems that keep him/her from being physically active?	Time 2	Time 3	Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	R1	Yes No If Yes, what type of problem:			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	Q2	If yes, has your child had any problems with her / his:			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	R2	heart blood pressure bones or joints nerves thyroid cancer liver kidney diabetes			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	Q3	Does your child take any medications?			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	R3	Yes No			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	Q4	If yes, does he or she take:			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	R4	antidepressants lithium appetite suppressants or any medication that affects appetite or metabolism?			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	Q5	If you answered YES to any of these medications, does your child take them regularly?			Screening questionnaire used at time 1; Question included in Medical section at time 2/3
Screening Questions	Screening Questions	R5	Yes No			Screening questionnaire used at time 1; Question included in Medical section at time 2/3

						Change in form from time 2 to time 3
Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Information about your child and household	Q	Sex (circle one)	Sex (circle one)	Sex (circle one)	
Form 23-02	Information about your child and household	R	Boy Girl	Boy Girl	Boy Girl	
Form 23-02	Information about your child and household	Q	Birthdate	Birthdate	Birthdate	
Form 23-02	Information about your child and household	R	Month Date Year 20	Month Date Year 20	Month Date Year 20	
Form 23-02	Information about your child and household	Q	Age in years	Age in years	Age in years	
Form 23-02	Information about your child and household	Q	Grade in School (circle one)	Grade in School (circle one)	Grade in School (circle one)	
Form 23-02	Information about your child and household	R	Head Start Day Care Preschool Kindergarten Elementary None	Head Start Day Care Preschool Kindergarten Elementary None	Head Start Day Care Preschool Kindergarten Elementary None	
Form 23-02	Household Composition	Q1	What is your relationship to this child? (Please check which applies to you:)	What is your relationship to this child? (Please check which applies to you:)	What is your relationship to this child? (Please check which applies to you:)	
Form 23-02	Household Composition	R1	□ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Grandmother □ Grandfather □ Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	□ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Grandmother □ Grandfather □ Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	 □ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Grandmother □ Grandfather □ Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling) 	
Form 23-02	Household Composition	Q2	What is your current Marital Status: (Please choose the one that applies best to your current status.)	What is your current Marital Status: (Please choose the one that applies best to your current status.)	What is your current Marital Status: (Please choose the one that applies best to your current status.)	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Household Composition	R2	□ Married □ Widowed □ Divorced □ Single and NOT living with boyfriend, girlfriend, partner □ Separated □ Single and living with boyfriend, girlfriend, partner □ Other If Other is checked, please describe:	 □ Married □ Widowed □ Divorced □ Single and NOT living with boyfriend, girlfriend, partner □ Separated □ Single and living with boyfriend, girlfriend, partner □ Other If Other is checked, please describe: 	 □ Married □ Widowed □ Divorced □ Single and NOT living with boyfriend, girlfriend, partner □ Separated □ Single and living with boyfriend, girlfriend, partner □ Other If Other is checked, please describe: 	
Form 23-02	Household Composition	Q3	Who currently lives in the child's household and how are they related to your child? (Mark ALL that apply)	Including yourself, who currently lives in the child's household and how are they related to your child? (Mark ALL that apply)	Please check all of the adults who live in the household of child.	T1 to T2: Inclusion of 'Including yourself' T2 to T3: Change in formatting of question
Form 23-02	Household Composition	R3	Relationship to your child How Many? Mother Grandmother Cousin Father Grandfather Friend Brother Aunt Sister Uncle Other, please specify:	Relationship to your child How Many? Mother Grandmother Cousin Father Grandfather Friend Brother Aunt Sister Uncle Other, please specify:	 □ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Foster mother □ Foster father □ Grandmother How many? □ Grandfather How many? □ Uncle How many? □ Great aunt How many? □ Great uncle How many? □ Other adult How many? 	T2 to T3: Change in formatting of response options
Form 23-02	Household Composition	Q4	Please tell us about other children (for example; siblings, cousins, friends) who live with your child on a regular basis?	Please tell us about other children (for example; siblings, cousins, friends) who live with your child on a regular basis?	Please check all other children (for example; siblings, cousins, friends) who live In the household.	T2 to T3: Change in formatting of question

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Household Composition	R4	Please, specify below whether the child is a boy or a girl and the age of the child. Boy Girl Age Child 1	Please, specify below whether the child is a boy or a girl and the age of the child. Boy Girl Age Child 1	Age of other child(ren) How Many? □ 0 – 1 years □ 2 – 5 years □ 6 – 8 years □ 9 – 18 years	T2 to T3: Change in formatting of response options
Form 23-02	Household Composition	Q5	What is the highest grade or year of school you completed?	What is the highest grade or year of school you completed?	What is the highest grade or year of school you completed?	
Form 23-02	Household Composition	R5	□ Never attended school or only attended kindergarten □ Grade 12 or GED (High school graduate) □ Grades 1 up to 8 (Elementary to middle school) □ College or technical school 1 year to 3 years □ Grades 9 up to 11 (Some high school) □ College 4 years or more (College graduate)	□ Never attended school or only attended kindergarten □ Grade 12 or GED (High school graduate) □ Grades 1 up to 8 (Elementary to middle school) □ College or technical school 1 year to 3 years □ Grades 9 up to 11 (Some high school) □ College 4 years or more (College graduate)	□ Never attended school or only attended kindergarten □ Grade 12 or GED (High school graduate) □ Grades 1 up to 8 (Elementary to middle school) □ College or technical school 1 year to 3 years □ Grades 9 up to 11 (Some high school) □ College 4 years or more (College graduate)	
Form 23-02	Household Composition	Q6	Your current employment status? (Please select all that apply.)	Your current employment status? (Please select all that apply.)	Your current employment status? (Please select all that apply.)	

						change in form from time 2 to time 3
Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Household Composition	R6	□ Employed for wages/salary (full-time/part-time/seasonal) □ Self-employed □ Out of work for more than 1 year □ Out of work for less than 1 year □ A Homemaker □ A Student □ Retired □ Unable to work	□ Employed for wages/salary (full-time/part-time/seasonal) □ Self-employed □ Out of work for more than 1 year □ Out of work for less than 1 year □ Fishing/Farming □ Subsistence □ A Homemaker □ A Student □ Retired □ Unable to work	□ Employed for wages/salary (full-time/part-time/seasonal) □ Self-employed □ Out of work for more than 1 year □ Out of work for less than 1 year □ Fishing/Farming □ Subsistence □ A Homemaker □ A Student □ Retired □ Unable to work	T1 to T2: Addition of Fishing/Farming and Subsistence as response options
Form 23-02	Household Composition	Q7	Do you have more than one job at this time?	Do you have more than one job at this time?	Do you have more than one job at this time?	
Form 23-02	Household Composition	R7	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Form 23-02	Household Composition	Q8	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	
Form 23-02	Household Composition	R8	□ Under \$10,000 □ From \$10,000 to less than \$20,000 □ From \$20,000 to less than \$35,000 □ From \$35,000 to less than \$60,000 □ From \$60,000 to less than \$75,000 □ \$75,000 or more □ No Response	□ Under \$10,000 □ From \$10,000 to less than \$20,000 □ From \$20,000 to less than \$35,000 □ From \$35,000 to less than \$60,000 □ From \$60,000 to less than \$75,000 □ \$75,000 or more □ No Response	□ Under \$10,000 □ From \$10,000 to less than \$20,000 □ From \$20,000 to less than \$35,000 □ From \$35,000 to less than \$60,000 □ From \$60,000 to less than \$75,000 □ \$75,000 or more □ No Response	
Form 23-02	Household Composition	Q9			How confident are you filling out medical forms by yourself?	Addition of question to section at time 3
Form 23-02	Household Composition	R9			□ Not at all □ A little bit □ Somewhat □ Quite a bit □ Extremely □ Don't know □ No Response	

Area Child Information	Question/Response		Time 2	Time 3	Note: differences/changes between time points
	•			I IIIIC 3	inote, uniterences/changes between time boints
		Do you consider your child to be of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural heritage?	Do you consider your child to be of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural heritage?	Do you consider your child to be of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultural heritage?	,g
Child Information	R1	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Child Information	Q2	Which category(s) below best describes your child? You may check (P) more than one box.	Which category(s) below best describes your child? You may check (P) more than one box.	Which category(s) below best describes your child? You may check (P) more than one box.	
Child Information	R2	 □ Black or African American- A person having origins of any of the original peoples of Africa. □ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. 	 □ Black or African American- A person having origins of any of the original peoples of Africa. □ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. 	☐ Black or African American- A person having origins of any of the original peoples of Africa. ☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
		□ American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): □ Athabascan □ Siberian □ Cup'ik □ Yup'ik □ Inupiaq □ Other (please describe)	□ American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): □ Athabascan □ Siberian □ Cup'ik □ Yup'ik □ Inupiaq □ Other (please describe)	□ American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): □ Athabascan □ Siberian □ Cup'ik □ Yup'ik □ Inupiaq □ Other (please describe) □ Asian Please specify the one(s) you most identify with (check all that apply):	
		□ Asian Please specify the one(s) you most identify with (check all that apply): □ Cambodian □ Japanese □ Pakistani □ Chinese □ Korean □ Thai □ Filipino □ Malaysian □ Vietnamese □ Indian □ Other (please describe) □ Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): □ Chamorro □ Kosraean □ Pohnpeian □ Tokelaun □ Carolinian □	□ Asian Please specify the one(s) you most identify with (check all that apply): □ Cambodian □ Japanese □ Pakistani □ Chinese □ Korean □ Thai □ Filipino □ Malaysian □ Vietnamese □ Indian □ Other (please describe) □ Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): □ Chamorro □ Kosraean □ Pohnpeian □ Tokelaun □ Carolinian □	□ Cambodian □ Japanese □ Pakistani □ Chinese □ Korean □ Thai □ Filipino □ Malaysian □ Vietnamese □ Indian □ Other (please describe) □ Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): □ Chamorro □ Kosraean □ Pohnpeian □ Tokelaun □ Carolinian □ Marshallese □ Samoan □ Tahitian □ Chuukese □ Native Hawaiian □ Tongan □ Yapese □ Kiribati □ Palauan □ Other (please describe)	
(Child Information	Child Information Q2	Child Information Q2 Which category(s) below best describes your child? You may check (P) more than one box. Child Information R2 Black or African American- A person having origins of any of the original peoples of Africa. White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): Athabascan Siberian Cup'ik Yup'ik Inupiaq Other (please describe) Asian Please specify the one(s) you most identify with (check all that apply): Cambodian Japanese Pakistani Chinese Korean Thai Filipino Malaysian Vietnamese Indian Other (please describe) Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply):	Child Information Q2 Which category(s) below best describes your child? You may check (P) more than one box. R2 □ Black or African American- A person having origins of any of the original peoples of Africa. □ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. □ American Indian or Alaska Native - A person having origin in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): □ Athabascan □ Siberian □ Cup'ik □ Yup'ik □ Inpuiang □ Other (please describe) □ Asian Please specify the one(s) you most identify with (check all that apply): □ Cambodian □ Japanese □ Pakistani □ Chinese □ Korean □ Thai □ Filipino □ Malaysian □ Vietnamese □ Indian □ Other (please describe) □ Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): □ Chamorro □ Kosraean □ Pohnpeian □ Tokelaun □ Carolinian □ □ Tokela	Which category(s) below best describes your child? You may check (P) more than one box. Which category(s) below best describes your child? You may check (P) more than one box. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Department or original peoples of Europe, the Middle East, or North Africa. Department or original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment. Please specify the one(s) you most identify with (check all that apply): Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins of any of the original peoples of Africa. Delack or African American—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Delack or African American—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Delack or African American—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Delack or African American—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Delack or African American—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Delack or African American—A person having origins in an

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
			Chuukese □ Native Hawaiian □	Chuukese □ Native Hawaiian □		
			Tongan □ Yapese □ Kiribati □ Palauan	Tongan □ Yapese □ Kiribati □ Palauan		
			☐ Other (please describe)	☐ Other (please describe)		
Form 23-02	Child Information	Q3	What language(s) does your child	What language(s) does your child	What language(s) does your child speak?	
			speak?	speak?	Trinatian gaage(e) acco your china opean.	
Form 23-02	Child Information	Q4	What language does your child most	What language does your child most	What language does your child most often	
			often speak at home?	often speak at home?	speak at home?	
Form 23-02	Child Information	Q5	In what city or country was your child	In what city or country was your child	In what village/town/city and country was	T3: Question modified to include village/town
			born?	born?	your child	
					born? Village/Town/City:	
					Country:	
Form 23-02	Child Information	Q6	How many years has your child lived	How many years has your child lived	How many years has your child lived here?	
			here?	here?	(Enter the number of years in the space	
					provided)	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
			(Enter the number of years in the	(Enter the number of years in the		
			space provided)	space provided)		
Form 23-02	Early Life of Child	Q1	Child's Birth Weight:	Child's Birth Weight:	Child's Birth Weight:	
Form 23-02	Early Life of Child	R1	lb. and oz. OR	lb. and oz. OR	lb. and oz. OR	
			kilograms □ Unknown	kilograms □ Unknown	kilograms □ Unknown	
Form 23-02	Early Life of Child	Q2	Child's Birth Length:	Child's Birth Length:	Child's Birth Length:	
Form 23-02	Early Life of Child	R2	inches OR cm Unknown	inches OR cm Unknown	inches OR cm 🗆 Unknown	
Form 23-02	Early Life of Child	Q3	Was your child ever breastfed or fed breastmilk?	Was your child ever breastfed or fed breastmilk?	Was your child ever breastfed or fed breastmilk?	
			> If yes, how old was your child when he/she completely stopped breastfeeding or being fed	> If yes, how old was your child when he/she completely stopped breastfeeding or being fed	> If yes, how old was your child when he/she completely stopped breastfeeding or being fed	
F 22 02	Fault Life of Child	D2	breastmilk?	breastmilk?	breastmilk?	
Form 23-02	Early Life of Child	R3	☐ Yes ☐ No (skip to question 4) ☐ Unknown ☐ Other (please describe) ☐ Other ☐ Control ☐ Other	☐ Yes ☐ No (skip to question 4) ☐ Unknown ☐ Other (please describe) ☐ Other ☐ Control ☐ Other	 □ Yes □ No (skip to question 4) □ Unknown □ Other (please describe) > □ Months of age □ Still 	
			Breastfeeding Unknown	Breastfeeding Unknown	Breastfeeding Unknown	
Form 23-02	Early Life of Child	Q4	Was your child ever fed formula?	Was your child ever fed formula?	Was your child ever fed formula?	
10111123 02	Larry Line of Crina	٩	> If yes, how old was the child when	> If yes, how old was the child when	> If yes, how old was the child when he/she	
			he/she was first fed formula?	he/she was first fed formula?	was first fed formula?	
			> If your child was fed formula, how	> If your child was fed formula, how	> If your child was fed formula, how old was	
			old was your child when he/she	old was your child when he/she	your child when he/she completely stopped	
			completely stopped drinking	completely stopped drinking	drinking	
			formula?	formula?	formula?	
Form 23-02	Early Life of Child	R4	☐ Yes ☐ No (skip to question 5) ☐	☐ Yes ☐ No (skip to question 5) ☐	☐ Yes ☐ No (skip to question 5) ☐ Unknown ☐	
			Unknown ☐ Other (please describe)	Unknown □ Other (please describe)	Other (please describe)	
					> Months of age \square Since Birth \square	
			> Months of age □ Since	> Months of age □ Since	Unknown	
			Birth □ Unknown	Birth □ Unknown	> Months of age Still Formula fed	
			> Months of age □ Still	> Months of age Still	Unknown	
			Formula fed □ Unknown	Formula fed □ Unknown		
Form 23-02	Early Life of Child	Q5	How old was the child when he/she	How old was the child when he/she	How old was the child when he/she was first	
			was first fed anything other than	was first fed anything other than	fed anything other than breast milk or	
			breast milk or formula?	breast milk or formula?	formula?	
			(This includes juice, cow's milk, sugar	(This includes juice, cow's milk, sugar	(This includes juice, cow's milk, sugar water,	
			water, baby food, or anything else	water, baby food, or anything else	baby food, or anything else that the child	
			that the child might have been	that the child might have been	might have been	
F 32 02	Fach Life of Child	D.F.	given, even water)	given, even water)	given, even water)	
Form 23-02	Early Life of Child	R5	Months of age Unknown	Months of age Unknown	Months of age Unknown	

						change in form from time 2 to time 5
Form	Aroa	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Food Security/Availability	Q1	In the past 12 months, how often does your money for food run out before the end of the month?	In the past 12 months, how often does your money for food run out before the end of the month?	In the past 12 months, how often does your money for food run out before the end of the month?	Note: differences/changes between time points
Form 23-02	Food Security/Availability	R1	□ Never □ Seldom □ Sometimes □ Most times □ Always □ Don't know □ No Response	□ Never □ Seldom □ Sometimes □ Most times □ Always □ Don't know □ No Response	 □ Never □ Seldom □ Sometimes □ Most times □ Always □ Don't know □ No Response 	
Form 23-02	Food Security/Availability	T3: Q2			"(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: R2			☐ Often true ☐ Sometimes true ☐ Never true ☐ Don't know ☐ No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: Q3			In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: R3			☐ Yes ☐ No (Skip Question 4) ☐ Don't know (Skip Question 4) ☐ No Response (Skip Question 4)	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: Q4			If question 3 was "yes", How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: R4			□ Almost every month □ Some months but not every month □ Only 1 or 2 months □ Don't know □ No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: Q5			In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: R5			□ Yes □ No □ Don't know □ No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: Q6			In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T3: R6			□ Yes □ No □ Don't know □ No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	T1/T2: Q2	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month? (Please check which applies to you.)	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
			the month? (Please check which	the month? (Please check which		
			applies to you.)	applies to you.)		
Form 23-02	Food	T1/T2: R2	□ Never □ Seldom □ Sometimes □	□ Never □ Seldom □ Sometimes □	□ Never □ Seldom □ Sometimes □ Most times	
	Security/Availability	T3: R7	Most times □ Always	Most times Always	□ Always	
			□ Don't know □ No Response	☐ Don't know ☐ No Response	□ Don't know □ No Response	
Form 23-02	Food	T1/T2: Q3	In the past 12 months, do you receive	In the past 12 months, do you receive	In the past 12 months, do you receive	
	Security/Availability	T3: Q8	assistance to pay for food (e.g., food	assistance to pay for food (e.g., food	assistance to pay for food (e.g., food stamps,	
			stamps, WIC	stamps, WIC	WIC	
			coupons)?	coupons)?	coupons)?	
Form 23-02	Food	T1/T2: R3	☐ Yes ☐ No ☐ No Response	☐ Yes ☐ No ☐ No Response	☐ Yes ☐ No ☐ No Response	
	Security/Availability	T3: R8				
Form 23-02	Food	T1/T2: Q4	If yes, which benefits does this	If yes, which benefits does this	If yes, which benefits does this household	
	Security/Availability	T3: Q9	household receive? (Check all that	household receive? (Check all that	receive? (Check all that apply)	
			apply)	apply)		
Form 23-02	Food	T1/T2: R4	☐ EBT/ SNAP/NAP (formerly called	☐ EBT/ SNAP/NAP (formerly called	☐ EBT/ SNAP/NAP (formerly called Food	
	Security/Availability	T3: R9	Food Stamps)	Food Stamps)	Stamps)	
			☐ Food Assistance (Food Bank/Food	☐ Food Assistance (Food Bank/Food	☐ Food Assistance (Food Bank/Food Pantries	
			Pantries or Commodity	Pantries or Commodity	or Commodity	
			foods)	foods)	foods)	
			☐ WIC benefits	□ WIC benefits	□ WIC benefits	
			☐ Free or reduced-cost breakfasts or	☐ Free or reduced-cost breakfasts or	☐ Free or reduced-cost breakfasts or lunches	
			lunches at school	lunches at school	at school	
			□ Don't know	□ Don't know	□ Don't know	
			□ Not applicable	□ Not applicable	□ Not applicable	
Form 23-02	Food	T1/T2: Q5		Where do you get the water you use	Where do you get the water you use at home?	Water procurement question introduced at time
	Security/Availability	T3: Q10		at home? Include water for all	Include water for all purposes (e.g., drinking,	2
				purposes (e.g., drinking, cooking,	cooking, cleaning, gardening, etc.) (Check all	
				cleaning, gardening, etc.) (Check all	that apply)	
				that apply)		

						change in form from time 2 to time 3
Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Food Security/Availability	T1/T2: R5 T3: R10		□ Purchased Bottled Water□ River/Stream/Creek□ Spring	□ Purchased Bottled Water□ River/Stream/Creek□ Spring	Water procurement question introduced at time 2
				 □ Neighbor's tap □ Community rain water collection □ Home rain water collection 	 □ Neighbor's tap □ Community rain water collection □ Home rain water collection 	
				☐ Household tap ☐ Private tap in yard	☐ Household tap ☐ Private tap in yard	
				□ Public – shared standpipe□ Refilling station	□ Public – shared standpipe□ Refilling station	
				□ Other (please describe)	□ Other (please describe)	
Form 23-02	Medical	Q1	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please choose one, □; h= hours)	
			choose one, □; h= hours)	choose one, □; h= hours)		
Form 23-02	Medical	R1	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □	□ 5h □ 5.5h □ 6h □ 6.5h □ 7h □ 7.5h □ 8h □ 8.5h □ 9h □ 9.5h □ 10h □ 10.5h □ 11h □ 11.5h	Removed response options under 5 hours at time 3
			6h = 6.5h = 7h = 7.5h = 8h = 8.5h = 9h = 9.5h = 10h = 10.5h = 11h =	6h = 6.5h = 7h = 7.5h = 8h = 8.5h = 9h = 9.5h = 10h = 10.5h = 11h =	□ 12h □ 12.5h □ 13h □ >13h	time 3
			11.5h 🗆 12h 🗆 12.5h 🗆 13h 🗆 >13h	11.5h 🗆 12h 🗆 12.5h 🗆 13h 🗆 >13h		
Form 23-02	Medical	Q2	Does your child have any current medical conditions diagnosed by a doctor?	Does your child have any current medical conditions diagnosed by a doctor?	Does your child have any current medical conditions diagnosed by a doctor?	
Form 23-02	Medical	R2	☐ Yes ☐ No If yes, please specify:	☐ Yes ☐ No If yes, please specify:	☐ Yes ☐ No If yes, please specify:	
Form 23-02	Medical	Q3	Has a doctor or nurse ever told you that the child has asthma?	Has a doctor or nurse ever told you that the child has asthma?	Has a doctor or nurse ever told you that the child has asthma?	
Form 23-02	Medical	R3	☐ Yes ☐ No ☐ Don't Know/Not Sure	☐ Yes ☐ No ☐ Don't Know/Not Sure	☐ Yes ☐ No ☐ Don't Know/Not Sure	
Form 23-02	Medical	Q4		How often does your child brush his/her teeth?	How often does your child brush his/her teeth?	Dental health questions introduced at time 2
Form 23-02	Medical	R4		 □ More than once per day □ Once per day □ Once per week □ Once per year □ Never 	 □ More than once per day □ Once per day □ Once per week □ Once per year □ Never 	Dental health questions introduced at time 2
				□ Don't know □ No response	□ Don't know □ No response	

		1				Change in form from time 2 to time 3
Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Medical	Q5		During the past 12 months, did your	During the past 12 months, did your child see	Dental health questions introduced at time 2
				child see a dentist for any routine	a dentist for any routine preventive dental	
				preventive dental care, including	care, including check-ups, screenings, and	
				check-ups, screenings, and sealants?	sealants?	
Form 23-02	Medical	R5		□ Yes □ No □ Don't know □ No	☐ Yes ☐ No ☐ Don't know ☐ No response	Dental health questions introduced at time 2
				response	·	·
Form 23-02	Medical	Q6		Does your child have any problems	Does your child have any problems that keep	Included in screening questionnaire at time 1;
				that keep him/her from being	him/her from being physically active?	Moved to Medical section of Form 23-02 at time
				physically active?	, 01 , ,	2
Form 23-02	Medical	R6		□ Yes □ No	□ Yes □ No	Included in screening questionnaire at time 1;
				If Yes, what type of problem:	If Yes, what type of problem:	Moved to Medical section of Form 23-02 at time
				res, mad type or process	in rest, madely per site production.	2
Form 23-02	Medical	Q7		If yes, has your child had any	If yes, has your child had any problems with	Included in screening questionnaire at time 1;
				problems with her / his:	her / his:	Moved to Medical section of Form 23-02 at time
				processing manner, mer	1.6. 76.	2
Form 23-02	Medical	R7		□ heart	□ heart	Included in screening questionnaire at time 1;
				□ blood pressure	□ blood pressure	Moved to Medical section of Form 23-02 at time
				□ bones or joints	□ bones or joints	2
				□ nerves	□ nerves	
				□ thyroid	□ thyroid	
				□ cancer	□ cancer	
				□ liver	□ liver	
				□ kidney	□ kidney	
				□ diabetes	diabetes	
				diaseces	and diddetes	
Form 23-02	Medical	Q8		Does your child take any	Does your child take any medications?	Included in screening questionnaire at time 1;
				medications?		Moved to Medical section of Form 23-02 at time
						2
Form 23-02	Medical	R8		□ Yes □ No	□ Yes □ No	Included in screening questionnaire at time 1;
						Moved to Medical section of Form 23-02 at time
						2
Form 23-02	Medical	Q9		If yes, does he or she take:	If yes, does he or she take:	Included in screening questionnaire at time 1;
						Moved to Medical section of Form 23-02 at time
						2
Form 23-02	Medical	R9		antidepressants	antidepressants	Included in screening questionnaire at time 1;
				lithium	lithium	Moved to Medical section of Form 23-02 at time
				appetite suppressants	appetite suppressants	2
				or any medication that affects	or any medication that affects appetite	
				appetite or metabolism?	or metabolism?	
Form 23-02	Medical	Q10		If you answered YES to any of these	If you answered YES to any of these	Included in screening questionnaire at time 1;
				medications, does your child take	medications, does your child take them	Moved to Medical section of Form 23-02 at time
				them regularly?	regularly?	2

Form 23-02	Area Medical	Question/Response R10		Time 2 □ Yes □ No	Time 3 □ Yes □ No	Note: differences/changes between time points Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Religion	Q1	What is your religious affiliation?	What is your religious affiliation?	Do you engage in religious activities or events?	Religion question modified at time 3
Form 23-02	Religion	R1	□ Baptist □ Muslim □ Buddhist □ Pentecostal □ Catholic □ Protestant □ Episcopalian □ Russian Orthodox □ Evangelical Covenant □ Other (please describe) □ Mormon/ Latter-day Saints □ None □ Moravian □ No Response	□ Baptist □ Muslim □ Buddhist □ Pentecostal □ Catholic □ Protestant (e.g. Methodist, Calvinist) □ Episcopalian □ Russian Orthodox □ Evangelical Covenant □ Other (please describe) □ Mormon/ Latter-day Saints □ None □ Moravian □ No Response	□ Yes □ No	Religion question modified at time 3
Form 23-02	Religion	Q2	How often do you engage in religious activities or events with your religious community?	How often do you engage in religious activities or events with your religious community?	How often do you engage in religious activities or events with your religious community?	
Form 23-02	Religion	R2	□ per Week □ per Month □ Do not attend □ No Response	☐ per Week ☐ per Month ☐ Do not attend ☐ No Response	□ per Week □ per Month □ Do not attend □ No Response	

						change in form from time 2 to time 5
Form	Area	Question/Response		Time 2	Time 3	Note: differences/changes between time points
Form 23-03	Culture - Your	Q1	How knowledgeable are you of your	How knowledgeable are you of your	How knowledgeable are you of your	
	Group's		group's	group's	group's	
	Heritage and		traditional culture and lifestyle? (circle	traditional culture and lifestyle? (circle	traditional culture and lifestyle? (circle	
	Lifestyle		response)	response)	response)	
Form 23-03	Culture - Your	R1	Very Knowledgeable	Very Knowledgeable	Very Knowledgeable	
	Group's		Somewhat Knowledgeable	Somewhat Knowledgeable	Somewhat Knowledgeable	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Somewhat not Knowledgeable	Somewhat not Knowledgeable	Somewhat not Knowledgeable	
			Not at all Knowledgeable	Not at all Knowledgeable	Not at all Knowledgeable	
Form 23-03	Culture - Your	Q2	How involved are you in your group's	How involved are you in your group's	How involved are you in your group's	
	Group's		traditional	traditional	traditional	
	Heritage and Lifestyle		culture and lifestyle?	culture and lifestyle?	culture and lifestyle?	
Form 23-03	Culture - Your	R2	Very involved	Very involved	Very involved	
	Group's		Somewhat involved	Somewhat involved	Somewhat involved	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Somewhat not involved	Somewhat not involved	Somewhat not involved	
			Not at all involved	Not at all involved	Not at all involved	
Form 23-03	Culture - Your	Q3	How do you feel toward your group's	How do you feel toward your group's	How do you feel toward your group's	
	Group's		traditional	traditional	traditional	
	Heritage and		culture and lifestyle?	culture and lifestyle?	culture and lifestyle?	
	Lifestyle					
Form 23-03	Culture - Your	R3	Very positive	Very positive	Very positive	
	Group's		Somewhat positive	Somewhat positive	Somewhat positive	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Somewhat negative	Somewhat negative	Somewhat negative	
			Very Negative	Very Negative	Very Negative	
Form 23-03		Q4	How often do you associate with people	How often do you associate with people	How often do you associate with people	
	Group's		of your	of your	of your	
	Heritage and		group's traditional culture and lifestyle?	group's traditional culture and lifestyle?	group's traditional culture and lifestyle?	
Form 23-03	Lifestyle Culture - Your	R4	Most of the time	Most of the time	Most of the time	
	Group's		Somewhat often	Somewhat often	Somewhat often	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Very little of the time	Very little of the time	Very little of the time	
			Not at all	Not at all	Not at all	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	Q1	How knowledgeable are you of U.S. Mainland culture and lifestyle?	How knowledgeable are you of U.S. Mainland culture and lifestyle?	How knowledgeable are you of U.S. Mainland culture and lifestyle?	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	R1	Very Knowledgeable Somewhat Knowledgeable Neutral or no response Somewhat not Knowledgeable Not at all Knowledgeable	Very Knowledgeable Somewhat Knowledgeable Neutral or no response Somewhat not Knowledgeable Not at all Knowledgeable	Very Knowledgeable Somewhat Knowledgeable Neutral or no response Somewhat not Knowledgeable Not at all Knowledgeable	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	Q2	How involved are you in U.S. Mainland culture and lifestyle?	How involved are you in U.S. Mainland culture and lifestyle?	How involved are you in U.S. Mainland culture and lifestyle?	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	R2	Very involved Somewhat involved Neutral or no response Somewhat not involved Not at all involved	Very involved Somewhat involved Neutral or no response Somewhat not involved Not at all involved	Very involved Somewhat involved Neutral or no response Somewhat not involved Not at all involved	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	Q3	How do you feel toward the U.S. Mainland culture and lifestyle?	How do you feel toward the U.S. Mainland culture and lifestyle?	How do you feel toward the U.S. Mainland culture and lifestyle?	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	R3	Very positive Somewhat positive Neutral or no response Somewhat negative Very Negative	Very positive Somewhat positive Neutral or no response Somewhat negative Very Negative	Very positive Somewhat positive Neutral or no response Somewhat negative Very Negative	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	Q4	How often do you associate with people of U.S. Mainland culture and lifestyle?	How often do you associate with people of U.S. Mainland culture and lifestyle?	How often do you associate with people of U.S. Mainland culture and lifestyle?	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	R4	Most of the time Somewhat often Neutral or no response Very little of the time Not at all	Most of the time Somewhat often Neutral or no response Very little of the time Not at all	Most of the time Somewhat often Neutral or no response Very little of the time Not at all	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-04	Lifestyle	Q1	On usual weekdays (Monday to Friday),	On usual weekdays (Monday to Friday),	On usual weekdays (Monday to Friday),	and the second s
	Behavior		how long on average a day does your	how long on average a day does your	how long on average a day does your	
			child spend watching television and/or	child spend watching television and/or	child spend watching television and/or	
			videos/DVD? (Please choose one þ; h =	videos/DVD? (Please choose one þ; h =	videos/DVD? (Please choose one þ; h =	
			hours)	hours)	hours)	
Form 23-04	Lifestyle	R1	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	
	Behavior		□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	
			6.5h □ 7h+	6.5h □ 7h+	6.5h □ 7h+	
Form 23-04	Lifestyle	Q2	On usual weekdays (Monday to Friday),	On usual weekdays (Monday to Friday),	On usual weekdays (Monday to Friday),	
	Behavior		how long on average a day does your	how long on average a day does your	how long on average a day does your	
			child spend playing INACTIVE video	child spend playing INACTIVE video	child spend playing INACTIVE video	
			games (DS, Play station, XBOX, Wii,	games (DS, Play station, XBOX, Wii,	games (DS, Play station, XBOX, Wii,	
			computer games, etc.)? (Please choose	computer games, etc.)? (Please choose	computer games, etc.)? (Please choose	
			one þ; h = hours)	one þ; h = hours)	one þ; h = hours)	
Form 23-04	Lifestyle	R2	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	
	Behavior		□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	
			6.5h □ 7h+	6.5h □ 7h+	6.5h □ 7h+	
Form 23-04	Lifestyle	Q3	On usual weekdays (Monday to Friday),	On usual weekdays (Monday to Friday),	On usual weekdays (Monday to Friday),	
	Behavior		how long on average a day does your	how long on average a day does your	how long on average a day does your	
			child spend playing ACTIVE video games	child spend playing ACTIVE video games	child spend playing ACTIVE video games	
			(DS, Play station, XBOX, Wii, computer	(DS, Play station, XBOX, Wii, computer	(DS, Play station, XBOX, Wii, computer	
			games, etc.) that incorporate movement	games, etc.) that incorporate movement	games, etc.) that incorporate movement	
			or exercise? (Please choose one þ; h =	or exercise? (Please choose one þ; h =	or exercise? (Please choose one þ; h =	
			hours)	hours)	hours)	
Form 23-04	Lifestyle	R3	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	
	Behavior		□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	
			6.5h □ 7h+	6.5h □ 7h+	6.5h □ 7h+	
Form 23-04	Lifestyle	Q4	On usual weekend days (Saturday to	On usual weekend days (Saturday to	On usual weekend days (Saturday to	
	Behavior		Sunday), how long on average a day does	Sunday), how long on average a day does	Sunday), how long on average a day does	
			your child spend watching television	your child spend watching television	your child spend watching television	
			and/or videos/DVD? (Please choose one	and/or videos/DVD? (Please choose one	and/or videos/DVD? (Please choose one	
			þ; h = hours)	þ; h = hours)	þ; h = hours)	
Form 23-04	Lifestyle	R4	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	
	Behavior		□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	
			6.5h □ 7h+	6.5h □ 7h+	6.5h □ 7h+	
Form 23-04	Lifestyle	Q5	On usual weekend days (Saturday to	On usual weekend days (Saturday to	On usual weekend days (Saturday to	
	Behavior		Sunday), how long on average a day does	Sunday), how long on average a day does	Sunday), how long on average a day does	
			your child spend playing INACTIVE video	your child spend playing INACTIVE video	your child spend playing INACTIVE video	
			games (DS, Play station, XBOX, Wii,	games (DS, Play station, XBOX, Wii,	games (DS, Play station, XBOX, Wii,	
			computer games, etc.)? (Please choose	computer games, etc.)? (Please choose	computer games, etc.)? (Please choose	
			one þ; h = hours)	one þ; h = hours)	one þ; h = hours)	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-04	Lifestyle	R5	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	
	Behavior		□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	
			6.5h □ 7h+	6.5h □ 7h+	6.5h □ 7h+	
Form 23-04	Lifestyle	Q6	On usual weekend days (Saturday to	On usual weekend days (Saturday to	On usual weekend days (Saturday to	
	Behavior		Sunday), how long on average a day does	Sunday), how long on average a day does	Sunday), how long on average a day does	
			your child spend playing ACTIVE video	your child spend playing ACTIVE video	your child spend playing ACTIVE video	
			games (DS, Play station, XBOX, Wii,	games (DS, Play station, XBOX, Wii,	games (DS, Play station, XBOX, Wii,	
			computer games, etc.) that incorporate	computer games, etc.) that incorporate	computer games, etc.) that incorporate	
			movement or exercise? (Please choose	movement or exercise? (Please choose	movement or exercise? (Please choose	
			one þ; h = hours)	one þ; h = hours)	one þ; h = hours)	
Form 23-04	Lifestyle	R6	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h	
	Behavior		□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	□ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □	
			6.5h □ 7h+	6.5h □ 7h+	6.5h □ 7h+	

		Question/Respon				Note: differences/changes between time
Form	Area	se	Time 1	Time 2	Time 3	points
Form 23-	Sleep	Q1	How long after going to bed does your child	How long after going to bed does your child	How long after going to bed does your child	points
05	Behavio		usually fall asleep?	usually fall asleep?	usually fall asleep?	
	r		, ,	, .	, ,	
Form 23-	Sleep	R1	□ 0 to less than 15 minutes	□ 0 to less than 15 minutes	□ 0 to less than 15 minutes	
05	Behavio		☐ 15 to less than 30 minutes	☐ 15 to less than 30 minutes	☐ 15 to less than 30 minutes	
	r		□ 30 to less than 45 minutes	□ 30 to less than 45 minutes	□ 30 to less than 45 minutes	
			□ 45 to less than 60 minutes	☐ 45 to less than 60 minutes	□ 45 to less than 60 minutes	
			☐ More than 60 minutes	☐ More than 60 minutes	☐ More than 60 minutes	
Form 23-	Sleep	Q2	Your child goes to bed reluctantly, (hesitant,	Your child goes to bed reluctantly, (hesitant,	Your child goes to bed reluctantly, (hesitant,	
05	Behavio		slowly, involuntary)	slowly, involuntary)	slowly, involuntary)	
Form 23-	Sleep	R2	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		□ Occurs one or two times a week	☐ Occurs one or two times a week	□ Occurs one or two times a week	
			☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q3	The child has difficulty getting to sleep at night	The child has difficulty getting to sleep at night	The child has difficulty getting to sleep at night	
05	Behavio		(and may require a parent to be present)	(and may require a parent to be present)	(and may require a parent to be present)	
	r					
Form 23-	Sleep	R3	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		□ Occurs one or two times a week	☐ Occurs one or two times a week	☐ Occurs one or two times a week	
			☐ Occurs between three and five nights a	□ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q4	The child does not fall asleep in his or her own	The child does not fall asleep in his or her own	The child does not fall asleep in his or her own	
05	Behavio r		bed	bed	bed	
Form 23-	Sleep	R4	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		☐ Occurs one or two times a week	☐ Occurs one or two times a week	☐ Occurs one or two times a week	
			☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q5	The child wakes up two or more times in the	The child wakes up two or more times in the	The child wakes up two or more times in the	
05	Behavio		night	night	night	
	r					

	1	<u> </u>	T	T		Change in form from time 2 to time 3
Form	Area	Question/Respon se	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-	Sleep	R5	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	power
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		☐ Occurs one or two times a week	□ Occurs one or two times a week	□ Occurs one or two times a week	
	'		☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q6	After waking up in the night the child has	After waking up in the night the child has	After waking up in the night the child has	
05	Behavio	QU	difficulty falling asleep again by himself or	difficulty falling asleep again by himself or	difficulty falling asleep again by himself or	
03	r		herself	herself	herself	
Form 23-	Sleep	R6	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio	1.O	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
03	r		□ Occurs one or two times a week	□ Occurs one or two times a week	□ Occurs one or two times a week	
	'		☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q7	The child sleeps in the parent's bed at some	The child sleeps in the parent's bed at some	The child sleeps in the parent's bed at some	
05	Behavio	Q7	time during the night	time during the night	time during the night	
03	r		time during the night	time during the night	time during the night	
Form 23-	Sleep	R7	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		☐ Occurs one or two times a week	☐ Occurs one or two times a week	□ Occurs one or two times a week	
			☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q8	If the child wakes, he or she uses a comforter	If the child wakes, he or she uses a comforter	If the child wakes, he or she uses a comforter	
05	Behavio		(e.g. pacifier or binky) and requires a parent to	(e.g. pacifier or binky) and requires a parent to	(e.g. pacifier or binky) and requires a parent to	
	r		replace it	replace it	replace it	
Form 23-	Sleep	R8	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		☐ Occurs one or two times a week	☐ Occurs one or two times a week	□ Occurs one or two times a week	
			☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	□ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	
Form 23-	Sleep	Q9	The child wants a drink during the night	The child wants a drink during the night	The child wants a drink during the night	
05	Behavio		(including breast or bottle-feed)	(including breast or bottle-feed)	(including breast or bottle-feed)	
	r					
Form 23-	Sleep	R9	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	☐ The sleep behavior never occurs	
05	Behavio		☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	☐ The behavior occurs once or twice a month	
	r		☐ Occurs one or two times a week	☐ Occurs one or two times a week	☐ Occurs one or two times a week	
			☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	☐ Occurs between three and five nights a	
			week	week	week	
			☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	☐ The sleep behavior happens every night	

Form	Area	Question/Respon	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23- 05	Sleep Behavio	Q10	Do you think your child has sleeping difficulties?	Do you think your child has sleeping difficulties?	Do you think your child has sleeping difficulties?	points
Form 23- 05	Sleep Behavio r	R10	☐ Yes ☐ No Please explain:	☐ Yes ☐ No Please explain:	☐ Yes ☐ No Please explain:	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-06	Child and	Q1		Does your child go to places in the		Child and Household's Food and Physical Activity
	Household's			community to be physically active?		Environment Questions introduced at time 2
	Food and			The state of the s		
	Physical					
	Activity					
	Environment					
Form 23-06	Child and	R1		□ Yes □ No		Child and Household's Food and Physical Activity
	Household's					Environment Questions introduced at time 2
	Food and					
	Physical					
	Activity					
	Environment					
Form 23-06	Child and	Q2		If Yes, please list up to 5 specific places in		Child and Household's Food and Physical Activity
	Household's			the community where your child goes		Environment Questions introduced at time 2
	Food and			most often to be physically active		
	Physical			(Include names and location if needed, of		
	Activity			recreational areas, parks, beaches, malae		
	Environment			and other places, such as Oceanside		
				Park, or Kennedy School on Front St.)		
Form 23-06	Child and	R2		[5 rows A-E provided]		Child and Household's Food and Physical Activity
	Household's			Specific Name of Place where your child		Environment Questions introduced at time 2
	Food and			goes to be physically		
	Physical			active		
	Activity			> Over the past year during the School		
	Environment			Year, how often does your child go		
				there?		
				☐ 4 - 7 days/week ☐ 1-3 days/week ☐ 1 — 3 times/month		
				☐ less than once a Month		
				> Over the past year during the		
				Summer, how often does your child go		
				there?		
				□ 4 - 7 days/week □ 1-3 days/week □ 1		
				- 3 times/month		
				□ less than once a Month		
Form 23-06	Child and	Q3		List up to 5 specific names and locations		Child and Household's Food and Physical Activity
	Household's			of places where your household buys		Environment Questions introduced at time 2
	Food and			groceries (e.g., Safeway on Center St.		
	Physical			(supermarket, grocery store, bulk stores,		
	Activity			convenience stores, gas stations, food		
	Environment			trucks, farmers markets, roadside stands)		

Form 23-06	Child and	R3	[5 rows A-E provided]	Child and Household's Food and Physical Activity
	Household's		Specific Name (and location if needed) of	Environment Questions introduced at time 2
	Food and		Place	
	Physical		> Over the past year during the School	
	Activity		Year, how often do you or your	
	Environment		household members shop there?	
			□ 4 - 7 days/week □ 1-3 days/week □ 1	
			- 3 times/month	
			□ less than once a Month	
			> Over the past year during the	
			Summer, how often do you or household	
			members shop there?	
			□ 4 - 7 days/week □ 1-3 days/week □ 1	
			- 3 times/month	
			□ less than once a Month	

_					
	•	Time 1		Time 3	Note: differences/changes between time points
Intervention	Q1				Intervention Exposure questions asked at time 2
Exposure			the children are allowed to eat at school? For example, are		
			there restrictions on eating sugary foods?		
Intervention	R1		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Exposure					·
Intervention	Q2		Does your child's school have rules about what the children		Intervention Exposure questions asked at time 2
Exposure			can drink at school? For example, are there restrictions on		
			drinking sugary drinks?		
Intervention	R2		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Exposure					, ,
Intervention	Q3		Does your child's school require the children to participate in		Intervention Exposure questions asked at time 2
Exposure			exercise or physical activity every day at school?		
Intervention	R3		☐ Yes ☐ No ☐ Don't Know		Intervention Exposure questions asked at time 2
Exposure					
	Q4		Is your child able to easily get clean drinking water at school?		Intervention Exposure questions asked at time 2
Exposure					
	R4		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
	0.5		Within the last year dags your shild have any pay place in		Interpreting Francius avactions asked at time 2
	Ų5				Intervention Exposure questions asked at time 2
·					
	R5		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Exposure					
	Q6				Intervention Exposure questions asked at time 2
Exposure			or community this past year?		
Intervention	R6		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Exposure					
	Q7		·		Intervention Exposure questions asked at time 2
Exposure			available?		
Intervention	R7		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Exposure					
Intervention	Q8		Have you or your child been involved in any gardening or		Intervention Exposure questions asked at time 2
Exposure			hydroponics projects this past year?		
Intervention	R8		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Exposure					
Intervention	Q9A		In the past year, have you heard messages or been told		Intervention Exposure questions asked at time 2
Exposure			about healthy behaviors that promote health in young		
			children, for example, eating vegetables and fruits		
	Intervention Exposure Intervention	Intervention Exposure Intervention Exposure Intervention R2 Exposure Intervention R2 Exposure Intervention R3 Exposure Intervention R4 Exposure Intervention R4 Exposure Intervention R5 Exposure Intervention R5 Exposure Intervention R6 Exposure Intervention R6 Exposure Intervention R6 Exposure Intervention R7 Exposure Intervention R8 Exposure Intervention R9 Exposure Intervention R9 Exposure Intervention R9 Exposure Intervention R9	Intervention Exposure Intervention Exposure Intervention Exposure Intervention R2 Exposure Intervention R3 Exposure Intervention R3 Exposure Intervention R4 Exposure Intervention R4 Exposure Intervention R5 Exposure Intervention R6 Exposure Intervention R7 Exposure Intervention R6 Exposure Intervention R6 Exposure Intervention R7 Exposure Intervention R7 Exposure Intervention R7 Exposure Intervention R8	Does your child's school have rules about the types of food the children are allowed to eat at school? For example, are there restrictions on eating sugary foods? Pes No Don't Know	Does your child's school have rules about the types of food the children are allowed to eat at school? For example, are there restrictions on eating sugary foods? Intervention R1

					T	Change in form from time 2 to time 3
Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-07	Intervention Exposure	R9A		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q9B		drinking water instead of sugary drinks		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R9B		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q9C		being more active / exercising		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R9C		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q9D		getting more sleep		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R9D		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q9E		reducing screen time – such as, watching TV or playing video games		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R9E		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q10		Have you seen or received any of the CHL materials this past year? These are shown on the laminated card.		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R10		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q11		Did you or anyone you know attend a CHL role model training this past year?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R11		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q12		Did you or anyone you know attend training or an event on gardening or hydroponics this past year?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R12		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q13		Did you or anyone you know attend training or an event on physical activity or healthy eating this past year?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R13		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q14		Did your child talk about how much sleep to get each night?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R14		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q15		Did your child talk about the importance of limiting the amount of TV and computer games (screen time)?		Intervention Exposure questions asked at time 2

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-07	Intervention	R15		□ Yes □ No □ Don't Know		Intervention Exposure questions asked at time 2
	Exposure					

Form 59-01

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 59-01	Anthropometric Measurements		Weight	Weight	Weight	Note: unierences/changes between time points
Form 59-01	Anthropometric Measurements		Scale # st reading: kg Comments:	Scale # kg Comments:	Scale # lst reading: kg Comments:	
			2nd reading: kg Comments:	2nd reading: kg Comments:	2nd reading: kg Comments:	
			3rd reading: kg Comments:	3rd reading: kg Comments:	3rd reading: kg Comments:	
Form 59-01	Anthropometric Measurements		Height	Height	Height	
Form 59-01	Anthropometric Measurements		Stadiometer # st reading: kg Comments:	Stadiometer # Stadiometer Stadiometer	Stadiometer # 1st reading: kg Comments:	
			2nd reading: kg Comments:	2nd reading: kg Comments:	2nd reading: kg Comments:	
			3rd reading: kg Comments:	3rd reading: kg Comments:	3rd reading: kg Comments:	
Form 59-01	Anthropometric Measurements		Waist circumference	Waist circumference	Waist circumference	
Form 59-01	Anthropometric Measurements		Waist Circumference Tape # 1st reading: kg Comments:	Waist Circumference Tape # 1st reading: kg Comments:	Waist Circumference Tape # 1st reading: kg Comments:	
			2nd reading: kg Comments: 3rd reading: kg Comments:	2nd reading: kg Comments: 3rd reading: kg Comments:	2nd reading: kg Comments: 3rd reading: kg Comments:	
Form 59-01	Acanthosis Nigricans Screening		Neck Severity Rating (rate and circle)	Neck Severity Rating (rate and circle)	Neck Severity Rating (rate and circle)	
Form 59-01	Acanthosis Nigricans Screening		0 1 2 3 4 Comments:	0 1 2 3 4 Comments:	0 1 2 3 4 Comments:	

CE Form

					change in form from time 2 to time 3
Form	Area	Question/Response Time 1	Time 2	Time 3	Note: differences/changes between time points
CE Form	Community Behavior	Q1		If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something?	Community Behavior Form introduced at time 3
CE Form	Community Behavior	R1		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 4
CE Form	Community Behavior	Q2		If there was a fight in front of your house and someone was being beaten up or threatened, how likely is it that your neighbors would break it up?	Community Behavior Form introduced at time 5
CE Form	Community Behavior	R2		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 6
CE Form	Community Behavior	Q3		If a child was showing disrespect to an adult how likely is it that people in neighborhood would scold the child?	Community Behavior Form introduced at time 7
CE Form	Community Behavior	R3		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 8
CE Form	Community Behavior	Q4		Suppose that because of budget cuts, the fire station closest to your home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?	Community Behavior Form introduced at time 9
CE Form	Community Behavior	R4		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 10

					Change in form from time 2 to time 5
Form	Area	Question/Response Time 1	Time 2	Time 3	Note: differences/changes between time points
CE Form	Community Behavior	Q5		If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it?	Community Behavior Form introduced at time 11
CE Form	Community Behavior	R5		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 12
CE Form	Community Behavior	Q6		If a well-known neighbor was short of cash to start a business in the area, how likely is that he or she would be able to borrow money from people in the neighborhood?	Community Behavior Form introduced at time 13
CE Form	Community Behavior	R6		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 14
CE Form	Community Behavior	Q7		How likely is that you could choose to move from this neighborhood in the next five years?	Community Behavior Form introduced at time 15
CE Form	Community Behavior	R7		Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 16
CE Form	Community Behavior	Q8		People around here are willing to help their neighbors	Community Behavior Form introduced at time 17
CE Form	Community Behavior	R8		Strongly agree (5) Agree (4) Neither agree or disagree (3) Disagree (2) Strongly disagree (1)	Community Behavior Form introduced at time 18
CE Form	Community Behavior	Q9		This is a close-knit neighborhood	Community Behavior Form introduced at time 19

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
CE Form	Community Behavior	R9			Strongly agree (5) Agree (4) Neither agree or disagree (3) Disagree (2) Strongly disagree (1)	Community Behavior Form introduced at time 20
CE Form	Community Behavior	Q10			People in this neighborhood can be trusted	Community Behavior Form introduced at time 21
CE Form	Community Behavior	R10			Strongly agree (5) Agree (4) Neither agree or disagree (3) Disagree (2) Strongly disagree (1)	Community Behavior Form introduced at time 22
CE Form	Community Behavior Survey Input	Q1			Was there anything about this survey that was confusing?	Community Behavior Form introduced at time 23
CE Form	Community Behavior Survey Input	R1			☐ Yes ☐ No If yes, please explain what you found to be confusing (please limit to 100 words or less).	Community Behavior Form introduced at time 24
CE Form	Community Behavior Survey Input	Q2			Do you have any suggestions to improve this survey?	Community Behavior Form introduced at time 25
CE Form	Community Behavior Survey Input	R2			☐ Yes ☐ No If yes, please list your suggestion(s) (please limit to 100 words or less).	Community Behavior Form introduced at time 26

All Questions

_		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Screening	Screening	Q1	Does your child have any problems that			Screening questionnaire used at time 1;
Questions	Questions		keep him/her from being physically			Question included in Medical section at
			active?			time 2/3
Screening	Screening	R1	Yes No			Screening questionnaire used at time 1;
Questions	Questions		If Yes, what type of problem:			Question included in Medical section at
						time 2/3
Screening	Screening	Q2	If yes, has your child had any problems			Screening questionnaire used at time 1;
Questions	Questions		with her / his:			Question included in Medical section at
						time 2/3
Screening	Screening	R2	heart			Screening questionnaire used at time 1;
Questions	Questions		blood pressure			Question included in Medical section at
			bones or joints			time 2/3
			nerves			
			thyroid			
			cancer			
			liver			
			kidney			
			diabetes			
Screening	Screening	Q3	Does your child take any medications?			Screening questionnaire used at time 1;
Questions	Questions					Question included in Medical section at
Questions	Questions					time 2/3
Screening	Screening	R3	Yes No			Screening questionnaire used at time 1;
Questions	Questions					Question included in Medical section at
						time 2/3
Screening	Screening	Q4	If yes, does he or she take:			Screening questionnaire used at time 1;
Questions	Questions					Question included in Medical section at
						time 2/3
Screening	Screening	R4	antidepressants			Screening questionnaire used at time 1;
Questions	Questions		lithium			Question included in Medical section at
,	·		appetite suppressants			time 2/3
			or any medication that affects			
			appetite or metabolism?			
Screening	Screening	Q5	If you answered YES to any of these			Screening questionnaire used at time 1;
Questions	Questions	,	medications, does your child take them			Question included in Medical section at
,			regularly?			time 2/3
Screening	Screening	R5	Yes No			Screening questionnaire used at time 1;
Questions	Questions					Question included in Medical section at
						time 2/3

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-02	Information about your child and household	Q	Sex (circle one)	Sex (circle one)	Sex (circle one)	
Form 23-02	Information about your child and household	R	Boy Girl	Boy Girl	Boy Girl	
Form 23-02	Information about your child and household	Q	Birthdate	Birthdate	Birthdate	
Form 23-02	Information about your child and household	R	Month Date Year 20	Month Date Year 20	Month Date Year 20	
Form 23-02	Information about your child and household	Q	Age in years	Age in years	Age in years	
Form 23-02	Information about your child and household	Q	Grade in School (circle one)	Grade in School (circle one)	Grade in School (circle one)	
Form 23-02	Information about your child and household	R	Head Start Day Care Preschool Kindergarten Elementary None	Head Start Day Care Preschool Kindergarten Elementary None	Head Start Day Care Preschool Kindergarten Elementary None	
Form 23-02	Household Composition	Q1	What is your relationship to this child? (Please check which applies to you:)	What is your relationship to this child? (Please check which applies to you:)	What is your relationship to this child? (Please check which applies to you:)	
Form 23-02	Household Composition	R1	□ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Grandmother □ Grandfather □ Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	□ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Grandmother □ Grandfather □ Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	□ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Grandmother □ Grandfather □ Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	
Form 23-02	Household Composition	Q2	What is your current Marital Status: (Please choose the one that applies best to your current status.)	What is your current Marital Status: (Please choose the one that applies best to your current status.)	What is your current Marital Status: (Please choose the one that applies best to your current status.)	

		1				change in form from time 2 to time 3
Form	Area	Question/Respo nse	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Household Composition	R2	 □ Married □ Widowed □ Divorced □ Single and NOT living with boyfriend, girlfriend, partner □ Separated □ Single and living with boyfriend, girlfriend, partner □ Other If Other is checked, please describe: 	 □ Married □ Widowed □ Divorced □ Single and NOT living with boyfriend, girlfriend, partner □ Separated □ Single and living with boyfriend, girlfriend, partner □ Other If Other is checked, please describe: 	 □ Married □ Widowed □ Divorced □ Single and NOT living with boyfriend, girlfriend, partner □ Separated □ Single and living with boyfriend, girlfriend, partner □ Other If Other is checked, please describe: 	
Form 23-02	Household Composition	Q3	Who currently lives in the child's household and how are they related to your child? (Mark ALL that apply)	Including yourself, who currently lives in the child's household and how are they related to your child? (Mark ALL that apply)	Please check all of the adults who live in the household of child.	T1 to T2: Inclusion of 'Including yourself' T2 to T3: Change in formatting of question
Form 23-02	Household Composition	R3	Relationship to your child How Many? Mother Grandmother Cousin Father Grandfather Friend Brother Aunt Sister Uncle Other, please specify:	Relationship to your child How Many? Mother Grandmother Cousin Father Grandfather Friend Brother Aunt Sister Uncle Other, please specify:	□ Birth mother □ Birth father □ Step mother □ Step father □ Adoptive mother □ Adoptive father □ Foster mother □ Foster father □ Grandmother How many? □ Grandfather How many? □ Uncle How many? □ Great aunt How many? □ Great uncle How many? □ Other adult How many?	T2 to T3: Change in formatting of response options
Form 23-02	Household Composition	Q4	Please tell us about other children (for example; siblings, cousins, friends) who live with your child on a regular basis?	Please tell us about other children (for example; siblings, cousins, friends) who live with your child on a regular basis?	Please check all other children (for example; siblings, cousins, friends) who live In the household.	T2 to T3: Change in formatting of question

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-02	Household Composition	R4	Please, specify below whether the child is a boy or a girl and the age of the child. Boy Girl Age Child 1	Please, specify below whether the child is a boy or a girl and the age of the child. Boy Girl Age Child 1	Age of other child(ren) How Many? □ 0 – 1 years □ 2 – 5 years □ 6 – 8 years □ 9 – 18 years	T2 to T3: Change in formatting of response options
Form 23-02	Household Composition	Q5	What is the highest grade or year of school you completed?	What is the highest grade or year of school you completed?	What is the highest grade or year of school you completed?	
Form 23-02	Household Composition	R5	 □ Never attended school or only attended kindergarten □ Grade 12 or GED (High school graduate) 	 Never attended school or only attended kindergarten Grade 12 or GED (High school graduate) Grades 1 up to 8 (Elementary to middle school) College or technical school 1 year to 3 years Grades 9 up to 11 (Some high school) College 4 years or more (College graduate) 	 Never attended school or only attended kindergarten Grade 12 or GED (High school graduate) Grades 1 up to 8 (Elementary to middle school) College or technical school 1 year to 3 years Grades 9 up to 11 (Some high school) College 4 years or more (College graduate) 	
Form 23-02	Household Composition	Q6		Your current employment status? (Please select all that apply.)	Your current employment status? (Please select all that apply.)	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-02	Household Composition	R6	 □ Employed for wages/salary (full-time/part-time/seasonal) □ Self-employed □ Out of work for more than 1 year □ Out of work for less than 1 year □ A Homemaker □ A Student □ Retired □ Unable to work 	 □ Employed for wages/salary (full-time/part-time/seasonal) □ Self-employed □ Out of work for more than 1 year □ Out of work for less than 1 year □ Fishing/Farming □ Subsistence □ A Homemaker □ A Student □ Retired □ Unable to work 	□ Employed for wages/salary (full-time/part-time/seasonal) □ Self-employed □ Out of work for more than 1 year □ Out of work for less than 1 year □ Fishing/Farming □ Subsistence □ A Homemaker □ A Student □ Retired □ Unable to work	T1 to T2: Addition of Fishing/Farming and Subsistence as response options
Form 23-02	Household Composition	Q7	Do you have more than one job at this time?	Do you have more than one job at this time?	Do you have more than one job at this time?	
Form 23-02	Household Composition	R7	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Form 23-02	Household Composition	Q8	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	Based on everyone that lives under one roof or house, what is the annual household income from all sources over the past 12 months?	
Form 23-02	Household Composition	R8	□ Under \$10,000 □ From \$10,000 to less than \$20,000 □ From \$20,000 to less than \$35,000 □ From \$35,000 to less than \$60,000 □ From \$60,000 to less than \$75,000 □ \$75,000 or more □ No Response	□ Under \$10,000 □ From \$10,000 to less than \$20,000 □ From \$20,000 to less than \$35,000 □ From \$35,000 to less than \$60,000 □ From \$60,000 to less than \$75,000 □ \$75,000 or more □ No Response	□ Under \$10,000 □ From \$10,000 to less than \$20,000 □ From \$20,000 to less than \$35,000 □ From \$35,000 to less than \$60,000 □ From \$60,000 to less than \$75,000 □ \$75,000 or more □ No Response	
Form 23-02	Household Composition	Q9			How confident are you filling out medical forms by yourself?	Addition of question to section at time 3
Form 23-02	Household Composition	R9			□ Not at all □ A little bit □ Somewhat □ Quite a bit □ Extremely □ Don't know □ No Response	

		Overtion / Beans				Note: differences /sharpes hatrices
Form	Area	Question/Respo	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Child	Q1	Do you consider your child to be of	Do you consider your child to be of Cuban,	Do you consider your child to be of	time points
	Information		Cuban, Mexican, Puerto Rican, South or	Mexican, Puerto Rican, South or Central	Cuban, Mexican, Puerto Rican, South or	
			Central American, or other Spanish	American, or other Spanish cultural heritage?	Central American, or other Spanish	
			cultural heritage?		cultural heritage?	
Form 23-02	Child Information	R1	□ Yes □ No	□ Yes □ No	□ Yes □ No	
Form 23-02	Child	Q2	Which category(s) below best describes	Which category(s) below best describes your	Which category(s) below best describes	
	Information		your child?	child?	your child?	
			You may check (P) more than one box.	You may check (P) more than one box.	You may check (P) more than one box.	
Form 23-02	Child	R2	☐ Black or African American- A person	☐ Black or African American- A person having	☐ Black or African American- A person	
	Information		having origins of any of the original	origins of any of the original peoples of Africa.	having origins of any of the original	
			peoples of Africa.	☐ White - A person having origins in any of the	peoples of Africa.	
			☐ White - A person having origins in any	original peoples of Europe, the Middle East, or	☐ White - A person having origins in any	
			of the original peoples of Europe, the	North Africa.	of the original peoples of Europe, the	
			Middle East, or North Africa.		Middle East, or North Africa.	
				☐ American Indian or Alaska Native - A person		
			☐ American Indian or Alaska Native - A	having origin in any of the original peoples of	☐ American Indian or Alaska Native - A	
			person having origin in any of the original	North or South America (including Central	person having origin in any of the original	
			peoples of North or South America	America), and who maintains tribal affiliation or	peoples of North or South America	
			(including Central America), and who	community attachment.	(including Central America), and who	
			maintains tribal affiliation or community	Please specify the one(s) you most identify with	maintains tribal affiliation or community	
			attachment.	(check all that apply):	attachment.	
			Please specify the one(s) you most	□ Athabascan □ Siberian □ Cup'ik □ Yup'ik □	Please specify the one(s) you most	
			identify with (check all that apply):	Inupiaq Other (please describe)	identify with (check all that apply):	
			□ Athabascan □ Siberian □ Cup'ik □	□ Asian	□ Athabascan □ Siberian □ Cup'ik □	
			Yup'ik □ Inupiaq □ Other (please describe)	Please specify the one(s) you most identify with	Yup'ik □ Inupiaq □ Other (please describe)	
			describe)	(check all that apply):	describe)	
			□ Asian	□ Cambodian □ Japanese □ Pakistani □ Chinese □	□ Asian	
			Please specify the one(s) you most	Korean 🗆 Thai 🗆 Filipino 🗆 Malaysian 🗆	Please specify the one(s) you most	
			identify with (check all that apply):	Vietnamese ☐ Indian ☐ Other (please describe)	identify with (check all that apply):	
			□ Cambodian □ Japanese □ Pakistani □		□ Cambodian □ Japanese □ Pakistani □	
			Chinese Korean Thai Filipino		Chinese Korean Thai Filipino	
			Malaysian □ Vietnamese □ Indian □	☐ Native Hawaiian or other Pacific Islander:	Malaysian □ Vietnamese □ Indian □	
			Other (please describe)	Please specify the one(s) you most identify with: (check all that apply):	Other (please describe)	
			□ Native Hawaiian or other Pacific	□ Chamorro □ Kosraean □ Pohnpeian □ Tokelaun	☐ Native Hawaiian or other Pacific	
			Islander:	□ Carolinian □ Marshallese □ Samoan □ Tahitian □	Islander:	
			Please specify the one(s) you most	Chuukese □ Native Hawaiian □ Tongan □ Yapese □	Please specify the one(s) you most	
			identify with: (check all that apply):	Kiribati □ Palauan □ Other (please describe)	identify with: (check all that apply):	
			☐ Chamorro ☐ Kosraean ☐ Pohnpeian ☐		☐ Chamorro ☐ Kosraean ☐ Pohnpeian ☐	
			Tokelaun Carolinian Marshallese		Tokelaun Carolinian Marshallese	
			Samoan □ Tahitian □ Chuukese □ Native		Samoan □ Tahitian □ Chuukese □ Native	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
			Hawaiian □ Tongan □ Yapese □ Kiribati □ Palauan □ Other (please describe)		Hawaiian □ Tongan □ Yapese □ Kiribati □ Palauan □ Other (please describe)	
Form 23-02	Child Information	Q3	What language(s) does your child speak?	What language(s) does your child speak?	What language(s) does your child speak?	
Form 23-02	Child Information	Q4	What language does your child most often speak at home?	What language does your child most often speak at home?	What language does your child most often speak at home?	
Form 23-02	Child Information	Q5	In what city or country was your child born?	In what city or country was your child born? ————	In what village/town/city and country was your child born? Village/Town/City:Country:	T3: Question modified to include village/town
Form 23-02	Child Information	Q6	How many years has your child lived here?	How many years has your child lived here? (Enter the number of years in the space provided)	How many years has your child lived here?	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
	1 1 2	1100	(Enter the number of years in the space		(Enter the number of years in the space	
			provided)		provided)	
Form 23-02	Early Life of Child	Q1	Child's Birth Weight:	Child's Birth Weight:	Child's Birth Weight:	
Form 23-02	Early Life of Child	R1	lb. and oz. OR kilograms Unknown	lb. and oz. OR kilograms \Box Unknown	lb. and oz. OR kilograms Unknown	
Form 23-02	Early Life of Child	Q2	Child's Birth Length:	Child's Birth Length:	Child's Birth Length:	
Form 23-02	Early Life of Child	R2	inches OR cm Unknown	inches OR cm \square Unknown	inches OR cm Unknown	
Form 23-02	Early Life of Child	Q3	Was your child ever breastfed or fed breastmilk?> If yes, how old was your child when he/she completely stopped breastfeeding or being fed breastmilk?	Was your child ever breastfed or fed breastmilk?> If yes, how old was your child when he/she completely stopped breastfeeding or being fed breastmilk?	Was your child ever breastfed or fed breastmilk?> If yes, how old was your child when he/she completely stopped breastfeeding or being fed breastmilk?	
Form 23-02	Early Life of Child	R3	☐ Yes ☐ No (skip to question 4) ☐ Unknown ☐ Other (please describe) > ☐ Months of age ☐ Still Breastfeeding ☐ Unknown	☐ Yes ☐ No (skip to question 4) ☐ Unknown ☐ Other (please describe)> ☐ Months of age ☐ Still Breastfeeding ☐ Unknown	☐ Yes ☐ No (skip to question 4) ☐ Unknown ☐ Other (please describe) > ☐ Months of age ☐ Still Breastfeeding ☐ Unknown	
Form 23-02	Early Life of Child	Q4	Was your child ever fed formula?> If yes, how old was the child when he/she was first fed formula?> If your child was fed formula, how old was your child when he/she completely stopped drinking formula?	Was your child ever fed formula?> If yes, how old was the child when he/she was first fed formula?> If your child was fed formula, how old was your child when he/she completely stopped drinking formula?	Was your child ever fed formula?> If yes, how old was the child when he/she was first fed formula?> If your child was fed formula, how old was your child when he/she completely stopped drinking formula?	
Form 23-02	Early Life of Child	R4	□ Yes □ No (skip to question 5) □ Unknown □ Other (please describe)	☐ Yes ☐ No (skip to question 5) ☐ Unknown ☐ Other (please describe)> Months of age ☐ Since Birth ☐ Unknown> Months of age ☐ Still Formula fed ☐ Unknown	□ Yes □ No (skip to question 5) □ Unknown □ Other (please describe) > Months of age □ Since Birth □ Unknown > Months of age □ Still Formula fed □ Unknown	
Form 23-02	Early Life of Child	Q5	How old was the child when he/she was first fed anything other than breast milk or formula? (This includes juice, cow's milk, sugar water, baby food, or anything else that the child might have been given, even water)	How old was the child when he/she was first fed anything other than breast milk or formula? (This includes juice, cow's milk, sugar water, baby food, or anything else that the child might have been given, even water)	How old was the child when he/she was first fed anything other than breast milk or formula? (This includes juice, cow's milk, sugar water, baby food, or anything else that the child might have been given, even water)	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-02	Early Life of	R5	Months of age □ Unknown	Months of age Unknown	Months of age □ Unknown	
	Child					
Form 23-02	Food	Q1	In the past 12 months, how often does	In the past 12 months, how often does your	In the past 12 months, how often does	
	Security/Availabi		your money for food run out before the	money for food run out before the end of the	your money for food run out before the	
	lity		end of the month?	month?	end of the month?	
Form 23-02	Food	R1	□ Never □ Seldom □ Sometimes □ Most	□ Never □ Seldom □ Sometimes □ Most times □	☐ Never ☐ Seldom ☐ Sometimes ☐ Most	
	Security/Availabi		times □ Always	Always	times □ Always	
	lity		□ Don't know □ No Response	☐ Don't know ☐ No Response	☐ Don't know ☐ No Response	
Form 23-02	Food	T3: Q2			"(I/we) couldn't afford to eat balanced	Additional food security questions
	Security/Availabi				meals." Was that often, sometimes, or	added at Time 3
	lity				never true for	
					(you/your household) in the last 12	
					months?	
Form 23-02	Food	T3: R2			☐ Often true ☐ Sometimes true ☐ Never	Additional food security questions
	Security/Availabi				true	added at Time 3
	lity				☐ Don't know ☐ No Response	
Form 23-02	Food	T3: Q3			In the last 12 months, did (you/you or	Additional food security questions
	Security/Availabi				other adults in your household) ever cut	added at Time 3
	lity				the size of your meals or skip meals	
					because there wasn't enough money for	
					food?	
Form 23-02	Food	T3: R3			☐ Yes ☐ No (Skip Question 4) ☐ Don't	Additional food security questions
	Security/Availabi				know (Skip Question 4)	added at Time 3
	lity				☐ No Response (Skip Question 4)	
Form 23-02	Food	T3: Q4			If question 3 was "yes", How often did	Additional food security questions
	Security/Availabi				this happen—almost every month, some	added at Time 3
	lity				months but not every month, or in only 1	
					or 2 months?	
Form 23-02	Food	T3: R4			□ Almost every month □ Some months	Additional food security questions
	Security/Availabi				but not every month	added at Time 3
	lity				☐ Only 1 or 2 months ☐ Don't know ☐ No	
					Response	
Form 23-02	Food	T3: Q5			In the last 12 months, did you ever eat	Additional food security questions
	Security/Availabi				less than you felt you should because	added at Time 3
	lity				there wasn't enough money for food?	
Form 23-02	Food	T3: R5			☐ Yes ☐ No ☐ Don't know ☐ No Response	Additional food security questions
	Security/Availabi					added at Time 3
	lity					
Form 23-02	Food	T3: Q6			In the last 12 months, were you every	Additional food security questions
	Security/Availabi				hungry but didn't eat because there	added at Time 3
	lity				wasn't enough money for food?	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-02	Food Security/Availabi lity	T3: R6			□ Yes □ No □ Don't know □ No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availabi lity	T1/T2: Q2 T3: Q7	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month? (Please check which applies to you.)	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month? (Please check which applies to you.)	In the past 12 months, how often does your money for household utilities (e.g., water, fuel oil, electricity) run out before the end of the month? (Please check which applies to you.)	
Form 23-02	Food Security/Availabi lity	T1/T2: R2 T3: R7	□ Never □ Seldom □ Sometimes □ Most times □ Always □ Don't know □ No Response	□ Never □ Seldom □ Sometimes □ Most times □ Always □ Don't know □ No Response	□ Never □ Seldom □ Sometimes □ Most times □ Always □ Don't know □ No Response	
Form 23-02	Food Security/Availabi lity	T1/T2: Q3 T3: Q8	In the past 12 months, do you receive assistance to pay for food (e.g., food stamps, WIC coupons)?	In the past 12 months, do you receive assistance to pay for food (e.g., food stamps, WIC coupons)?	In the past 12 months, do you receive assistance to pay for food (e.g., food stamps, WIC coupons)?	
Form 23-02	Food Security/Availabi lity	T1/T2: R3 T3: R8	□ Yes □ No □ No Response	□ Yes □ No □ No Response	□ Yes □ No □ No Response	
Form 23-02	Food Security/Availabi lity	T1/T2: Q4 T3: Q9	If yes, which benefits does this household receive? (Check all that apply)	If yes, which benefits does this household receive? (Check all that apply)	If yes, which benefits does this household receive? (Check all that apply)	
Form 23-02	Food Security/Availabi lity	T1/T2: R4 T3: R9	□ EBT/ SNAP/NAP (formerly called Food Stamps) □ Food Assistance (Food Bank/Food Pantries or Commodity foods) □ WIC benefits □ Free or reduced-cost breakfasts or lunches at school □ Don't know □ Not applicable	 □ EBT/ SNAP/NAP (formerly called Food Stamps) □ Food Assistance (Food Bank/Food Pantries or Commodity foods) □ WIC benefits □ Free or reduced-cost breakfasts or lunches at school □ Don't know □ Not applicable 	□ EBT/ SNAP/NAP (formerly called Food Stamps) □ Food Assistance (Food Bank/Food Pantries or Commodity foods) □ WIC benefits □ Free or reduced-cost breakfasts or lunches at school □ Don't know □ Not applicable	
Form 23-02	Food Security/Availabi lity	T1/T2: Q5 T3: Q10		Where do you get the water you use at home? Include water for all purposes (e.g., drinking, cooking, cleaning, gardening, etc.) (Check all that apply)	Where do you get the water you use at home? Include water for all purposes (e.g., drinking, cooking, cleaning, gardening, etc.) (Check all that apply)	Water procurement question introduced at time 2

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
S	Food Security/Availabi lity	T1/T2: R5 T3: R10		 □ Purchased Bottled Water □ River/Stream/Creek □ Spring □ Neighbor's tap 	 □ Purchased Bottled Water □ River/Stream/Creek □ Spring □ Neighbor's tap 	Water procurement question introduced at time 2
				 □ Community rain water collection □ Home rain water collection □ Household tap □ Private tap in yard □ Public – shared standpipe □ Refilling station □ Other (please describe) 	 □ Community rain water collection □ Home rain water collection □ Household tap □ Private tap in yard □ Public – shared standpipe □ Refilling station □ Other (please describe) 	
Form 23-02	Medical	Q1	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please choose one, \Box ; h= hours)	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please choose one, □; h= hours)	How many hours of sleep on average does your child get in a 24-hour period (at night and in naps)? (Please choose one, \Box ; h= hours)	
Form 23-02	Medical	R1	0h 0.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h 7.5h 8h 8.5h 9h 9.5h 10h 10.5h 11h 11.5h 12h 12.5h 13h >13h	0	□ 5h □ 5.5h □ 6h □ 6.5h □ 7h □ 7.5h □ 8h □ 8.5h □ 9h □ 9.5h □ 10h □ 10.5h □ 11h □ 11.5h □ 12h □ 12.5h □ 13h □ >13h	Removed response options under 5 hours at time 3
Form 23-02	Medical	Q2	Does your child have any current medical conditions diagnosed by a doctor?	Does your child have any current medical conditions diagnosed by a doctor?	Does your child have any current medical conditions diagnosed by a doctor?	
Form 23-02	Medical	R2	☐ Yes ☐ No If yes, please specify:	☐ Yes ☐ No If yes, please specify:	☐ Yes ☐ No If yes, please specify:	
Form 23-02	Medical	Q3	Has a doctor or nurse ever told you that the child has asthma?	Has a doctor or nurse ever told you that the child has asthma?	Has a doctor or nurse ever told you that the child has asthma?	
Form 23-02	Medical	R3	☐ Yes ☐ No ☐ Don't Know/Not Sure	☐ Yes ☐ No ☐ Don't Know/Not Sure	☐ Yes ☐ No ☐ Don't Know/Not Sure	
Form 23-02	Medical	Q4		How often does your child brush his/her teeth?	How often does your child brush his/her teeth?	Dental health questions introduced at time 2
Form 23-02	Medical	R4		 □ More than once per day □ Once per day □ Once per week □ Once per year □ Never □ Don't know □ No response 	 □ More than once per day □ Once per day □ Once per week □ Once per year □ Never □ Don't know □ No response 	Dental health questions introduced at time 2

	1			1	Change in form from time 2 to time 3
Form	Area	Question/Respo nse Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Medical	Q5	During the past 12 months, did your child see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants?	During the past 12 months, did your child see a dentist for any routine preventive dental care, including check-ups, screenings, and sealants?	Dental health questions introduced at time 2
Form 23-02	Medical	R5	□ Yes □ No □ Don't know □ No response	☐ Yes ☐ No ☐ Don't know ☐ No response	Dental health questions introduced at time 2
Form 23-02	Medical	Q6	Does your child have any problems that keep him/her from being physically active?	Does your child have any problems that keep him/her from being physically active?	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	R6	☐ Yes ☐ No If Yes, what type of problem:	☐ Yes ☐ No If Yes, what type of problem:	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	Q7	If yes, has your child had any problems with her / his:	If yes, has your child had any problems with her / his:	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	R7	□ heart □ blood pressure □ bones or joints □ nerves □ thyroid □ cancer □ liver □ kidney □ diabetes	 □ heart □ blood pressure □ bones or joints □ nerves □ thyroid □ cancer □ liver □ kidney □ diabetes 	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	Q8	Does your child take any medications?	Does your child take any medications?	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	R8	□ Yes □ No	□ Yes □ No	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	Q9	If yes, does he or she take:	If yes, does he or she take:	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	R9	antidepressants lithium appetite suppressants or any medication that affects appetite or metabolism?	antidepressants lithium appetite suppressants or any medication that affects appetite or metabolism?	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Medical	Q10	If you answered YES to any of these medications, does your child take them regularly?	If you answered YES to any of these medications, does your child take them regularly?	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2

						change in form from time 2 to time 3
Form	Aroa	Question/Respo	Time 1	Time 2	Time 3	Note: differences/changes between
Form 23-02	Medical	R10	Time 1	□ Yes □ No	□ Yes □ No	Included in screening questionnaire at time 1; Moved to Medical section of Form 23-02 at time 2
Form 23-02	Religion	Q1	What is your religious affiliation?	What is your religious affiliation?	Do you engage in religious activities or events?	Religion question modified at time 3
Form 23-02	Religion	R1	□ Baptist □ Muslim □ Buddhist □ Pentecostal □ Catholic □ Protestant □ Episcopalian □ Russian Orthodox □ Evangelical Covenant □ Other (please describe) □ Mormon/ Latter-day Saints □ None □ Moravian □ No Response	□ Baptist □ Muslim □ Buddhist □ Pentecostal □ Catholic □ Protestant (e.g. Methodist, Calvinist) □ Episcopalian □ Russian Orthodox □ Evangelical Covenant □ Other (please describe) □ Mormon/ Latter-day Saints □ None □ Moravian □ No Response	□ Yes □ No	Religion question modified at time 3
Form 23-02	Religion	Q2	How often do you engage in religious activities or events with your religious community?	How often do you engage in religious activities or events with your religious community?	How often do you engage in religious activities or events with your religious community?	
Form 23-02	Religion	R2	□ per Week □ per Month □ Do not attend □ No Response	☐ per Week ☐ per Month ☐ Do not attend ☐ No Response	□ per Week □ per Month □ Do not attend □ No Response	
Form 23-03	Culture - Your Group's Heritage and Lifestyle	Q1	How knowledgeable are you of your group's traditional culture and lifestyle? (circle response)	How knowledgeable are you of your group's traditional culture and lifestyle? (circle response)	How knowledgeable are you of your group's traditional culture and lifestyle? (circle response)	
Form 23-03	Culture - Your Group's Heritage and Lifestyle	R1	Very Knowledgeable Somewhat Knowledgeable Neutral or no response Somewhat not Knowledgeable Not at all Knowledgeable	Very Knowledgeable Somewhat Knowledgeable Neutral or no response Somewhat not Knowledgeable Not at all Knowledgeable	Very Knowledgeable Somewhat Knowledgeable Neutral or no response Somewhat not Knowledgeable Not at all Knowledgeable	
Form 23-03	Culture - Your Group's Heritage and Lifestyle	Q2	How involved are you in your group's traditional culture and lifestyle?	How involved are you in your group's traditional culture and lifestyle?	How involved are you in your group's traditional culture and lifestyle?	
Form 23-03	Culture - Your Group's Heritage and Lifestyle	R2	Very involved Somewhat involved Neutral or no response Somewhat not involved Not at all involved	Very involved Somewhat involved Neutral or no response Somewhat not involved Not at all involved	Very involved Somewhat involved Neutral or no response Somewhat not involved Not at all involved	
Form 23-03	Culture - Your Group's Heritage and Lifestyle	Q3	How do you feel toward your group's traditional culture and lifestyle?	How do you feel toward your group's traditional culture and lifestyle?	How do you feel toward your group's traditional culture and lifestyle?	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-03	Culture - Your	R3	Very positive	Very positive	Very positive	
	Group's		Somewhat positive	Somewhat positive	Somewhat positive	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Somewhat negative	Somewhat negative	Somewhat negative	
			Very Negative	Very Negative	Very Negative	
Form 23-03	Culture - Your	Q4	How often do you associate with people	How often do you associate with people of your	How often do you associate with people	
	Group's		of your	group's traditional culture and lifestyle?	of your	
	Heritage and		group's traditional culture and lifestyle?		group's traditional culture and lifestyle?	
	Lifestyle					
Form 23-03	Culture - Your	R4	Most of the time	Most of the time	Most of the time	
	Group's		Somewhat often	Somewhat often	Somewhat often	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Very little of the time Not at all	Very little of the time Not at all	Very little of the time Not at all	
			NOT at all	NOT at all	NOT at all	
Form 23-03	Culture - U.S.	Q1	How knowledgeable are you of U.S.	How knowledgeable are you of U.S. Mainland	How knowledgeable are you of U.S.	
	Mainland		Mainland culture	culture	Mainland culture	
	Heritage and		and lifestyle?	and lifestyle?	and lifestyle?	
	Lifestyle					
Form 23-03	Culture - U.S.	R1	Very Knowledgeable	Very Knowledgeable	Very Knowledgeable	
	Mainland		Somewhat Knowledgeable	Somewhat Knowledgeable	Somewhat Knowledgeable	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Somewhat not Knowledgeable	Somewhat not Knowledgeable	Somewhat not Knowledgeable	
			Not at all Knowledgeable	Not at all Knowledgeable	Not at all Knowledgeable	
Form 23-03	Culture - U.S.	Q2	How involved are you in U.S. Mainland	How involved are you in U.S. Mainland culture and	How involved are you in U.S. Mainland	
	Mainland		culture and	lifestyle?	culture and	
	Heritage and		lifestyle?		lifestyle?	
	Lifestyle			<u> </u>		
Form 23-03	Culture - U.S.	R2	Very involved	Very involved	Very involved	
	Mainland		Somewhat involved	Somewhat involved	Somewhat involved	
	Heritage and		Neutral or no response	Neutral or no response	Neutral or no response	
	Lifestyle		Somewhat not involved	Somewhat not involved	Somewhat not involved	
			Not at all involved	Not at all involved	Not at all involved	
Form 23-03	Culture - U.S.	Q3	How do you feel toward the U.S.	How do you feel toward the U.S. Mainland culture	How do you feel toward the U.S.	
	Mainland		Mainland culture and	and	Mainland culture and	
	Heritage and		lifestyle?	lifestyle?	lifestyle?	
	Lifestyle					

		Question / Pears				Note: differences (changes between
Form	Area	Question/Respo	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	R3	Very positive Somewhat positive Neutral or no response Somewhat negative Very Negative	Very positive Somewhat positive Neutral or no response Somewhat negative Very Negative	Very positive Somewhat positive Neutral or no response Somewhat negative Very Negative	time points
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	Q4	How often do you associate with people of U.S. Mainland culture and lifestyle?	How often do you associate with people of U.S. Mainland culture and lifestyle?	How often do you associate with people of U.S. Mainland culture and lifestyle?	
Form 23-03	Culture - U.S. Mainland Heritage and Lifestyle	R4	Most of the time Somewhat often Neutral or no response Very little of the time Not at all	Most of the time Somewhat often Neutral or no response Very little of the time Not at all	Most of the time Somewhat often Neutral or no response Very little of the time Not at all	
Form 23-04	Lifestyle Behavior	Q1	On usual weekdays (Monday to Friday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one b; h = hours)	On usual weekdays (Monday to Friday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one b; h = hours)	On usual weekdays (Monday to Friday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one b; h = hours)	
Form 23-04	Lifestyle Behavior	R1	_ Oh _ 0.5h _ 1h _ 1.5h _ 2h _ 2.5h _ 3h _ 3.5h _ 4h _ 4.5h _ 5h _ 5.5h _ 6h _ 6.5h _ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	
Form 23-04	Lifestyle Behavior	Q2	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one þ; h = hours)	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one b; h = hours)	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing <u>INACTIVE</u> video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one þ; h = hours)	
Form 23-04	Lifestyle Behavior	R2	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	
Form 23-04	Lifestyle Behavior	Q3	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing <u>ACTIVE</u> video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one þ; h = hours)	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing ACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one þ; h = hours)	On usual weekdays (Monday to Friday), how long on average a day does your child spend playing <u>ACTIVE</u> video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one þ; h = hours)	
Form 23-04	Lifestyle Behavior	R3	Oh O.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	Oh O.5h 1h 1.5h 2h 2.5h 3h 3.5h 4h 4.5h 5h 5.5h 6h 6.5h 7h+	

Form	Area	Question/Respo	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-04	Lifestyle Behavior	Q4	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one b; h = hours)	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one þ; h = hours)	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend watching television and/or videos/DVD? (Please choose one b; h = hours)	
Form 23-04	Lifestyle Behavior	R4	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	
Form 23-04	Lifestyle Behavior	Q5	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one þ; h = hours)	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one þ; h = hours)	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend playing INACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.)? (Please choose one þ; h = hours)	
Form 23-04	Lifestyle Behavior	R5	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	
Form 23-04	Lifestyle Behavior	Q6	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend playing <u>ACTIVE</u> video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one b; h = hours)	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend playing <u>ACTIVE</u> video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one þ; h = hours)	On usual weekend days (Saturday to Sunday), how long on average a day does your child spend playing ACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one b; h = hours)	
Form 23-04	Lifestyle Behavior	R6	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	□ 0h □ 0.5h □ 1h □ 1.5h □ 2h □ 2.5h □ 3h □ 3.5h □ 4h □ 4.5h □ 5h □ 5.5h □ 6h □ 6.5h □ 7h+	
Form 23-05	Sleep Behavior	Q1	How long after going to bed does your child usually fall asleep?	How long after going to bed does your child usually fall asleep?	How long after going to bed does your child usually fall asleep?	
Form 23-05	Sleep Behavior	R1	 □ 0 to less than 15 minutes □ 15 to less than 30 minutes □ 30 to less than 45 minutes □ 45 to less than 60 minutes □ More than 60 minutes 	 □ 0 to less than 15 minutes □ 15 to less than 30 minutes □ 30 to less than 45 minutes □ 45 to less than 60 minutes □ More than 60 minutes 	□ 0 to less than 15 minutes □ 15 to less than 30 minutes □ 30 to less than 45 minutes □ 45 to less than 60 minutes □ More than 60 minutes	
Form 23-05	Sleep Behavior	Q2	Your child goes to bed reluctantly, (hesitant, slowly, involuntary)	Your child goes to bed reluctantly, (hesitant, slowly, involuntary)	Your child goes to bed reluctantly, (hesitant, slowly, involuntary)	

		Question/Respo				Note: differences/changes between
Form	Area	nse Question/Respo	Time 1	Time 2	Time 3	time points
Form 23-05	Sleep Behavior	R2	☐ The sleep behavior never occurs ☐ The behavior occurs once or twice a month ☐ Occurs one or two times a week ☐ Occurs between three and five nights a week ☐ The sleep behavior happens every night	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	☐ The sleep behavior never occurs ☐ The behavior occurs once or twice a month ☐ Occurs one or two times a week ☐ Occurs between three and five nights a week ☐ The sleep behavior happens every night	time points
Form 23-05	Sleep Behavior	Q3	The child has difficulty getting to sleep at night (and may require a parent to be present)	The child has difficulty getting to sleep at night (and may require a parent to be present)	The child has difficulty getting to sleep at night (and may require a parent to be present)	
Form 23-05	Sleep Behavior	R3	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	
Form 23-05	Sleep Behavior	Q4	The child does not fall asleep in his or her own bed	The child does not fall asleep in his or her own bed	The child does not fall asleep in his or her own bed	
Form 23-05	Sleep Behavior	R4	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	
Form 23-05	Sleep Behavior	Q5	The child wakes up two or more times in the night	The child wakes up two or more times in the night	The child wakes up two or more times in the night	
Form 23-05	Sleep Behavior	R5	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	
Form 23-05	Sleep Behavior	Q6	After waking up in the night the child has difficulty falling asleep again by himself or herself	After waking up in the night the child has difficulty falling asleep again by himself or herself	After waking up in the night the child has difficulty falling asleep again by himself or herself	

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-05	Sleep Behavior	R6	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week 	☐ The sleep behavior never occurs ☐ The behavior occurs once or twice a month ☐ Occurs one or two times a week ☐ Occurs between three and five nights a week ☐ The sleep behavior happens every night	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week 	
			☐ The sleep behavior happens every night		☐ The sleep behavior happens every night	
Form 23-05	Sleep Behavior	Q7	The child sleeps in the parent's bed at some time during the night	The child sleeps in the parent's bed at some time during the night	The child sleeps in the parent's bed at some time during the night	
Form 23-05	Sleep Behavior	R7	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	
Form 23-05	Sleep Behavior	Q8	If the child wakes, he or she uses a comforter (e.g. pacifier or binky) and requires a parent to replace it	If the child wakes, he or she uses a comforter (e.g. pacifier or binky) and requires a parent to replace it	If the child wakes, he or she uses a comforter (e.g. pacifier or binky) and requires a parent to replace it	
Form 23-05	Sleep Behavior	R8	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	☐ The sleep behavior never occurs ☐ The behavior occurs once or twice a month ☐ Occurs one or two times a week ☐ Occurs between three and five nights a week ☐ The sleep behavior happens every night	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	
Form 23-05	Sleep Behavior	Q9	The child wants a drink during the night (including breast or bottle-feed)	The child wants a drink during the night (including breast or bottle-feed)	The child wants a drink during the night (including breast or bottle-feed)	
Form 23-05	Sleep Behavior	R9	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	 □ The sleep behavior never occurs □ The behavior occurs once or twice a month □ Occurs one or two times a week □ Occurs between three and five nights a week □ The sleep behavior happens every night 	
Form 23-05	Sleep Behavior	Q10	Do you think your child has sleeping difficulties?	Do you think your child has sleeping difficulties?	Do you think your child has sleeping difficulties?	

						Change in form from time 2 to time 3
Form	Area	Question/R	espo Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-05	Sleep Behavior	R10	□ Yes □ No	□ Yes □ No	□ Yes □ No	time points
10111123-03	Sieep beliavioi	KIO	Please explain:	Please explain:	Please explain:	
			Ticase explain.			
Form 23-06	Child and	Q1		Does your child go to places in the	e community to	Child and Household's Food and
	Household's			be physically active?		Physical Activity Environment Questions
	Food and					introduced at time 2
	Physical Activity					
	Environment					
Form 23-06	Child and	R1		□ Yes □ No		Child and Household's Food and
	Household's					Physical Activity Environment Questions
	Food and					introduced at time 2
	Physical Activity					
	Environment					
Form 23-06	Child and	Q2		If Yes, please list up to 5 specific p		Child and Household's Food and
	Household's			community where your child goes		Physical Activity Environment Questions
	Food and			be physically active (Include name		introduced at time 2
	Physical Activity			needed, of recreational areas, par	· · · · · · · · · · · · · · · · · · ·	
	Environment			malae and other places, such as O	ceanside Park,	
				or Kennedy School on Front St.)		
Form 23-06	Child and	R2		[5 rows A-E provided]		Child and Household's Food and
	Household's			Specific Name of Place where you	r child goes to	Physical Activity Environment Questions
	Food and			be physically		introduced at time 2
	Physical Activity			active		
	Environment			> Over the past year during the S	School Year, how	
				often does your child go there?		
				□ 4 - 7 days/week □ 1-3 days/wee	ek □1-3	
				times/month		
				□ less than once a Month	Cumama and In accord	
				> Over the past year during the Soften does your child go there?	Summer, now	
				,	ok = 1 2	
				☐ 4 - 7 days/week ☐ 1-3 days/weel times/month	ek 🗆 1 – 3	
				The state of the s		
Form 23-06	Child and	Q3	-	☐ less than once a Month List up to 5 specific names and loc	eations of places	Child and Household's Food and
FUIIII 23-U0	Household's	الاع		where your household buys groce	·	Physical Activity Environment Questions
	Food and					introduced at time 2
				Safeway on Center St. (supermark store, bulk stores, convenience stores)		introduced at time 2
	Physical Activity Environment			stations, food trucks, farmers mar		
	Elivironinent				kets, rodusiue	
				stands)		

						Change in form from time 2 to time 3	
Form	Area	Question/Respo	Time 1	Time 2	Time 3	Note: differences/changes between time points	
Form 23-06	Child and	R3	Time 1	[5 rows A-E provided]	- Time 5	Child and Household's Food and	
	Household's Food and			Specific Name (and location if needed) of Place		Physical Activity Environment Questions introduced at time 2	
	Physical Activity			> Over the past year during the School Year, how			
	Environment			often do you or your household members shop			
				there?			
				\Box 4 - 7 days/week \Box 1-3 days/week \Box 1 – 3			
				times/month			
				□ less than once a Month			
				> Over the past year during the Summer, how			
				often do you or household members shop there?			
				\Box 4 - 7 days/week \Box 1-3 days/week \Box 1 - 3			
				times/month			
				□ less than once a Month			
Form 23-07	Intervention	Q1		Does your child's school have rules about the		Intervention Exposure questions asked	
	Exposure			types of food the children are allowed to eat at		at time 2	
				school? For example, are there restrictions on			
				eating sugary foods?			
Form 23-07	Intervention	R1		□ Yes □ No □ Don't Know		Intervention Exposure questions asked	
	Exposure					at time 2	
Form 23-07	Intervention	Q2		Does your child's school have rules about what		Intervention Exposure questions asked	
	Exposure			the children can drink at school? For example, are		at time 2	
				there restrictions on drinking sugary drinks?			
Form 23-07	Intervention	R2		□ Yes □ No □ Don't Know		Intervention Exposure questions asked	
	Exposure					at time 2	
Form 23-07	Intervention	Q3		Does your child's school require the children to		Intervention Exposure questions asked	
	Exposure			participate in exercise or physical activity every		at time 2	
				day at school?			
Form 23-07	Intervention	R3		□ Yes □ No □ Don't Know		Intervention Exposure questions asked	
	Exposure					at time 2	
Form 23-07	Intervention	Q4		Is your child able to easily get clean drinking water		Intervention Exposure questions asked	
	Exposure			at school?		at time 2	
Form 23-07	Intervention	R4		□ Yes □ No □ Don't Know		Intervention Exposure questions asked	
	Exposure					at time 2	
Form 23-07	Intervention	Q5		Within the last year, does your child have any new		Intervention Exposure questions asked	
	Exposure			places in the community to exercise or play		at time 2	
F 22 07	Indiana and the second	DE.		outside of school?		Internation France and the International Int	
Form 23-07	Intervention	R5		□ Yes □ No □ Don't Know		Intervention Exposure questions asked	
F 22 07	Exposure	06		Did an arration are a second as a few at the		at time 2	
Form 23-07	Intervention	Q6		Did you notice more sports equipment in your		Intervention Exposure questions asked	
	Exposure			child's school or community this past year?		at time 2	

		T		Change in form from time 2 to time 3
		Question/Respo		Note: differences/changes between
Form	Area	nse Time 1	Time 2 Time 3	time points
Form 23-07	Intervention	R6	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q7	Do the parks that your child visits have clean	Intervention Exposure questions asked
	Exposure		drinking water available?	at time 2
Form 23-07	Intervention	R7	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q8	Have you or your child been involved in any	Intervention Exposure questions asked
	Exposure		gardening or hydroponics projects this past year?	at time 2
Form 23-07	Intervention	R8	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q9A	In the past year, have you heard messages or	Intervention Exposure questions asked
	Exposure		been told about healthy behaviors that promote	at time 2
			health in young children, for example, eating	
			vegetables and fruits	
Form 23-07	Intervention	R9A	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q9B	drinking water instead of sugary drinks	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	R9B	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q9C	being more active / exercising	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	R9C	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q9D	getting more sleep	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	R9D	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q9E	reducing screen time – such as, watching TV or	Intervention Exposure questions asked
	Exposure		playing video games	at time 2
Form 23-07	Intervention	R9E	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q10	Have you seen or received any of the CHL	Intervention Exposure questions asked
	Exposure		materials this past year? These are shown on the	at time 2
			laminated card.	
Form 23-07	Intervention	R10	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
Form 23-07	Intervention	Q11	Did you or anyone you know attend a CHL role	Intervention Exposure questions asked
	Exposure		model training this past year?	at time 2
Form 23-07	Intervention	R11	□ Yes □ No □ Don't Know	Intervention Exposure questions asked
	Exposure			at time 2
	LAPOSUIE			at time 2

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 23-07	Intervention	Q12		Did you or anyone you know attend training or an		Intervention Exposure questions asked
	Exposure			event on gardening or hydroponics this past year?		at time 2
Form 23-07	Intervention	R12		□ Yes □ No □ Don't Know		Intervention Exposure questions asked
	Exposure					at time 2
Form 23-07	Intervention	Q13		Did you or anyone you know attend training or an		Intervention Exposure questions asked
	Exposure			event on physical activity or healthy eating this		at time 2
				past year?		
Form 23-07	Intervention	R13		☐ Yes ☐ No ☐ Don't Know		Intervention Exposure questions asked
	Exposure					at time 2
Form 23-07	Intervention	Q14		Did your child talk about how much sleep to get		Intervention Exposure questions asked
	Exposure			each night?		at time 2
Form 23-07	Intervention	R14		☐ Yes ☐ No ☐ Don't Know		Intervention Exposure questions asked
	Exposure					at time 2
Form 23-07	Intervention	Q15		Did your child talk about the importance of		Intervention Exposure questions asked
	Exposure			limiting the amount of TV and computer games		at time 2
				(screen time)?		
Form 23-07	Intervention	R15		☐ Yes ☐ No ☐ Don't Know		Intervention Exposure questions asked
	Exposure					at time 2
Form 59-01	Anthropometric		Weight	Weight	Weight	
	Measurements					
Form 59-01	Anthropometric		Scale #	Scale #	Scale #	
	Measurements		1st reading: kg Comments:	1st reading: kg Comments:	1st reading: kg Comments:	
			2nd reading: kg Comments:	2nd reading: kg Comments:	2nd reading: kg Comments:	
			2nd readings les Comments	2nd reading: les Comments:	2nd readings less Comments	
			3rd reading: kg Comments:	3rd reading: kg Comments:	3rd reading: kg Comments:	
Form 59-01	Anthropometric		Height	Height	Height	
	Measurements					
Form 59-01	Anthropometric		Stadiometer #	Stadiometer #	Stadiometer #	
	Measurements		1st reading: kg Comments:	1st reading: kg Comments:	1st reading: kg Comments:	
						
			2nd reading: kg Comments:	2nd reading: kg Comments:	2nd reading: kg Comments:	
			3rd reading: kg Comments:	3rd reading: kg Comments:	3rd reading: kg Comments:	
Form 59-01	Anthropometric		Waist circumference	Waist circumference	Waist circumference	
	Measurements					

		Question/Respo				Note: differences/changes between
Form	Area	nse	Time 1	Time 2	Time 3	time points
Form 59-01	Anthropometric		Waist Circumference Tape #	Waist Circumference Tape #	Waist Circumference Tape #	
	Measurements		1st reading: kg Comments:	1st reading: kg Comments:	1st reading: kg Comments:	
			2nd reading: kg Comments:	2nd reading: kg Comments:	2nd reading: kg Comments:	
			3rd reading: kg Comments:	3rd reading: kg Comments:	3rd reading: kg Comments:	
Form 59-01	Acanthosis Nigricans Screening		Neck Severity Rating (rate and circle)	Neck Severity Rating (rate and circle)	Neck Severity Rating (rate and circle)	
Form 59-01	Acanthosis		0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	
	Nigricans Screening		Comments:	Comments:	Comments:	
CE Form	Community Behavior	Q1			If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something?	Community Behavior Form introduced at time 3
CE Form	Community Behavior	R1			Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 4
CE Form	Community Behavior	Q2			If there was a fight in front of your house and someone was being beaten up or threatened, how likely is it that your neighbors would break it up?	Community Behavior Form introduced at time 5
CE Form	Community Behavior	R2			Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 6
CE Form	Community Behavior	Q3			If a child was showing disrespect to an adult how likely is it that people in neighborhood would scold the child?	Community Behavior Form introduced at time 7
CE Form	Community Behavior	R3			Very Likely (5) Likely (4) Neither Likely or unlikely (3) Unlikely (2) Very Unlikely (1)	Community Behavior Form introduced at time 8

		Overstien / Deserve	esna			Note: differences /shanges hatus an	
F		Question/Respo		Time 2	Time 2	Note: differences/changes between	
Form	Area	nse	Time 1	Time 2	Time 3	time points	
CE Form	Community	Q4			Suppose that because of budget cuts, the	•	
	Behavior				fire station closest to your home was	at time 9	
					going to be closed down by the city. How		
					likely is it that neighborhood residents		
					would organize to try to do something to		
					keep the fire station open?		
CE Form	Community	R4			Very Likely (5)	Community Behavior Form introduced	
	Behavior				Likely (4)	at time 10	
					Neither Likely or unlikely (3)		
					Unlikely (2)		
					Very Unlikely (1)		
CE Form	Community	Q5			If a group of neighborhood children were	Community Behavior Form introduced	
	Behavior				skipping school and hanging out on a	at time 11	
					street corner, how likely is it that your		
					neighbors would do something about it?		
CE Form	Community	R5			Very Likely (5)	Community Behavior Form introduced	
	Behavior				Likely (4)	at time 12	
					Neither Likely or unlikely (3)		
					Unlikely (2)		
					Very Unlikely (1)		
CE Form	Community	Q6			If a well-known neighbor was short of	Community Behavior Form introduced	
1	Behavior				cash to start a business in the area, how	at time 13	
					likely is that he or she would be able to		
					borrow money from people in the		
					neighborhood?		
CE Form	Community	R6			Very Likely (5)	Community Behavior Form introduced	
	Behavior				Likely (4)	at time 14	
					Neither Likely or unlikely (3)		
					Unlikely (2)		
					Very Unlikely (1)		
					30.7 0		
CE Form	Community	Q7			How likely is that you could choose to	Community Behavior Form introduced	
	Behavior				move from this	at time 15	
					neighborhood in the next five years?		
CE Form	Community	R7			Very Likely (5)	Community Behavior Form introduced	
	Behavior				Likely (4)	at time 16	
					Neither Likely or unlikely (3)		
					Unlikely (2)		
					Very Unlikely (1)		
					, , , , ,		
	•						

		Question/Respo			Note: differences/changes between
Form	Area	nse Time 1	Time 2	Time 3	time points
CE Form	Community Behavior	Q8		People around here are willing to help their neighbors	Community Behavior Form introduced at time 17
CE Form	Community Behavior	R8		Strongly agree (5) Agree (4) Neither agree or disagree (3) Disagree (2) Strongly disagree (1)	Community Behavior Form introduced at time 18
CE Form	Community Behavior	Q9		This is a close-knit neighborhood	Community Behavior Form introduced at time 19
CE Form	Community Behavior	R9		Strongly agree (5) Agree (4) Neither agree or disagree (3) Disagree (2) Strongly disagree (1)	Community Behavior Form introduced at time 20
CE Form	Community Behavior	Q10		People in this neighborhood can be trusted	Community Behavior Form introduced at time 21
CE Form	Community Behavior	R10		Strongly agree (5) Agree (4) Neither agree or disagree (3) Disagree (2) Strongly disagree (1)	Community Behavior Form introduced at time 22
CE Form	Community Behavior Survey Input	Q1		Was there anything about this survey that was confusing?	Community Behavior Form introduced at time 23
CE Form	Community Behavior Survey Input	R1		☐ Yes ☐ No If yes, please explain what you found to be confusing (please limit to 100 words or less).	Community Behavior Form introduced at time 24
CE Form	Community Behavior Survey Input	Q2		Do you have any suggestions to improve this survey?	Community Behavior Form introduced at time 25
CE Form	Community Behavior Survey Input	R2		☐ Yes ☐ No If yes, please list your suggestion(s) (please limit to 100 words or less).	Community Behavior Form introduced at time 26