

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
CE Form	Community Behavior
CE Form	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?			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

Form 23-02

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
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	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> 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.)	

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
Form 23-02	Household Composition	R2	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single and NOT living with boyfriend, girlfriend, partner <input type="checkbox"/> Separated <input type="checkbox"/> Single and living with boyfriend, girlfriend, partner <input type="checkbox"/> Other If Other is checked, please describe: _____	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single and NOT living with boyfriend, girlfriend, partner <input type="checkbox"/> Separated <input type="checkbox"/> Single and living with boyfriend, girlfriend, partner <input type="checkbox"/> Other If Other is checked, please describe: _____	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single and NOT living with boyfriend, girlfriend, partner <input type="checkbox"/> Separated <input type="checkbox"/> Single and living with boyfriend, girlfriend, partner <input type="checkbox"/> 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: _____	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother How many? ____ <input type="checkbox"/> Grandfather How many? ____ <input type="checkbox"/> Aunt How many? ____ <input type="checkbox"/> Uncle How many? ____ <input type="checkbox"/> Great aunt How many? ____ <input type="checkbox"/> Great uncle How many? ____ <input type="checkbox"/> 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

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
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 <input type="checkbox"/> <input type="checkbox"/> ____ Child 2 <input type="checkbox"/> <input type="checkbox"/> ____ Child 3 <input type="checkbox"/> <input type="checkbox"/> ____ Child 4 <input type="checkbox"/> <input type="checkbox"/> ____ Child 5 <input type="checkbox"/> <input type="checkbox"/> ____ Child 6 <input type="checkbox"/> <input type="checkbox"/> ____ Child 7 <input type="checkbox"/> <input type="checkbox"/> ____ Child 8 <input type="checkbox"/> <input type="checkbox"/> ____ Child 9 <input type="checkbox"/> <input type="checkbox"/> ____ Child 10 <input type="checkbox"/> <input type="checkbox"/> ____	Please, specify below whether the child is a boy or a girl and the age of the child. Boy Girl Age Child 1 <input type="checkbox"/> <input type="checkbox"/> ____ Child 2 <input type="checkbox"/> <input type="checkbox"/> ____ Child 3 <input type="checkbox"/> <input type="checkbox"/> ____ Child 4 <input type="checkbox"/> <input type="checkbox"/> ____ Child 5 <input type="checkbox"/> <input type="checkbox"/> ____ Child 6 <input type="checkbox"/> <input type="checkbox"/> ____ Child 7 <input type="checkbox"/> <input type="checkbox"/> ____ Child 8 <input type="checkbox"/> <input type="checkbox"/> ____ Child 9 <input type="checkbox"/> <input type="checkbox"/> ____ Child 10 <input type="checkbox"/> <input type="checkbox"/> ____	Age of other child(ren) How Many? <input type="checkbox"/> 0 – 1 years ____ <input type="checkbox"/> 2 – 5 years ____ <input type="checkbox"/> 6 – 8 years ____ <input type="checkbox"/> 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	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> Grades 1 up to 8 (Elementary to middle school) <input type="checkbox"/> College or technical school 1 year to 3 years <input type="checkbox"/> Grades 9 up to 11 (Some high school) <input type="checkbox"/> College 4 years or more (College graduate)	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> Grades 1 up to 8 (Elementary to middle school) <input type="checkbox"/> College or technical school 1 year to 3 years <input type="checkbox"/> Grades 9 up to 11 (Some high school) <input type="checkbox"/> College 4 years or more (College graduate)	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> Grades 1 up to 8 (Elementary to middle school) <input type="checkbox"/> College or technical school 1 year to 3 years <input type="checkbox"/> Grades 9 up to 11 (Some high school) <input type="checkbox"/> 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 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
Form 23-02	Household Composition	R6	<input type="checkbox"/> Employed for wages/salary (full-time/part-time/seasonal) <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for more than 1 year <input type="checkbox"/> Out of work for less than 1 year <input type="checkbox"/> A Homemaker <input type="checkbox"/> A Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work	<input type="checkbox"/> Employed for wages/salary (full-time/part-time/seasonal) <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for more than 1 year <input type="checkbox"/> Out of work for less than 1 year <input type="checkbox"/> Fishing/Farming <input type="checkbox"/> Subsistence <input type="checkbox"/> A Homemaker <input type="checkbox"/> A Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work	<input type="checkbox"/> Employed for wages/salary (full-time/part-time/seasonal) <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for more than 1 year <input type="checkbox"/> Out of work for less than 1 year <input type="checkbox"/> Fishing/Farming <input type="checkbox"/> Subsistence <input type="checkbox"/> A Homemaker <input type="checkbox"/> A Student <input type="checkbox"/> Retired <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> From \$10,000 to less than \$20,000 <input type="checkbox"/> From \$20,000 to less than \$35,000 <input type="checkbox"/> From \$35,000 to less than \$60,000 <input type="checkbox"/> From \$60,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more <input type="checkbox"/> No Response	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> From \$10,000 to less than \$20,000 <input type="checkbox"/> From \$20,000 to less than \$35,000 <input type="checkbox"/> From \$35,000 to less than \$60,000 <input type="checkbox"/> From \$60,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more <input type="checkbox"/> No Response	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> From \$10,000 to less than \$20,000 <input type="checkbox"/> From \$20,000 to less than \$35,000 <input type="checkbox"/> From \$35,000 to less than \$60,000 <input type="checkbox"/> From \$60,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more <input type="checkbox"/> 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			<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	

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
Form 23-02	Child Information	Q1	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?	
Form 23-02	Child Information	R1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Form 23-02	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.	
Form 23-02	Child Information	R2	<input type="checkbox"/> Black or African American- A person having origins of any of the original peoples of Africa. <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> 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): <input type="checkbox"/> Athabascan <input type="checkbox"/> Siberian <input type="checkbox"/> Cup'ik <input type="checkbox"/> Yup'ik <input type="checkbox"/> Inupiaq <input type="checkbox"/> Other (please describe)_____ <input type="checkbox"/> Asian Please specify the one(s) you most identify with (check all that apply): <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Filipino <input type="checkbox"/> Malaysian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): <input type="checkbox"/> Chamorro <input type="checkbox"/> Kosraean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Tokelaun <input type="checkbox"/> Carolinian <input type="checkbox"/> Marshallese <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/>	<input type="checkbox"/> Black or African American- A person having origins of any of the original peoples of Africa. <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> 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): <input type="checkbox"/> Athabascan <input type="checkbox"/> Siberian <input type="checkbox"/> Cup'ik <input type="checkbox"/> Yup'ik <input type="checkbox"/> Inupiaq <input type="checkbox"/> Other (please describe)_____ <input type="checkbox"/> Asian Please specify the one(s) you most identify with (check all that apply): <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Filipino <input type="checkbox"/> Malaysian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): <input type="checkbox"/> Chamorro <input type="checkbox"/> Kosraean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Tokelaun <input type="checkbox"/> Carolinian <input type="checkbox"/> Marshallese <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/>	<input type="checkbox"/> Black or African American- A person having origins of any of the original peoples of Africa. <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> 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): <input type="checkbox"/> Athabascan <input type="checkbox"/> Siberian <input type="checkbox"/> Cup'ik <input type="checkbox"/> Yup'ik <input type="checkbox"/> Inupiaq <input type="checkbox"/> Other (please describe)_____ <input type="checkbox"/> Asian Please specify the one(s) you most identify with (check all that apply): <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Filipino <input type="checkbox"/> Malaysian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Indian <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander: Please specify the one(s) you most identify with: (check all that apply): <input type="checkbox"/> Chamorro <input type="checkbox"/> Kosraean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Tokelaun <input type="checkbox"/> Carolinian <input type="checkbox"/> Marshallese <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/>	

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
			Chuukese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Yapese <input type="checkbox"/> Kiribati <input type="checkbox"/> Palauan <input type="checkbox"/> Other (please describe) _____	Chuukese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Yapese <input type="checkbox"/> Kiribati <input type="checkbox"/> Palauan <input type="checkbox"/> 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?	How many years has your child lived here? (Enter the number of years in the space provided) _____	

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
			(Enter the number of years in the space provided) _____	(Enter the number of years in the 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 ____ . ____ kilograms <input type="checkbox"/> Unknown	_____ lb. and _____ oz. OR ____ . ____ kilograms <input type="checkbox"/> Unknown	_____ lb. and _____ oz. OR ____ . ____ kilograms <input type="checkbox"/> 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 <input type="checkbox"/> Unknown	_____ inches OR ____ . ____ cm <input type="checkbox"/> Unknown	_____ inches OR ____ . ____ cm <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) --> <input type="checkbox"/> _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) --> <input type="checkbox"/> _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) --> <input type="checkbox"/> _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ --> _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown --> _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ --> _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown --> _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ --> _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown --> _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> 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)	
Form 23-02	Early Life of Child	R5	_____ Months of age <input type="checkbox"/> Unknown	_____ Months of age <input type="checkbox"/> Unknown	_____ Months of age <input type="checkbox"/> Unknown	

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
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?	
Form 23-02	Food Security/Availability	R1	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No (Skip Question 4) <input type="checkbox"/> Don't know (Skip Question 4) <input type="checkbox"/> 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			<input type="checkbox"/> Almost every month <input type="checkbox"/> Some months but not every month <input type="checkbox"/> Only 1 or 2 months <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	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	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.)	

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
			the month? (Please check which applies to you.)	the month? (Please check which applies to you.)		
Form 23-02	Food Security/Availability	T1/T2: R2 T3: R7	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
Form 23-02	Food Security/Availability	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/Availability	T1/T2: R3 T3: R8	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	
Form 23-02	Food Security/Availability	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/Availability	T1/T2: R4 T3: R9	<input type="checkbox"/> EBT/ SNAP/NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<input type="checkbox"/> EBT/ SNAP/NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<input type="checkbox"/> EBT/ SNAP/NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	
Form 23-02	Food Security/Availability	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

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
Form 23-02	Food Security/Availability	T1/T2: R5 T3: R10		<input type="checkbox"/> Purchased Bottled Water <input type="checkbox"/> River/Stream/Creek <input type="checkbox"/> Spring <input type="checkbox"/> Neighbor's tap <input type="checkbox"/> Community rain water collection <input type="checkbox"/> Home rain water collection <input type="checkbox"/> Household tap <input type="checkbox"/> Private tap in yard <input type="checkbox"/> Public – shared standpipe <input type="checkbox"/> Refilling station <input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Purchased Bottled Water <input type="checkbox"/> River/Stream/Creek <input type="checkbox"/> Spring <input type="checkbox"/> Neighbor's tap <input type="checkbox"/> Community rain water collection <input type="checkbox"/> Home rain water collection <input type="checkbox"/> Household tap <input type="checkbox"/> Private tap in yard <input type="checkbox"/> Public – shared standpipe <input type="checkbox"/> Refilling station <input type="checkbox"/> Other (please describe)	Water procurement question introduced at time 2
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, <input type="checkbox"/> ; 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, <input type="checkbox"/> ; 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, <input type="checkbox"/> ; h= hours)	
Form 23-02	Medical	R1	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h <input type="checkbox"/> 7.5h <input type="checkbox"/> 8h <input type="checkbox"/> 8.5h <input type="checkbox"/> 9h <input type="checkbox"/> 9.5h <input type="checkbox"/> 10h <input type="checkbox"/> 10.5h <input type="checkbox"/> 11h <input type="checkbox"/> 11.5h <input type="checkbox"/> 12h <input type="checkbox"/> 12.5h <input type="checkbox"/> 13h <input type="checkbox"/> >13h	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h <input type="checkbox"/> 7.5h <input type="checkbox"/> 8h <input type="checkbox"/> 8.5h <input type="checkbox"/> 9h <input type="checkbox"/> 9.5h <input type="checkbox"/> 10h <input type="checkbox"/> 10.5h <input type="checkbox"/> 11h <input type="checkbox"/> 11.5h <input type="checkbox"/> 12h <input type="checkbox"/> 12.5h <input type="checkbox"/> 13h <input type="checkbox"/> >13h	<input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h <input type="checkbox"/> 7.5h <input type="checkbox"/> 8h <input type="checkbox"/> 8.5h <input type="checkbox"/> 9h <input type="checkbox"/> 9.5h <input type="checkbox"/> 10h <input type="checkbox"/> 10.5h <input type="checkbox"/> 11h <input type="checkbox"/> 11.5h <input type="checkbox"/> 12h <input type="checkbox"/> 12.5h <input type="checkbox"/> 13h <input type="checkbox"/> >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	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> More than once per day <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Once per year <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> No response	<input type="checkbox"/> More than once per day <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Once per year <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> No response	Dental health questions introduced at time 2

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
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of problem: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> heart <input type="checkbox"/> blood pressure <input type="checkbox"/> bones or joints <input type="checkbox"/> nerves <input type="checkbox"/> thyroid <input type="checkbox"/> cancer <input type="checkbox"/> liver <input type="checkbox"/> kidney <input type="checkbox"/> diabetes	<input type="checkbox"/> heart <input type="checkbox"/> blood pressure <input type="checkbox"/> bones or joints <input type="checkbox"/> nerves <input type="checkbox"/> thyroid <input type="checkbox"/> cancer <input type="checkbox"/> liver <input type="checkbox"/> kidney <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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
Form 23-02	Medical	R10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Baptist <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Episcopalian <input type="checkbox"/> Russian Orthodox <input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Mormon/ Latter-day Saints <input type="checkbox"/> None <input type="checkbox"/> Moravian <input type="checkbox"/> No Response	<input type="checkbox"/> Baptist <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant (e.g. Methodist, Calvinist) <input type="checkbox"/> Episcopalian <input type="checkbox"/> Russian Orthodox <input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Mormon/ Latter-day Saints <input type="checkbox"/> None <input type="checkbox"/> Moravian <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> _____ per Week <input type="checkbox"/> _____ per Month <input type="checkbox"/> Do not attend <input type="checkbox"/> No Response	<input type="checkbox"/> _____ per Week <input type="checkbox"/> _____ per Month <input type="checkbox"/> Do not attend <input type="checkbox"/> No Response	<input type="checkbox"/> _____ per Week <input type="checkbox"/> _____ per Month <input type="checkbox"/> Do not attend <input type="checkbox"/> No Response	

Form 23-03

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
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?	
Form 23-03	Culture - Your Group's 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 - Your Group's Heritage and Lifestyle	Q4	How often do you associate with people of your group's traditional culture and lifestyle?	How often do you associate with people of your group's traditional culture and lifestyle?	How often do you associate with people of your group's traditional culture and lifestyle?	
Form 23-03	Culture - Your Group's 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	

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
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 23-04

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
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 þ; 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 þ; 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 þ; h = hours)	
Form 23-04	Lifestyle Behavior	R1	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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 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 þ; h = hours)	
Form 23-04	Lifestyle Behavior	R2	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	
Form 23-04	Lifestyle Behavior	Q3	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 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 ACTIVE 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	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	
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 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 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 þ; h = hours)	
Form 23-04	Lifestyle Behavior	R4	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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)	

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
Form 23-04	Lifestyle Behavior	R5	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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 ACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one p; 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 p; 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 p; h = hours)	
Form 23-04	Lifestyle Behavior	R6	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	

Form 23-05

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
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	<input type="checkbox"/> 0 to less than 15 minutes <input type="checkbox"/> 15 to less than 30 minutes <input type="checkbox"/> 30 to less than 45 minutes <input type="checkbox"/> 45 to less than 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> 0 to less than 15 minutes <input type="checkbox"/> 15 to less than 30 minutes <input type="checkbox"/> 30 to less than 45 minutes <input type="checkbox"/> 45 to less than 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> 0 to less than 15 minutes <input type="checkbox"/> 15 to less than 30 minutes <input type="checkbox"/> 30 to less than 45 minutes <input type="checkbox"/> 45 to less than 60 minutes <input type="checkbox"/> 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)...	
Form 23-05	Sleep Behavior	R2	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	
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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	

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
Form 23-05	Sleep Behavior	R5	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	
Form 23-05	Sleep Behavior	R6	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	

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
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?	
Form 23-05	Sleep Behavior	R10	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	

Form 23-06

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

Form 23-06	Child and Household's Food and Physical Activity Environment	R3		<div>[5 rows A-E provided]</div> <div>Specific Name (and location if needed) of Place _____</div> <div>--> Over the past year during the School Year, how often do you or your household members shop there?</div> <div><input type="checkbox"/> 4 - 7 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 1 – 3 times/month</div> <div><input type="checkbox"/> less than once a Month</div> <div>--> Over the past year during the Summer, how often do you or household members shop there?</div> <div><input type="checkbox"/> 4 - 7 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 1 – 3 times/month</div> <div><input type="checkbox"/> less than once a Month</div>		Child and Household's Food and Physical Activity Environment Questions introduced at time 2
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Form 23-07

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
Form 23-07	Intervention Exposure	Q1		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 Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q2		Does your child’s school have rules about what the children can drink at school? For example, are there restrictions on drinking sugary drinks?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q3		Does your child’s school require the children to participate in exercise or physical activity every day at school?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q4		Is your child able to easily get clean drinking water at school?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q5		Within the last year, does your child have any new places in the community to exercise or play outside of school?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q6		Did you notice more sports equipment in your child’s school or community this past year?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q7		Do the parks that your child visits have clean drinking water available?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q8		Have you or your child been involved in any gardening or hydroponics projects this past year?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q9A		In the past year, have you heard messages or been told about healthy behaviors that promote health in young children, for example, eating vegetables and fruits		Intervention Exposure questions asked at time 2

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
Form 23-07	Intervention Exposure	R9A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

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
Form 23-07	Intervention Exposure	R15		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2

Form 59-01

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
Form 59-01	Anthropometric Measurements		Weight	Weight	Weight	
Form 59-01	Anthropometric Measurements		Scale # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Scale # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Scale # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	
Form 59-01	Anthropometric Measurements		Height	Height	Height	
Form 59-01	Anthropometric Measurements		Stadiometer # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Stadiometer # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Stadiometer # _____ 1st reading: ____._ kg Comments: _____ 2nd 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: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Waist Circumference Tape # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Waist Circumference Tape # _____ 1st 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 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
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 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
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

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
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			<input type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your suggestion(s) (please limit to 100 words or less).	Community Behavior Form introduced at time 26

All 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?			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 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
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	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Legal Guardian, Caregiver, Other: If related, please indicate the relationship: (e.g., uncle, sibling)	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> 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.)	

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
Form 23-02	Household Composition	R2	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single and NOT living with boyfriend, girlfriend, partner <input type="checkbox"/> Separated <input type="checkbox"/> Single and living with boyfriend, girlfriend, partner <input type="checkbox"/> Other If Other is checked, please describe: ____	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single and NOT living with boyfriend, girlfriend, partner <input type="checkbox"/> Separated <input type="checkbox"/> Single and living with boyfriend, girlfriend, partner <input type="checkbox"/> Other If Other is checked, please describe: ____	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single and NOT living with boyfriend, girlfriend, partner <input type="checkbox"/> Separated <input type="checkbox"/> Single and living with boyfriend, girlfriend, partner <input type="checkbox"/> 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: ____	<input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Foster mother <input type="checkbox"/> Foster father <input type="checkbox"/> Grandmother How many? ____ <input type="checkbox"/> Grandfather How many? ____ <input type="checkbox"/> Aunt How many? ____ <input type="checkbox"/> Uncle How many? ____ <input type="checkbox"/> Great aunt How many? ____ <input type="checkbox"/> Great uncle How many? ____ <input type="checkbox"/> 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

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
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 <input type="checkbox"/> <input type="checkbox"/> ____ Child 2 <input type="checkbox"/> <input type="checkbox"/> ____ Child 3 <input type="checkbox"/> <input type="checkbox"/> ____ Child 4 <input type="checkbox"/> <input type="checkbox"/> ____ Child 5 <input type="checkbox"/> <input type="checkbox"/> ____ Child 6 <input type="checkbox"/> <input type="checkbox"/> ____ Child 7 <input type="checkbox"/> <input type="checkbox"/> ____ Child 8 <input type="checkbox"/> <input type="checkbox"/> ____ Child 9 <input type="checkbox"/> <input type="checkbox"/> ____ Child 10 <input type="checkbox"/> <input type="checkbox"/> ____	Please, specify below whether the child is a boy or a girl and the age of the child. Boy Girl Age Child 1 <input type="checkbox"/> <input type="checkbox"/> ____ Child 2 <input type="checkbox"/> <input type="checkbox"/> ____ Child 3 <input type="checkbox"/> <input type="checkbox"/> ____ Child 4 <input type="checkbox"/> <input type="checkbox"/> ____ Child 5 <input type="checkbox"/> <input type="checkbox"/> ____ Child 6 <input type="checkbox"/> <input type="checkbox"/> ____ Child 7 <input type="checkbox"/> <input type="checkbox"/> ____ Child 8 <input type="checkbox"/> <input type="checkbox"/> ____ Child 9 <input type="checkbox"/> <input type="checkbox"/> ____ Child 10 <input type="checkbox"/> <input type="checkbox"/> ____	Age of other child(ren) How Many? <input type="checkbox"/> 0 – 1 years ____ <input type="checkbox"/> 2 – 5 years ____ <input type="checkbox"/> 6 – 8 years ____ <input type="checkbox"/> 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	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> Grades 1 up to 8 (Elementary to middle school) <input type="checkbox"/> College or technical school 1 year to 3 years <input type="checkbox"/> Grades 9 up to 11 (Some high school) <input type="checkbox"/> College 4 years or more (College graduate)	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> Grades 1 up to 8 (Elementary to middle school) <input type="checkbox"/> College or technical school 1 year to 3 years <input type="checkbox"/> Grades 9 up to 11 (Some high school) <input type="checkbox"/> College 4 years or more (College graduate)	<input type="checkbox"/> Never attended school or only attended kindergarten <input type="checkbox"/> Grade 12 or GED (High school graduate) <input type="checkbox"/> Grades 1 up to 8 (Elementary to middle school) <input type="checkbox"/> College or technical school 1 year to 3 years <input type="checkbox"/> Grades 9 up to 11 (Some high school) <input type="checkbox"/> 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 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
Form 23-02	Household Composition	R6	<input type="checkbox"/> Employed for wages/salary (full-time/part-time/seasonal) <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for more than 1 year <input type="checkbox"/> Out of work for less than 1 year <input type="checkbox"/> A Homemaker <input type="checkbox"/> A Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work	<input type="checkbox"/> Employed for wages/salary (full-time/part-time/seasonal) <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for more than 1 year <input type="checkbox"/> Out of work for less than 1 year <input type="checkbox"/> Fishing/Farming <input type="checkbox"/> Subsistence <input type="checkbox"/> A Homemaker <input type="checkbox"/> A Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work	<input type="checkbox"/> Employed for wages/salary (full-time/part-time/seasonal) <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work for more than 1 year <input type="checkbox"/> Out of work for less than 1 year <input type="checkbox"/> Fishing/Farming <input type="checkbox"/> Subsistence <input type="checkbox"/> A Homemaker <input type="checkbox"/> A Student <input type="checkbox"/> Retired <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> From \$10,000 to less than \$20,000 <input type="checkbox"/> From \$20,000 to less than \$35,000 <input type="checkbox"/> From \$35,000 to less than \$60,000 <input type="checkbox"/> From \$60,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more <input type="checkbox"/> No Response	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> From \$10,000 to less than \$20,000 <input type="checkbox"/> From \$20,000 to less than \$35,000 <input type="checkbox"/> From \$35,000 to less than \$60,000 <input type="checkbox"/> From \$60,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more <input type="checkbox"/> No Response	<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> From \$10,000 to less than \$20,000 <input type="checkbox"/> From \$20,000 to less than \$35,000 <input type="checkbox"/> From \$35,000 to less than \$60,000 <input type="checkbox"/> From \$60,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more <input type="checkbox"/> 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			<input type="checkbox"/> Not at all <input type="checkbox"/> A little bit <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> Extremely <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	

Form	Area	Question/Response	Time 1	Time 2	Time 3	Note: differences/changes between time points
Form 23-02	Child Information	Q1	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?	
Form 23-02	Child Information	R1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Form 23-02	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.	
Form 23-02	Child Information	R2	<input type="checkbox"/> Black or African American- A person having origins of any of the original peoples of Africa. <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> 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): <input type="checkbox"/> Athabascan <input type="checkbox"/> Siberian <input type="checkbox"/> Cup'ik <input type="checkbox"/> Yup'ik <input type="checkbox"/> Inupiaq <input type="checkbox"/> Other (please describe)_____	<input type="checkbox"/> Black or African American- A person having origins of any of the original peoples of Africa. <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> 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): <input type="checkbox"/> Athabascan <input type="checkbox"/> Siberian <input type="checkbox"/> Cup'ik <input type="checkbox"/> Yup'ik <input type="checkbox"/> Inupiaq <input type="checkbox"/> Other (please describe)_____	<input type="checkbox"/> Black or African American- A person having origins of any of the original peoples of Africa. <input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> 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): <input type="checkbox"/> Athabascan <input type="checkbox"/> Siberian <input type="checkbox"/> Cup'ik <input type="checkbox"/> Yup'ik <input type="checkbox"/> Inupiaq <input type="checkbox"/> Other (please describe)_____	

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
			Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Yapese <input type="checkbox"/> Kiribati <input type="checkbox"/> Palauan <input type="checkbox"/> Other (please describe) _____		Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Yapese <input type="checkbox"/> Kiribati <input type="checkbox"/> Palauan <input type="checkbox"/> 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?	

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
			(Enter the number of years in the space provided) _____		(Enter the number of years in the 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 ____ . ____ kilograms <input type="checkbox"/> Unknown	_____ lb. and _____ oz. OR ____ . ____ kilograms <input type="checkbox"/> Unknown	_____ lb. and _____ oz. OR ____ . ____ kilograms <input type="checkbox"/> 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 <input type="checkbox"/> Unknown	_____ inches OR ____ . ____ cm <input type="checkbox"/> Unknown	_____ inches OR ____ . ____ cm <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) --> <input type="checkbox"/> _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) --> <input type="checkbox"/> _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 4) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) --> <input type="checkbox"/> _____ Months of age <input type="checkbox"/> Still Breastfeeding <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ --> _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown --> _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ --> _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown --> _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to question 5) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe) _____ --> _____ Months of age <input type="checkbox"/> Since Birth <input type="checkbox"/> Unknown --> _____ Months of age <input type="checkbox"/> Still Formula fed <input type="checkbox"/> 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)	

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
Form 23-02	Early Life of Child	R5	_____ Months of age <input type="checkbox"/> Unknown	_____ Months of age <input type="checkbox"/> Unknown	_____ Months of age <input type="checkbox"/> Unknown	
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?	
Form 23-02	Food Security/Availability	R1	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No (Skip Question 4) <input type="checkbox"/> Don't know (Skip Question 4) <input type="checkbox"/> 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			<input type="checkbox"/> Almost every month <input type="checkbox"/> Some months but not every month <input type="checkbox"/> Only 1 or 2 months <input type="checkbox"/> Don't know <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 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

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
Form 23-02	Food Security/Availability	T3: R6			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	Additional food security questions added at Time 3
Form 23-02	Food Security/Availability	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/Availability	T1/T2: R2 T3: R7	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Most times <input type="checkbox"/> Always <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
Form 23-02	Food Security/Availability	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/Availability	T1/T2: R3 T3: R8	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	
Form 23-02	Food Security/Availability	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/Availability	T1/T2: R4 T3: R9	<input type="checkbox"/> EBT/ SNAP/NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<input type="checkbox"/> EBT/ SNAP/NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	<input type="checkbox"/> EBT/ SNAP/NAP (formerly called Food Stamps) <input type="checkbox"/> Food Assistance (Food Bank/Food Pantries or Commodity foods) <input type="checkbox"/> WIC benefits <input type="checkbox"/> Free or reduced-cost breakfasts or lunches at school <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	
Form 23-02	Food Security/Availability	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

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
Form 23-02	Food Security/Availability	T1/T2: R5 T3: R10		<input type="checkbox"/> Purchased Bottled Water <input type="checkbox"/> River/Stream/Creek <input type="checkbox"/> Spring <input type="checkbox"/> Neighbor's tap <input type="checkbox"/> Community rain water collection <input type="checkbox"/> Home rain water collection <input type="checkbox"/> Household tap <input type="checkbox"/> Private tap in yard <input type="checkbox"/> Public – shared standpipe <input type="checkbox"/> Refilling station <input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Purchased Bottled Water <input type="checkbox"/> River/Stream/Creek <input type="checkbox"/> Spring <input type="checkbox"/> Neighbor's tap <input type="checkbox"/> Community rain water collection <input type="checkbox"/> Home rain water collection <input type="checkbox"/> Household tap <input type="checkbox"/> Private tap in yard <input type="checkbox"/> Public – shared standpipe <input type="checkbox"/> Refilling station <input type="checkbox"/> Other (please describe)	Water procurement question introduced at time 2
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, <input type="checkbox"/> ; 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, <input type="checkbox"/> ; 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, <input type="checkbox"/> ; h= hours)	
Form 23-02	Medical	R1	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h <input type="checkbox"/> 7.5h <input type="checkbox"/> 8h <input type="checkbox"/> 8.5h <input type="checkbox"/> 9h <input type="checkbox"/> 9.5h <input type="checkbox"/> 10h <input type="checkbox"/> 10.5h <input type="checkbox"/> 11h <input type="checkbox"/> 11.5h <input type="checkbox"/> 12h <input type="checkbox"/> 12.5h <input type="checkbox"/> 13h <input type="checkbox"/> >13h	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h <input type="checkbox"/> 7.5h <input type="checkbox"/> 8h <input type="checkbox"/> 8.5h <input type="checkbox"/> 9h <input type="checkbox"/> 9.5h <input type="checkbox"/> 10h <input type="checkbox"/> 10.5h <input type="checkbox"/> 11h <input type="checkbox"/> 11.5h <input type="checkbox"/> 12h <input type="checkbox"/> 12.5h <input type="checkbox"/> 13h <input type="checkbox"/> >13h	<input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h <input type="checkbox"/> 7.5h <input type="checkbox"/> 8h <input type="checkbox"/> 8.5h <input type="checkbox"/> 9h <input type="checkbox"/> 9.5h <input type="checkbox"/> 10h <input type="checkbox"/> 10.5h <input type="checkbox"/> 11h <input type="checkbox"/> 11.5h <input type="checkbox"/> 12h <input type="checkbox"/> 12.5h <input type="checkbox"/> 13h <input type="checkbox"/> >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	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> More than once per day <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Once per year <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> No response	<input type="checkbox"/> More than once per day <input type="checkbox"/> Once per day <input type="checkbox"/> Once per week <input type="checkbox"/> Once per year <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> No response	Dental health questions introduced at time 2

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
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of problem: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> heart <input type="checkbox"/> blood pressure <input type="checkbox"/> bones or joints <input type="checkbox"/> nerves <input type="checkbox"/> thyroid <input type="checkbox"/> cancer <input type="checkbox"/> liver <input type="checkbox"/> kidney <input type="checkbox"/> diabetes	<input type="checkbox"/> heart <input type="checkbox"/> blood pressure <input type="checkbox"/> bones or joints <input type="checkbox"/> nerves <input type="checkbox"/> thyroid <input type="checkbox"/> cancer <input type="checkbox"/> liver <input type="checkbox"/> kidney <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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
Form 23-02	Medical	R10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Baptist <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Episcopalian <input type="checkbox"/> Russian Orthodox <input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Mormon/ Latter-day Saints <input type="checkbox"/> None <input type="checkbox"/> Moravian <input type="checkbox"/> No Response	<input type="checkbox"/> Baptist <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Pentecostal <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant (e.g. Methodist, Calvinist) <input type="checkbox"/> Episcopalian <input type="checkbox"/> Russian Orthodox <input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Other (please describe) _____ <input type="checkbox"/> Mormon/ Latter-day Saints <input type="checkbox"/> None <input type="checkbox"/> Moravian <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> _____ per Week <input type="checkbox"/> _____ per Month <input type="checkbox"/> Do not attend <input type="checkbox"/> No Response	<input type="checkbox"/> _____ per Week <input type="checkbox"/> _____ per Month <input type="checkbox"/> Do not attend <input type="checkbox"/> No Response	<input type="checkbox"/> _____ per Week <input type="checkbox"/> _____ per Month <input type="checkbox"/> Do not attend <input type="checkbox"/> 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?	

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
Form 23-03	Culture - Your Group's 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 - Your Group's Heritage and Lifestyle	Q4	How often do you associate with people of your group's traditional culture and lifestyle?	How often do you associate with people of your group's traditional culture and lifestyle?	How often do you associate with people of your group's traditional culture and lifestyle?	
Form 23-03	Culture - Your Group's 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 23-03	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?	

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
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 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 þ; 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 þ; 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 þ; h = hours)	
Form 23-04	Lifestyle Behavior	R1	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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 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 þ; h = hours)	
Form 23-04	Lifestyle Behavior	R2	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	
Form 23-04	Lifestyle Behavior	Q3	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 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 ACTIVE 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	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	

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
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 p; 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 p; 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 p; h = hours)	
Form 23-04	Lifestyle Behavior	R4	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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 p; 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 p; 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 p; h = hours)	
Form 23-04	Lifestyle Behavior	R5	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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 ACTIVE video games (DS, Play station, XBOX, Wii, computer games, etc.) that incorporate movement or exercise? (Please choose one p; 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 p; 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 p; h = hours)	
Form 23-04	Lifestyle Behavior	R6	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 7h+	<input type="checkbox"/> 0h <input type="checkbox"/> 0.5h <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/> 2h <input type="checkbox"/> 2.5h <input type="checkbox"/> 3h <input type="checkbox"/> 3.5h <input type="checkbox"/> 4h <input type="checkbox"/> 4.5h <input type="checkbox"/> 5h <input type="checkbox"/> 5.5h <input type="checkbox"/> 6h <input type="checkbox"/> 6.5h <input type="checkbox"/> 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	<input type="checkbox"/> 0 to less than 15 minutes <input type="checkbox"/> 15 to less than 30 minutes <input type="checkbox"/> 30 to less than 45 minutes <input type="checkbox"/> 45 to less than 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> 0 to less than 15 minutes <input type="checkbox"/> 15 to less than 30 minutes <input type="checkbox"/> 30 to less than 45 minutes <input type="checkbox"/> 45 to less than 60 minutes <input type="checkbox"/> More than 60 minutes	<input type="checkbox"/> 0 to less than 15 minutes <input type="checkbox"/> 15 to less than 30 minutes <input type="checkbox"/> 30 to less than 45 minutes <input type="checkbox"/> 45 to less than 60 minutes <input type="checkbox"/> 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)...	

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
Form 23-05	Sleep Behavior	R2	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	
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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	

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
Form 23-05	Sleep Behavior	R6	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> The sleep behavior happens every night	<input type="checkbox"/> The sleep behavior never occurs <input type="checkbox"/> The behavior occurs once or twice a month <input type="checkbox"/> Occurs one or two times a week <input type="checkbox"/> Occurs between three and five nights a week <input type="checkbox"/> 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 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
Form 23-05	Sleep Behavior	R10	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____	
Form 23-06	Child and Household's Food and Physical Activity Environment	Q1		Does your child go to places in the community to be physically active?		Child and Household's Food and Physical Activity Environment Questions introduced at time 2
Form 23-06	Child and Household's Food and Physical Activity Environment	R1		<input type="checkbox"/> Yes <input type="checkbox"/> No		Child and Household's Food and Physical Activity Environment Questions introduced at time 2
Form 23-06	Child and Household's Food and Physical Activity Environment	Q2		If Yes, please list up to 5 specific places in the community where your child goes most often to be physically active (Include names and location if needed, of recreational areas, parks, beaches, malae and other places, such as Oceanside Park, or Kennedy School on Front St.)		Child and Household's Food and Physical Activity Environment Questions introduced at time 2
Form 23-06	Child and Household's Food and Physical Activity Environment	R2		[5 rows A-E provided] Specific Name of Place where your child goes to be physically active _____ --> Over the past year during the School Year, how often does your child go there? <input type="checkbox"/> 4 - 7 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 1 – 3 times/month <input type="checkbox"/> less than once a Month --> Over the past year during the Summer, how often does your child go there? <input type="checkbox"/> 4 - 7 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 1 – 3 times/month <input type="checkbox"/> less than once a Month		Child and Household's Food and Physical Activity Environment Questions introduced at time 2
Form 23-06	Child and Household's Food and Physical Activity Environment	Q3		List up to 5 specific names and locations of places where your household buys groceries (e.g., Safeway on Center St. (supermarket, grocery store, bulk stores, convenience stores, gas stations, food trucks, farmers markets, roadside stands)		Child and Household's Food and Physical Activity Environment Questions introduced at time 2

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
Form 23-06	Child and Household's Food and Physical Activity Environment	R3		<p>[5 rows A-E provided] Specific Name (and location if needed) of Place</p> <p>_____ --> Over the past year during the School Year, how often do you or your household members shop there? <input type="checkbox"/> 4 - 7 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 1 – 3 times/month <input type="checkbox"/> less than once a Month --> Over the past year during the Summer, how often do you or household members shop there? <input type="checkbox"/> 4 - 7 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 1 – 3 times/month <input type="checkbox"/> less than once a Month</p>		Child and Household's Food and Physical Activity Environment Questions introduced at time 2
Form 23-07	Intervention Exposure	Q1		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 Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q2		Does your child's school have rules about what the children can drink at school? For example, are there restrictions on drinking sugary drinks?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q3		Does your child's school require the children to participate in exercise or physical activity every day at school?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R3		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q4		Is your child able to easily get clean drinking water at school?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R4		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q5		Within the last year, does your child have any new places in the community to exercise or play outside of school?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R5		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q6		Did you notice more sports equipment in your child's school or community this past year?		Intervention Exposure questions asked at time 2

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
Form 23-07	Intervention Exposure	R6		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q7		Do the parks that your child visits have clean drinking water available?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R7		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q8		Have you or your child been involved in any gardening or hydroponics projects this past year?		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R8		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	Q9A		In the past year, have you heard messages or been told about healthy behaviors that promote health in young children, for example, eating vegetables and fruits		Intervention Exposure questions asked at time 2
Form 23-07	Intervention Exposure	R9A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2

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
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 23-07	Intervention Exposure	R15		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		Intervention Exposure questions asked at time 2
Form 59-01	Anthropometric Measurements		Weight	Weight	Weight	
Form 59-01	Anthropometric Measurements		Scale # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Scale # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Scale # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	
Form 59-01	Anthropometric Measurements		Height	Height	Height	
Form 59-01	Anthropometric Measurements		Stadiometer # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Stadiometer # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Stadiometer # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	
Form 59-01	Anthropometric Measurements		Waist circumference	Waist circumference	Waist circumference	

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
Form 59-01	Anthropometric Measurements		Waist Circumference Tape # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Waist Circumference Tape # _____ 1st reading: ____._ kg Comments: _____ 2nd reading: ____._ kg Comments: _____ 3rd reading: ____._ kg Comments: _____	Waist Circumference Tape # _____ 1st 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	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

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
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
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

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
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			<input type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your suggestion(s) (please limit to 100 words or less).	Community Behavior Form introduced at time 26