

SUBJECT'S NAME: \_\_\_\_\_

(M)other/ (F)ather/(O)ther \_\_\_\_\_ Specify \_\_\_\_\_

SUBJECT ID: \_\_\_\_\_

OBSERVATION# \_\_\_\_\_

DATE: \_\_\_\_\_

OBSERVER'S ID: \_\_\_\_\_

PACE+ Study  
**HEALTH & ENVIRONMENT SURVEY**

**FAMILY INFLUENCES**

**During a typical week**, how often has a member of your household:  
(PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION)

	Never	1-2 days	3-4 days	5-6 days	Every day
1. Watched your child participate in physical activity or play sports?	1	2	3	4	5
2. Encouraged your child to do physical activities or play sports?	1	2	3	4	5
3. Provided transportation so your child can go to a place where he or she can do physical activity or play sports?	1	2	3	4	5
4. Done a physical activity or played sports with your child?	1	2	3	4	5
5. Encouraged your child to eat fruits & vegetables?	1	2	3	4	5
6. Discussed with your child how not eating fruits and vegetables can be unhealthy?	1	2	3	4	5
7. Provided fruits or vegetables for your child as a snack or part of a meal?	1	2	3	4	5
8. Eaten fruits & vegetables with your child?	1	2	3	4	5
9. Encouraged your child to spend less time being sedentary?	1	2	3	4	5
10. Discussed with your child how sedentary habits can be unhealthy?	1	2	3	4	5
11. Helped your child to think of ways to reduce the time he or she spends on sedentary habits?	1	2	3	4	5
12. Told your child that he or she is doing a good job reducing sedentary habits?	1	2	3	4	5
13. Provided for your child low-fat foods as a snack or part of a meal?	1	2	3	4	5
14. Encouraged your child to eat lower fat foods?	1	2	3	4	5
15. Eaten low fat foods with your child?	1	2	3	4	5
16. Told your child that he or she is doing a good job eating low-fat foods?	1	2	3	4	5
17. Encouraged your child to wear sunscreens?	1	2	3	4	5
18. Discussed with your child how spending too much time in the sun can be unhealthy?	1	2	3	4	5
19. Helped your child to think of ways to reduce his or her exposure to the sun ?	1	2	3	4	5

## FOOD & COOKING

Are you the person who does most of the cooking in this child's home? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please answer the following questions about cooking in your home.

If no, please answer the following questions to the best of your ability.

1. When you prepare chicken, how often do you remove the skin?
  - a. Never
  - b. occasionally
  - c. usually
  - d. always
  - e. never prepare chicken
2. Which type of hamburger meat do you usually cook for your family?
  - a. regular
  - b. lean
  - c. extra-lean
  - d. never cook hamburger
3. How often do you trim the fat off meat before you cook it?
  - a. never
  - b. occasionally
  - c. usually
  - d. always
  - e. never prepare meat
4. What type of fat or oil do you use most often in cooking?
  - a. lard
  - b. meat fat (beef/pork/chicken drippings or chorizo)
  - c. butter
  - d. shortening
  - e. margarine
  - f. vegetable oil (olive, corn, canola, peanut oils, etc.)
  - g. PAM or vegetable spray only
  - h. never use fat or oil in cooking
5. What type of milk do you usually serve?
  - a. whole
  - b. chocolate
  - c. reduced fat (2%)
  - d. low fat (1%)
  - e. skim, nonfat, or powdered
  - f. never use milk
6. How often do you serve eggs?
  - a. 5 or more times per week
  - b. 3-4 times per week
  - c. 1-2 times per week
  - d. 1-3 times per month
  - e. less than once per month
  - f. never serve eggs
7. When you buy or prepare refried beans, what type of fat are they usually made with?
  - a. lard/butter
  - b. bacon grease
  - c. shortening
  - d. vegetable oil
  - e. PAM or vegetable spray
  - f. none
  - g. don't know
  - h. never serve refried beans

## STORES, FACILITIES, AND OTHER THINGS IN YOUR NEIGHBORHOOD

About how long would it take to get from your home to get to the **nearest** businesses or facilities listed below if you **walked** to them? (PLEASE CIRCLE ONE NUMBER FOR EACH BUSINESS OR FACILITY)

		<b>1-5 min</b>	<b>6-10 min</b>	<b>11-20 min</b>	<b>21-30 min</b>	<b>31+ min</b>
1.	Convenience/small grocery store	1	2	3	4	5
2.	Supermarket	1	2	3	4	5
3.	Hardware store	1	2	3	4	5
4.	Fruit/vegetable market	1	2	3	4	5
5.	Laundry/dry cleaners	1	2	3	4	5
6.	Clothing store	1	2	3	4	5
7.	Other Stores (e.g. florist)	1	2	3	4	5
8.	Post office	1	2	3	4	5
9.	Library	1	2	3	4	5
10.	Elementary school	1	2	3	4	5
11.	Other schools	1	2	3	4	5
12.	Your job	1	2	3	4	5
13.	Bus or trolley stop	1	2	3	4	5
14.	Park	1	2	3	4	5
15.	Recreation center	1	2	3	4	5
16.	Gym or fitness facility	1	2	3	4	5

## WALKING AND BICYCLING IN YOUR NEIGHBORHOOD

PLEASE CIRCLE THE ANSWER THAT BEST APPLIES TO YOU AND YOUR NEIGHBORHOOD.

		<b>strongly disagree</b>	<b>somewhat disagree</b>	<b>somewhat agree</b>	<b>strongly agree</b>
1.	The streets in my neighborhood are hilly making my neighborhood difficult to walk or bicycle in.	1	2	3	4
2.	There are many canyons/hillsides in my neighborhood that limit the number of routes for getting from place to place.	1	2	3	4
3.	There are sidewalks on most of the streets in my neighborhood.	1	2	3	4
4.	The sidewalks in my neighborhood are well maintained (consider cracks, evenness).	1	2	3	4
5.	There are bicycle or pedestrian trails in or near my neighborhood that are easily accessible.	1	2	3	4
6.	Sidewalks are separated from the road/traffic in my neighborhood by parked cars.	1	2	3	4
7.	There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood.	1	2	3	4
8.	It is safe to ride a bike in or near my neighborhood.	1	2	3	4

## NEIGHBORHOOD SURROUNDINGS

PLEASE CIRCLE THE ANSWER THAT BEST APPLIES TO YOU AND YOUR NEIGHBORHOOD.

		<b>strongly disagree</b>	<b>somewhat disagree</b>	<b>somewhat agree</b>	<b>strongly agree</b>
1.	There are trees along the streets in my neighborhood.	1	2	3	4
2.	There is tree cover or shade along the sidewalks in my neighborhood.	1	2	3	4
3.	There are many interesting things to look at while walking in my neighborhood.	1	2	3	4
4.	My neighborhood is generally free from litter.	1	2	3	4
5.	There are many attractive natural sights in my neighborhood (such as landscaping, views).	1	2	3	4
6.	There are attractive buildings/homes in my neighborhood.	1	2	3	4

## NEIGHBORHOOD SAFETY

PLEASE CIRCLE THE ANSWER THAT BEST APPLIES TO YOU AND YOUR NEIGHBORHOOD.

		<b>strongly disagree</b>	<b>somewhat disagree</b>	<b>somewhat agree</b>	<b>strongly agree</b>
1.	There is so much traffic along the street I live on that it makes it difficult or unpleasant to walk in my neighborhood.	1	2	3	4
2.	There is so much traffic along <u>nearby</u> streets that it makes it difficult or unpleasant to walk in my neighborhood.	1	2	3	4
3.	The speed of traffic on the street I live on is usually slow (30 mph or less).	1	2	3	4
4.	The speed of traffic on most <u>nearby</u> streets is usually slow (30 mph or less).	1	2	3	4
5.	Most drivers exceed the posted speed limits while driving in my neighborhood.	1	2	3	4
6.	My neighborhood streets are well lit at night.	1	2	3	4
7.	Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.	1	2	3	4
8.	There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighborhood.	1	2	3	4
9.	The crosswalks in my neighborhood help walkers feel safe crossing busy streets.	1	2	3	4
10.	When walking in my neighborhood there are a lot of exhaust fumes (such as from cars, buses).	1	2	3	4
11.	I see and speak to other people when I am walking in my neighborhood.	1	2	3	4
12.	There is a high crime rate in my neighborhood.	1	2	3	4
13.	The crime rate in my neighborhood makes it unsafe to go on walks <u>during the day</u> .	1	2	3	4
14.	The crime rate in my neighborhood makes it unsafe to go on walks <u>at night</u> .	1	2	3	4
15.	My neighborhood is safe enough so that I would let a 10-year-old boy walk around my block alone in the day time.	1	2	3	4

## HOME ENVIRONMENT

PLEASE INDICATE WHICH ITEMS YOU HAVE IN YOUR HOME, YARD, APARTMENT, COMPLEX, OR COMMUNITY.

a. stationary aerobic equipment (bicycle, treadmill, ect.)	YES	NO
b. bicycle	YES	NO
c. dog	YES	NO
d. trampoline for jogging in place	YES	NO
e. running shoes	YES	NO
f. swimming pool	YES	NO
g. weight lifting equipment (e.g., free weights, Nautilus, Universal)	YES	NO
h. toning devices (e.g. physioballs, ankle weights)	YES	NO
i. aerobic workout videotapes or audiotapes	YES	NO
j. step aerobics, slide aerobics	YES	NO
k. skates (roller, in-line, or ice)	YES	NO
l. skateboard or scooter	YES	NO
l. sports equipment (balls, racquets)	YES	NO
m. surf board, boogie board, windsurf board	YES	NO
n. canoe, row boat, kayak	YES	NO
o. skis (snow or water) or snowboard	YES	NO

## HOUSEHOLD RULES

PLEASE CIRCLE THE ANSWER THAT BEST APPLIES TO YOU AND YOUR FAMILY.

		Never	Some- times	Usually	Always
1.	Do you limit the number of hours your child is allowed to watch TV?	1	2	3	4
2.	Do you limit the number of hours your child is allowed to play video/computer games?	1	2	3	4
3.	Is your child allowed to play outside without wearing sunscreen?	1	2	3	4
4.	Do you limit the amount of sweet snacks (e.g. cookies and candy) your child is allowed to eat?	1	2	3	4
5.	Do you limit the amount of dessert your child is allowed to eat after a meal?	1	2	3	4
6.	Do you limit the amount of soda your child is allowed to drink?	1	2	3	4
7.	Do you have healthy snacks (e.g. fruit or pretzels) around the house for your child to eat?	1	2	3	4
8.	Do you keep candy, cookies, or chips around the house that your child can easily get?	1	2	3	4
9.	Is your child allowed to play outside the home after dark?	1	2	3	4
10.	Is your child allowed to play in the park without an adult watching?	1	2	3	4
11.	How often does dinner in your child's home include vegetables?	1	2	3	4
12.	How often does breakfast in your child's home include fruit and/or 100% fruit juice?	1	2	3	4
13.	Are adults allowed to smoke cigarettes in your child's home?	1	2	3	4
14.	Is your child allowed to smoke cigarettes in the home?	1	2	3	4

## HOME COMPUTER & INTERNET USE

1.	Do you have a computer in your home?	YES	NO
2.	Do you have access to the Internet in your home?	YES	NO
3.	If not to question 2, do you plan to get Internet access in your home in the next 6 months?	YES	NO

		Never	Almost never	Some- times	Often
1.	How often do you check email at home?	1	2	3	4
2.	How often does your child check email at home?	1	2	3	4

## HEALTHY LIFESTYLE STRATEGIES

Rate **how often** in the past month you (or a family member) has done the following things to help your child lead a healthy lifestyle. A healthy lifestyle is a way of life that includes participating in physical activity, eating nutritious foods, and taking precautions against skin damage from the sun. (PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION)

		Never	Almost never	Some-times	Often	Very Often
1.	Helped your child look for new information on healthy lifestyles in places like magazines, books, or on the Internet?	1	2	3	4	5
2.	Talked with your child about the benefits he or she will get from making healthy lifestyle changes?	1	2	3	4	5
3.	Talked with your child about how one's surroundings (home and neighborhood) can affect healthy lifestyles?	1	2	3	4	5
4.	Encouraged your child to say positive things to himself or herself about making healthy lifestyle changes?	1	2	3	4	5
5.	Encouraged your child to think more about the benefits and less about the barriers to being healthy?	1	2	3	4	5
6.	Helped your child keep track of his or her progress making healthy lifestyle changes?	1	2	3	4	5
7.	Helped your child set short and long-term goals to make healthy lifestyle changes?	1	2	3	4	5
8.	Rewarded your child for making and sticking to healthy lifestyle changes?	1	2	3	4	5
9.	Helped your child find ways to get around the barriers to making healthy lifestyle changes?	1	2	3	4	5
10.	Put reminders around the home to help make and stick to healthy lifestyle changes?	1	2	3	4	5
11.	Reminded your child to not to get upset if sometimes he or she can not stick to a healthy lifestyle change goal?	1	2	3	4	5
12.	Encouraged your child to try different ways to make healthy lifestyle changes so that he or she will have more options to choose from?	1	2	3	4	5
13.	Encouraged your child to do things to make being healthy more enjoyable?	1	2	3	4	5

## PHYSICAL ACTIVITY

In answering the following questions,

- ◆ **vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.
- ◆ **moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

- 1 During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling? Think about *only* those physical activities that you did for at least 10 minutes at a time.

\_\_\_\_\_ days per week



How much time in total did you usually spend on one of those days doing vigorous physical activities?

or

None



\_\_\_ hours \_\_\_ minutes

- 2 Again, think *only* about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

\_\_\_\_\_ days per week



How much time in total did you usually spend on one of those days doing moderate physical activities?

or

None



\_\_\_ hours \_\_\_ minutes

- 3 During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.

\_\_\_\_\_ days per week



How much time in total did you usually spend walking on one of those days?

or

None



\_\_\_ hours \_\_\_ minutes

- 4 The last question is about the time you spent sitting on weekdays while at work, at home, while doing course work and during leisure time. This includes time spent sitting at a desk, visiting friends, reading, traveling on a bus or sitting or lying down to watch television.

During the last 7 days, how much time in total did you usually spend *sitting* on a **week day**?

\_\_\_ hours \_\_\_ minutes

***Thank you for your time and effort in completing this survey!***