

**Champlain Healthy School-aged Children Initiative
Attitudinal Survey Questions
FINAL DRAFT – May 25, 2007**

Interviewer's Preamble

I-1 Hello, my name is _____ and I'm calling on behalf of the XYZ Health Unit and the University of Ottawa Heart Institute. We are conducting a survey to better understand parental attitudes and knowledge surrounding childhood eating and physical activity habits in your area. May I please speak with an adult in the household who is 19 years of age or older and who has children between the ages of 4 and 12 living with them at least 50% of the time? Would that person be you?

- | | | |
|----|-----------------------------|---|
| 1. | Yes, speaking | Go to I-3 |
| 2. | No, I will get them | Go to I-2 |
| 3. | Yes - Later | Go to Call Back - May I have your name for when we call back? |
| 4. | No children aged 4-12 | Thank you for your time. Good Bye. [Code as NE] |
| 5. | No children 50% of the time | Thank you for your time. Good Bye. [Code as NE] |
| 6. | Don't know | Thank you for your time. Good Bye. |
| 7. | Refused | Thank you for your time. Good Bye. |

I-2 Hello, my name is _____ and I'm calling on behalf of the XYZ Health Unit and the University of Ottawa Heart Institute. We are conducting a survey to better understand parental attitudes and knowledge surrounding childhood eating and physical activity habits in your area. I am told you are 19 years of age or older and have children aged 4-12 living with you at least 50% of the time? Is this correct?

- | | | |
|----|-----------------------------|--|
| 1. | Yes, speaking | Go to I-3 |
| 2. | Yes - Later | Go to Call Back. May I have your name for when we call back? |
| 3. | No children aged 4-12 | Thank you for your time. Good Bye. [Code as NE] |
| 8. | No children 50% of the time | Thank you for your time. Good Bye. [Code as NE] |
| 4. | Don't know | Thank you for your time. Good Bye. |
| 5. | Refused | Thank you for your time. Good Bye. |

I-3 Are you the parent or primary caregiver of the children?

- | | | |
|----|-------------------|---|
| 1. | Parent | Go to I-6 |
| 2. | Primary caregiver | Go to I-6 |
| 3. | Neither | Go to I-4 |
| 4. | Don't know | Thank you for your time. Good Bye [Code as NE]. |
| 5. | Refused | Thank you for your time. Good Bye [Code as NE] |

- I-4 May I speak with one of the children's parents or primary care givers (legal guardian)?
- | | | |
|----|------------------------|--|
| 1. | Yes - Goes to get them | Go to I-5 |
| 2. | Not Available | Go to Call Back May I have their name for when we call back? |
| 3. | Don't know | Thank you for your time. Good Bye. [Code as NE]. |
| 4. | Refused | Thank you for your time. Good Bye. [Code as NE]. |

- I-5 Hello, my name is _____ and I'm calling on behalf of the XYZ Health Unit and the University of Ottawa Heart Institute. We are conducting a survey to better understand parental attitudes and knowledge surrounding childhood eating and physical activity habits in your area. I am told you are 19 years of age or older and have children aged 4-12 living with you at least 50% of the time? Is this correct?
- | | | |
|----|-------------|---|
| 1. | Yes | Go to I-6 |
| 2. | Yes – Later | Go to Call Back May I have your name for when we call back? |
| 3. | No | Thank you for your time. Good Bye. [Code as NE] |
| 4. | Don't know | Thank you for your time. Good Bye. |
| 5. | Refused | Thank you for your time. Good Bye. |

- I-6 This survey is confidential and voluntary and will take about 15 minutes to complete. You may refuse to answer any questions or end the survey at any time. No information will be collected during this survey that will allow you to be identified. However, your participation is important for us to get accurate information about parents and children in your community. This information will be used to inform program planning and service delivery to meet the needs of children and families in your area. May we continue with the survey?
- | | | |
|----|------------|---|
| 1. | Yes | Go to Q1 |
| 2. | No – Later | Go to Call Back - May I have your name for when we call back? |
| 3. | Don't know | Go to Call Back |
| 4. | Refused | Thank you for your time. Good Bye. |

[Note to Interviewer: Please direct specific questions about the survey to Laurie Dojeiji, University of Ottawa Heart Institute, at (613) 798-5555 ext 18836]

Background

1. How many children between the ages of 4 and 12 live with you at least 50% of the time?
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6
 - g. >6

- f. Refused
7. In the past month, has your child done any of the following? [Read list. Select all that apply.]
 - a. Played outdoors
 - b. Participated in a team sport
 - c. Been involved in family outings, such as walking, hiking, biking
 - d. Participated in other recreational/physical activities
 - d. None of the above [Do not read. Check only if none are selected.]
 - e. Don't know
 - f. Refused

 8. On average, how many hours per day does your child spend watching TV or movies, playing video or computer games, or surfing the internet? [Do not read list.]
 - a. None
 - b. Less than 2 hours
 - c. 2 to 3 hours
 - d. More than 3 hours
 - e. Don't know
 - f. Refused

 9. On average, how many hours per day does your child spend reading or doing homework? [Do not read list.]
 - a. None
 - b. Less than 2 hours
 - c. 2 to 3 hours
 - d. More than 3 hours
 - e. Not applicable/child too young to read or do homework
 - f. Don't know
 - g. Refused

 10. How important is it to you for your child to be physically active? [Read list.]
 - a. Very important
 - b. Important
 - c. Somewhat Important
 - d. Not very important
 - e. Not at all important
 - f. Don't know
 - g. Refused

 11. What reasons discourage or limit your child from participating in physical activity? [Do not read list. Select all that apply.]
 - a. Time
 - b. Health barriers, illness, or physical challenge
 - c. Safety concerns
 - d. Location or transportation
 - e. Equipment availability
 - f. Child's lack of interest
 - g. Expenses or cost
 - h. Too tired
 - i. Weather
 - j. Other [Specify: _____]

- k. No reason
- l. Don't know
- m. Refused

12. How physically active do you consider yourself to be? [Read list.]
- a. Very active
 - b. Active
 - c. Somewhat active
 - d. Inactive
 - e. Don't know
 - f. Refused

Eating Behaviour

Now we would like to ask some questions about eating behaviour.

13. How would you rate your child's eating habits? Are they: [Read list.]
- a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
 - e. Don't know
 - f. Refused
14. In the past month, have you done any of the following? [Read list. Select all that apply]
- a. Provided healthy meals for your child according to Canada's Food Guide
 - b. Had healthier snacks available for your child according to Canada's Food Guide
 - c. Prepared home-cooked meals
 - d. Educated child about healthy foods
 - e. Involved your child in meal planning /shopping/preparation
 - f. Eaten meals as a family, sitting together at the table
 - g. None of the above [Do not read. Check only if none selected]
 - h. Don't know
 - i. Refused
15. On average, how many servings of fruit and vegetables (excluding potatoes) does your child consume daily? For example, 1 serving size equals 1 medium-sized fruit or vegetable, or ½ cup of canned fruit or vegetable, or 1 cup of salad. [Do not read list.]
- a. 0
 - b. 1-2
 - c. 3-5
 - d. 6 or more
 - e. Don't know
 - f. Refused
16. On average, how many times per week does your child eat breakfast? [Do not read list.]
- a. 0
 - b. 1-2
 - c. 3-5
 - d. More than 5

- e. Don't know
- f. Refused

17. On average, how many times per week does your family eat supper prepared outside of the home? This includes eating out, taking out, or ordering in. [Do not read list.]

[Interviewer prompt: If they say they rarely do this or do it once or twice a month then record as 0]

- a. 0 (Anything less than once a week)
- b. 1-2
- c. 3-5
- d. More than 5
- e. Don't know
- f. Refused

18. On average, how many times per week does your child eat supper in front of the TV? (Prompt: This includes being distracted by the TV even if your child is seated at the table.)

[Do not read list.]

- a. 0
- b. 1-2
- c. 3-5
- d. More than 5
- e. Don't know
- f. Refused

19. On average, how many cans, bottles, or cups of soft drinks, sports drinks, or fruit flavored drinks that are not 100% fruit juice does your child consume per week? [Do not read list.]

[Interviewer prompt: Includes all of these kinds of drinks whether boxes, pouches, cans, or bottles].

- a. 0
- b. 1-3
- c. 4-6
- d. 7 or more
- e. Don't know
- f. Refused

20. On average, on how many days per week does your child eat fast foods? [Do not read list.]

[Interviewer prompt: This includes fast foods such as hamburgers, French fries, fried chicken, tacos, etc.]

- a. 0
- b. 1-2
- c. 3-5
- d. More than 5
- e. Don't know
- f. Refused

21. To what extent do you agree that your child influences your purchase of unhealthy foods?

[Read list.]

- a. Strongly agree
- b. Agree
- c. Neither agree nor disagree

- d. Disagree
- e. Strongly disagree
- f. Don't know
- g. Refused

Perceptions

Now we would like to ask some questions about your child's health and weight.

22. Do you feel your child is: [Read list.]

- a. Underweight
- b. About the right weight
- c. Overweight
- d. Obese
- e. Don't know
- f. Refused

23. How concerned are you about your child's weight? Are you: [Read list.]

- a. Not at all concerned
- b. Not very concerned
- c. Somewhat concerned
- d. Very concerned
- e. Don't know
- f. Refused

24. How do you judge whether or not your child's weight is healthy?

[Do not read list. Select all that apply.]

- a. Information from doctor/other health care professional
- b. Comparison to other children
- c. Height/weight
- d. Exercise/Lack of exercise
- e. Diet/Overeating/Under eating/Poor diet
- f. BMI/Growth chart
- g. Genetics/Family history
- h. Other (Specify _____)
- i. Don't know
- j. Refused

25. How much influence do you feel you have over your child's weight? [Read list.]

- a. A great deal of influence
- b. Some influence
- c. Very little influence
- d. No influence at all
- e. Don't know
- f. Refused

26. How concerned are you about the risk of your child developing a chronic illness, such as heart disease or diabetes? Are you: [Read list.]

- a. Not at all concerned
- b. Not very concerned
- c. Somewhat concerned

- d. Very concerned
- e. Don't know
- f. Refused

27. Compared with other children the same age, how would you rate your child's self-esteem?

Would you say that it is: [Read list.]

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Don't know
- f. Refused

Supports

Now we would like to ask some questions about your community and its resources.

28. Do you have any of the following in your community? [Read each option.]

a. Parks and outdoor recreational areas?

- a. Yes
- b. No
- c. Don't know
- d. Refused

i. [If yes] Has your child used these parks and outdoor recreational areas in the past 12 months?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Refused

a. [If No]

i. Why not? [Do not read list. Select all that apply.]

- 1. Time
- 2. Health barriers, illness, or physical challenge
- 3. Safety concerns
- 4. Location or transportation
- 5. Equipment availability
- 6. Child's lack of interest
- 7. Expenses or cost
- 8. Too tired
- 9. Weather
- 10. Other [Specify: _____]
- 11. Don't know
- 12. Refused

b. Pedestrian and bike paths and/or trails

- a. Yes
- b. No
- c. Don't know
- d. Refused

- i. [If yes] Has your child used these pedestrian and bike paths and/or trails in the past 12 months?
 - 1. Yes
 - 2. No
 - 3. Don't know
 - 4. Refused
 - a. [If No]
 - i. Why not? [Do not read list. Select all that apply.]
 - 1. Time
 - 2. Health barriers, illness, or physical challenge
 - 3. Safety concerns
 - 4. Location or transportation
 - 5. Equipment availability
 - 6. Child's lack of interest
 - 7. Expenses or cost
 - 8. Too tired
 - 9. Weather
 - 10. Other [Specify: _____]
 - 11. Don't know
 - 12. Refused

c. Community recreation centers

- a. Yes
- b. No
- c. Don't know
- d. Refused

- i. [If yes] Has your child used these community recreation centers in the past 12 months?
 - 1. Yes
 - 2. No
 - 3. Don't know
 - 4. Refused

- a. [If No]

- i. Why not? [Do not read list. Select all that apply.]
 - 1. Time
 - 2. Health barriers, illness, or physical challenge
 - 3. Safety concerns
 - 4. Location or transportation
 - 5. Equipment availability
 - 6. Child's lack of interest
 - 7. Expenses or cost
 - 8. Too tired
 - 9. Weather
 - 10. Other [Specify: _____]
 - 11. Don't know
 - 12. Refused

d. Other fitness facilities such as gyms, sports clubs, etc.

- a. Yes

Demographics

Now for our data analysis purposes, I would like to ask a few questions in order to be able to group your answers with others who are similar to you.

30. Which age category do you fall into? [Read list.]

- a. 19 to 24 years
- b. 25 to 34 years
- c. 35 to 44 years
- d. 45 to 54 years
- e. 55 to 64 years
- f. 65 years or over
- g. Don't know
- h. Refused

31. What is your current marital status? [Read list.]

- a. Married
- b. Common-law or living with partner
- c. Widowed
- d. Divorced
- e. Separated
- f. Single
- g. Don't know
- h. Refused

32. What is the highest level of education you have completed? [Read list.]

- a. Less than high school
- b. Some high school
- c. High school graduate
- d. Some post-secondary - college/technical/vocational
- e. Completed post-secondary - college/technical/vocational
- f. Some university
- g. Completed university bachelor's degree
- h. Completed university graduate studies
- i. Don't know
- j. Refused

33. Could you please tell me your total household income before taxes for the year 2006? I don't need an exact amount but just the broad category it falls into. [Interviewer prompt: Total household income includes your income, your partner/spouse's income and other income from savings, pensions, rent, employment insurance that you received.] Was it ...? [Read list.]

- a. Under \$20,000
- b. \$20,000 to less than \$40,000
- c. \$40,000 to less than \$60,000
- d. \$60,000 to less than \$80,000
- e. \$80,000 to less than \$100,000
- f. \$100,000 to less than \$120,000
- g. \$120,000 or more

- h. Don't know
- i. Refused

34. How would you define the population size of the community in which you live? [Read list.]

- a. Less than 1,000
- b. 1,000 to less than 5,000
- c. 5,000 to less than 10,000
- d. 10,000 to less than 30,000
- e. 30,000 to less than 50,000
- f. 50,000 to less than 100,000
- g. 100,000 to less than 250,000
- h. 250,000 to less than 500,000
- i. 500,000 to less than one million
- j. one million or more
- k. Don't know
- l. Refused

35. May I please have your 6-digit Postal Code? _____

[Interviewer note: Repeat back and ensure accuracy of recorded postal code. Confirm by using phonic alphabet.]

36. Record gender of respondent

- a. 1. Male
- b. 2. Female

That brings us to the end of the survey. Thank you very much for your time.