

Family Ties to Health - Healthy Home Checklist



Parent's Name _____ Today's Date: _____

Please read each statement or question carefully and check the response that best fits your family. Your honest responses will help you to build a healthy nutrition environment in your home.

Fruits and Vegetables

1. Is **fruit** in your home stored so that it can be easily seen (either on a shelf in the refrigerator or out on the counter)?

No

Sometimes

All the time

2. Is **fruit** in your home stored cleaned and prepared so it is ready to be served?

No

Sometimes

All the time

3. How is most of the **fruit** in your home stored right now?

Canned or jared
with added sugar

Dried

Canned or jared
without added sugar

Fresh or Frozen

4. How many types of **fruit** (not juice) are available in your home right now? (For example if you have apple and grape juice, you would answer "2 to 4")

Less than 2

2 to 4

4 to 6

more than 6

5. How often do you offer your children **fruit** (not including juice)?

Several times a
month

Several times a
week

Every Day

2 or more times
per day

6. Are **vegetables** in your home stored so that it can be easily seen (either on a shelf in the refrigerator or out on the counter)?

Never/Rarely

Sometimes

All the time

7. Are **vegetables** in your home stored cleaned and prepared so they are ready to be served?

Never/Rarely

Sometimes

All the time

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8. How are most of the **vegetables** in your home stored right now?

Canned or in jars with
added salt

Canned or in jars
without added salt

Fresh or Frozen

9. How many types of **vegetables** (not including French fries or other fried potatoes) are available in your home right now? (For example, if you have carrots, lettuce, bell peppers, celery, and cucumbers, you would answer "4")

Less than 4

4

5

more than 6

10. Of the vegetables types counted above, how many are dark green, red, orange or yellow vegetables (peppers, broccoli, carrots, cooked greens, etc.)?

Less than 3

3 to 4

5 to 6

more than 6

11. How often do you offer your children **vegetables** (not including French fries or other fried potatoes)?

Several times a
week

Every Day

2 times per day

3 or more times
per day

12. How often do you offer your children dark green, red, orange or yellow vegetables (peppers, broccoli, carrots, cooked greens, etc.)?

Several times a
month

Several times a
week

Every Day

2 or more times
per day

13. Which best describes the availability of **sweet** snacks (cookies, candy, ice cream, etc.) in your home?

Openly available
at almost all times

Available only
during meals,
snacks, and
special occasions

Available only
during snacks
and special
occasions

Available only
during special
occasions, not
everyday

14. Where are **sweet** snacks located in your home? (select all that apply)

On the counters

On child level
shelves

Out of reach of
young children

In a cupboard or
pantry and out of
view

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15. How many different types of **sweet** snacks do you have in your home right now? (For example if you have ice cream, oreos, chocolate chip cookies, and cup cakes, you would answer "3 to 5")

More than 5

3 to 5

1 to 2

none

16. Which best describes the availability of **salty** snacks (chips, Doritos, cheese doodles, etc.) in your home?

Openly available at almost all times

Available only during meals, snacks, and special occasions

Available only during snacks and special occasions

Available only during special occasions, not everyday

17. Where are **salty** snacks located in your home?

On the counters

On child level shelves

Out of reach of young children

In a cupboard or pantry and out of view

18. How many different types) of **salty** snacks do you have in your home right now? (For example if you have pretzels, Doritos, potato chips, and crackers, you would answer "3 to 5")

More than 5

3 to 5

1 to 2

none

19. How are **sodas (regular AND diet) or other sweet drinks** (fruit punch, sweet-tea, Kool Aid, etc.) available in your home?

Openly available at almost all times

Available only during meals, snacks, and special occasions

Available only during snacks and special occasions

Available only during special occasions, not everyday

20. How many different types of **soda (regular AND diet) or other sweet drinks** do you have in your home right now?

More than 5

3 to 5

1 to 2

none

Family Ties to Health - Healthy Home Checklist

21. Most of the **milk** available in your home right now is...

- No milk available Whole Milk 2% Milk 1% low-fat or Skim Milk

22. What drink is usually consumed by your children during meals and snacks?

- Soda or other sweet drink 100% fruit juice 2% milk or whole milk 1% or skim milk Water

23. How often do you offer your children 100% fruit juice to drink?

- More than once per day Every Day Several times a week Rarely or never

24. Please rank the following drinks 1 to 5 based how often your child consumes them during meals or snacks (1 = **most often**, 5 = **least often**)

- Soda or other sweet drink _____ 100% fruit juice _____ 2% or whole milk _____ 1% or skim milk _____ water _____

For each item choose the response which best describes your household

	Rarely or never	Several times a month	Several times a week	Every Day
25. How often do you offer your children a new food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. How often do you offer your children a less favorite food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. How often does your child participate in the preparation of family meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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28. Which best describes how you provide meals and snacks?

Children are free to eat at any time and anyplace

Children eat at scheduled times and places without flexibility

Children eat at scheduled times and places with flexibility

29. When are children allowed to eat in front of the television?

Children may eat meals and snacks in front of the TV

Children may eat snacks in front of the TV

Children may eat meals in front of the TV

Children may never eat in front of the TV

For each item choose the response which best describes your household

	Rarely or never	Some of the time	Most of the time	All of the time
30. Do you avoid eating snack foods, sugar drinks or sweets in front of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. When eating in front of your children, do you try to eat healthy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Is your child a picky eater?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How many times do you serve a food your child rejects before you stop offering it?

Once

1 to 5

6 to 9

10 or more

<i>In a normal week, how many days do you...</i>	0	1	2	3	4	5	6	7
34. ... prepare a special food for your child because (s)he doesn't like what the rest of the family is eating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. ...eat out for dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. ...prepare dinner at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. ...and your child eat dinner together? (at least one adult present)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. ...do you sit with your child when (s)he is eating breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. ...suggest that your child have a fruit or vegetable for a snack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. ... eat dinner while watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Healthy Home Checklist

FOOD AVAILABILITY

Have these foods been present to your child in your home within the last 7 days? Please check if yes, if not, please leave that line blank.

The items can be fresh, frozen, canned or dried.

Juice		Vegetables	
Grape juice (100% juice)	<input type="checkbox"/>	Carrots	<input type="checkbox"/>
Apple juice	<input type="checkbox"/>	Celery	<input type="checkbox"/>
Orange juice	<input type="checkbox"/>	Greens	<input type="checkbox"/>
Fruit		Spinach	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	French fries (Including Tater Tots)	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	Potato salad	<input type="checkbox"/>
Apples	<input type="checkbox"/>	Mashed potatoes	<input type="checkbox"/>
Cantaloupes	<input type="checkbox"/>	Other potatoes	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	Corn	<input type="checkbox"/>
Oranges	<input type="checkbox"/>	Green peas	<input type="checkbox"/>
Pears	<input type="checkbox"/>	Tomatoes	<input type="checkbox"/>
Plums	<input type="checkbox"/>	Broccoli	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	Lettuce	<input type="checkbox"/>
Fruit salad	<input type="checkbox"/>	Green beans	<input type="checkbox"/>
Applesauce	<input type="checkbox"/>	Cole slaw	<input type="checkbox"/>
Dried fruit	<input type="checkbox"/>	Other cabbage	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	Cooked beans	<input type="checkbox"/>
	<input type="checkbox"/>	Refried beans	<input type="checkbox"/>

Thanks for completing this home checklist! Your honest answers will allow you to choose areas in which you would like to make improvements. A home educator will be contacting you soon to arrange this visit. If you have any questions about this checklist or about any other parts of the project please call 919-843-0603.

Family Ties to Health - Parent Survey



Parent's Name _____

Child's Name _____

Child's Date of Birth _____ Today's Date: _____

As the **primary caregiver** to your child, please take a few moments to complete this survey. If you have more than one child, please think about your **2-5 year old** participating in this project when responding. All answers are confidential and used only for research purposes. We greatly appreciate your responses!!

The next set of items asks about your confidence in certain situations. Respond by marking how much you agree or disagree with each statement."

I feel confident that I can...	strongly agree	somewhat agree	somewhat disagree	strongly disagree
1. ...prepare a healthy dinner for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ... get my family to eat meals together as a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ... get my child to eat multiple servings of vegetables (not potatoes) every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...get my child to eat a variety of vegetables (e.g., green, orange, yellow, or red) every week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ... get my child to eat multiple servings of whole fruit every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ... get my child to drink mostly water or low-fat milk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ... provide healthy snacks for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...get my child to try foods that are new to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ... eat healthy foods in front of my child, even if they are not my favorite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ... role model healthy eating for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ... encourage my child to eat healthy foods before unhealthy ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ... keep a variety of healthy foods available in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ... teach my child that it is important to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Parent Survey

Please indicate how often you do the following:

	Often	Some times	Rarely	Never
14. I show my child that I enjoy fruits and vegetables, just so that (s)he is more likely to eat them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I try new foods so that my child will try them too				
16. I tell my child that vegetables taste good.				
17. I tell my child that eating too many sweets is unhealthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I tell my child that drinking too many soft drinks is unhealthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I tell my child that some foods are good and other foods are bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I encourage my child to see trying new foods as an adventure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I encourage my child to try different types of fruits and vegetables by providing new foods for family meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I let my child choose what (s)he wants for dinner or choose from a few suggestions, when I make a meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I tell my child (s)he won't get dessert if (s)he doesn't clean his/her plate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I let my child decide when(s)he has had enough to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you do the following

	All of the time	Most of the time	Some of the time	Rarely or never
25. How often do you ask your child to eat everything on their plate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. When your child requests seconds, how often do you help him/her determine if (s)he is still hungry before serving more food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When your child eats less than half of a meal or snack, how often do you help him/her decide if (s)he is full before removing his/her plate or excusing him/her from the meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Parent Survey

	All of the time	Most of the time	Some of the time	Rarely or never
28. Do you use food to control behavior (reward desired behavior or withhold as punishment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I tell my child "no dessert" if (s)he doesn't behave well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I praise my child for eating fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Do you encourage your child to help you shop for groceries by making a list and providing tasks for them at the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Do you talk with your child about trying and enjoying healthy foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During meals and snacks, how often do you allow your child to fix his/her own plate (with guidance)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you experience the following

	Never	Rarely	Some times	Often	Always
34. Your child is a picky eater.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. It is hard to get your child to eat new foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. You have to make special meals for your child because (s)he is a picky eater.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. It is a struggle to get your child to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Your child has a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. You get upset if your child does not eat enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. You model healthy eating for your child by eating healthy foods yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. You try to eat healthy foods in front of your child, even if they are not your favorite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. You try to show enthusiasm about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. You show you child how much you enjoy eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Parent Survey

44. My child is free to take foods from the refrigerator or pantry
 All of the time Most of the time Some of the time Rarely or never
45. I have so little free time, that I worry about convenience more than whether foods are healthy
 strongly agree somewhat agree somewhat disagree strongly disagree
46. How much influence do you think you can have on your child's weight?
 a lot some a little none

Please provide us with a little information about you. All answers are confidential (no names required) and used only for research purposes

47. What is your age? _____ years
48. What is your role in the home?
 Mother
 Father
 Grandmother
 Grandfather
 Male Guardian
 Female Guardian
 Other [please describe] _____
49. What is your race/ethnicity?
 Black or African American (Non-Hispanic)
 White or Caucasian (Non-Hispanic)
 Hispanic or Latino/a
 Asian American/Pacific Islander
 Native American
 Mixed race
 Other [please describe] _____
50. What is your current marital status?
 Married or living with a partner
 Single
 Divorced or Separated
 Widowed

Family Ties to Health - Parent Survey

51. What is the highest grade or year of school you have completed?

- Less than high school
- Some high school
- High school graduate
- Some college or technical school
- College graduate
- Masters/Doctoral degree

52. What is your household's total annual income?

- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$44,999
- \$45,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 or higher

53. What is your height ____ft ____in?

54. What is your weight ____lbs?

55. How many adults (18 and over) are currently living in your house?

- 1
- 2
- 3
- 4
- 5 or more

56. On average, how many days per week does your 2-5 year old spend in child care (care outside the home)?

- 1
- 2
- 3
- 4
- 5
- My child does not attend child care

57. On average, how many hours per day does your 2-5 year old child spend in child care (care outside the home)? _____hours/day

Family Ties to Health - Healthy Home Checklist



Parent's Name _____ Today's Date: _____

Please read each statement or question carefully and check the response that best fits your family. Your honest responses will help you to build a healthy nutrition environment in your home.

Fruits and Vegetables

1. Is **fruit** in your home stored so that it can be easily seen (either on a shelf in the refrigerator or out on the counter)?

No

Sometimes

All the time

2. Is **fruit** in your home stored cleaned and prepared so it is ready to be served?

No

Sometimes

All the time

3. How is most of the **fruit** in your home stored right now?

Canned or jared
with added sugar

Dried

Canned or jared
without added sugar

Fresh or Frozen

4. How many types of **fruit** (not juice) are available in your home right now? (For example if you have apple and grape juice, you would answer "2 to 4")

Less than 2

2 to 4

4 to 6

more than 6

5. How often do you offer your children **fruit** (not including juice)?

Several times a
month

Several times a
week

Every Day

2 or more times
per day

6. Are **vegetables** in your home stored so that it can be easily seen (either on a shelf in the refrigerator or out on the counter)?

Never/Rarely

Sometimes

All the time

7. Are **vegetables** in your home stored cleaned and prepared so they are ready to be served?

Never/Rarely

Sometimes

All the time

Family Ties to Health - Healthy Home Checklist

8. How are most of the **vegetables** in your home stored right now?

Canned or in jars with
added salt

Canned or in jars
without added salt

Fresh or Frozen

9. How many types of **vegetables** (not including French fries or other fried potatoes) are available in your home right now? (For example, if you have carrots, lettuce, bell peppers, celery, and cucumbers, you would answer "4")

Less than 4

4

5

more than 6

10. Of the vegetables types counted above, how many are dark green, red, orange or yellow vegetables (peppers, broccoli, carrots, cooked greens, etc.)?

Less than 3

3 to 4

5 to 6

more than 6

11. How often do you offer your children **vegetables** (not including French fries or other fried potatoes)?

Several times a
week

Every Day

2 times per day

3 or more times
per day

12. How often do you offer your children dark green, red, orange or yellow vegetables (peppers, broccoli, carrots, cooked greens, etc.)?

Several times a
month

Several times a
week

Every Day

2 or more times
per day

13. Which best describes the availability of **sweet** snacks (cookies, candy, ice cream, etc.) in your home?

Openly available
at almost all times

Available only
during meals,
snacks, and
special occasions

Available only
during snacks
and special
occasions

Available only
during special
occasions, not
everyday

14. Where are **sweet** snacks located in your home? (select all that apply)

On the counters

On child level
shelves

Out of reach of
young children

In a cupboard or
pantry and out of
view

Family Ties to Health - Healthy Home Checklist

15. How many different types of **sweet** snacks do you have in your home right now? (For example if you have ice cream, oreos, chocolate chip cookies, and cup cakes, you would answer "3 to 5")

More than 5

3 to 5

1 to 2

none

16. Which best describes the availability of **salty** snacks (chips, Doritos, cheese doodles, etc.) in your home?

Openly available
at almost all times

Available only
during meals,
snacks, and
special occasions

Available only
during snacks
and special
occasions

Available only
during special
occasions, not
everyday

17. Where are **salty** snacks located in your home?

On the counters

On child level
shelves

Out of reach of
young children

In a cupboard or
pantry and out of
view

18. How many different types) of **salty** snacks do you have in your home right now? (For example if you have pretzels, Doritos, potato chips, and crackers, you would answer "3 to 5")

More than 5

3 to 5

1 to 2

none

19. How are **sodas (regular AND diet) or other sweet drinks** (fruit punch, sweet-tea, Kool Aid, etc.) available in your home?

Openly available
at almost all times

Available only
during meals,
snacks, and
special occasions

Available only
during snacks
and special
occasions

Available only
during special
occasions, not
everyday

20. How many different types of **soda (regular AND diet) or other sweet drinks** do you have in your home right now?

More than 5

3 to 5

1 to 2

none

Family Ties to Health - Healthy Home Checklist

21. Most of the **milk** available in your home right now is...

- No milk available Whole Milk 2% Milk 1% low-fat or Skim Milk

22. What drink is usually consumed by your children during meals and snacks?

- Soda or other sweet drink 100% fruit juice 2% milk or whole milk 1% or skim milk Water

23. How often do you offer your children 100% fruit juice to drink?

- More than once per day Every Day Several times a week Rarely or never

24. Please rank the following drinks 1 to 5 based how often your child consumes them during meals or snacks (1 = **most often**, 5 = **least often**)

- Soda or other sweet drink _____ 100% fruit juice _____ 2% or whole milk _____ 1% or skim milk _____ water _____

For each item choose the response which best describes your household

	Rarely or never	Several times a month	Several times a week	Every Day
25. How often do you offer your children a new food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. How often do you offer your children a less favorite food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. How often does your child participate in the preparation of family meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Healthy Home Checklist

28. Which best describes how you provide meals and snacks?

Children are free to eat at any time and anyplace

Children eat at scheduled times and places without flexibility

Children eat at scheduled times and places with flexibility

29. When are children allowed to eat in front of the television?

Children may eat meals and snacks in front of the TV

Children may eat snacks in front of the TV

Children may eat meals in front of the TV

Children may never eat in front of the TV

For each item choose the response which best describes your household

	Rarely or never	Some of the time	Most of the time	All of the time
30. Do you avoid eating snack foods, sugar drinks or sweets in front of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. When eating in front of your children, do you try to eat healthy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Is your child a picky eater?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How many times do you serve a food your child rejects before you stop offering it?

Once

1 to 5

6 to 9

10 or more

<i>In a normal week, how many days do you...</i>	0	1	2	3	4	5	6	7
34. ... prepare a special food for your child because (s)he doesn't like what the rest of the family is eating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. ...eat out for dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. ...prepare dinner at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. ...and your child eat dinner together? (at least one adult present)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. ...do you sit with your child when (s)he is eating breakfast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. ...suggest that your child have a fruit or vegetable for a snack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. ... eat dinner while watching TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Healthy Home Checklist

FOOD AVAILABILITY

Have these foods been present to your child in your home within the last 7 days? Please check if yes, if not, please leave that line blank.

The items can be fresh, frozen, canned or dried.

Juice		Vegetables	
Grape juice (100% juice)	<input type="checkbox"/>	Carrots	<input type="checkbox"/>
Apple juice	<input type="checkbox"/>	Celery	<input type="checkbox"/>
Orange juice	<input type="checkbox"/>	Greens	<input type="checkbox"/>
Fruit		Spinach	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	French fries (Including Tater Tots)	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	Potato salad	<input type="checkbox"/>
Apples	<input type="checkbox"/>	Mashed potatoes	<input type="checkbox"/>
Cantaloupes	<input type="checkbox"/>	Other potatoes	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	Corn	<input type="checkbox"/>
Oranges	<input type="checkbox"/>	Green peas	<input type="checkbox"/>
Pears	<input type="checkbox"/>	Tomatoes	<input type="checkbox"/>
Plums	<input type="checkbox"/>	Broccoli	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	Lettuce	<input type="checkbox"/>
Fruit salad	<input type="checkbox"/>	Green beans	<input type="checkbox"/>
Applesauce	<input type="checkbox"/>	Cole slaw	<input type="checkbox"/>
Dried fruit	<input type="checkbox"/>	Other cabbage	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	Cooked beans	<input type="checkbox"/>
	<input type="checkbox"/>	Refried beans	<input type="checkbox"/>

Thanks for completing this home checklist! Your honest answers will allow you to choose areas in which you would like to make improvements. A home educator will be contacting you soon to arrange this visit. If you have any questions about this checklist or about any other parts of the project please call 919-843-0603.

Family Ties to Health - Parent Survey



Parent's Name _____ Today's Date: _____

As the **primary caregiver** to your child, please take a few moments to complete this survey. If you have more than one child, please think about your **2-5 year old** participating in this project when responding. All answers are confidential and used only for research purposes. We greatly appreciate your responses!!

The next set of items asks about your confidence in certain situations. Respond by marking how much you agree or disagree with each statement."

I feel confident that I can...	strongly agree	somewhat agree	somewhat disagree	strongly disagree
1. ...prepare a healthy dinner for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ... get my family to eat meals together as a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ... get my child to eat multiple servings of vegetables (not potatoes) every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...get my child to eat a variety of vegetables (e.g., green, orange, yellow, or red) every week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ... get my child to eat multiple servings of whole fruit every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ... get my child to drink mostly water or low-fat milk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ... provide healthy snacks for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...get my child to try foods that are new to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ... eat healthy foods in front of my child, even if they are not my favorite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ... role model healthy eating for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. ... encourage my child to eat healthy foods before unhealthy ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. ... keep a variety of healthy foods available in my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ... teach my child that it is important to eat healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Parent Survey

Please indicate how often you do the following:

	Often	Some times	Rarely	Never
14. I show my child that I enjoy fruits and vegetables, just so that (s)he is more likely to eat them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I try new foods so that my child will try them too				
16. I tell my child that vegetables taste good.				
17. I tell my child that eating too many sweets is unhealthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I tell my child that drinking too many soft drinks is unhealthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I tell my child that some foods are good and other foods are bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I encourage my child to see trying new foods as an adventure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I encourage my child to try different types of fruits and vegetables by providing new foods for family meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I let my child choose what (s)he wants for dinner or choose from a few suggestions, when I make a meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I tell my child (s)he won't get dessert if (s)he doesn't clean his/her plate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I let my child decide when(s)he has had enough to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you do the following

	All of the time	Most of the time	Some of the time	Rarely or never
25. How often do you ask your child to eat everything on their plate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. When your child requests seconds, how often do you help him/her determine if (s)he is still hungry before serving more food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When your child eats less than half of a meal or snack, how often do you help him/her decide if (s)he is full before removing his/her plate or excusing him/her from the meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Parent Survey

	All of the time	Most of the time	Some of the time	Rarely or never
28. Do you use food to control behavior (reward desired behavior or withhold as punishment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I tell my child "no dessert" if (s)he doesn't behave well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I praise my child for eating fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Do you encourage your child to help you shop for groceries by making a list and providing tasks for them at the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Do you talk with your child about trying and enjoying healthy foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During meals and snacks, how often do you allow your child to fix his/her own plate (with guidance)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you experience the following

	Never	Rarely	Some times	Often	Always
34. Your child is a picky eater.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. It is hard to get your child to eat new foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. You have to make special meals for your child because (s)he is a picky eater.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. It is a struggle to get your child to eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Your child has a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. You get upset if your child does not eat enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. You model healthy eating for your child by eating healthy foods yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. You try to eat healthy foods in front of your child, even if they are not your favorite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. You try to show enthusiasm about eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. You show you child how much you enjoy eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Ties to Health - Parent Survey

44. My child is free to take foods from the refrigerator or pantry
 All of the time Most of the time Some of the time Rarely or never
45. I have so little free time, that I worry about convenience more than whether foods are healthy
 strongly agree somewhat agree somewhat disagree strongly disagree
46. How much influence do you think you can have on your child's weight?
 a lot some a little none
47. On average, how many days per week does your 2-5 year old spend in child care (care outside the home)?
- 1
 - 2
 - 3
 - 4
 - 5
 - My child does not attend child care
48. On average, how many hours per day does your 2-5 year old child spend in child care (care outside the home)? _____ hours/day

Family Ties to Health – Program Evaluation



Parent's Name _____ Today's Date: _____

We want to make this program better, so we are looking for your feedback. As the **primary caregiver** to your child, please take a few moments to complete this survey. Everything you say will be kept confidential (no names required) and used only for research purposes. Completion of this survey is completely voluntary and you may chose not to answer certain questions if you feel uncomfortable. **We need and greatly appreciate your feedback!**

Part 1. Newsletters

1. Please rate the newsletters on a 5-point scale, where 5 means **Excellent** and 1 means **Poor**.

Score

Why did you give this rating?

2. What part or parts of the newsletter did you find **most** helpful?

3. What part or parts of the newsletters did you find **least** helpful?

4. Do you remember any strategies that were presented in the newsletters?

Yes

No

5. Of the strategies, which did you feel were the **most** helpful and relevant for you?

6. Of the strategies, which did you feel were the **least** helpful and relevant for you?

7. How confident are you that you can put the strategies you learned about into practice in your home?

- I am confident I can put them into practice
- I am reasonably confident I can put them into practice
- I don't know whether or not I will be able to put them into practice
- I am only slightly confident I can put them into practice
- I am confident I can not put them into practice

8. Are there any topics that you wish would have been included that were not?

Family Ties to Health – Program Evaluation

9. How could the newsletters be improved?

Part 2. Phone Calls

10. Please rate the phone calls on a 5-point scale, where 5 means **Excellent** and 1 means **Poor**.

Score

Why did you give this rating?

11. How helpful were the phone calls as a component of the intervention?

- Very helpful
- Somewhat helpful
- Only slightly helpful
- Not at all helpful
- No opinion

Part 3. Self-Assessment

12. Please rate the items in the self-assessment on a 5-point scale, where 5 means **Excellent** and 1 means **Poor**.

Score

Why did you give this rating?

13. Did it help you recognize areas for improvement in your home?

14. Were there items you thought were unnecessary? Why?

15. Were there you would have like to have included?

Family Ties to Health – Program Evaluation

Any additional comments?