

Dear Participant:

I am a graduate student working under the direction of Professor Ohri-Vachapsati, PhD, RD, in the School of Nutrition and Health Promotion at Arizona State University. I am conducting a research study to learn more about children's participation in school food programs in public schools in the Phoenix area.

I am inviting your participation, which will involve answering a brief anonymous survey about you and your child's food preferences today. The survey will take less than 10 minutes to complete. You have the right not to answer any question, and to stop participation at any time.

You must be at least 18 years of age and have a child attending this school. Your participation in this study is voluntary. Your responses will be anonymous and reports and presentations from this study will never use your name. If you choose not to participate or to withdraw from the study at any time, there will be no penalty.

There are no foreseeable risks or discomforts to your participation. In appreciation of your helping us with the study, we will give you a small incentive for completing the survey.

If you have any questions concerning the research study, please contact me at Kristina.Mollner@asu.edu (phone: 602-506-9304) or our research team at: Dr. Punam Ohri-Vachaspati, School of Nutrition and Health Promotion, ABC1 room 127, mailing address, 500 N 3rd St.; Phoenix, AZ 85004, pohrivac@asu.edu.

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

Please let me know if you wish to be part of the study. Your agreement to answer the survey will be considered your consent to participate.

Sincerely,  
Kristi Mollner  
Graduate Student, SNHP, ASU

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TO ANSWER EACH QUESTION PLEASE CHECK THE CIRCLE OR THE BOX**



Q1. Do you have a 4<sup>th</sup> grade student in this school?

Yes

No

Q2. Which grade does your oldest child (up to grade 8) attend at this school?

Kindergarten

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

**PLEASE ANSWER ALL THE QUESTIONS IN THIS SECTION FOR YOUR 4<sup>th</sup> GRADER AT THIS SCHOOL. IF YOU DO NOT HAVE A FOURTH GRADER, PLEASE ANSWER THESE QUESTIONS ABOUT YOUR OLDEST CHILD GOING TO THIS SCHOOL.**

Q3. Is your child a boy or a girl?

Boy

Girl

Q4. How old is this child?

\_\_\_\_\_ Years

Q5. What is your relationship to this child?

- Parent
- Grandparent
- Caregiver
- Sibling
- Babysitter
- Other (please specify) \_\_\_\_\_

Q6. To the best of your knowledge, does your child participate in any of the following programs at this school? (check ALL that apply)

- Breakfast in the Classroom
- School lunch
- Fresh Fruit and Vegetable Program
- Afterschool programs
- Nutrition education lessons
- Other food and nutrition programs \_\_\_\_\_

Q7. How do you find out about the types of foods served in your child's school? (check all that apply)

- Newsletter or fliers
- School website
- My child tells me.
- Phone app
- Social media website such as Facebook
- I do not know what types of foods are served in the school.
- Other (please specify) \_\_\_\_\_

**REMEMBER ANSWER ALL THE QUESTIONS IN THIS SECTION FOR YOUR 4<sup>TH</sup> GRADER OR YOUR OLDEST CHILD GOING TO THIS SCHOOL THAT YOU IDENTIFIED AT THE START OF THE SURVEY.**

Q8. How often does your child go grocery shopping with your family?

- He/she **rarely** goes grocery shopping.
- He/she **sometimes** goes grocery shopping.
- He/she **always** goes grocery shopping.

Q9. The last time your child went shopping with your family, he/she asked for (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Ready-to-eat breakfast cereal | <input type="checkbox"/> Pears                            |
| <input type="checkbox"/> Chips                         | <input type="checkbox"/> Grapes                           |
| <input type="checkbox"/> Cookies                       | <input type="checkbox"/> Jicama                           |
| <input type="checkbox"/> Candy                         | <input type="checkbox"/> Kiwi                             |
| <input type="checkbox"/> Bananas                       | <input type="checkbox"/> Bell Peppers                     |
| <input type="checkbox"/> Oranges                       | <input type="checkbox"/> Melon (watermelon or cantaloupe) |
| <input type="checkbox"/> Apples                        | <input type="checkbox"/> Cakes/Pastries                   |
| <input type="checkbox"/> Carrots                       | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Broccoli                      |   |
| <input type="checkbox"/> Celery                        |   |

Q10. Do you agree or disagree with the following statements?

My child can...

	I disagree very much	I disagree a little	I am not sure	I agree a little	I agree very much
Write their favorite fruit or vegetable (or ask for it to be written) on the family's grocery shopping list?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go shopping with the family for their favorite fruit or vegetable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pick out their favorite fruit or vegetable at the store and put it in the shopping basket?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11. How much does your child like these foods?

	Likes this a lot	Likes this a little	Does not like this	I do not know if my child likes this	I do not know what this is
Ready-to-eat breakfast cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake/Pastries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice Cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pop Tarts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12. How much does your child like these foods?

	Likes this a lot	Likes this a little	Does not like this	I do not know if my child likes this	I do not know what this is
Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cucumber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mango	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pineapple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jicama	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions will now ask some questions about you and *YOUR* food preferences and other food-related behaviors.

A1. What is your age? \_\_\_\_\_

A2. What is your gender?

- Male
- Female

A3. What is the primary language spoken at your home?

- English
- Spanish
- Other \_\_\_\_\_

A4. Are you of Spanish, Hispanic, or Latino origin or descent?

- Yes
- No

A5. Please specify your race.

- White
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other \_\_\_\_\_

A6. Please state your country of birth. \_\_\_\_\_

A7. Does your household participate in any of the following nutrition assistance programs? (Check all that apply)

- WIC (Women, Infant, and Children)
- SNAP (Supplemental Nutrition Assistance Program) (formerly known as the Food Stamp Program)
- None of the above

A8. Do you participate in any of the following programs at your child's school? (Check all that apply)

- Fresh Express
- Health/Wellness Fairs
- Market on the Move (MOM)
- Bountiful Baskets
- School Garden
- Coffee Talks/Parent Liaison meetings
- School Wellness Committee
- Other \_\_\_\_\_



A8. How much do **YOU** like eating these foods?

	I like this a lot	I like this a little	I do not like this	I do not know what this is
Ready-to-eat breakfast cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cake/Pastries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice Cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pop Tarts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A9. How much do **YOU** like eating these foods?

	I like this a lot	I like this a little	I do not like this	I do not know what this is
Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green Beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cucumber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mango	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pineapple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jicama	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A10. I feel that I can...

	Agree	Neither Agree or Disagree	Disagree
Eat fruits or vegetables as snacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy more vegetables the next time I shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat two or more servings of vegetables at dinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan meals with more vegetables during the next week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add extra vegetables to casseroles and stews.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy more fruit the next time I shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan meals or snacks with more fruits during the next week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A11. How sure are you that you can...

	Very sure	I think so	Not so sure
Pack a fruit for your child as a snack for school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serve your child a vegetable for dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serve your child a fruit for dinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put vegetables in a place your child can reach on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put fruit in a place your child can reach on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy your child their favorite fruit or vegetable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A12. How often do you purchase the following foods for your family?

	Almost daily	Weekly	Monthly	Few times a year	Never
Fresh fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% fruit juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A13. How often do you purchase the following foods for your family?

	Almost daily	Weekly	Monthly	Few times a year	Never
Fresh vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dried vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% vegetable juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A14. Which of the following fruits are at your home today? (check all that apply)

I have no fruits in my home today.

Bananas

Kiwi

Peaches

Apples

Pears (any kind)

Melons (any kind)

Grapes

Oranges (any kind)

Strawberries

Mango

Pineapple

Other \_\_\_\_\_

A15. Which of the following vegetables are at your home today? (select all that apply)

I have no vegetables in my home today.

Carrots

Celery

Greens (any kind)

Potatoes (any kind)

Corn

Peas

Tomatoes

Broccoli

Lettuce

Avocado

Beans

Cauliflower

Cabbage

Squash (any kind)

Jicama

Bell Peppers

Other \_\_\_\_\_

A16. How easy is it for you to get to the food store where you do most of your food shopping? Would you say...

Very easy

Easy

Somewhat Difficult

Very difficult

A17. How available are **fresh** fruits and vegetables at the store where you do most of your food shopping? Would you say...

- Very available
- Somewhat available
- Somewhat unavailable
- Very unavailable
- Store does NOT sell *fresh* fruits and vegetables.
- Don't know/not sure

A18. Is there a large selection of good, quality **fresh** fruits and vegetables at the store where you do most of your food shopping? Would you say...

- Very large selection
- Somewhat large selection
- Somewhat limited selection
- Very limited selection
- Don't know

A19. How expensive are **fresh** fruits and vegetables at this store? Would you say...

- Very expensive
- Somewhat expensive
- Somewhat inexpensive
- Very inexpensive
- Don't know

**We thank you for your participation in this survey!**