

Participating Child

1. Child's birthday:  mm/dd/yyyy

About The Child's Diet

2. Approximately how many servings of **raw (uncooked and unprocessed) fruit** would you say the **child** eats on average each day? (Assume a serving = 1 medium apple or orange or 1/2 cup chopped fruit.)

- less than 1
- 1
- 2
- 3
- 4 or more

3. Approximately how many servings of **raw (uncooked and unprocessed) vegetables** would you say the **child** eats on average each day? (Assume a serving = 1 cup raw leafy vegetables or 1/2 cup chopped other vegetables.)

- less than 1
- 1
- 2
- 3
- 4 or more

4. About how many times **each week** would you say the **child** eats a meal from a **fast food** restaurant?

- none
- 1
- 2
- 3
- 4 or more

5. About how many **glasses of water** would you say the **child** drinks on average each day? (assume an 8-ounce glass of water)

- none
- 1
- 2
- 3
- 4 or more

6. About how many **carbonated soft drinks** and/or **high-sugar children's beverages** would you say the **child** drinks on average each day? (assume 12-ounce servings)

- none
- 1
- 2
- 3
- 4 or more

About The Child's Health

7. Does the **child** currently take any **over-the-counter medication(s)** on a regular basis?

- no
- yes

8. Does the **child** currently take any **prescription medication(s)** on a regular basis?

- no
- yes

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- no
- yes

Questions Relating to School

9. During the **current or last completed school year**, how many **days of school** did the **child miss** for health-related reasons, including illnesses and doctor visits?

- none
- 1-2
- 3-4
- 5-6
- 7 or more

10. During the **current or last completed school year**, how many **days of work** did you or **your spouse miss** due to the **child's illnesses and/or doctor visits**?

- none
- 1-2
- 3-4
- 5-6
- 7 or more

Additional Information About The Child

11. Is there **anything else** you would like to tell us about the **child** that you think would be pertinent to our study?

