



Footprints To Health Franklin Neighborhood Initiative Parent Survey

Hi,

This survey is from the Pacific Institute for Research and Evaluation (PIRE). We are asking you to answer this survey so we can find out if an initiative to increase exercise and improve eating habits is working. *Footprints to Health* is a collaboration between the Marathon County Healthy Eating and Active Living Coalition (HEAL) and the Wisconsin Department of Health and Family Services (DHFS).

We are asking all parents of students at Franklin Elementary School to answer these questions. We will ask questions about your exercise and nutrition habits, as well as questions about your neighborhood. You do not have to answer any of these questions. *Please note that you will still be able to participate in any of the Footprint to Health Initiative events, even if you do not complete the survey.*


Your responses are completely confidential. In fact, only the people who work for PIRE in Madison, Wisconsin will see the actual data (answers). When we write reports about how well the Initiative worked, we will only report what groups of people said. We will never report what one person said. No one will ever know which answers were from you.

Do not write your name anywhere on this survey. This survey has a unique identification code (lower right hand corner of this page) that will tell us who has completed the survey. We only use this code to tell us who should receive the thank-you gift, and who has completed the survey, so we do not contact you again. We will never link your answers to your name.

Thank you for your cooperation in completing Footprints to Health surveys in the past. If you are willing to complete this final survey, then follow the instructions in the survey booklet. This survey takes about 10 minutes to complete. If you have additional questions, please contact Doug Piper at 1-608-819-0109.

Yog koj xav kom tau txais ib xav txheej ntawv soj ntsuam hais ua lub Hmoob los sis yog koj xav teb cov ntawv soj ntsuam hauv xov tooj, thovhu rau Pang Moua, hauv Marathon County Health Department ntawm (715)261-1938. Cov ntawv soj ntsuam no nyob ntawm koj txaus siab muab thiab koj cov laj txheej yuav ceev zoo tsis qhia rau lwm tus neeg. Koj cov lus teb rov qab tseem ceeb heev rau peb. Ua tsaug

Sincerely,
Douglas Piper
PIRE – Madison Office

Instructions: Please fill in the circle that represents your answers, like this: ●. If you change your mind about an answer, cross through the entire circle that you do not want to use with an X like this 

IMPORTANT: If you have more than one child enrolled at Franklin Elementary School, please consider only the oldest child when answering questions for this survey.

PART A: FAMILY MEALS

These next few questions are about the meals you share with your family.

During the PAST 7 DAYS, on how many days...	Never	1 day	2 days	3 days	4 days	5 days	6 days	7 days
1. did all, or most of your family living in your house eat breakfast together 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"/>
2. did all, or most of your family living in your house eat lunch together 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"/>
3. did all, or most of your family living in your house eat dinner together 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"/>
4. was dinner prepared 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"/>
5. was dinner from a restaurant, fast-food place or take-out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. was dinner half home-prepared and half take-out food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. did your child help with the food preparation 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"/>
8. did your child help prepare snacks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Who in your family has primary responsibility for meal preparation?

- I do
- My spouse/partner does
- My spouse/partner and I share equally
- Someone else

The next questions are about your opinions about your family's eating practices.

Now we want to ask you a few questions about things you do when you prepare food.

In the <u>last month</u> , how frequently ...	Never	Very Seldom	Once in a while	Frequently	Very Frequently	I'm usually not involved in meal preparation
10. Did you plan family meals ahead of time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Did you involve your child in planning meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Did you plan out meals before going grocery shopping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Did you make extra food to use as leftovers for other meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Did your dinner include vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Did your dinner include fruit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
16. I try to schedule dinner so that the whole family can eat together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When I'm in a hurry, I pick up "take out" food for dinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I consider my family's health when I buy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. When I get home at night, I'm just too tired to fix much of a meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Because of my schedule, we frequently go to a fast food place for dinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Eating family meals together helps to improve my child's self-esteem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
22. Eating family meals together helps to increase my family's consumption of fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. It is important to me to prepare meals that the whole family enjoys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART B. NUTRITION

24. In a typical day, how many servings of fruit do you eat?

A serving is equal to 1 cup. For example:

- 1 cup of sliced or chopped raw fruit
 - ½ cup of dried fruit
 - 1 small apple
 - 1 large banana
 - 8 oz. of 100% orange, apple or grapefruit juice
- (Do not count fruit punch, lemonade, Gatorade, Sunny Delight or fruit drink).*

- 0 servings
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

25. About how long have you been eating this number of daily servings of fruit?

- Less than 1 month
- 1-3 months
- 4-6 months
- Longer than 6 months

PART C. BUYING PRODUCE AND EATING OUT

<p>When you and your family eat at a restaurant, how likely would you be to order the following options if they were available?</p> <p><i>---- Please respond to each item ----</i></p>	<p>Would not consider (0)</p>	<p>Unlikely (1)</p>	<p>Somewhat likely (2)</p>	<p>Very likely (3)</p>
38. Fresh fruit dishes	☐	☐	☐	☐
39. Fresh or cooked (non-fried) vegetable dishes	☐	☐	☐	☐
40. Locally grown foods incorporated into the menu	☐	☐	☐	☐
41. Healthier menu items if they were lower priced than other foods	☐	☐	☐	☐
42. Smaller portion sizes if they were lower priced	☐	☐	☐	☐

<p>When you and your family eat at a restaurant, how likely is it that your menu selection would be influenced by the following?</p> <p><i>---- Please respond to each item ----</i></p>	<p>Would not consider (0)</p>	<p>Unlikely (1)</p>	<p>Somewhat likely (2)</p>	<p>Very likely (3)</p>
43. Signs or posters in the restaurant promoting healthier food choices	☐	☐	☐	☐
44. Nutrition information available on the menu indicating healthier foods	☐	☐	☐	☐

45. Are you the primary grocery shopper in your household?

No _____. If NO, please skip to question 54.

Yes _____. If YES, please complete questions 47 through 53.

When you shop for groceries, how likely would you be to take advantage of these options if they were offered? <i>---- Please respond to each item ----</i>	Would not consider (0)	Unlikely (1)	Somewhat likely (2)	Very likely (3)
46. More variety of fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Locally grown foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Taste testing opportunities for healthier items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Lower prices for healthier items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Increased selection of healthier items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you shop for groceries, would your food choices be influenced by the following? <i>---- Please respond to each item ----</i>	Would not consider (0)	Unlikely (1)	Somewhat likely (2)	Very likely (3)
51. In-store signs or tear-off fact sheets indicating the healthier foods available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Nutrition information on the food labels indicating which are more healthy and which are less healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Ads promoting the purchase of healthier food (for example, newspaper or radio ads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART D. PHYSICAL ACTIVITY

54. On how many of the past 7 days did you exercise or participate in moderate or rigorous physical activity for at least 30 minutes total?

- 0 days
- 1 day
- 2 days
- 3 days

Moderate physical activity includes activities such as walking briskly, mowing the lawn, dancing, swimming, or bicycling.

- 4 days
- 5 days
- 6 days
- 7 days
- I'm not physically active

55. Do you exercise regularly according to the definition in the box below?

- Yes, I have been for MORE than 6 months
- Yes, I have been for LESS than 6 months
- No, but I intend to in the next 30 days
- No, but I intend to in the next 6 months
- No, and I do NOT intend to in the next 6 months

Regular exercise is physical activity that is done 3 to 5 times per week for at least 30 minutes.

56. On days when you are physically active, how much time on average do you spend being physically active?

- Less than 10 minutes
- 10 minutes or more, but less than 20 minutes
- 20 minutes or more, but less than 30 minutes
- 30 minutes or more, but less than 40 minutes
- 40 minutes or more, but less than 60 minutes
- 60 minutes or more
- I'm not physically active

57. On an average day, how much time do you and your child spend being physically active together?

- None
- Less than 10 minutes
- 10 minutes or more, but less than 20 minutes
- 20 minutes or more, but less than 30 minutes
- 30 minutes or more, but less than 40 minutes
- 40 minutes or more, but less than 60 minutes
- 60 minutes or more

58. On an average day, how much total time does your child spend being physically active?

- None
- Less than 10 minutes
- 10 minutes or more, but less than 20 minutes

- 20 minutes or more, but less than 30 minutes
- 30 minutes or more, but less than 40 minutes
- 40 minutes or more, but less than 60 minutes
- 60 minutes or more

PART E. ABOUT YOUR NEIGHBORHOOD

Please rate your current knowledge of the following:	Low 1	2	3	4	High 5
59. What opportunities there are for physical activity in my neighborhood or larger community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Whether there is a walking club or walking group in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. What the distances are to stores or places nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. What is a safe route that my child can walk to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART F. WALKING

63. In a typical week, on how many days do you walk for at least 10 minutes at a time for recreation/exercise or to get to or from places?

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

64. In a typical week, on how many days does your child walk to school?

- None
- 1 day

- 2 days
- 3 days
- 4 days
- 5 days

PART G. THE FOOTPRINTS TO HEALTH INITIATIVE

65. Maps with safe routes to school and school drop off locations are on the Franklin School web site. Please select the answer that best describes your use of the maps:

- I don't remember getting the maps
- I remember getting the maps, but I didn't do anything with them
- I looked at the maps and have used the Safe Routes to School

66. What, if any factors, would increase the likelihood of your child being able to walk/bike to school?

- Safety education at school
- Knowing which are the safe routes to school
- Walking in groups of children
- Having an adult along
- Nothing will increase the likelihood that my child will walk or bike to school.

67. The Franklin School has increased the playground green space for outdoor activities. Have you and your family used this green space?

- No. If **NO**, why haven't you used the green space? _____
- Yes. If **YES**, what type of activities has your family participated in?
 - School planned gatherings
 - Walking club on the paved track?
 - Family or organized non-school group activities (ex. YMCA, Boys and Girls Club, etc) ?
 - Free play?

68. In the past year, have you used either the:

Recreation guide from the Marathon County Park and Recreation Department listing recreation opportunities or,

Active Recreation Guide listing organizations (Little League, etc) and other recreation opportunities throughout the county.

- No.

Yes. If **YES**, where did you receive either of these resources? (Check all that apply)

- Doctors Office
- Park and Recreation Department
- Child's backpack
- Grocery Store
- On-line / from the web site
- Other _____

PART H. ABOUT YOU

These questions are for background information and are used only for statistical purposes.

69. Your sex? Male

Female

70. Are you Hispanic or Latino?

Yes

No

71. What is your race? (Select one or more)

- White
- American Indian
- Black or African American
- Asian
- Pacific Islander
- Alaska Native
- Native Hawaiian or Other

72. What is your relationship to the student at Franklin Elementary School?

- Mother
- Father
- Stepmother
- Stepfather

- Grandmother
- Grandfather
- Other: _____

73. How long has a student or students in your family attended Franklin Elementary School in Wausau?

- This year only
- Last 2 years
- Last 3 years
- Last 4 years
- 5 or more years
- Don't have a student at Franklin now.

74. What is your present marital status?

- Married
- Divorced
- Separated
- Widowed
- Never married

75. What year were you born? 19 --

19 --

-	-
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
◀	◀
▶	▶
▲	▲
▼	▼
◀◀	◀◀
▶▶	▶▶
◀◀	◀◀

Example:
 1951 ↓
 ● 5 ● 1

76. What is the highest level of schooling you completed?

- Completed grade school or less
- Some high school
- Completed high school
- Some college
- Completed college
- Graduate or professional school

77. Is there a language other than English spoken in the home?

- No
- Yes. If YES, which language(s)?

At home we speak:

The End!

Thank you for your assistance with this project!

Please use the postage paid enclosed envelope to return the completed survey to us.

4/2008