



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 a new 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.

If you are willing to complete this survey, then follow the instructions in the survey booklet. This survey takes about 10 minutes to complete. If you have additional questions, please contact us at 1-888-307-7473 (it's a free call). Ask for Bettina.

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, thov
hu 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, Center Director
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: When answering questions about your child, please consider only the child in the grade listed in the cover letter.

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.

	Strongly Disagree	Disagree	Agree	Strongly Agree
10. 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"/>
11. 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"/>
12. I consider my family’s health when I buy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. 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"/>
14. 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"/>
15. Eating family meals together helps to improve my child’s self-esteem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. 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"/>
17. 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"/>

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
18. 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"/>
19. 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"/>
20. 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"/>
21. 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"/>
22. Did your dinner include vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Did your dinner include fruit?	<input type="radio"/>	<input type="radio"/>	<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

26. In a typical day, how many servings of vegetables do you eat?

A serving is equal to 1 cup. For example:

- 1 cup of raw vegetables
- 2 loosely packed cups of leafy green vegetables
- 1 cup of cooked vegetables
- 1 large tomato
- 2 medium carrots
- 8 oz. of 100% vegetable juice

(Do not count French fries, onion rings, potato chips, or fried okra).

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

27. About how long have you been eating this number of daily servings of vegetables?

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

How often do <u>you</u> drink the following beverages?	Never	A few times per year	Once per month	2-3 times per month	Once per week	3-4 times per week	5-6 times per week	Every day
28. 100% juice (real orange or grapefruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Hawaiian Punch, Sunny Delight, Hi-C, Kool-Aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Milk (any kind)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Regular Soft Drinks (not diet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Diet Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often does <u>your child</u> drink the following beverages?	Never	A few times per year	Once per month	2-3 times per month	Once per week	3-4 times per week	5-6 times per week	Every day
33. 100% juice (real orange or grapefruit juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Hawaiian Punch, Sunny Delight, Hi-C, Kool-Aid	<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. Milk (any kind)	<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. Regular Soft Drinks (not diet)	<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. Diet Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART C. BUYING PRODUCE AND EATING OUT

38. Last summer, how frequently did you purchase fruits and/or vegetables at your local Farmer's Markets?

- Never
- Very seldom
- Once in a while (Go to Question 42)
- Frequently (Go to Question 42)
- Very frequently (Go to Question 42)

39. If you answered "never" or "very seldom" for Question 38, we would like to learn more about the reasons why you did not purchase fruits and/or vegetables at your local Farmer's Market last summer. Check all that apply.

- Location
- Hours of operation
- Days of operation
- Cost
- Selection of produce
- Quality of produce

40. Please specify other reasons that might keep you from visiting your local Farmer's Market:

41. In your opinion, what could be done to increase attendance at the local Farmer's Market?

PART D. PHYSICAL ACTIVITY

42. 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
- 4 days
- 5 days
- 6 days
- 7 days
- I'm not physically active

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

43. Regular exercise is physical activity that is done 3 to 5 times per week for at least 30 minutes. Do you exercise regularly according to that definition?

- 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

44. 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

45. 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

46. 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
47. 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"/>
48. 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"/>
49. What the distances are to stores or places nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. 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"/>

51. If available, would you use maps of neighborhood walking routes?

- Yes
- No
- Unsure

52. If available, which of the following physical activity opportunities would you participate in? (check all that apply)

- Indoor walking at a nearby school
- Open gym time at a nearby school for adults
- Open gym time at a nearby school for families
- A weekly walk-to-school day with your children
- Other: _____

PART F. WALKING

53. 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?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

Part G. The Footprints to Health Initiative

55. In September 2006, a neighborhood map, a ruler and a form called “Franklin Neighborhood: My Physical Activity Zone” was sent to you in the mail. Please select the answer that best describes your use of the materials:

- I don't remember getting the materials
- I remember the materials, but I didn't do anything with them
- I completed the form and listed designations I might walk or bike to, but have not walked or biked to any of the destinations
- I completed the form, listed my destinations and I walked or biked to 1-2 destinations listed
- I completed the form, listed my destinations and I walked or biked to 3-4 destinations listed
- I completed the form, listed my destinations and I walked or biked to 5 or more destinations listed

56. In December 2006, the “Footprints to Health’s Active Recreation Guide for Marathon County” was sent home to you in your child’s backpack. The guide contained a list of activities compiled by the Marathon County Parks and Recreation Department. Please select the answer that best describes your use of the recreation guide:

- I don't remember getting the guide
- I remember the guide, but I didn't do anything with it
- I read through the guide and have participated in 1-2 activities listed in the guide
- I read through the guide and have participated in 3-4 activities listed in the guide
- I read through the guide and have participated in 5 or more activities listed in the guide

57. Since May 2006, recipes have been sent to your home via mail and in your child's backpack. Please select the answer that best describes your use of the recipes.

- I don't remember getting recipes
- I remember receiving recipes, but I didn't do anything with them
- I prepared 1-2 of the recipes I received
- I prepared 3-4 of the recipes I received
- I prepared 5 or more of the recipes I received

58. Would you like to receive recipes and information about preparing healthy meals at your place of work?
- Yes
 - No
 - Not sure
 - I don't work outside the home

PART H. ABOUT YOU

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

59. Your gender?
- Male
 - Female

60. Are you Hispanic or Latino?
- Yes
 - No

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

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

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

- Mother
- Father
- Stepmother
- Stepfather
- Grandmother
- Grandfather
- Other: _____

63. What is your present marital status?

- Married
- Divorced
- Separated
- Widowed
- Never married

64. What year were you born? 19 --

19 --

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

Example:
1951 ↓
●5 ● 1

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

- Yes
- No

66a. If yes, which language(s)?

The End!

Thank you for your assistance with this project!

Please use the postage paid enclosed envelope

to return the completed survey to us

65. 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

